ROYAL PHARMACEUTICAL SOCIETY

NATIONAL PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Thursday 18 September 2025, at 44 Melville Street, Edinburgh, EH3 7HF and online.

Scottish Pharmacy Board:
Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD) (online), Laura Fulton (LF), Nicola Middleton (NM), Josh Miller (JM), Richard Shearer (RSh), Catriona Sinclair (CS), Amina Slimani-Fersia (ASF), Richard Strang (RSt), Jill Swan (JS) and Audrey Thompson (AT)

In attendance:
Zahra Al-Momen (ZA) Engagement Lead – Scotland, Claire Anderson (CA) President, Ross Barrow (RB), Head of External Affairs – Scotland, Paul Bennett (PB), Chief Executive (online), Elspeth Boxall (EB), Scottish Clinical Leadership Fellow (SCLF), Corrinne Burns (CB), PJ Reporter (online), Fiona McIntyre (FM), Scottish Practice & Policy Lead, Liz North (LN) Head of Strategic Communications, Anna Pielach (AP) (online), Carolyn Rattray (CR), Business Manager - Scotland, Dafydd Rizzo (DR) Policy and Public Affairs Executive (online), Kate Ryan (KR) Patient Safety Manager (online), Wing Tang (WT), Head of Professional Standards (online), Laura Wilson (LW), Director for Scotland

RPS Member observers – There were no RPS member observers.

Apologies: There were no apologies.

25.09.NPB.01	**Welcome and Apologies** *Led by SPB Chair* The Chair welcomed Board members and staff to the meeting, extending a special welcome to the RPS President, Claire Anderson (CA), Liz North (LN), Head of Strategic	**SPB Chair**

	Communications and Elspeth Boxall (EB), Scottish Clinical Leadership Fellow (SCLF), who were present in the room. EB was invited to provide a brief introduction as to her career pathway to date, mainly in a hospital setting, working for various health boards including NHS Fife, NHS Greater Glasgow & Clyde (GGC) and NHS Lothian; she is an HIV Specialist and is looking forward to the opportunities that the SCL fellowship will provide. There were no apologies.	
25.06.NPB.02	**Declarations of Interests and Board Members' Functions and Duties** *Led by: WPB Chair* 25.09.SPB.02 - Declarations of interest Board members **noted** paper 25.09/SPB/02(a). RSh advised of amendments to his declarations of interest. BMs were asked to advised CR of any other changes to declarations of interest. **Action 1:** CR to update declarations of interest. 25.06.NPB.02(b) – Board Members' Functions and Duties Board members **noted** the Board Members' Functions and Duties paper 25.06.NPB.02(b). The Chair reminded board members that the functions and duties contained in this paper will remain relevant as the organisation transitions into a Royal College and Boards transition into Councils. Any comments on this paper should be channelled through the country directors.	**SPB Chair**
25.09.NPB.03	**Minutes and Matters arising** *Led by: SPB Chair* Minutes	**SPB Chair**

	• The Scottish Pharmacy Board **approved** the minutes of the National Pharmacy Board meeting, held on 19 June 2025. (item: 25.09/SPB/03) **Proposed by:** Nicola Middleton and **seconded by:** Jill Swan Matters arising: **Action 2 – Health inequalities:** AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September. With a change in roles for AD and the redispersal of responsibilities, it was agreed that this action should be brought back to the February 2026 meeting.	
25.09.SPB.04	**Papers for noting (item: 25.06/NPB/04 (i-vii)** *Led by: SPB Chair* Board members noted the following papers: (i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance (v) Education (vi) Science & Research update	SPB Chair
25.06.SPB.05	**Patient Safety Strategy (PS) for the RPS/RCPharm** *Led by Wing Tang & Kate Ryan* LF declared an interest in this item as a Director of Pharmacy at Health Improvement Scotland (HIS).	**SPB Chair**

