

# ROYAL PHARMACEUTICAL SOCIETY

**OPEN BUSINESS and list of items to be  
discussed in Confidential business**

Scottish Pharmacy Board meeting 28 February 2025

This meeting will be held at RPS Scotland Office, 44 Melville Street, Edinburgh, EH3 7HF and by Teams

## OPEN BUSINESS and CONFIDENTIAL BUSINESS AGENDA 28 February 2025

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Chair/or lead person
1. 09:00	Welcome	For noting	No paper/Verbal address	Welcome and introductions	SPB Chair
	Apologies	For noting	No paper/Verbal address	To note apologies	SPB Chair
2	Declarations of Interests and Board Member' Functions and Duties	For noting	25.02/SPB/02	To note (a) declarations of interest for Board members (b) Board members' functions and duties	SPB Chair
3	Minutes and matters arising	For decision	25.02/NPB/03	To approve the minutes of the meeting held on 7 November and to discuss matters arising from these minutes.	SPB Chair

4. 09:20	Facilitated (Open) Sale of P medicines	For discussion and decision	25.02.SPB.04	To discuss the final full report of the analysis of the evidence from S&R and to determine the way forward.	Country Director
5. 10:00	Inclusion and Diversity/ Engagement/ BPSA relationship	For noting and discussion	Verbal update	To provide the SPB with an update on <ul style="list-style-type: none"> <li>- Inclusion and Diversity</li> <li>- Engagement</li> <li>- BPSA relationship</li> </ul>	Amandeep Doll
6. 10:30	PA update	For update and discussion	Presentation	To update on plans for public affairs for 2025	Ross Barrow
7. 10:50	Greener pharmacy standards demonstration	For information	Presentation	To give Board members an update on this piece of work and a brief demonstration of the standards	Wing Tang
Refreshment break 11:20 (15 mins)					
8. 11:35	Constitution and Governance review	For discussion	Presentation	To provide SPB with an overview of timetable, transition plans and member communications.	Paul Bennett/Liz North
9. 12:15	GB workplan workshop	For discussion	Workshop	To discuss and inform the detail around the GB workplan with a focus on: <ul style="list-style-type: none"> <li>• Aseptic and technical services</li> <li>• Workforce</li> <li>• High cost drugs</li> <li>• Cancer care</li> </ul>	Laura Wilson/Fiona McIntyre

10. 13:00	Papers for noting	For noting	25.02/SPB/10	(i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance (v) Education (vi) Science & Research update (vii) Assessment and Credentialling (viii) Covid Inquiry	SPB Chair																								
11. 13:05	Chair’s update	For noting	Verbal	Chair to provide an update on activities since last Board meeting	SPB Chair																								
12.	Any other business	For noting/discussion	Verbal	Pharmacy Board Members should inform SPB Chair, Country Director or Business Manager in writing, at least 48 hours before the meeting, of any matter that is to be raised.	SPB Chair																								
13.	Dates of next meetings	For noting		<table><tr><td colspan="3">Dates for 2025 meetings</td><td></td></tr><tr><td>England</td><td>Scotland</td><td>Wales</td><td></td></tr><tr><td>25 and 26 February</td><td>27 and 28 February</td><td>20 and 21 Feb</td><td></td></tr><tr><td>18 and 19 June</td><td>18 and 19 June</td><td>18 and 19 June</td><td></td></tr><tr><td>23 and 24 September</td><td>17 and 18 September</td><td>25 and 26 September</td><td></td></tr><tr><td>6 Nov</td><td>6 Nov</td><td>6 Nov</td><td></td></tr></table>	Dates for 2025 meetings				England	Scotland	Wales		25 and 26 February	27 and 28 February	20 and 21 Feb		18 and 19 June	18 and 19 June	18 and 19 June		23 and 24 September	17 and 18 September	25 and 26 September		6 Nov	6 Nov	6 Nov		
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13:15 – 14.00 – Lunch																													
Close of Open business																													

RPS observers requested to leave					
CONFIDENTIAL BUSINESS commences at 14:00					
1C 14:00	Welcome				
	Apologies				
2C	Declarations of Interests				
3C	Confidential Minutes and matters arising				
4C 14:15	Membership and Regional Update				
5C 15:30	Scope of Practice				
16:15	Board member training				
16:30	Any other confidential business				
Close of Confidential Business - 16:45					

**Scottish Pharmacy Board****Updated February 2025****Declarations of interest****Jonathan Burton**

- Community Pharmacist & co-owner, Right Medicine Pharmacy – 2000 onwards
- Previous SPB Board Member, RPS, (incl. terms as Chair and Vice-Chair) – 2012-2021
- Previous Assembly Member, Royal Pharmaceutical Society – 2019-2021
- Member, Pharmacy Magazine Editorial Advisory Panel - 2023 –
- Member, Scottish Pharmacy Board – 2024
- Co-Editor of Pharmaceutical Press textbook 'Pharmacy management of Long-Term Medical Conditions
- Assist on sessional basis with workshops & OSCE assessment for Univ. of Strathclyde Independent Prescribing course

**Lucy Dixon**

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Co-owner, Dornoch Properties Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

**Laura Fulton**

- Director of Pharmacy, NHS Golden Jubilee National Board – January 2023 –
- Chair, NHS Golden Jubilee Medical Gas Safety Group
- Co-chair, NHS Golden Jubilee Drugs and Therapeutics Committee
- Member, NHS Golden Jubilee Climate Change and Sustainability Group and Chair of Health and Care Subgroup
- Member, the Stroke Clopidogrel Gene Test Value Case Steering Group, Centre for Sustainable Delivery
- Member, NHS Scotland Academy Strategic Delivery Group
- Member, NHS Golden Jubilee Research and Development Steering Group
- Member of NHS Golden Jubilee HePMA Programme Board
- Member, NHS GJ/University of Strathclyde Operational Delivery Group

- Chair, the National Health Board Directors of Pharmacy Group
- DoP, representative/member on the Healthcare Staffing Programme Board
- Member, West of Scotland Directors of Pharmacy Group
- Locum, community pharmacy
- Member and incoming co-chair, Patient Access Scheme Assessment Group (PASAG)
- Member, Scottish Pharmacy Board – 2024 –

**Nicola Middleton**

- Member, Scottish Pharmacy Board
- Employee, Bishopton Pharmacy

**Josh Miller**

- Advanced Clinical Pharmacist, NHS Greater Glasgow and Clyde
- Chair, Area Pharmaceutical Committee NHS Greater Glasgow and Clyde
- Member, Area Clinical Forum, NHS Greater Glasgow and Clyde
- Non-Contractor Member, Pharmacy Practice Committee, NHS Greater Glasgow and Clyde
- Member, UKCPA

**Richard Shearer**

- Lead Pharmacist for Pharmacotherapy and Community Pharmacy Services, NHS Lanarkshire
- Member of SP3A Practice Pharmacy Sub-group
- Professional Secretary for West of Scotland Directors of Pharmacy
- Member, RPS Scottish Pharmacy Board

**Catriona Sinclair**

- Member and Vice-Chair, RPS Scottish Pharmacy Board
- Community Pharmacy Scotland Board
- Chair, NHS Highland Area Clinical Forum (NED of NHS Highland Board)
- Chair, NHS Highland Area Pharmaceutical Committee
- Chair, Community Pharmacy Highland
- Director and Superintendent, Spa Pharmacy, Strathpeffer

**Amina Slimani-Fersia**

- Lead Clinical Pharmacist, Primary Care, NHS Fife
- Chair, Education and Training workstream, SP3A Practice Pharmacy Subgroup - from January 2023 until present.
- Member, Scottish Pharmacy Board – 2024

**Richard Strang**

- Member, Scottish Pharmacy Board
- Visiting Pharmacy Lecturer, De Montfort University
- GPhC Assessment Question Writer
- Associate advisor, Education for Health
- Membership Committee (Vice Chair) - Royal Pharmaceutical Society – September 2021 -

