



Nasrin Khan

The PDA has offered candidates of the Royal Pharmaceutical Society (RPS) National Board Elections 2024 in England and Wales the opportunity to tell PDA members their views on key issues. Below is Nasrin Khan's response:

1. What would you hope to achieve over the course of your office, if elected?

I believe in the development of the profession, not just in the clinical development but in the skills that are so essential for our future progression. While we get much support in delivering patient-centred care and offering a holistic clinical approach, we are often left behind when developing our leaders. We need to remove access and see more people from different backgrounds leading the profession. As a mother, I had concerns around how focusing on parenting would impact my career. I want to see inclusive policies that consider individual circumstances and allow access for all.

Our service provision has changed and developed at a fast pace, we are moving with a fast tide. The RPS needs to have a strong voice and a firm hand to ensure changes are right for us, where they aren't we need to think about safety and pushback.

2. The RPS ceased to be the regulator over a decade ago and therefore membership became optional. It has refused to publicly declare its membership numbers for several years, even when asked to do so at its own annual meetings. The membership figure of "26,137 paying members" was given in the RPS Annual report 2022 and this is a rare insight for members. What is your view on transparency and in particular the declaration of membership numbers in future?

Transparency is essential for any organisation to garner the trust of their members and stakeholders, it should be encouraged and valued. With regards to membership numbers, we should be looking to promote the value of the RPS and prove outcomes. It is an organisation with a large library of resources, access to the journal and links with people for mentoring you throughout your career. There is support for CPD and accreditation. RPS need to capture what they do and share it openly within the pharmacy sector. If membership is optional, why should we choose to pay into that? We need to know why people join and why people leave. Action planning should be based on knowledge and evidence, so it doesn't feel like membership of an elite club, but of a service that you need for your role.

3. Should the RPS membership base remain exclusively for pharmacists, pharmaceutical scientists, and pharmacy students/trainee pharmacists? Why?

I believe membership should stay within the pharmacy sector, as this will allow us to maintain our priorities. We can learn from sector to sector and form a cohesive approach in our planning. While I understand and can see the benefits of separate organisations for pharmacists and technicians, should the decision be made to include technicians within the RPS, I would be happy to welcome this. As a profession, we work closely together and any changes to one directly impacts the work of the other. We should work together in understanding scope of practice and developing ideas to help each other achieve the most out of the profession.

4. Pharmacy technicians undoubtedly have an important role to play in supporting pharmacists through skill mix. However, the government seems keen instead to introduce pharmacist role substitution for example by giving pharmacy technicians' the rights to operate Patient Group Directions (PGDs). What views do you hold on this subject and in particular, do you believe the pharmacy technicians have the appropriate levels of training to independently deliver PGDs?

I do not believe in role substitution, I believe in the health and wellbeing of our professionals and at the moment there are challenges in every sector. If a technician can work within a defined scope, safely and with the correct training, then I am all for it. But one measure for the technicians, such as implementation of PGDs, does not solve the real issues that pharmacists have with regards to their workloads. By adding in extra checks, training, and supervision, we need to ensure that time is given back to the pharmacists to conduct their clinical work. If the change will help ease the workload in some areas then I can support it, but not without proper governance and procedures in place for it. We have done extensive education and training to fulfil our roles, we should be able to utilise it while making space for other professions to develop.

5. Do you support the PDA's Safer Pharmacies Charter?

The health and wellbeing of pharmacists has long been at the bottom of priorities. We deserve the right to work in a safe environment and patients deserve access to the best care. This can only work if we work in a safe way. I wholeheartedly support this charter and it is in-line with the work I do and have been doing as a trade union rep and equalities officer.

6. What are your views on the UK Pharmacy Professional Leadership Advisory board installed by the 4 country Chief Pharmaceutical Officers?

I believe this is a great opportunity for collaborative working and am hopeful that this will open lines of communication between the professional bodies and the NHS and policymakers. It is an extra step to allow our voice to be heard. However, we need to develop and cultivate those relationships. We must emphasise that collaboration is essential. The whole point of a membership model is to be able to speak for the people on the ground and doing the work. If the leadership board decides they have enough professionals to make decisions based on their own experiences, they may be missing the voices of many. It would be my job as a member of the RPS board to ensure we are heard and that we can work together.