	WT provided a background journey which started in 2023. RPS was involved in PS but there was no dedicated person to establish relationships etc. As an organisation, we were missing a dedicated PS role to cover these matters; this meant that there was less oversight and less coordination of RPS' patient safety activities. There were no clear lines of accountability or key relationships with patient safety networks across Great Britain. In July 2024, KR was employed as RPS PS Manager, alongside her Medicines Safety role with the NHS. Since starting at RPS, KR has been developing good working relationships with patient safety networks and groups across pharmacy within the NHS and with other royal colleges and regulators. She now Co chairs the RPS/Royal College of Physicians, Joint Medicine safety group. KR was the lead architect of the RPS contribution to the RPS World Patient Safety Day, which was published yesterday (link: RPS World Patient Safety Day) She has, also, been our lead respondent to the Coroner's '*Prevention of Future Death'* reports. KR has been developing a patient safety strategy fit for a Royal College; this has involved scoping, drafting and testing. A current draft of the PS Strategy has been tested with almost all RPS functional areas; the NPBs will be asked to consider and test the draft PS Strategy. After this step, the draft will be tested with external patient safety groups and patient groups, as well, before coming back and seeking sign off and implementation. WT ran through the structure: 1. Strategy principle – (Top level descriptor of ambition) 2. Patient Safety Strategy statement (the goal). 3. Activity needed to achieve the outcome • Description of outcome if strategy is achieved KR provided further context and background to the development of the Patient Safety Strategy, which is a priority for the RPS. The papers detail the extensive collaboration	

	both internally and externally and, also, the high-quality PS work that is going on already within the organisation. It was noted that the purpose of the presentation was to raise awareness of the draft strategy, to seek comments from boards and approval on the draft principles, strategies and outcomes and to ensure that the draft strategy aligns with all other strategies of the future Royal College of Pharmacy as well as national patient and patient safety strategies. England, Scotland and Wales were all considered in the development of the strategy, e.g. Healthcare Improvement Scotland and the Scottish Patient Safety Programme as well as other groups in Scotland. The NPBs are being asked to consider what the next steps should be in relation to this work. Seven high level patient safety principles have been drafted. KR went through each principle, noting the strategy, desired outcomes and activities required to achieve each one: **Principle 1 -** Patients and the public at the heart of everything **Principle 2 -** Leadership and collaboration are fundamental to RPS **Principle 3 -** PS Culture drives safer care **Principle 4 -** Safety embedded in policy and thought leadership **Principle 5 -** Patient safety through Workforce QA **Principle 6 –** PS Communications across Pharmacy **Principle 7 –** Science, research & education underpin the safe and effective use of meds. **Next steps** • Feedback from the RPS NPBs and refinement of the Strategy • Workplan to deliver RPS/RCPharm PS Strategy • Securing funding for workplan to deliver the Strategy • Review Strategy as required.	

	Comments/feedback from SPB • (ASF): The draft strategy reflects the situation in each of the countries. Would like to see mention of the Scottish Quality and Safety Fellowship and that there is a Patient Safety Officer in Scotland. • Likes the fact that Principle 1 starts off with lived experiences, 'as patients are at the heart of what we do'. Also, the principles mention Quality Improvement and Quality Assurance; is it worth include Quality Management Systems which include both QA, QI and Quality Control? 'An amazing piece of work'. • Realistic medicine principles should be considered. • (AT): Likes the fact that the focus is patient safety rather than medicines safety. Of course, med safety is very important. Good to see how Principle 1 fits in with the RPS Mission and Vision but, perhaps, be more explicit so that it strengthens the fact that this is not a new idea – it is at the heart of all that the RPS does. • It would be good to document the existing good work that is going on rather than what isn't working. • Is there scope to do some work around mapping the learning outcomes from the Scottish Quality and Safety Fellowship. • Keen to find out how success will be measured. • (JS): Could Principle 3 be worded differently – holistic, overall care would be better. RPS has carried out a huge amount of work on medicines shortages and it would be good to link this in to reflect the complete 'Patient Journey'. • (LF): Concerned about the about the amount of work that this work will entail. • (NM): Suggested that Principle 3 should include psychological safety. WT thanked the SPB for its input and for the discussion around the scale of the challenge and implementation. WT explained that this is the first step and is about RPS/RCPharm committing to PS through all the different teams as a priority in the context of the new Royal Charter.	