- Mentoring Advisory Group (Member) - Royal Pharmaceutical Society – November 2021 -
- Member, Action in Belonging, Culture and Diversity (ABCD) Group - RPS - August 2020 -
- Member, Core Advanced Curriculum Development
- Member, Critical Care Credential Development sub-groups
- Member, Workforce Wellbeing Action Group, RPS - February 2021 –

## **Jill Swan**

- Member, RPS Scottish Pharmacy Board
- Member, Faculty of the Royal Pharmaceutical Society (Advanced Stage II)
- Member, UK Pharmacogenetics and Stratified Medicine Network
- Member, UKCPA
- Professional Secretary to Directors of Pharmacy (Strategic Framework Development)
- Previous Director of The Brush Bus Ltd (ceased directorship 12/08/22) - unpaid

## **Audrey Thompson**

- Member, RPS Scottish Pharmacy Board
- Member, RPS Assembly (SPB rep)
- Member NHSGGC pharmacy practices committee 2024
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 – 2023
- Pharmacist, NHS Forth Valley

**Updated: February 2025**

National Pharmacy Board meeting – February 2025

<b>Title of item</b>	<b>Powers, Duties and Functions of the National Pharmacy Boards</b>
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b> <b>E-mail</b>	Business Managers  Business Manager, England, Scotland and Wales  0207 572 2208, 0207 572 2225 and 0207 5722345 <a href="mailto:yvonne.dennington@rpharms.com">yvonne.dennington@rpharms.com</a> ; <a href="mailto:carolyn.rattray@rpharms.com">carolyn.rattray@rpharms.com</a> and <a href="mailto:cath.ward@rpharms.com">cath.ward@rpharms.com</a>
<b>Item to be led at the meeting by</b>	Chairs
<b>Purpose of item (for decision or noting)</b>	For noting
<b>Headline summary of paper</b>	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations



**Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.**

## **7.2 Powers and functions of the Boards**

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

## **7.4 National Pharmacy Board Members**

### **7.4.1 Duties**

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

## NATIONAL PHARMACY BOARD MEETING – Open Business

**Minutes of the Open Business meeting held on Thursday 7 November 2024, at RPS, 66-68 East Smithfield, London, E1W 1AW.**

**Scottish Pharmacy Board:** Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD) (Zoom), (remote), 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), Audrey Thompson (AT).

**English Pharmacy Board:**

Adebayo Adegbite (AA), Claire Anderson (CA), Martin Astbury (MA) (Zoom), Danny Bartlett (DB), Sibby Buckle (SB), Steve Churton (SC), Ciara Duffy (CD), Brendon Jiang (BJ), Sue Ladds (SL) Michael Maguire (MM), Ankish Patel (AP) (Zoom), Ewan Maule (EM), Erutase (Tase) Oputu (TO) (Chair), Matt Prior (MP).

**Welsh Pharmacy Board:**

Geraldine McCaffrey (GM) (WPB Chair), Eleri Schiavone (ES), Helen Davies (HD), Liz Hallet (LH), Richard Evans (RE), Dylan Jones (DJ), Rhian Lloyd Evans (RLE), Aled Roberts (AR), Lowi Puw (LP), Gareth Hughes (GH)

**Apologies:** Rafia Jamil (RJ) (WPB)

**In attendance:**

Ross Barrow (RB), Head of External Affairs – Scotland, Karen Baxter (KB), MD, Pharmaceutical Press, RPS President, Paul Bennett (PB), Chief Executive, Corrinne Burns (CB), PJ Reporter, Helen Chang (HC), Associate Director of Education and Professional Development, James Davies (JD), Director for England, Melissa Dear (MD), Campaigns and Corporate Communications Manager, Yvonne Dennington (YD), Business Manager – England, Amandeep Doll (AD), Head of Professional Engagement, Alwyn Fortune (AF) Policy and Engagement Lead – Wales, Elen Jones (EJ), Director for Wales, Iwan Hughes (IH) Head of External Relations Wales, Kellie King (KK), Scottish Clinical Leadership Fellow, John Lunny (JL),

National Pharmacy Board Open Business Session – 7 November 2024 – Approved minutes

Public Affairs Manager – England, Fiona McIntyre (FM), Scottish Practice & Policy Lead, Liz North (LN), Associate Director of Strategic Communications, Diane Ashiru-Oredope (DAO), Deputy Chief Scientist (Interim) Neal Patel (NP), Associate Director of Membership, Carolyn Rattray (CR), Business Manager - Scotland, Wing Tang (WT), Head of Professional Standards, Cath Ward, (CW) Business Manager – Wales, Laura Wilson (LW), Director for Scotland and Heidi Wright (HW), Practice & Policy Lead England.

### Invited guests:

Amira Guirguis (AG), Chair of Research and Science Committee  
Catherine Picton (CP), Lead Author of RPS Medicines Shortages Report

### RPS Member Observers

1 x RPS member observer (left meeting at 11.00am)

24.11.NPB.02	<p><b>Welcome and Apologies</b> <i>Led by WPB Chair</i></p> <p>The Chair welcomed Board members, staff and guests to the meeting.</p> <p>The Chair changed the order of the agenda and took item 04 (Open Sale of P Medicines) at the start of the meeting as DAO and AG had to attend the Science and Research Committee meeting.</p>	WPB Chair
24.11.NPB.02	<p><b>Declarations of Interests and Board Members' Functions and Duties</b> <i>Led by: WPB Chair</i></p> <ul style="list-style-type: none"> <li>• <u>EPB, SPB, &amp; WPB 02(a) - Declarations of interest</u></li> </ul> <p>Board members <b>noted</b> papers 24.11.EPB/SPB/WPB/02(a)</p> <p>There were no further updates to the Board members' declarations of interest given at the meeting.</p>	WPB Chair

	<p><u>24.11.NPB.02(b) – Board Members’ Functions and Duties</u>  Board members <b>noted</b> the Board Members’ Functions and Duties paper 24.11.NPB.02(b).</p>	
24.11.NPB.03	<p><b>Minutes and Matters arising</b>  <i>Led by: WPB Chair</i></p> <p><u>Minutes</u></p> <ul style="list-style-type: none"> <li>The English Pharmacy Board <b>approved</b> the minutes of the English Pharmacy Board meeting, held on 17 September 2024. (24.11/EPB/03)</li> </ul> <p><b>Proposed by:</b> Steve Churton (SC) and <b>seconded by:</b> Ewan Maule (EM)</p> <ul style="list-style-type: none"> <li>The Scottish Pharmacy Board <b>approved</b> the minutes of the Scottish Pharmacy Board meeting, held on 18 September 2024. (item: 24.11/SPB/03)</li> </ul> <p><b>Proposed by:</b> Catriona Sinclair (CS) and <b>seconded by:</b> Audrey Thompson (AT)</p> <ul style="list-style-type: none"> <li>The Welsh Pharmacy Board <b>approved</b> the minutes of the Welsh Pharmacy Board meeting, held on 20 September 2024. (Item: 24.11/WPB/03)</li> </ul> <p><b>Proposed by:</b> Lowrie Puw (LP) and <b>Seconded by:</b> Dylan Jones (DJ)</p> <p><u>Matters arising:</u></p> <p><b>EPB:</b>  24.06.EPB.13 Action 5: Closed – on agenda for discussion today.  24.06.EPB.13 Action 6 – Remains open  24.09.EPB.02 Action 1 – Closed  24.09.EPB.04 Action 2 – Closed  24.09.EPB.04 Action 3 – Closed, Amira Guirguis will address this at the meeting today.</p>	WPB Chair

