PSNC Legislation and Regulatory Affairs (LRA) Subcommittee Agenda

For the meeting to be held on Monday 18 May 2020

By Zoom at 5 pm

Members: Ian Cubbin (Chair), Marc Donovan, Jas Heer, Janice Perkins, Stephen Thomas.

1. Welcome from Chair
2. Apologies for absence
3. Conflicts or declaration of interest
4. Minutes of the meetings in Feb. and April 2020 (pages 2-6) **(Appendix 01/05/2020)**
5. Matters Arising

Action

6. Market Entry **(Appendix 02/05/2020)**
7. Emergency regulations and legislation **(Appendix 03/05/2020)**
8. Workforce issues **(Appendix 04/05/2020) [confidential annex]**

Report

9. Hub and spoke dispensing between legal entities (page 24) **(Appendix 05/05/2020)**
10. Brexit update (page 25) **(Appendix 06/05/2020)**
11. Any other business

Pharmaceutical Services Negotiating Committee
Legislation and Regulatory Affairs Subcommittee
[Feb 2020]

Members: Ian Cubbin (Chair), Marc Donovan, Jas Heer, Janice Perkins, Stephen Thomas

Others present: Mark Burdon, Fin McCaul, Mark Griffiths, Alice Hare, Tricia Kennerley, Has Modi, Jay Patel, Rob Thomas, Mike Dent, Zoe Long, Layla Rahman, Jessica Ferguson, Gordon Hockey.

12. The Chair welcomed everybody to the meeting.

13. There were no apologies for absence.

14. Conflicts of interest: There were no additional conflicts of interest declared.

Hub and spoke dispensing between legal entities.

15. The papers available for the meeting were:

    a) the H&S paper from the LRA meeting earlier this month;

    b) a note on the Medicines and Medical Devices Bill;

    c) a risk log and recommendation matrix; and,

    d) a draft of a dozen PSNC asks on hub and spoke dispensing between different legal entities

Risk log and recommendation matrix analysis and initial 12 PSNC asks

16. There was discussion on both the risk log, recommendations and initial 12 asks. Comments included:

    a) regulations under the new Act/Human Medicines Regulations would be the main underpinning regulation;
    b) regulation would also be by NHS Regulations and GPhC standards;
    c) some risks in the risk log are issues rather than risks;
    d) an IT interface between hubs and spokes – a common industry standard - would allow greater interoperability between hubs and spokes;

e) FMD is an issue that needs to be considered, as is data protection;
f) competition, funding and regulation are the main levers to ensure fairness in the sector;
g) there have been useful discussions organised by the CCA and NPA on hub and spoke dispensing between different legal entities;
h) the NPA has carried out a second report on hub and spoke dispensing;
i) competition should be allowed to determine the contracts between hubs and spokes;
j) the bargaining power between hubs and spokes is not always equal;
k) competition is the best determiner of fairness and availability of margin;
l) Margin availability should be clear at the start not checked later;
m) there may be a proliferation of smaller hubs – patient safety and verification of a shared dispensing process is needed;
n) hub and spoke dispensing is not the same as automated dispensing, they are separate issues;
o) single pharmacies if big enough may choose to automate dispensing and many have already;
p) there may be other ways to free up pharmacists' time for clinical services;
q) there are no financial savings evidenced yet with hub and spoke.

17. Concerns included:

    a) NHS regulations might be used to provide a contractual framework between hubs and spokes of different legal entities;
    b) fairness for the sector as a whole did not relate primarily to fairness for the independent sector;
    c) patient safety and consent: informing patients rather than explicit consent needs to be considered;
    d) conflicts of issues should be considered as part of the discussion; and,
    e) the whole committee needs to work together to resolve the issues and risks.

18. The draft initial 12 PSNC asks on hub and spoke dispensing were broadly agreed:

    a) Asks 1-3, 5, 7, and 9-12 – agreed (terminology on 8 revised
    b) Ask 4 – this was not agreed, but the office indicated that PSNC and DHSC have already agreed to discuss any appropriate changes to the NHS Regulations to ensure hub and spoke dispensing is fair for the sector as a whole;
    c) Ask 6 – change the word 'Independent' for 'all'.; and,
    d) Add the word 'potential' before capacity release

19. AOB - there was none.

PSNC Legislation and Regulatory Affairs (LRA) Subcommittee

Minutes for the meeting to be held on Friday 17 April 2020

1. Ian Cubbin (Chair), Marc Donovan, Jas Heer, Janice Perkins and Stephen Thomas from the subcommittee and Gordon Hockey and Layla Rahman from the office attended the Zoom meeting.