	PB noted that there was recognition as to how much work and research has gone into this piece of work; the energy and passion for this project is evident. It is a programme of work, rather than a strategy, in tandem with the priorities of the future JB summarised by saying that the draft strategy encompasses the whole ethos of a royal college. When considering the principles, it really mandates the future RC 'to do the right thing in the right way'. These principles bring accountability around this. Feels it is an absolutely seminal piece of work and not in a standalone way. There is a lot of personal commitment to this and providing PS will be a golden thread. Cannot see that this would not form a vital strategy as part of the RC. **Action 3:** BMs to forward any further reflections, feedback and comments to WT/KR.	
25.09.SPB.06	**Manifesto** *Led by: Ross Barrow* RB provided an update on the Manifesto **Phase 1: Publication, dissemination and awareness raising** • The Manifesto has been published on the RPS website. • All staff have got a link on their email signature. • Manifesto 'asks' have been published in the pharmacy trade publication*: 'Scottish Pharmacist'.* The RPS has a quarterly advert in this and so will aim to get a reference to the Manifesto in each of those publications. This will land in community pharmacies mainly. • Copies of the Manifesto have gone to all the Scottish political parties; RPS is keen to influence the development of party manifestos as early as possible. • Connected with Scottish Government (SG) via the CPhO. • Engaged with the Directors of Pharmacy Group. • Newsletter. • Opportunities for engaging with other organisations including Community Pharmacy Scotland (CPS) re: access to shared digital patient record.	**SPB Chair**

	• RPS has developed a Climate Change Manifesto with the Royal College of General Practitioners (RCGP); the British Medical Association (BMA) is interested in partnering on this. **Phase 2 – Stakeholder Engagement** It was intended that there would be a Manifesto Launch but, after consideration, it was agreed that the 'broad brushstroke' approach would be less successful than a targeted and nuanced approach. The engagement approach adopted will include: • Two meetings with politicians, the first, in October, with the Head of Policy Development (SNP) and the second (with CPS), with Brian Whittle MSP and Sandesh Gulhane MSP, who is a GP, (Scottish Conservatives). Brian Whittle has been very vocal re: an digital integrated interoperable patient record. • A Member webinar – this will be planned for late 2025. The webinar will set context and explain to Members why the Manifesto is important, making it relatable to professional practice. • Clear calls to action – templates will be developed and SPB will be asked to support this. • An exhibition stand in the Scottish Parliament across 3 days in December. The stand will be sponsored by Gillian Mackay MSP (Scottish Green Party). the Stand will focus on the Greener Pharmacy Toolkit and will support the sustainability 'ask' in the RPS Manifesto. Unfortunately, because of the security measures at the Scottish Parliament, it won't be possible for BMs to support the stand. There will be opportunities for BMs to support at other events. • Hustings – To be considered for early in 2026 <u>Lobbying Register</u> BMs were reminded that it is a legal requirement for anyone speaking to Scottish Politicians, on behalf of an organisation, to complete the relevant sections of the	

	Scottish Lobbying Register; further information can be found here: https://www.lobbying.scot/SPS?AspxAutoDetectCookieSupport=1 **Comments and feedback** • All agreed that the Manifesto was very well put together and would impress the audiences that it needs to reach, demonstrating, to senior politicians, the crucial part that pharmacists play in health and patient care • Workforce planning and protected learning time (PLT). The RPS/RCPharm can advocate in ways that other organisations are unable to. It is crucial that the workforce planning is correct. It was noted that the RPS is aware of the Workforce Forum, and the work that it covers, but were not invited onto it; instead RPS sits on the associated Workforce Advisory Group. • Discussion about prescribing and Pharmacy First+. There is a potential for improving prescribing in all settings; it is a contracted service and so RPS would not advocate for the expansion of Pharmacy First+ without discussing and agreeing with CPS first. Concern around the support that pharmacists have in place to take on the enormity of the challenge and how the service can be progressed from a small number of trailblazers. CA noted that Bruce Warner is about to publish a document about prescribing across the UK. CA to share with the SPB when published. **Action 4:** CA to share Bruce Warner publication about prescribing across the UK when it is published.	
***25*.09.SPB.07**	**Assisted Dying for Terminally Ill Adults (Scotland) Bill** *Led by: Ross Barrow (RB) & Fiona McIntyre (FMcI)* RB and FMcI provided an update on RPS engagement with the Bill process so far; the Bill having been passed at Stage 1. The SPB is now asked to consider next steps as the Bill progresses through the second stage and, indeed, whether the RPS should engage with the Stage 2 process.	**SPB Chair**