	<p>24.09.EPB.04 Action 4 – Closed, Amira Guirguis will address this at the meeting today.</p> <p>24.09.EPB.04 Action 5 – Closed (Opera Awards) This has been passed on for discussion at the Assembly.</p> <p>24.09.EPB.05 Action 6 – Closed - on agenda for discussion today</p> <p>24.09.EPB.07 Action 7 – Closed – material sent through to support the keynote speech at the conference.</p> <p><b>To note:</b></p> <p>SB said that at the previous EPB meeting the Board had unanimously agreed that any comment made by an EPB member would be attributed to them in the minutes. The Chair stated that for this joint board meeting comments would not be attributed to the Board member unless the Board member expressly stated that the comment should be attributed to them.</p> <p><b>SPB:</b></p> <p>24.09.SPB.02(a) ongoing</p> <p>24.09.SPB.03(b) minutes: closed</p> <p>24.09.SPB.03(b) matters arising: ongoing</p> <p>24.09.SPB.04 ongoing</p> <p>24.09.SPB.06 requested but not received</p> <p>24.09.SPB.07 all closed</p> <p>24.09.SPB.08 discussed at meeting</p> <p>24.09.SPB.09 first 2 manifesto asks: ongoing</p> <p>last C&amp;G ask: closed</p> <p><b>WPB:</b></p> <p>Action 1 – completed</p> <p>Action 2 – closed – being discussed at the S&amp;R committee today</p> <p>Action 3 – completed – plans being finalised to set up short life working group</p>	
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<p><b>24.11.NPB.04</b></p>	<p><b>Open Sale of PMeds (item: 24.11/NPB/04)</b></p> <p>Led by: Diane Ashiru-Oredope (DAO), and Country Directors.</p> <p>DAO provided an update to Board members, presenting on behalf of the Science &amp; Research Committee.</p> <p>DAO said there were two aspects to the evidence review; a systematic review of literature (the review was taken from 2014 to date) and a call for evidence.</p> <p>From the data extracted in the systematic review 57 papers will be included in the review (50 reviewed so far and the remaining 7 will be extracted next week), the research is global and it is noted that there have not been many UK studies since 2014. The research includes reviews and opinion papers but does not include randomised clinical trials. The risks and benefits have been highlighted and examples of adverse events have been captured. There is a lack of patient medical literature.</p> <p>Following on from the June 2024 joint Board meeting a Call for Evidence was launched on 12 July and closed on 6 September 2024. The RPS received 38 responses to the call for evidence. Responses were mainly from community pharmacists, but there were also responses from pharmacy technicians, the regulator and a large pharmacy chain. The majority had no evidence to submit but evidence was submitted by the regulator and the large pharmacy chain and 3 individuals and included having no access to high risk drugs, patients giving positive feedback on change in practice, excessive use of paracetamol, and an audit taken across 3 community pharmacies highlighting the number of interventions and changes in patient behaviours since the pandemic. Examples of evidence will be shared in the report. The team have themed the responses using a qualitative analysis tool.</p> <p>Some of the discussion points for the Board may be around how organisations and individuals hold contrasting beliefs when it comes to the facilitated-selection of P Medicines and low response rates limit generalisability.</p>	<p><b>WPB Chair</b></p>
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	<p><b>Action 1:</b> A full report from the team will be available before the next meeting in February.</p> <p>The Chair thanked the S&amp;R Committee for prioritising this work.</p> <p>Board members were asked for their comments:-</p> <ul style="list-style-type: none"> <li>• What high risk medicines are locked away?</li> <li>• SB declared an interest as she works for a large pharmacy chain that is trialling the facilitated sale of P meds and said that codeine products, laxatives and Viagra and some other medicines are locked away.</li> <li>• Congratulations and thanks were given on the systematic review.</li> <li>• The point was raised that if the number of people tested and the number of evidence is low, is the call for evidence viable – are the Boards therefore in a situation where they cannot come to a solution?</li> <li>• Was the audit submitted by an individual carried out in pharmacies that were trialling facilitated-selection? – DAO said she would look at the evidence and report back.</li> </ul> <p><b>Action 2:–</b> DAO to review the evidence submitted regarding an individual audit across 3 pharmacies to see if they were trialling facilitated-selection and provide further information in the report</p> <ul style="list-style-type: none"> <li>• If there is very little evidence coming through is there an opportunity to commission further work to broaden the evidence?</li> <li>• One board member responded that isn't this call for further evidence irrelevant as the facilitated sale of P medicines is already happening. It is now for the Boards to decide if they would like to change the RPS policy.</li> <li>• SB said the world around us is changing and people are self selecting medicines online. The people model being used to support facilitated-selection is very good, healthcare advisers are well trained. Pharmacy staff are also positive about the change being trialled. This new practice is now well embedded and has been in place for the past year.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• There is no evidence proving that this is safe practice. The company that is providing evidence is the company that is making the changes. This trial could lead to staff levels being cut and safeguarding mechanisms disappearing – this could lead to pharmacy losing the PMed category and medicines becoming GSL or POM to P switches. It could be a backward step.</li> <li>• Is there evidence to support that staff do not think it is safe?</li> </ul> <p><b>Action 3:</b> DAO asked that the board share any previous or outstanding evidence re Open Sale of P Meds with the Science &amp; Research committee.</p> <ul style="list-style-type: none"> <li>• The RPS is an evidence-based leadership body and needs to make decisions based on firm evidence not anecdotal evidence.</li> <li>• Patient safety needs to be protected taking a risk management approach.</li> <li>• Pharmacy First services are very close to having facilitated sales.</li> <li>• Facilitated selection will improve access to care in line with the inequalities agenda</li> </ul> <p>PB added his thanks to the S&amp;R team and said that there was a disappointing amount of evidence submitted, and a number of questions and opinions voiced by the Boards. He said there is a need for a wider piece of evidence and asked who is best placed to provide this and how long it will take.</p> <p>DAO and AG were thanked again for attending and left the Board meeting to attend the S&amp;R Committee meeting. The Chair said the Board will have further discussion and report back to the S&amp;R team.</p> <p>The Chair opened up further discussion with the Boards on this item and some of the points raised were:-</p> <ul style="list-style-type: none"> <li>• There is a clear need to discuss this further with the GPhC and understand what evidence they have available. It is about easing the patient safety concerns. Some observations research may be needed – mystery shopper type research</li> </ul>	
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	<ul style="list-style-type: none"><li>• Will further research help or hinder?</li><li>• The Boards' work plan is busy – should the Boards be allocating their time to future work rather than spending so much time on facilitated-selection. It is important that a decision is made.</li><li>• Facilitated selection is out there; the process that is being used is recognised by the regulator. It is our obligation to review our position and ensure that it is the safest for patients.</li><li>• As far as the GPhC is concerned, this isn't a risk, and so emphasis should be on supporting staff to do it well. Look at what is helping elsewhere, e.g. Australia.</li><li>• The Boards cannot come to a decision today; need to consider the evidence. There could be unintended consequences i.e. status of P Meds and how this might evolve over time. There is a need to focus on patient safety and patient harm.</li></ul> <p><b>Action 4:</b> EJ and the team are to continue working with the GPhC and will share the evidence report once final and will discuss next steps to help pharmacists protect patients and discuss the need for additional observational evidence. EJ to report back to the Boards in February.</p> <p>EJ highlighted that before any guidance could be developed the Boards would need to take a decision on the RPS policy position.</p> <p>It was also suggested that consideration be given to issuing an interim statement to members to offer support in the changing landscape of facilitated selection.</p> <p>The Chair thanked the Boards for their input and discussion and obtained consensus for the suggested way forward.</p>	
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<b>24.11.NPB.05</b>	<p><b>Engagement approach</b>  <i>Led by: Neal Patel and Amandeep Doll</i></p> <p>The Chair welcomed NP and AD to the meeting saying the amount of engagement work that has taken place has been impressive with limited resource.</p> <p>The engagement team has recently had confirmation that the team will now be permanent and not on fixed term contracts. AD will share with the Boards the learnings over the past year and identify where Board member support is required. An engagement strategy is being developed.</p> <p>AD explained that the team has only been in post since February 2024 and initially a reactive approach was taken. Team members have engaged with 19 of the 29 Schools of Pharmacy to date and have strengthened the RPS relationship with the BPSA and have spoken to over 1000 students. Team members have attended most of the foundation trainee events and have held a few regional events, ably assisted by the Ambassadors. New Schools of Pharmacy are opening, and members of the team have been invited to speak at their events.</p> <p>The purpose of member engagement is to demonstrate the value of RPS membership and a sense of belonging. It is noted that if people feel part of something they are much more likely to volunteer.</p> <p>NP added that he is pleased that the team is now permanent and the work they will be doing will have an impact on retention of members. He added that he was keen to develop relationships with other organisations similar to that of BPSA.</p> <p>AD added that it is important for Board members to be visible at events, familiarity helps with connectivity.</p> <p>Board members were asked for their comments:-</p> <ul style="list-style-type: none"> <li>• Taking part in career fairs at universities is an area where board members can help and add value</li> </ul>	<b>WPB Chair</b>
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	<ul style="list-style-type: none"> <li>• Board members would like to know who the Ambassadors are and which areas they represent</li> </ul> <p><b>Action 5:</b> AD to include an informative slide about the Ambassadors in the weekly board email.</p> <ul style="list-style-type: none"> <li>• There will be an engagement stand at the RPS Conference – Board members can meet some of the Ambassadors there.</li> <li>• Board members asked for an “elevator pitch” of key points to give to pharmacists on the benefits of being a member of the RPS.</li> </ul> <p><b>Action 6:</b> AD to work with LN on the “elevator pitch” of the benefits of being a member of the RPS</p> <ul style="list-style-type: none"> <li>• Supportive of attending career fairs – it is important to encourage pharmacy as a career choice</li> <li>• Need a “heat map” of where board members are in relation to the areas they may cover as part of the engagement programme – this should form part of the board member induction. AD responded saying work on this has commenced and agreed that putting it into the induction programme would be helpful.</li> <li>• Increase sharing of stands at events to enable attendance at as many events as possible</li> <li>• Work with the devolved nations to think creatively about reaching people in rural areas.</li> <li>• Is the inclusion and diversity work being diluted? AD said that there are two big roles to cover – engagement and I&amp;D. There is a capacity issue but now that the strategy is set for Engagement and the work moves into operational mode it will leave a little more time for I&amp;D. NP added that it is all about resource, but it is hoped that by developing more volunteers to cover engagement alongside the team that there will be more time for AD to focus on I&amp;D. TO added that she did not want to see I&amp;D diluted. There was support from other members of the Boards for I&amp;D.</li> </ul> <p>AD added that the RPS is in the process of collecting EDI data on its members which will give a better understanding of the demographics of RPS membership.</p>	
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	Questions were raised about the digital strategy and having a RPS App. PB replied that a big conversation was taking place internally on the digital strategy and investment programme.	
<b>24.11.NPB.06</b>	<p><b>Medicines shortages</b>  <i>Led by: James Davies and Alwyn Fortune</i></p> <p>AF gave a brief overview of the project, saying that medicines shortages had been identified as a priority area for the Boards across GB. This had come about from member and patient feedback and media interest in the subject. During the course of the project, over the past year, interest has not diminished and remains in the media headlines. Medicines shortages is the key topic for the RPS in responding to media enquiries with RPS spokespeople appearing on TV and in radio interviews. Increases in the number of medicines shortages reported continue. Other organisations have also produced reports during the year including the Nuffield Trust.</p> <p>AF reminded board members that they had all received the draft report and had been invited to comment. The project is on track for the report to be launched at the House of Commons on 27<sup>th</sup> November. There will also be drop in events at Holyrood House (Scotland) on 28<sup>th</sup> November and in the Senedd (Wales) on 4<sup>th</sup> December.</p> <p>JD continued with explanations about the structure of the report into 5 chapters, along with a foreword, executive summary and a list of 20 recommendations. JD gave an explanation of the recommendations. JD said that the report recommends that the Advisory Group reconvenes in 12 months' time.</p> <p>JD then asked the Boards for their "sign off" of the report and recommendations, following which the report could be sent to the designer and printers in time for the launches.</p> <p>There were a number of comments from Board members which included:-</p> <ul style="list-style-type: none"> <li>• Report is comprehensive and the SPS tool is great but the information is out of date.</li> <li>• Need to ensure there is strong support to take the recommendations forward.</li> </ul>	<b>WPB Chair</b>