2. The issue – the market entry suspension - was discussed, and it was agreed a clarification guided by the principles discussed by the subcommittee would be drafted, in conjunction with NHSE&I. The announcement is as annex A.

3. It was noted that the announcement by NHSE&I on 25 March was only partially correct: While pre-NHSE&I decisions were suspended; applications post decision were not.

4. Key points in discussion were

    a) No new contracts could be a priority;

    b) We should not encourage market entry activity that is not essential;

    c) We should support closures linked to consolidations;

    d) We should support contractors with issues arising where there had been no suspension even though this had been announced on 25 March 2020;

    e) A named person in NHSE&I and PCSE should deal with applications to assist contractors;

    f) PCSE should change its website and change its 'e-mail standard replies' saying market entry activity suspended;

    g) Other good reasons (as well as leases) for progressing applications are deaths, health and safety issues, problems such as fires and floods, social distancing issues, shared entrances with GP surgeries and security;

    h) Government financial support if closure is required should be forthcoming as promised; and,

i) LPCs could assist gauging whether an application is or is likely to be contentious.

5. It was also questioned how long NHS staff would be away from market entry activity and what the new normal would look in terms of market entry activity.

6. It was agreed that the subcommittee should keep a watching brief on the issue and NHSE&I and PSNC should meet together at least every 45 days to consider the issues arising from the suspension [meetings are currently every 2 weeks].

Annex A

Market entry suspension clarified

April 28, 2020

On 25th March 2020, NHS England and NHS Improvement (NHSE&I) suspended the processing and determination of market entry applications *to allow staff who work on these tasks to be redeployed to functions which have higher priority during the current pandemic* and to ensure contractors were protected from the need to read and respond to applications at the early stages of the outbreak. PSNC has been working with NHSE&I to clarify the suspension.

Pre-determination applications

PSNC has been informed that applications before NHSE&I has made a decision were suspended for *good cause* under the regulations – that *good cause* being the COVID-19 outbreak. If there are pressing reasons why an application should now proceed – for business or pharmacy service continuity or pressing reasons for the contractor – NHSE&I may progress that application. Applicants will have received an email from Primary Care Support England (PCSE) advising them of what they should do if they wish to ask NHSE&I to continue to progress their application.

Business or pharmacy service continuity could include consolidations, closures (for example, as part of a business merger), relocations and change of ownership applications. Pressing reasons for contractors might involve, for example, issues associated with leases and health and safety requirements (e.g. social distancing concerns). Applications for a new pharmacy to fulfil a need or fulfil an unforeseen benefit, and applications for distance selling pharmacies (DSPs) are unlikely to be given priority at this time.

Post-determination applications

The suspension of market entry activity only applies to those applications which have not yet been determined by NHSE&I. Where NHSE&I has reached a decision on the application and that decision has been notified to the applicant and interested parties, then the usual timescales apply. For the avoidance of doubt this means that:

- Appeals against decisions must still be submitted to NHS Resolution (or the First-tier Tribunal in relation to decisions to refuse an application on fitness grounds) within 30 days;
- Where an applicant gave a best estimate they must notify NHSE&I, via PCSE, of their premises within six months of the decision to grant an application being notified to the applicant;
- Notices of commencement and notices of consolidation must still be submitted within six months of a decision to grant an application being notified to the applicant; and
- NHSE&I may only extend the six month grant period by up to three months. No further extensions may be granted by NHSE&I.

Contractors are advised to check deadlines and act accordingly. NHSE&I is considering steps to assist contractors, as appropriate, and PSNC is in discussion with NHSE&I on this.

Temporary closures or relocations

Applications relating to a temporary closure or relocation due to the COVID-19 outbreak and made under paragraph 27, Schedule 4 of the regulations are not covered by this suspension and contractors should therefore submit such applications **directly** to the relevant NHSE&I regional team.

PSNC seeking new regulations

PSNC has also requested changes to the NHS pharmaceutical regulations as soon as practicable, to assist management of market entry cases at the current time. PSNC is keen to ensure that contractors are not disadvantaged by the suspension and any issues arising from it are resolved fairly for all – for those making applications and for those who were protected from the need to read and respond to applications at the early stages of the outbreak.