	Since the Bill passed through the first stage, the team has prepared further RPS, NPB and MSP briefings and has met with Liam McArthur (LMcA) (MSP), the Member introducing the Bill. The meeting allowed the team to 'test' six potential amendments. It was agreed that RPS would meet with him again after the summer recess, with a full briefing defining our desired outcomes from Stage 2. Although mostly positive about the proposed amendments, particularly the enabling elements, LMcA was more cautious in other areas, e.g. CO.
	
	As it is drafted the Bill does not sufficiently protect pharmacists.
	
	• The role of the pharmacist within the Bill is (optional not mandatory) to accompany the Authorised Practitioner at the assisted death.
	  ➢ Devalues the profession
	  ➢ Prompting confusion and suspicion from other professions
	• Conscientious Objection not secured
	  ➢ Only covers profession role as described in the Bill (limited and inadequate)
	  ➢ One expert legal opinion is that a Section 30 Order may be required for this to be legal
	
	Should RPS engage with the Stage 2 process at all? Is it worth it?
	
	The Scottish Bill is different to the Bill going through Westminster; the Scottish Bill does not provide sufficient protection for pharmacists. Although RPS is neutral on the principle, it is not neutral on the process. 3 options were put forward:
	
	Retaining the status quo
	• Not engaging with the Stage 2 process.
	
	Defining the role of the pharmacist	

	• Amend to read that the preparation, assembly and supply of the substance must be undertaken by a registered pharmacist (or words to that effect to be confirmed). An Opt-In Service • Working alongside other royal colleges would strength RPS's position, addresses issue of conscientious objection and the issue of burden of proof. It doesn't address the role of the pharmacist but does not present any new risks. **Summary of BM discussions:** • It should be an opt-in service with training for those who opt-in • In Scotland, there has been a focus on future care planning; this should be taken into account and patients made aware of and have access to other options. • The process needs to be future-proofed and the wording of the legislation broad enough to make the process achievable an reflects any impact on the pharmacist. • Further work is required around the medicines' aspect of the Assisted Dying process. • Guidance will need to be very clear. • If the Opt-in service proposed amendment is not accepted, it will be in conflict with the RPS GB policy. The RPS can maintain a neutral stance on the principle but may need to oppose the Bill if the detail can't be agreed. • Keen on the collaboration aspect. • There is confusion around terminology. It is a medicine but not one that is being used in a medicinal way. • The detail is a challenge; what should go in the primary legislation that is sufficient to protect the pharmacist and what can be left to regulation and secondary legislation. • As a professional leadership body, RPS has to have a 'firm' voice on behalf of pharmacists. • Although the Bill will be amended at Stage 2, the changes can't be too significant or it will be considered to be a new Bill. There is also pressure to get the Bill passed by May 2026.	

	Summary • Advocate for and proceed with the Opt-in service. • Strong voice for collaboration with other Professional Leadership Bodies and RCs. • Wording needs to be broad enough to ensure that the pharmacist is protected. There was general agreement on the suggested wording: Amend to read that the preparation, assembly and supply of the substance must be undertaken by a registered pharmacist (actual wording to be confirmed) • BMs supported Option 4 (a combination of Options' 2 and 3) which would future proof the legislation **Next steps** The next iteration of the proposed amendments will be shared with the SPB. **Action 5:** RB/FMcI to share the next iteration of the proposed amendments with the SPB.	
25.09.SPB.08	**Strategic Health & Professional Reports** *Led by: Fiona McIntyre* FMcI provided a brief summary of the four Scottish Government strategies which have been recently published: • NHS Scotland Operational Improvement Plan • Health & Social Care Service Renewal Framework 2025- 2035 • Scotland's Population Health Framework 2025-2035 • Realistic Medicines – Critical Connections <u>NHS Scotland Operational Improvement Plan</u> The NHS Scotland Operational Improvement Plan outlines short-term operational improvements to reduce pressure on the NHS, shifting gear from acute services to the	**SPB Chair**