	<ul style="list-style-type: none"> <li>• Need to give the press concrete examples to demand change – garner support from those in the House of Lords and the Health and Social Care Select Committee.</li> <li>• Not enough in the recommendations about reimbursement (JD responded that the recommendations do highlight reviewing the Community Pharmacy contract and there is more about reimbursement in the body of the report)</li> <li>• How do we spread the pockets of good practice nationally? It will be the role of the leadership organisations to make more of the case studies in the report.</li> <li>• Scotland is already ahead on some of the recommendations – need to be mindful of this in the media campaign.</li> </ul> <p>The Chair received <b>consensus</b> for sign off of the report in the room and also <b>agreement</b> for a review by the Advisory Group in one year's time to reflect on progress.</p>	
24.11.NPB.07	<p><b>Assessment and Credentialing (item: 24.11/NPB/07)</b>  <i>Led by: Joseph Oakley</i></p> <p>The Boards noted paper 24.11.NPB.07</p> <p>JO reminded the board that they had received his paper in advance of the meeting and said he was happy to take further questions on the paper by email.</p> <p>Some of the comments received by Board members included:-</p> <ul style="list-style-type: none"> <li>• There is a gap in identifying the “so what” for community pharmacists. (JO replied that the first community pharmacist had just gone through the credentialing process – this demonstrates that it can be done but did agree that this was the exception rather than the rule.)</li> <li>• Feedback question from members from the Constitution and Governance roadshows is why fees for credentialing are the same for members and non-members. JO replied that a strategic decision was taken at the start of the process for a single professional fee as it is a profession wide model. Member benefits come from support/education materials/mentoring. This will continually</li> </ul>	WPB Chair

	<p>be reviewed. Currently RPS members subsidise credentialing. RPS would like to move to a position in the future whereby credentialing pays for itself. Our current fees for credentialing are considered to be low amongst other professions.</p> <ul style="list-style-type: none"> <li>• Huge opportunity in the future for the RPS to bid on national contracts and integrate pathways. JO said the RPS sets and assures standards defining post-registration levels of practice and this function sits separately; assurance mechanisms cannot be conflicted.</li> </ul> <p>PB declared an interest as he sits on the CPPE Operations and Advisory Board. He said he was aware of the possible tender opportunity. He said he attended an engagement event in March for interested parties but has heard no more about the tender process. He said that strategically it is of interest to the RPS as the RPS works closely with CPPE.</p> <p>In England, Multi-professional funding for advanced credentialing was cut for 24/25 and currently other ways to get funding are being explored. The RPS is currently developing a collaborative strategy with PhSC to set out how RPS could work collaboratively with HEIs to improve support for those working towards advanced practice, especially in the education and research domains.</p>	
<b>24.11.NPB.08</b>	<p><b>Business Plan (item: 24.11/NPB/08)</b>  <i>Led by: Country Directors</i></p> <p>The Boards noted paper 24.11/NPB.08.</p> <p>EJ explained that the GB workplan is a 2-year plan (24 and 25) and would bring in the expertise from the other PLB teams, ie. Education, Science and Research and Support and Guidance. EJ explained the different areas of the plan in more detail.</p> <p>AG was invited to talk about the e-cigarettes policy and said that in response to the new information from ASH the RPS policy remains the same but does need to have a statement included to clarify the RPS position recommending that vapes are not used</p>	<b>EPB Chair</b>