PSNC is continuing to work with NHSE&I on these issues and is drafting further information and FAQs to assist contractors.

For any queries, please contact **Gordon Hockey, PSNC's Director of Operations and Support.**

Subject	Market Entry
Date of meeting	18 May 2020
Committee/Subcommittee	LRA
Status	Confidential
Overview	Review NHSE&I management of market entry applications
Proposed action(s)	Consider the issues for the second phase of the outbreak
Author(s) of the paper	Gordon Hockey

Background

1. On 25 March 2020, NHSE&I suspended the processing and decision-making associated with market entry applications; however, as became apparent later, applications where a decision had been made were not suspended, even though some contractors were told this specifically by PCSE.

2. On 28 April, after discussions with NHSE&I, PSNC clarified the market entry suspension (see above, the announcement is part of the minutes of the most recent subcommittee meeting).

3. On 11 May, market entry resumed, at least to a limited extent – with the continued priority for business continuity and pressing contractor needs. A PSNC announcement should be made once this is confirmed by NHSE&I.

Issues

4. There are two key issues. First, those cases where an NHSE&I decision has been made, and the contractor understandably thought there was a suspension and the deadline has

passed. The office is assisting contractors with such issues and making the case to NHSE&I for robust decision-making to correct the apparent wrong that has occurred and accept the contractor's notice of commencement.

5. The current applications suggest the number of cases affected will be small but for those contractors affected the issues can be significant. One contractor's premises is due to be demolished and there is insufficient time to apply again for a relocation (Reg 24) before demolition starts. The current NHSE&I view is that there can be no flexibility in the application of the regulations, although NHSE&I is seeking legal advice. PSNC has encouraged a pragmatic and robust approach and have suggested that NHSE&I ought to be able to address its earlier 'erroneous' announcement.

6. As of 27 April, the ongoing applications that have the potential to be affected by this 'confusion' are:

7. NHSE&I has agreed to extend the 6-month period for service of the Notice of Commencement (NoC) for all applicants (and without a request from the applicant) and has undertaken to be proactive and notify applicants of deadlines in advance. But, this will not avoid problems in every case.

8. An oral update will be given at the meeting on any developments on these cases.

Committee question

9. The question for the subcommittee is whether anything more can be done for these contractors whose deadlines have passed?

10. The second issue is to consider what additional regulations, if any, should be sought to give NHSE&I greater flexibility with deadlines throughout the whole application process, to ensure pressures relating to COVID-19 do not disadvantage contractors making and responding to applications.

11. The sorts of cases for which new regulations may be needed are those where deadlines have passed (if NHSE&I decision-making is not in contractor's favour). Also, applications when an extension period beyond 9 months is necessary. In addition, there could be greater clarity for pre-decision cases and NHSE&I could be given the flexibility during an emergency to disapply the timelines and deadlines for good reason, and make equitable decisions balancing the interests of all parties – applicants and respondents.

Committee question

12. The subcommittee is asked for views on such new regulations. One option could be that during an emergency NHSE&I has power to amend time periods and deadlines for specific cases after considering the relevant circumstances and balancing the interests of all parties.

Subject	Emergency regulations and legislation
Date of meeting	18 May 2020
Committee/Subcommittee	LRA
Status	Confidential
Overview	Review the emergency regulations and legislation
Proposed action(s)	Consider whether PSNC should request that the emergency declaration/emergency regs continue after 1 July
Author(s) of the paper	Gordon Hockey

Legislation Emergency declaration

1. The relevant legislation in brief and as relevant to COVID and community pharmacy is as follows:

    a) The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) **Directions** 2020 – these provide that during a time of current or impending pandemic an enhanced service may be commissioned for the supply of medicines (not schedule 2, 3, and (Part I) 4 controlled drugs) in accordance with normal emergency supply provisions (Reg 225) and emergency supply provisions at a time of current or impending pandemic (reg 226). This amendment was made to provide for the one occasion such an enhanced service has been used (so far as PSNC is aware), after a GP surgery closed for a short period due to COVID-19 infection of GP staff.

    b) The Coronavirus **Act** 2020 – this provides the GPhC with provisional registration powers that were used to register the 'recently retired' from their registers and gives the Secretary of State for health and Social Care the power to provide or arrange for

the provision of indemnity for COVID-19 related NHS work. This is confirmed as applicable to community pharmacy but as reported on 12 May to PSNC the Department has said that community pharmacy's use of volunteers is not covered by Government's safety net. This is being questioned.