	community, digital innovation and supporting intervention and early prevention. The plan focusses on four priority areas: ➢ Improving Access to treatment ➢ Shifting the Balance of Care ➢ Digital and Technology Innovation ➢ Prevention <u>Health & Social Care Service Renewal Framework 2025- 2035</u> The Framework principles are: ➢ **Prevention First -** Preventing problems before they arise, early detection and intervention and managing existing conditions to minimise harm. ➢ **Population First –** About need not demand. ➢ **Community First -** Shift balance of care to communities ➢ **People First -** Self-management and people centred pathways ➢ **Digital First** <u>Scotland's Population Health Framework</u> Through this Framework, Scottish Government commits, by 2035, to improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average. Focus will be on primary, secondary and tertiary prevention and the impact on population health. It will be a prevention focussed system, taking into account, social and economic factors, equitable health and care and enabling healthy living; could be useful for RPS to consider when framing its manifesto messaging. <u>Realistic Medicine – Critical Conditions</u> This strategy is based on four principles: ➢ Connection ➢ Relational Continuity ➢ Prevention	

	➢ Careful & Kind Care JB thanked FMcI for the presentation and opened up the discussion to BMs, asking how RPS should proceed. • The commitment to equity, prevention and collaboration is positive and reassuring and the move to primary care is very important. There is another strategy, whose themes are similar: The *'Scotland Public Services Reform: Delivering for Scotland'* Strategy. • In support of the principles but Scotland is in a position where resources are being reduced; it is challenging to see how the strategies can be delivered. • The strategies are on the 'radar' of the DoPs Group and the health boards. • The Realistic Medicine Strategy was produced by the CMO's office. Lots of examples where realistic medicine is used in practice; it would be helpful to be able to use those experiences and translate into daily practice. RPS could be a conduit for this. • Managing risk better is a huge challenge in many environments. • Realistic medicines should be embedded into everyone's daily practice. There are many resources, including a recently published module, not only on managing risk but also enabling risk. • Risk tolerance should be considered. Often, there are risks around doing or not doing something, e.g. assisted dying. • 'Nothing in the Strategy is a new language' – link to existing documents. • Sharing outcomes in a safe space to bring about positive outcomes. JB summarised: There is a key message as to how RPS can align its manifesto asks with the principles of these strategies. **Action 6:** FMcI to share the slides with BMs.	
25.09.SPB.09	**GB Workplan update**	**SPB Chair**

	Led by: Dafydd Rizzo & Osman Ali WT provided a brief summary on the Quality Assurance of Aseptic Preparation Services standards (QAAPS) workstream, which is part of the GB workplan but is also a commissioned piece of work which supports the implementation of RPS policies. The work is being led by Dafydd Rizzo. <u>QAAPS update – led by Dafydd Rizzo (DR)</u>. • QAAPS standards are the standards that section 10 units abide by and are audited against. • Section 10 units manufacture patient specific products against a prescription. • QAAPS was first published in1993 by the Quality Control Sub-Committee. RPS has owned and published it since the third edition in 2001. • The 5th edition of the standards was published in 2016, nine years ago and so there is now a need to revisit and update. DR went through the reasons why an update is required. <u>Changes and Drivers since the 5th edition</u> • New GMP Annex 1 • New MHRA guidance • NHS aseptic transformation Programme • New Guidance replacing EL (97)52 • iQAAPS • New therapies – ATMPs, Clinical trials • Regulator landscape (CQC, MHRA, GPhC) • Updated Chief Pharmacist Standards • Prevention of future deaths reports • Supervision legislation • Brexit • Devolved Nations Strategies	