	<p>by children and non-smokers and is against illicit vapes but does support the use of vapes for smoking cessation programmes.</p> <p><b>Action 7:</b> RPS policy on e-cigarettes to be reviewed by the Science and Research Committee and a strengthening statement be added, but the policy position remains unchanged.</p> <p>Board members were asked for their comments on the 2 year work plan proposal, some of the comments were:-</p> <ul style="list-style-type: none"> <li>• Supportive of the 2 year plan but have concerns about resourcing the plan and asked if difficult decisions have been taken to deprioritise work. EJ responded saying many areas of policy have already been developed leaving time to focus on new policy, the team have looked at current government priorities and have aligned the business plan with these.</li> <li>• Huge legislative and regulatory changes will be coming into force how will we ensure we respond appropriately? LW responded saying that the team endeavours to keep capacity for reactive work. EJ said that the country teams will need the board members help to focus and prioritise workstreams.</li> <li>• How will the expert advisory groups (EAGs) contribute to the workplan? LW responded say the role of the policy leads was to facilitate input from the EAGs whilst recognising that on occasions expert opinion needs to be sought from outside the EAGs. The Digital EAG played a huge role in developing the policies on AI and Digital Capabilities.</li> <li>• Cancer care and aseptics should be combined on the workplan, whilst access to high cost medicines should remain alone.</li> <li>• There should be a risk weighting and critical milestones attached to the workplan. EJ said a weighting could be added to the bottom half of the work plan and we will need to look at where time is being prioritised. PB said the organisation strategy will play into this and could be shaped by the Constitution and Governance review and the proposal to move to a Royal College, but it is assumed that business as usual will continue through 2026 into 2027.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• There would need to be a check point on the business plan after one year.</li> <li>• Concerns re workload, and managing the international elements were raised although it is recognised that there is much to be gained from working internationally, both reputationally and learning from other countries.</li> </ul> <p>EJ said that on occasion it may be necessary to bring together short life working groups together to develop policy areas. LW added that the business plan was not set in stone and could be flexed.</p> <p>The Chair concluded that Board members were <b>in agreement</b> with the two year work plan and each of the new policy areas should have 2 or 3 board members associated with them.</p> <p><b>Action 8:</b> Board members to email their policy area preferences through to the country directors.</p> <p><u>Presentation on Women's Health by Kellie King (CPhO Clinical Fellow, Scotland)</u></p> <p>KK was invited to present on her work to date on Women's Health and menopause. KK is looking at ways to involve pharmacists in the patient pathways and integrating women's health into the pharmacy undergraduate course.</p> <p>The Chair thanked KK for her presentation. KK said that pharmacy has been poorly represented to date in this area and it is about having a seat at the table. This is a good opportunity to focus on health inequalities.</p> <p>The Great North Pharmacy Research Collaborative Conference took place in July focusing on Women's Health and the presentations are available on line. There is a good opportunity for RPS to get involved and to own the agenda on the use of medicines in Women's Health. It was recognised that there is more the RPS can do in the area of women's health, for example guidance may be needed for over prescribing of HRT and implants.</p>	
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<b>24.11/NPB/09 (i) (ii), (iii), (iv), (v) and (vi)</b>	<p><b>Papers for noting (item: 24.11/NPB/09 (i-vi))</b>  <i>Led by: WPB Chair</i></p> <p>Board members noted the following papers.</p> <ul style="list-style-type: none"> <li>(i) <b>Implementing Country Visions</b></li> <li>(ii) <b>Professional Issues</b></li> <li>(iii) <b>Workforce</b></li> <li>(iv) <b>Strengthening Pharmacy Governance</b></li> <li>(v) <b>Education</b></li> <li>(vi) <b>Science &amp; Research update</b></li> </ul>	<b>EPB Chair</b>						
<b>24.11/NPB/10</b>	<p><b>Any other business</b>  <i>Led by: EPB Chair</i></p> <p>There was no other business to discuss.</p> <p>The Chair thanked James Davies on behalf of the Boards for his work and support and wished him the best of luck in his future endeavours.</p>	<b>EPB Chair</b>						
<b>24.11/NPB/11</b>	<p><b>Proposed dates for future meetings</b>  <i>Led by: EPB Chair</i></p> <table border="1" data-bbox="575 1166 1818 1372"> <thead> <tr> <th data-bbox="575 1166 992 1270">England</th><th data-bbox="992 1166 1404 1270">Scotland</th><th data-bbox="1404 1166 1818 1270">Wales</th></tr> </thead> <tbody> <tr> <td data-bbox="575 1270 992 1372">25 and 26 February</td><td data-bbox="992 1270 1404 1372">27 ad 28 February</td><td data-bbox="1404 1270 1818 1372">20 and 21 February</td></tr> </tbody> </table>	England	Scotland	Wales	25 and 26 February	27 ad 28 February	20 and 21 February	<b>EPB Chair</b>
England	Scotland	Wales						
25 and 26 February	27 ad 28 February	20 and 21 February						

	18 and 19 June	18 and 19 June	18 and 19 June	
	23 and 24 September	17 and 18 September	25 and 26 September	
	6 Nov	6 Nov	6 Nov	

**Action list:**

Item	Action	By whom	Open/Closed/Comments
24.11.NPB.04	<b>Action 1:</b> A full report from the team will be before the next meeting in February	<b>S&amp;R Team</b>	<b>Open</b>
24.11.NPB.04	<b>Action 2:</b> – DAO to review the evidence submitted regarding an individual audit across 3 pharmacies to see if they were trialling self selection and provide further information in the report	<b>DAO</b>	<b>Nov/Dec</b>
24.11.NPB.04	<b>Action 3:</b> DAO asked that the board share any previous or outstanding evidence re Open Sale of P Meds with the S&R committee.		<b>Nov</b>

<b>24.11.EPB.04</b>	<b>Action 4:</b> EJ and the team are to continue working with the GPhC and will share the evidence report once final and will discuss next steps to help pharmacists protect patients and discuss the need for additional observational evidence. EJ to report back to the Boards in February.	<b>EJ</b>	<b>February 2025</b>
<b>24.11.NPB.05</b>	<b>Action 5:</b> AD to include an informative slide about the Ambassadors in the weekly board email	<b>AD</b>	<b>Nov</b>
<b>24.11.NPB.05</b>	<b>Action 6:</b> AD to work with LN on the 3 key points of the benefits of being a member of the RPS	<b>AD/LN</b>	<b>Nov/Dec</b>
<b>24.11.NPB.08</b>	<b>Action 7:</b> RPS policy on e-cigarettes to be reviewed by the Science and Research Committee and a strengthening statement be added, but the policy position remains unchanged.	<b>Science and Research</b>	<b>December</b>
<b>24.11.NPB.08</b>	<b>Action 8:</b> Board members to email their policy area preferences through to the country directors.	<b>All board members</b>	<b>December</b>

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## Outstanding actions from previous board meetings

## EPB

24.06.EPB.13	<b>Action 6:</b> Review MEP and professional guidance subject to the review of RPS position on facilitated-selection of P Medicines in community pharmacy	Support Team/Director for England	Open – as required
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National Pharmacy Board meeting – 28 February 2025

<b>Title of item</b>	<b>Facilitated Sale of P Medicines: Policy Options for RPS boards</b>
<b>Author of paper</b>	RPS country Directors, policy, standards and guidance teams and colleagues
<b>Position in organisation</b>	Elen Jones Laura Wilson
<b>E-mail</b>	<a href="mailto:Elen.Jones@rpharms.com">Elen.Jones@rpharms.com</a> <a href="mailto:Laura.Wilson@rpharms.com">Laura.Wilson@rpharms.com</a>
<b>Item to be led at the meeting by</b>	Elen Jones/ Laura Wilson
<b>Headline summary of paper</b>	<p>This paper summarises policy options for boards following the completion of the 2024 call for evidence and receipt of the report on the self-selection of medicines</p> <p>The options include</p> <ul style="list-style-type: none"> <li>A) Maintaining the 1950-2025 policy of the RPS “Pharmacy medicines must not be accessible to the public for self-selection”</li> <li>B) Changing the RPS policy and adopting a new position from 2025 supporting the adoption of the facilitated sale of P medicines including endorsement of the current regulatory guidance.</li> <li>C) Acknowledging the change of regulation and building a policy that enables facilitated sale of P medicines in certain conditions and with additional professional safeguards for patients built into supporting guidance.</li> </ul>
<b>Purpose of item (decision / discussion)</b>	To review the contemporary evidence and information surrounding the facilitated sale of P medicines and review the RPS policy position to direct appropriate professional support and guidance or standards for pharmacists and their teams.