c) The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) **Directions** 2020 – these provide for the essential and the framework for the Advanced service in relation to the pandemic home delivery service (paragraph 22A of schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013; as well as the provision that allows NHSSE&I to direct openings of one or more community pharmacies (paragraph 27A).

d) The Pharmaceutical Services (Advanced and Enhanced Services and Emergency Declaration) **Directions** 2020 – this provides for the Advanced service for 'Home delivery service during a pandemic'.

e) The Pharmaceutical Services (Advanced and Enhanced Services and Emergency Declaration) **Directions** 2020 – these **also** were the means by which the Secretary of State for Health and Social Care **activated or switched** on the emergency regulations in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 until **1 July 2020** – regulations 29(2) and 61 and para 27 of schedule 4 and paragraph 17 of schedule 5 and paragraph 26(3) of schedule 7. For more information see PSNC articles

General and dispensing doctors
https://psnc.org.uk/our-news/emergency-regulations-on-the-flexible-provision-of-pharmaceutical-services-by-community-pharmacies-and-dispensing-doctors/

Flexible opening hours
https://psnc.org.uk/our-news/keeping-your-pharmacy-or-pharmacies-open/

Temporary closures
https://psnc.org.uk/our-news/keeping-your-pharmacy-or-pharmacies-open/

And the PCC digest of the legislation at https://pcc-cic.org.uk/article/flexible-provision-pharmaceutical-services-during-current-pandemic

Paragraph 27 of schedule 4 relates to the Declaration of emergency requiring the flexible provision of pharmaceutical services

f) The Misuse of Drugs (Coronavirus) (Amendments Relating to the Supply of Controlled Drugs During a Pandemic etc.) **Regulations** 2020 – medicines that are schedule 2, 3, and (Part I) 4 controlled drugs may be supplied as part of an emergency supply NHS

service (e.g. Enhanced Service) (regs 225 and 226 of the Human Medicines Regulations (HMRs)) or as part of a Serious Shortage Protocol (SSP) (Reg 226A of the HMRs) subject to additional conditions (and **activation** by the Secretary of State) set out in the regulations and also in sector guidance that was drafted by the Royal Pharmaceutical Society. The regulations and guidance also include provisions relating to amending instalment directions on a prescription for a schedule 2 or 3 controlled drug with the agreement of the prescriber and without a new prescription.

Declaration of emergency requiring the flexible provision of pharmaceutical services

2. The flexible provision of pharmaceutical services is contractor activated (although it must be agreed by NHSE&I even if the changes to opening days or times have been made by the contractor before NHSE&I give that agreement). Currently this flexibility is available until 1 July 2020. The other changes that may be exercised – see paragraph 1(e) above – also only last until that time. The corresponding regulations that permit NHSE&I will last indefinitely during the pandemic.

3. The question is whether PSNC wants the Secretary of State to continue to have to exercise his powers in relation to these part of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

4. It is suggested that PSNC should ask the Secretary of State to continue to exercise his powers in relation to these paragraphs because:

    a) If the pandemic continues such powers reserved for threatened or actual serious damage to human welfare should continue to be exercised;
    b) This gives NHSE&I the ability to provide the dispensation for flexible working/closed door working set out in the NHSE&I community pharmacy SOP
    c) This gives contractors greater flexibility on opening days and times during the pandemic;
    d) This gives contractors greater flexibility for temporary relocations which may be necessary for example where GP hot sites are established;
    e) Contractors can change opening hours with 24 hours' notice to NHSE&I if NHSE&I does not object, to manage fluctuating staff absence and fatigue, any future spike in COVID-19 cases, and manage increased and different workloads such as delivery services;
    f) The flexibility to contractors matched the increase powers the Secretary of State has during a pandemic through paragraph 27A;

5. Arguably, while the pandemic delivery service continues (and if relevant where there is an announcement that all pharmacies must open on a bank holiday) (and this applies to much of the other pandemic related regulations or directions) there is recognition of the circumstances that warrant such a declaration of emergency under the regs.

Conclusion

6. The subcommittee is asked to consider whether to recommend to PSNC that …

    - DHSC / the Secretary of State should be requested to continue the declaration of emergency as detailed above to assist community pharmacy’s continued response to the COVID-19 outbreak

   … for the reasons set out above and any additional reasons identified by the subcommittee.