	DR went through the structure of the project. There is Project oversight Group, a Lead Author, Robert Lowe, and four working groups, each made up of 16 members. Each working group will review a number of chapters. Timescales are: Quarter 1: Stakeholder engagement and project design Quarter 2: Recruitment and targeted stakeholder involvement Quarter 3: Working stage, updating contents and references Quarter 4: Lead Author editing period, collation and launch The project has completed Q1 and Q2 and all is on track. There will be a public on-sultation and the project will also link in NHSE, NES, HEW and the MHRA to make sure that the project remains 'on track'. JB thanked DR for his presentation and invited questions and comments: • 'Hugely robust approach to this work'. There have been a lot of changes since 2016; fewer aseptic units and the need for transportation. Will this be reflected in the 6th edition? There will be a specific chapter on storage and distribution. • It would be useful to know who the Scottish contacts so that messaging is aligned. Lynn Morrison is on the Project Management Group and also chairs the National QA Committee. <u>Pharmacogenomics</u> WT delivered a presentation on Pharmacogenomics (PGx) on behalf of Osman Ali, Project Lead. This workstream supports the country visions and is also a commissioned piece of work. This project aims to develop a Pharmacogenomic Competency Framework Resource for the prescribing workforce to underpin the growth of pharmacogenomic medicines services across the country. WT went through the structure of the project team and the Programme Board.	

	The resource is at the drafting stage and iterative refinements are being made by the T Task & Finish (T&F) group. The Validation group meets on 19 September, the main purpose of which will be to validate the work of the T&F group. The draft will then go out to open consultation and will be reviewed and refined, using information from the consultation. It is hoped that the new framework will be launched by the end of 2025. BMs were asked for comments and questions: • An emerging area, with an understandable focus on prescribers but what about the non-prescribers; is the scope broad enough? With the increase in numbers of prescribers, there will be a tipping point when this work is relevant to all pharmacists. There is a lot taking place which would be relevant to non-prescribers. Nursing colleagues are creating a framework for undergraduates. The driver, for the focus on early career prescribers, was the group that commissioned the work. JS sits on the Validation group and Scotland will be well placed to utilise the framework. NES is also working on a PGx workstream. • Keen that realistic medicine and personalised care are considered within the framework. AS-F to pick up with JS to consider.	
25.09.SPB.10	**Events and Engagement updates** *Led by: Anna Pielach & Zahra Al-Momen* <u>RPS Conference – 7 November 2025 – Led by Anna Pielach (AP)</u> AP provided an update on preparations for the RPS Annual Conference, taking place at Houndsditch, London on 7 November. • Registration have been very positive with just over 600 registered, 80 of whom have registered to join online. Early registrations increase each year as members (and non-members) recognise that the conference is now an established event in the pharmacy calendar; this also means that less marketing resource is required. • The content will be run in four parallel workstreams: ➢ Person-centred care	**SPB Chair**

	➢ Workforce Development ➢ Science & Research ➢ Leadership & Innovation • The keynote speaker this year is Matthew Syed, a best-selling author and journalist. He will be talking about accepting change and the importance of continuing learning. • Biggest response ever to the call for abstracts with just under 300 submissions. • The closing keynote is still to be confirmed but the Health Secretary has been invited. • The day will be followed by the Fellows' Reception Questions and comments/feedback from BMs: • Keen for the Conference to move around the countries. Feedback from members has reflected this and that is why the regional conferences have been introduced. Plans may change in the future with the transition to a royal college but the 2026 conference has been booked at the same venue in London. • Request that the date of the Annual Conference doesn't clash with other conferences, i.e. SP3A Conference. The dates won't clash in 2026. • Conversations are ongoing about what a conference for a royal college will look like but it is envisaged that, as the royal college evolves and matures, it may well be that the annual conference is held outside of London. • Delighted to hear that there is to be a closing keynote speaker as it will lend energy and enthusiasm for the future as delegates leave the conference. It is recognised that many pharmacists are unable to travel to conference; there is a focus on ensuring that the online presence will be as positive an experience as possible. <u>Engagement Team updates – Led by Zahra Al-Momen (ZA)</u> ZA provided a high-level summary of 2025 engagement team activities across GB. • Exhibited at 23 University careers fairs. • Ongoing correspondence with universities re: planning for Freshers' weeks.	