<b>For consideration</b>	Issues for consideration are discussed within the body of the paper.
<b>Risk implications</b>	Risk implications for and against self-selection of P medicines are discussed within the body of the 2024 report 'Evidence review on facilitated self-selection of P medicines'. Currently there is a lack of alignment between the RPS position and the position of the regulator, which is causing conflict for pharmacists.
<b>Resource implications</b>	Resource implications are discussed within the body of the paper.

### Facilitated Sale of P Medicines: Policy Options for RPS boards

#### Purpose

The purpose of this paper is to agree a way forward for the RPS on the facilitated self-selection of P medicines, continuing the joint board discussions from June 2024 and November 2024, and following up the 2024 outcome report ***Evidence review on facilitated self-selection of P medicines***.

This paper is concise and should be read in alignment with the comprehensive detail captured within the following documents

- Evidence review of facilitated self-selection of P medicines November 2024: findings from a systematic review of the literature and summary of submissions to the call for evidence. This report is undergoing a rapid systematic peer review and should be confidential until that process is completed.
- [Open Sale of P medicines in community pharmacy June 2024 Open Business 24.06/NPB/13](#)

At the joint board meeting in November, it was made clear that, whichever option is selected, the RPS will recommend further evidence review, as recommended in the systematic review report. We will ask the GPhC to collaborate to thematically review inspection data to ensure ongoing evidence-based evaluation.

In addition, the facilitated self-selection of P medicines was an agenda item at a meeting of the Community Pharmacy Expert Advisory Group (CPEAG) held on the 15th July 2024, following initial board discussions at the June 2024 meeting. The CPEAG acts as a source of expertise, advice and opinion to inform RPS policy decisions and work plans. A copy of the notes from that agenda item, for reference and consideration by Board members, is attached in [Appendix 1](#), full notes from all CPEAG meetings can be found on the RPS website [here](#).



### RPS & GPhC joint statement

Our long-standing joint statement outlines the role of professional standards in relation to regulatory standards.

#### ***Regulatory and professional standards***

*The regulatory standards produced by the GPhC for pharmacy professionals and pharmacies are statements of what people have the right to expect when they use pharmacy services. All standards set by the GPhC work to improve the quality and safety of services provided to patients and the public.*

*Regulatory standards must be met by all pharmacy professionals and owners of registered pharmacies, otherwise their registration may be at risk.*

*The professional standards and guidance produced by the RPS provide a framework to support pharmacists and their teams, to develop their professional practice, improve services, shape future services, and deliver high quality patient care.*

*While professional standards and guidance are not mandatory, they are developed and owned by the profession, and set out what constitutes 'good' in terms of practice, systems of care, and working practices.*

*Pharmacy professionals following professional standards and guidance set by the RPS should have confidence these help to meet the overarching regulatory standards set by the GPhC.*

The [full statement](#) can be accessed on the RPS website

## Rationale and next steps

The rationale and existing evidence base on facilitated-selection of P medicines was reviewed as part of the Evidence review and we have not sought to summarise or replicate the review within this paper to avoid misrepresenting the analysis within the paper.

Three options are illustrated for discussion and to help facilitate agreement for a way forward

Option and descriptor	Rationale and evidence-base	Next steps in the event this option is agreed
A) Maintaining the 1950-2025 policy of the RPS "Pharmacy medicines must not be accessible to the public for self-selection"	See the 2024 report <b><i>Evidence review on facilitated self-selection of P medicines</i></b>	Work to publish a statement that: <ul style="list-style-type: none"> <li>• Reiterates the current RPS position</li> <li>• Acknowledges the challenge for members and the profession in navigating the difference between the regulatory position, the RPS position and professional guidance</li> <li>• Recommends research into the risks and benefits of this in real-world practice.</li> </ul>
B) Changing the RPS policy and adopting a new position from 2025 supporting the adoption of the facilitated sale of P medicines including endorsement of the current regulatory guidance.	See the 2024 report <b><i>Evidence review on facilitated self-selection of P medicines</i></b>	Work to publish a new statement that: <ul style="list-style-type: none"> <li>• Revokes the 1950–2025 RPS position</li> <li>• Signposts to the position of the pharmacy regulator and regulatory guidance</li> </ul> Recommends research into the risks and benefits of this in real-world practice.
C) Acknowledging the change of regulation and building a policy that enables facilitated sale	See the 2024 report <b><i>Evidence review on facilitated self-</i></b>	Work to publish a new statement that: <ul style="list-style-type: none"> <li>• Supersedes previous RPS position</li> <li>• Indicates a new RPS position, in alignment with the regulatory position, to support the profession</li> </ul>

of P medicines in certain conditions and with additional professional safeguards for patients built into supporting guidance.	<b><i>selection of P medicines</i></b>	<ul style="list-style-type: none"> <li>• Acknowledges and signposts to the position of the pharmacy regulator</li> <li>• Expresses an intention to provide additional guidance or standards to fill any gaps</li> <li>• This could include forming a list of medicines which are high risk/higher risk and not recommended for facilitated supply models (to be developed following consultation with GPhC and the profession, with review by the RPS' CPEAG and Science and Research Committee's medicines safety sub-group)</li> <li>• Enables risk assessment templates/considerations when deciding to adopt a facilitated supply model</li> <li>• Recommends research into the risks and benefits of this in real-world practice</li> <li>• Collaborates with other organisations on other safeguards, including a public campaign to support the role of community pharmacy in selfcare (incorporating these new models of P medicine access).</li> </ul>
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## **Appendix 1**

CPEAG agenda item notes, 15<sup>th</sup> July 2024.