Subject	Workforce issues
Date of meeting	18 May 2020
Committee/Subcommittee	LRA
Status	Confidential
Overview	Review workforce issues
Proposed action(s)	Are there any comments, or observations on the work of the WDG, questions for the WDG and actions for PSNC?
Author(s) of the paper	Gordon Hockey

Background and issues

1. The Community Pharmacy Workforce Development Group (WDG) is a cross-sector working group, made up of representatives from the Association of Independent Multiple Pharmacies (AIMp), The Company Chemists' Association (CCA) and the National Pharmacy Association (NPA). PSNC is an observer to the group.

2. The current workforce issues are identified by PSNC as:

    - Returning retired (400) – WDG has been asked to indicate how in practice the 400 people signing up with NHSE&I and expressing an interest to return to work in community pharmacy could be placed. PSNC has suggested use of local LPCs and a web platform to put contractors in touch with individuals and vice versa.

    - Students – guidance has been issued for those wishing to assist over the summer.

- Pre-reg cohort 19/20 – GPhC is deciding how to progress the issues – see more information below.

- Pharmacy teams 'reallocated' from closed pharmacies – largely dealt with by individual contractors.

- Members of other primary care contractor teams who may or could be relocated to community pharmacy – various meetings and expressions of interests to assist including from the dental team and the optometrists' team.

as well as

- the increased risk to COVID-19 of BAME – RPS also involved.

3. The above list does not include - the volunteer workforce relating to deliveries of prescription medicines.

4. Issues that could have an impact on workforce requirements include:

   - whether provisionally registered pre-reg cohort 19/20 students can be RPs,
   - if there are more cases or a second spike in COVID-19 cases from the easing of the lockdown,
   - if better testing of pharmacy staff leads to more positive cases,
   - whether 'test, track and trace' has an impact the requirements – if whole pharmacy teams must isolate,
   - any return to normal working hours increases the workforce requirements,
   - ongoing sickness and absence levels among staff of community pharmacies

5. PSNC made a submission to GPhC on the pre-reg cohort 19/20 and this work is now led by the WDG. Attached as Annex A is the PSNC submission and a draft of the WDG submission.

6. Mark Donovan will report on the work of the WDG.

Question

7. Are there any:

   - comments, or observations on the work of the WDG,
   - questions for the WDG and
   - actions for PSNC?

PSNC

Note on GPhC proposals for provisional registration for Pre-registration trainees prior to sitting the preregistration examination.

Introduction

These are initial views based on a GPhC meeting yesterday which included a GPhC presentation and discussion by stakeholders and a brief report to PSNC that evening followed by comments from PSNC members. No paper was presented to PSNC for what was an update meeting and no decisions were taken at the meeting.

Broadly, the principles discussed at the GPhC meeting yesterday are agreed:

- To maintain standards for entry to the register to protect patient safety and the quality of care given to patients and the public both now and over the long term;
- To support the NHS and community pharmacy by strengthening the workforce at this critical time;
- To minimise blockages or gaps in the pipeline for qualified new registrants to join the profession in 2020 and in coming years too;
- To safeguard the welfare of students and trainees whilst also ensuring that their hard work, and that of their tutors, over many years is given suitable recognition at this key stage in their professional lives.

An initial comment is that during the meeting, it was asked to what extent the GPhC had sought to consider alternative formats of examination or assessment which could be conducted via the Internet, for example, open book examinations, which could reduce the delay for pre-registration trainees having the opportunity to register (fully) as a pharmacist and be able to move on with their lives (GPhC stated this work – an online solution - is being accelerated). Although the point was not made at the meeting, it is significant that many other students who were facing examinations this summer (and where these have been cancelled) have had alternative arrangements made to ensure that their lives are not put on hold and they can continue with their plans for the next year. So far as possible the same principle should be applied to pre-registration trainees and therefore, the minimum reasonable period on the provisional register should be considered (if the provisional register option is adopted by GPhC).

Key points in the paper are:

- The preregistration trainee should complete the 52-week pre-registration year.
- The provisional pharmacist (former preregistration trainee) should be able to work as an RP.
- Funding from the Government should be commensurate with additional workload.

In addition, the impact of GPhC decisions on community pharmacy workforce and funding should be considered and assessed, with the involvement of NHSE&I and PSNC and other employer stakeholders.

