ROYAL PHARMACEUTICAL SOCIETY

Community Pharmacy Expert Advisory Group Agenda

Mondy 26th January 2026 19.30 – 21.30pm – By teams

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1: Welcome and apologies, Led by Janice Perkins 5 mins

Description	To welcome and note apologies.
Outcomes	To be agreed and completed at the meeting as a record

2: Credentialing and community pharmacy– Led by Joseph Oakley (60 mins)

Description	To provide an overview of the RPS credentialing programme. To facilitate a discussion with CPEAG members on how we make enhanced credentialing a success in community pharmacy to support confident, active prescribing and an approach to a four-pillar workforce.
Outcomes	• A presentation was provided by JO around credentialing with a focus on community pharmacy • Purpose of credentialing – provide assurance to patients and public, assuring the professional capabilities of patient-focused pharmacists working at advancing levels of post-registration practice • Define the three levels of post-registration practice, namely enhanced, advanced and consultant • Collaborative approach to development of credentialing with community pharmacist representation on curriculum development and steering groups • Curricula is a 5 domain, 4 pillar – aligned to GPhC ……. and other healthcare practitioner credentialing pathways

	• Update of community pharmacist engagement with credentialing to date – mainly at post registration credentialing, largely from Wales and Scotland due to funding models through statutory education bodies (SEB). • current numbers are not reflective of the numbers practicing in community pharmacy and barriers/challenges highlighted by community pharmacist stakeholders shared. • New modular approach to credentialing to be launched in summer 2026 following feedback • System wide approach is needed to drive success in credentialing Discussion How do we maximise engagement from community pharmacy in enhanced credentialing pathways? • Current pass rate appears low and would likely be daunting for potential pharmacists • Scotland and Wales through the post registration pathway support available for those who haven't met the criteria the first time to support development in areas where candidates are short, pass rate second time is much higher. No formal national programme in England currently, key stakeholders from within England are part of credentialing boards and • Sometimes the evidencing and not seeing day to day practice is demonstrating competence – sometimes it is just about demonstrating and recording that evidence • Barrier – lack of protected learning time, separation of community pharmacy sometimes within primary care (lack of parity for training and development), currently for employers no benefit of supporting pharmacists credentialing, • Previous model of diplomas was traditionally only accessed by secondary care pharmacists, so credentialling offers a model of greater equity across the profession • To undertake credentialing and to ensure equity of access, being an RPS member is not a requirement, albeit RPS members would have greater support through membership benefits. Important the profession realises this open access • Needs to be viewed as a tool for individuals to develop and assure their practice, not driven by employers • The modular approach planned for summer launch will hopefully help to support pharmacists engaging • Difficult for experienced pharmacists to step back into formal educational training after a period of no formal training post undergraduate • First phase of credentialing is assuring those delivering services with the greatest risk, e.g. working with patients or patient population – this needs to perhaps be articulated within the profession to help traction. • Benefits in the development of clinical practice – this needs to be articulated, community pharmacists are often isolated, developing a peer network to support pharmacists. • Learning from Leng review, with physician associates and concerns being raised about newly qualified pharmacists prescribing from other professions, credentialing offers an assurance that as a profession we are assuring practice as people develop to enhancing practice

	• System is currently fragmented and demonstrating consistency in terms of scope of practice and service delivery • Challenging in community pharmacy as a sole practitioner, clinical presentation in practice is often 'grey' and not textbook, so its difficult to reach the networks needed to support prescribing • Difficulties as a sole practitioner to get suitable supervision and demonstration of practice • Coaching and mentoring – importance of support and mentoring in the space, for potential credentialing pharmacists and those at advancing practice to demonstrate those mentors.
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3. Patient Safety HSSIB Consultation draft report: Insulin: supporting safe self-administration for patients in the community with a mental health problem – Led by Kate Ryan (30 mins)

Description	Shared in advance is a **CONFIDENTIAL** DRAFT report from HSSIB for comment. At the request of HSSIB, **these documents are not for wider sharing and circulation at this point.** The report supports the safe self-administration of insulin for patients in the community with a mental health problem. It is the first in a themed series of reports around self-administration of insulin in the community. The report considers the care of people experiencing mental health problems and includes discussion about self-harm, suicide and death. CPEAG are invited to share comments on the draft report to help inform HSSIB before a final version is issued. Comments will be collected and documented at the meeting.
Outcomes	• Presentation provided by KR • This will be the first of a serious of reports, this first report is focusing on those patients who are at risk of intentional harm Discussion and comments • Wider endemic failures than insulin, wider system issues which make implementation of recommendations difficult • Lack of support on discharge from hospitals within community, lack of joined up working and collaboration across the system • NHS is undergoing magnitude of reform, how realistic are delivery of these recommendations, there appears to be no mandate • Better sharing of information needed in community pharmacy to raise awareness • Community pharmacists have no idea what doses patients are taking, the vast majority of insulin prescriptions will have 'as directed' • No pathway for community pharmacists to refer, no link to diabetic team.

	• Better integration between settings and information sharing/raising awareness within community pharmacies • Some recommendations are hard to do and require whole system change, where some are easier, more practical, recommendations could be broken down into those perhaps short, medium and long term • Challenging for community pharmacy within current model to deliver in this space – need to manage expectation of recommendations within the report, infrastructure not currently in community pharmacy to support. • Community pharmacies must have read write access to medical records; community pharmacists are hindered with a lack of clinical information to support these patients. •

3: AOB – Led by Janice Perkins, 5 mins

Description	To discuss AOB, please inform chair prior to the meeting
Outcomes	To be agreed and completed at the meeting as a record