### ***Facilitated sale of P meds – 60 mins - led by Alwyn Fortune***

<b>Description</b>	<p>Following changes brought by the pharmacy regulator (the General Pharmaceutical Council) implementing an outcomes approach to standards, there are pharmacies that are now adopting a more flexible interpretation to the open sale and self-selection of P medicines.</p> <p>The national pharmacy boards of the Royal Pharmaceutical Society (RPS) were asked to consider current policy position, which is currently at odds with the regulator, at a meeting on 19 June 2024.</p> <p>Following discussions, it was decided, a 'call for evidence' would be issued to ensure any potential forthcoming changes to our professional guidance are truly evidence based.</p> <p>A statement can be found <a href="#">here</a>.</p>
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<b>Purpose</b>	<p>This call for evidence will inform the programme of work exploring the current position of the Royal Pharmaceutical Society (RPS) that “Pharmacy medicines must not be accessible to the public by self-selection”.</p> <p>The call for evidence will be led by the Science &amp; Research Team at the RPS under the leadership of its Chief Scientist. The Science &amp; Research Team will undertake a review of the published evidence by accessing academic databases. This item provides an opportunity for CPEAG to feed directly into this workstream, in addition, we would encourage CPEAG members to respond individually to our call for evidence, once released.</p>
<b>Outcomes</b>	<p>Alwyn Fortune presented this item providing the background and context that led to the call for evidence.</p> <p>The presentation will be shared with the notes.</p> <p>Two EAG members declared an interest in this item, both have been part of the set-up from a capability perspective within their respective companies.</p> <p>Questions were posed to the group</p> <ul style="list-style-type: none"> <li>• What are the experiences/reflections of members of the group working within a ‘facilitated sale of P medicines’ environment</li> <li>• Evidence of benefit or harm?</li> <li>• Considerations in terms of future practice</li> </ul> <p>A few members of the group who have worked in an environment with open access to P medicines shared their perspectives</p> <ul style="list-style-type: none"> <li>• Finding evidence may be challenging as the risks have been mitigated during the process with the extra resource in a healthcare specialist role.</li> <li>• Whilst some team members originally had personal reservations at the beginning, the processes in place have mitigated against risks and the experience has been a positive one for staff and patients</li> <li>• Aided staff training and development and some branches have dedicated new staff member in role to counsel patients.</li> <li>• Positive benefits to staff in terms of training and development and has been a good point to refresh sales of medicines training. Staff have felt empowered and appears to have improved job satisfaction.</li> <li>• Positive customer experience with trained staff on hand to counsel at the point of selection, patients more empowered to take control of their wellbeing.</li> <li>• We have a responsibility for all medicines sold in a pharmacy, whilst P medicines need additional safeguards, GSL medicines can often contain the same ingredients but in smaller pack sizes.</li> <li>• Our role is to educate and support people, moving away from the paternalistic approach to healthcare.</li> </ul>

	<p><b>Safeguards</b></p> <p>The following were highlighted by members of the group</p> <ul style="list-style-type: none"> <li>• There are robust security measures in place to protect high risk medicines which only healthcare trained can access. Codeine based products, EHC and sildenafil, for example, are all in locked cabinets</li> <li>• Till restrictions are in place to ensure that a sale can only proceed with the appropriate advice and counselling, on the registered area of the pharmacy premises and under the supervision of a pharmacist.</li> <li>• Utilising technology to support</li> </ul> <p><b>Other considerations</b></p> <p>The following were highlighted by members of the group</p> <ul style="list-style-type: none"> <li>• Online sale of P medicines, effectively allows a patient to self-select medicines to a virtual basket</li> <li>• The group noted that there will be whole generation of pharmacists who will be responsible for making autonomous prescribing decisions. Moving away from a 'fear' approach to 'assess risks, ensure appropriate safeguards and mitigation and make decisions'</li> <li>• Pharmacists are, quite rightly, providing more and more clinical services for patients, so supervision of sale of P medicines can be challenging when in consultations rooms so appropriately trained and competent staff are key.</li> <li>• If we don't 'change with the times' and deliver services to patients in a manner they prefer, whilst ensuring adequate safeguards, we will appear out of touch with the changing landscape</li> <li>• This is optional regulation therefore not everyone has to operate their pharmacy with open sale of P medicines. There's a choice to make depending on what works best for each pharmacy and their patients and customers. It was acknowledged this model won't suit all pharmacies physically due to space constraints and perhaps culturally. Not all products are suitable (permissive not enforced)</li> <li>• It is not good for the professional body to be out of step with the regulator and what is happening in current professional practice.</li> <li>• RPS role around guidance for the profession, what things do you need to work through to mitigate against risks.</li> <li>• Needs to be a pragmatic approach.</li> <li>• Potential risk to P med category, but it's more important how, as pharmacists, we add value to patients utilising our trained staff.</li> </ul> <p>The group asked how discussions had gone on the matter at the recent board day.</p>
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	<p>Alwyn explained the full minutes from the open business, in which this item was discussed, are all available on the RPS website to access.</p> <p>Alwyn advised that at the recent National Pharmacy Board meeting the discussions were open and board members had challenged and looked for assurances from GPhC and Boots how patient safety has been maintained, what safeguards are in place to mitigate against risk and was there evidence of any increased harm as a result of the changes. Board members were keen to be more informed by the evidence, RPS members and our expert advisory groups as they look to further discussions around our position. Once all the evidence has been presented to them, they will be better informed to make decisions on behalf of members.</p> <p>Alwyn advised that the current call for evidence (open until 6<sup>th</sup> September) is focussed on the evidence of benefit and harm of a “facilitated self-selection” model for Pharmacy medicines in relation to patient care.</p> <p>The evidence gathered through this exercise will inform a report written by the Science &amp; Research Team at the RPS. The group raised that whilst it’s right to be reviewed in this way scientific and research are not the only angles to base any decision on.</p> <p>That report will also consider the published evidence around the benefits and harm of a facilitated self-selection model for P medicines in relation to patient care.</p> <p>The evidence base will support the RPS to carefully consider the appropriateness of the current position on facilitated self-selection of P medicines for now and in the future.</p>
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National Pharmacy Board meeting – February 2025

<b>Title of item</b>	<b>Implementing Country Visions</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	Laura Wilson, Iwan Hughes, Elen Jones, Heidi Wright, Alwyn Fortune,
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Pharmacist Prescribing Environmental Sustainability Pharmacogenomics Reducing Health Inequalities
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

## Implementing Country Vision

### Pharmacist Prescribing (Laura/Heidi)

#### Highlights

- Held the third DPP roundtable on 24 January and are drafting a meeting note
- The project is now 'Business as Usual' and prescribing services are now a well-established element of the member proposition
- Working with National Voices and NHSE to understand patient and public perception of pharmacist independent prescribing within community pharmacies

#### Next Steps

- Continue to keep track of developments for those qualifying as prescribers in 2026
- Continue to support pharmacists to become prescribers
- Work ongoing in Scotland looking at how we continue to engage with prescribers and showcase our support offering
- Regular meetings with NHSE around the pathfinder sites
- Continue to collaborate with HEIW in Wales to deliver educational content for IP training events and support those events on the day

### Environmental Sustainability (Iwan/Elen)

#### Highlights

- Final stages of the greener pharmacy toolkit for community and hospital pharmacy
- Both the toolkit and supporting manuals expected to be ready in February 2025.
- Continued to support the initiatives of the UK Health Alliance on Climate Change.

#### Next Steps

- The toolkit will be soft-launched with interested parties mid-February 2025
- Case studies and testimonials will be collected to support a full launch in April 2025

### Pharmacogenomics (Alwyn)

#### Highlights

- Continue to participate in the task and finish group to refresh the 'Direct to consumer Genomic Testing' position statement in association with BSGM and RCGP with representation from RPS expert members.



- Approached by HEIW in Wales to collaborate and support delivery of their pharmacogenomics delivery plan.
- Working with the NHS Genomic Medicine Service to agree and scope the development of a Pharmacogenomic Competency Framework for all Prescribers.

### Next Steps

- Continue to participate and inform the refresh of the 'Direct to Consumer Genomic Testing' position statement with the aid of RPS expert members, with a view to endorsement of the statement.
- As part of the refresh of the vision in Wales, Pharmacy: Delivering a Healthier Wales, Pharmacogenomics will continue to feature strongly within the workstream and we will be looking to work with the profession and key stakeholders to ensure a specific goal focus to drive forward adoption for patient benefit.
- Continue to support members with Pharmacogenomics resources and educational material
- Finalise agreement with the Genomic Medicine Service, undertake a literature search and review, assemble an expert advisory group, recruit SME support, start work on developing the framework

### **Reducing Health Inequalities (Elen/Heidi)**

#### Highlights

- In Scotland we are part of the Remote and Islands workforce stakeholder focus group meetings
- In England we continue to work with the Prescription Charges Coalition and support their messages
- In England we are a member of National Voices and we support their work and messaging on health inequalities
- Working with NHSE to look at how pharmacists can better support those with learning disabilities
- In Wales, through our work in leading on the refresh of the goals for Pharmacy: Delivering a Healthier Wales, the focus will be on spread and scale of existing good practice, together with equity of access to new innovative services to patients across Wales, with a focus on helping to address inequalities.
- Actively engaging with Llais, the patient representative body in Wales, who also have representation on the working groups for Pharmacy: Delivering a Healthier Wales. Providing a strong voice representing patients on these groups ensures as we develop pharmacy services and the profession, these are centred around the patients in our communities.