PSNC is keen to support the GPhC in its decision-making.

Registration: the emerging direction of travel

With the caveat of the initial comment above, and concerns below, broadly, the direction of travel is agreed.

- We would vary the requirements for registration for a limited period of time enabling us to provisionally register new pharmacists
- Those entered on the register would practice as pharmacists with structured support to manage the transition from initial education and learning to Day 1 pharmacists
- They would have access to a named clinical supervisor or preceptor to provide the appropriate support and structure during this limited period
- Time spent provisionally registered would count towards the two years practice needed to become an independent prescriber and towards any Foundation training that may be undertaken subsequently.

Comments and concerns – initial views

a) **Should those provisionally registered have the full range of accountabilities that would apply to a current 'day one' pharmacist?**

Our concern is about the anticipated **role** for pre-registration trainees who become provisionally registered. **Unless such provisionally registered pharmacists may practise as Responsible Pharmacists (RPs), unless they can be alone and in sole charge of a pharmacy (and there could be support and oversight from a senior pharmacist located elsewhere), there may not be a role for them in many community pharmacies.** If they are not RPs, this may mean they leave or lose their employment at a vulnerable stage of their career, during a pandemic, and are left to find alternative work – possibly in more challenging locations, where the support structure as they prepare for the pre-registration examination may not be available. They simply will not be able to earn the wage they will expect as a pharmacist because they will not be able to carry out the role their employers and the public require of them.

We would ask GPhC to consider with community pharmacy contractors – the employers – if such (pre-registration trainees) provisionally registered pharmacists are not able to practise as RPs; what role will they undertake in community pharmacy? And the impact this will have on those individuals and the impact this will have on community pharmacies that have made plans for these trainees to join their workforce as (full) pharmacists from the summer of 2020.

We would accept that such provisional registrants should not be superintendent pharmacists or chief pharmacists.

b) **Each trainee would need to have been signed off by their tutor against the 39-week pre-registration standard and have received a final declaration signed by their tutor (and potentially a second individual such as their head of school - *this is a difficult point since little or no contact for 12 months - possible in large organisations to have the superintendent, more difficult for smaller concerns- possibly or other pharmacist they have worked with?*) confirming that they have met the necessary learning outcomes for entry (*If there is a second and final signoff at 52 weeks by both tutor and pre-registration trainee this strengthens the safety element*)**

Our concern here is that if pre-registration trainees leave community pharmacies early, before completing 52 weeks, this will affect the workforce available to community pharmacy at this difficult time (early summer 2020) and could potentially affect community pharmacy funding due to any lost funding if a trainee moves. While anybody engaged to assist in community pharmacy may not require training, such individuals are unlikely to have the experience of pre-registration trainees between 39 and 52 weeks and will require full funding by the community pharmacy contractor. [Also, often the likely candidate for employment is the preregistration trainee. Not allowing the current trainee to complete 52 weeks gives no advantage to the community pharmacy workforce, and, in addition, the incoming trainees cannot start their training until the August timeslot.]

If there is an urgent need for more pharmacists on the register at this time, such urgency to add names to the register is understandable, but it is asked if there is current evidence for this, given the stage of the outbreak; the numbers of pharmacists in employment now; the additions to the temporary register; and those provisionally registered recently who may not have started to enter the workforce as part of the NHS response to COVID-19. Our understanding is that those recently provisionally registered are still having their applications or survey forms processed by NHSE&I and are yet to contribute to the NHS response. These are matters on which GPhC and NHSE&I will have more information.

We ask that the impact of any GPhC action on community pharmacy is considered by GPhC with NHSE&I, as well as PSNC and other employer stakeholders.

c) Entry would then be based on an application by the trainee confirming their own assessment that they have met the learning outcomes (and thereby allowing those who do not yet feel they are able to practise to continue their training)

The two key issues here for us are whether those pre-registration trainees who do not want to join the provisional register are able to continue working for and in the role of pre-registration pharmacists with community pharmacy contractors and if funding will be made available for this cohort of trainees?

In addition, the next cohort of pre-registration students should not be adversely affected by the present circumstances and need to start on time in August. This would require funding for both the existing and remaining pre-registration trainee in some cases and a recognition that some tutors may have two concurrent preregistration trainees for six months.