	• Continuing to build relationships with universities and course leads to deliver lectures and workshops with several planned for RGU and Strathclyde. • Working closely with the BPSA. • The team has delivered multiple I & D workshops for FTY trainees at Boots, Day Lewis, Superdrug and Well Pharmacy. Take up on these events has been less successful in Scotland than in England and Wales. • Successful I&D events – South Asian, South-East Asian and Black History month events. • Two conferences have been delivered - a regional event at Aston University, in the Midlands and a national event in Glasgow. There has been excellent feedback from both events. Looking at 2026 dates for another Scottish Conference (week commencing 17 August, to be confirmed). • Regional Ambassador Events payment model – the model has been revised and a recruitment process for new Ambassadors is underway (West and North of Scotland vacancies). • The team is continuing to scope out external events to attend where it is beneficial; the team will be at the BOPA Conference. <u>RPS Scotland Conference</u> • 116 delegates with 98% positive feedback suggesting that they would recommend the conference to a friend or colleague. • Feedback re the royal college was that delegates would have preferred to have access to the questions beforehand • Hoping to involve colleagues from the NHS, community, academia and early careers pharmacists in the planning. Questions and comments/feedback from BMs • Overall BMs were very positive about the Conference; less positive feedback was that a number of people had submitted ‘trail-blazers’ which weren’t selected and so	

	were disappointed. It was suggested that the unsuccessful submissions could be presented as posters/abstracts at conference so that their work could be seen. There were 25 submissions for 4-5 'trail-blazers'. • Would there be an opportunity for Board members to judge posters for the Annual Conference? LW to ask AP. **Action 8:** LW to approach AP (Events team) about BMs judging posters at the RPS Annual Conference.	
25.09/SPB/11	**Any other business** *Led by: SPB Chair* There was no other open business.	**SPB Chair**
25.09/SPB/12	**Dates of next meetings** *Led by: SPB Chair* **NPB meeting:** 6 November 2025, at 66-68 East Smithfield, London **RPS Annual Conference:** Friday 7 November 2025, Houndsditch, London **SPB Board meetings:** Wednesday 26 and Thursday 27 February 2026 (TBC), at RPS Offices, 44 Melville Street, Edinburgh	**Chair**
25.09/SPB/13	**Close of Open Business** The meeting concluded at 13:58 and member observers were requested to leave the meeting.	

Action list:

Item	Action	By whom	Open/Closed/ Comments

25.09/SPB/02	**Action 1 – Declarations of interest** BMs to share Declarations of interest with CR and CR to update.	BMs/CR	Ongoing
25.09/SPB/03	**Action 2 – Matters Arising - Health inequalities** • AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September. With a change in roles for AD and the redispersal of responsibilities, it was agreed that this action should be brought back to the February 2026 meeting.	CDs	Open
25.09/SPB/05	**Action 3 – Patient Safety Strategy (PSS) for the RPS/RCPharm** • BMs to forward any further reflections, feedback and comments to WT/KR.	BMs/KR/WT	Open
25.09/SPB/06	**Action 4 – Manifesto** • CA to share Bruce Warner publication about prescribing across the UK when it is published.	CA	Open
25.09/SPB/07	**Action 5 - Assisted Dying** • RB/FMcI to share the next iteration of the proposed amendments with the SPB.	RB/FMcI	Open
25.09/SPB/08	**Action 6 - Strategic Health & Professional Reports** • FMcI to share slides with BMs.	FMcI	Open
25.09/SPB/09	**Action 7 – Pharmacogenomics** • AS-F/JS to consider realistic medicines and personalised care in relation to PGx.	AS-F/JS	Open
25.09/SPB/10	**Action 8: Events** • LW to approach AP (Events team) re: opportunity for BMs to judge posters at the RPS Annual Conference.	LW	Open