We ask that the impact of any GPhC action on community pharmacy is considered by GPhC with NHSE&I, as well as PSNC and other employer stakeholders.

d) On the basis of the current restrictions here and the likelihood that larger gatherings will be some of the last restrictions to be relaxed, we believe we need to plan initially for an assessment in January 2021

… we will accelerate work towards identifying an online solution which was already part of our longer-term planning. But we need to be realistic. The security, as well as technological issues, means that developing an appropriate solution in the immediate short term raises significant risks.

Planning for an initial assessment in January 2021 – this seems to be a long wait for pre-registration trainees who lives are put on hold and a long time to seek to maintain the pre-registration exam readiness that they would have sought for the summer of 2020 (recognising the potentially beneficial experience they main gain prior to sitting the examination as provisional pharmacists). Although it is recognised that planning for 3,000 people to sit the examination involves consideration administrative work, within reason, a guiding principle should also be minimal disruption to pre-registration trainees. This may mean smaller numbers sitting the examination at any time or an alternative format for the examination - online. The likelihood of a second surge in the number of COVID-19 cases should prompt contingencies as stated in the GPhC presentation but also an even greater emphasis in an alternative examination format – online – otherwise delays for trainees could be even longer than currently estimated.

e) Those entered on the register would practice as pharmacists with structured support to manage the transition from initial education and learning

They would have access to a named clinical supervisor or preceptor to provide the appropriate support and structure during this limited period

If this support and structure is to be provided in community pharmacy, appropriate funding is needed.

We ask that the impact of any GPhC action on community pharmacy is considered by GPhC with NHSE&I, as well as PSNC and other employer stakeholders.

Conclusion
A PSNC meeting with GPhC was offered at the meeting yesterday and it is suggested that it may be helpful to have other employers present as well.
Key points in the paper are:

- The preregistration trainee should complete the 52-week pre-registration year.
- The provisional pharmacist (former preregistration trainee) should be able to work as an RP.
- Funding from the Government should be commensurate with additional workload.

It is not clear if final decisions on these issues are planned by GPhC on 24 April 2020, if so we would respectfully ask that any final decision is delayed for a short period of time and the issues relating to community pharmacies are resolved, with the involvement of NHSE&I, as well as PSNC and other employer stakeholders.
PSNC is keen to support the GPhC in its decision-making.

WDG
Provisional registration of pre-registration trainees: Assurances to allow provisional registrants to act as a Responsible Pharmacist

Appendix 05/05/2020

Subject	Hub and spoke
Date of meeting	18 May 2020
Committee/Subcommittee	LRA
Status	Confidential
Overview	Review hub and spoke
Proposed action(s)	None
Author(s) of the paper	Gordon Hockey

Report

1. The hub and spoke primary legislation is likely to remain part of the legislation that will be necessary to have in force before the end of 2020 when the UK leaves the EU.

2. The regulations that bring hub and spoke into force can be introduced not earlier than two months after the primary legislation.

3. Accordingly, PSNC may need to address the issue during the next phase of the COVID-19 outbreak.

4. The report of the hub and spoke round table led by the NPA is not available/has not yet been seen by PSNC but is part of the next step in the discussion of hub and spoke.

5. DHSC intentions are not known at this stage and will be sought.

6. Hub and spoke dispensing may need to be an item of discussion by PSNC at its June meeting.

Appendix 06/05/2020

Subject	Brexit Update
Date of meeting	18 May 2020
Committee/Subcommittee	LRA
Status	Confidential
Overview	Report
Proposed action(s)	None
Author(s) of the paper	Gordon Hockey

Report – brief notes

1. The DHSC supply chain group, albeit in modified form had its first meeting on 6 May 2020.
2. There are new issues relating to the COVID-19 outbreak including re-stocking of raw ingredient in some cases after unprecedented demand during the outbreak thus far.
3. It was noted the transition out of the EU will come at a more difficult time of the year, with reduced warehouse space during the usually busy Christmas period, and when the NHS is subject to winter pressures; as well as during the continued response to the COVID-19 outbreak.
4. Stockpiling for manufacturers and suppliers may be more problematic this time.
5. The previous key issue of continued and regular supply of medicines and medical devices across the short Dover straights remains an issue.
6. The official comms' may be different this time depending on the issues identified and the ask may be for a buffer stock.
7. Important in any consideration of the issues is the need for patients, prescribers and the public to have confidence in the arrangements made in the run up to the transition at the end of the year, to help to reduce the risks of increased prescribing or demand by patients for extra stocks of medicines as a precaution.