### Next Steps

- We will continue to work with patient representative bodies across GB on a number of health inequalities issues

## **OPEN BUSINESS**

- We will continue to support the workstreams above and ensure we highlight the role of pharmacy within the wider healthcare context when addressing health inequalities
- The NHS 10 year plan has a focus on health inequalities so we will review the role pharmacists can play in line with that.
- Refresh of the Pharmacy: Delivering a Healthier Wales vision workstream and setting of new goals to 2028 will have a strong focus on equity of access to services and ensuring Pharmacy further contributes to addressing health inequalities.

National Pharmacy Board meeting – February 2025

<b>Title of item</b>	<b>Professional Issues</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Fiona McIntyre, Darrell Baker, Elen Jones, Heidi Wright, Alwyn Fortune, Ross Barrow, Laura Wilson, John Lunny</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Artificial Intelligence (Fiona) Palliative Care (Darrell/ Elen) Digital Prescribing and Access to Records (Heidi) Medicines Shortages (Alwyn) Assisted Dying (Ross/Laura/John) Consultations List (Policy Leads)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

### Professional Issues (Policy Leads)

#### Artificial Intelligence (Fiona)

##### Highlights

- Artificial Intelligence in Pharmacy Practice policy published in January 2025
- Accompanying blog and social media posts published online

##### Next Steps

- We will be holding a stakeholder engagement event in Q2 to discuss both the digital capabilities and AI policies and look at how organisations can collaborate to implement the recommendations

#### Palliative Care (Darrell/ Elen)

##### Highlights

- RPS held a Parliamentary Reception in The Scottish Parliament in January to raise awareness of the Daffodil Standards for Community Pharmacies. The event was sponsored by Jackie Baillie MSP. 12 MSPs attended including the Minister for Public Health, Jenni Minto MSP, who has Community Pharmacy in her ministerial portfolio.

##### Next Steps

- Continue to promote the standards
- In discussion with Marie Curie on next phase of the ongoing collaboration

#### Digital Prescribing and Access to Records (Heidi)

##### Highlights

- RPS held an MSP drop in event in The Scottish Parliament in January to highlight the need for all pharmacists in the community to have read and write access to patient records. We spoke to 20 MSPs in total.
- We continue to be a part of the Primary Care Electronic Prescribing Service Board chaired by Digital Health and care Wales (DHCW). In addition, we have attended digital mapping workshops held by DHCW.

##### Next Steps

- We will be holding a stakeholder engagement event in Q2 to discuss both the digital capabilities and AI policies and look at how organisations can collaborate to implement the recommendations

### Medicines Shortages (Alwyn)

#### Highlights

- [Medicines Shortages: Solutions for Empty Shelves](#) was launched at a parliamentary event in Westminster on 27<sup>th</sup> November 2024, with further briefing events at Holyrood (28<sup>th</sup> November) and the Senedd (4<sup>th</sup> December).
- RPS England, backed by 19 other organisations has written to the Secretary of State for Health and Social Care, Wes Streeting, calling for a cohesive cross-government strategy to tackle medicine shortages across the UK.
- RPS Scotland and RPS Wales similarly, have also sent letters to the cabinet secretaries for health and social care in Scotland and Wales
- We have provided written evidence to the Pharmacy APPG inquiry into the impact of Medicines Shortages in England, informed by our report
- We joined a call held by the Department of Health and Social Care with pharmacy stakeholders on 'pharmacist flexibilities' and the feasibility of minor amendments to prescriptions in community pharmacy.

#### Next Steps

- Continue to engage with Department of Health and Social Care to explore changes around 'pharmacist flexibilities', together with any legislative changes needed.
- Contribute and participate to government work across the nations on medicines shortages, as well as the work of the Pharmacy APPG.
- To continue to lobby for implementation of the recommendations of the report, together with members of the advisory groups and the organisations they represent.

### Assisted Dying (Ross/Laura/John)

#### Highlights

- Met with Children's Hospices Across Scotland to discuss our organisation's positions on the Assisted Dying for Terminally Ill Adults (Scotland) Bill and potential amendments to be made at Stage 2 of the Bill process.
- Gave oral evidence to the Health, Social Care and Sport Committee in November 2024 in relation to the Member's Bill introduced into the Scottish Parliament.

- We submitted written evidence to the House of Commons Bill Committee on the Terminally Ill Adults (End of Life) Bill.
- We are a part of a working group developing a position for the Welsh pharmaceutical committee, where our work will provide insights and leadership to Welsh Government.

### Next Steps

- Review amendments if the Scottish Bill proceeds to stage 2 and engage with MSPs as appropriate to ensure the role of pharmacists and pharmacy is well understood and that the legislation aligns with our GB policy position.
- Monitor progress of the Terminally Ill Adults (End of Life) Bill in Westminster.

### **Consultations List (Policy Leads)**

### Highlights

- 15 consultations responded to in the period November 2024 to February 2025. All consultation responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2024-consultation-responses>

### Next Steps

- Continue to respond to relevant consultations, horizon scanning across external stakeholders such as DHSC, Scottish Government, Welsh Government, regulators and others.

National Pharmacy Board meeting – February 2025

<b>Title of item</b>	<b>Workforce</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Heidi Wright, Amandeep Doll, Laura Wilson</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Workforce Wellbeing (Heidi) Access to DPP (Heidi/Laura) I&D (Aman) Differential Attainment (Aman)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

## Workforce

### Workforce Wellbeing (Heidi)

#### Highlights

- The 2024 WWB survey had over 6,000 responses, five times more than previous surveys. This was due to the fact that the GPhC circulated the survey to all registrants
- Pharmacy technicians were also asked to complete the survey
- We are currently analysing the data from the survey

#### Next Steps

- We will publish a survey report in Q1 of 2025
- We will hold a WWB roundtable on 12 March to discuss the results from the survey and follow up on actions

### Access to DPP (Heidi/Laura)

#### Highlights

- A third DPP roundtable was held on 24 January and a meeting note is being drafted

#### Next Steps

- Follow-up from the DPP roundtable with the NPA to decide on next steps.

### I&D (Aman)

#### Highlights

- Establishing the project plan for 2026 Inclusion and Diversity strategy
- Planning dates for the celebration events for 2025 inc International Women's Day, Black History Month, South Asian Heritage Month and South East Asian Heritage Month
- Working on identifying key actions for supporting neurodiversity in pharmacy
- Working on identifying key actions for supporting hearing impairment
- February ABCD meeting – on LGBT mapped to GPhC IET document

#### Next Steps

- Finalise the dates for the events and promote them externally
- Finalise the GPhC IETs document
- Identifying key actions for hearing impairment and neurodiversity



### Differential Attainment (Aman)

#### Highlights

- Date agreed and set for the next delivery oversight group
- Terms of references have been shared with key people to agree
- Chair has been confirmed

#### Next Steps

- To meet with each organisation to ensure they're supportive of the actions that they can take forward
- Identify task and finish groups to take actions forward

National Pharmacy Board meeting – February 2025

<b>Title of item</b>	<b>Strengthening Pharmacy Governance</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Wing Tang, Laura Wilson, Heidi Wright, Elen Jones</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Supervision (Heidi) Hub and Spoke RP/SPCP Guidance Original Pack Dispensing
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

## Strengthening Pharmacy Governance (Wing/Elen/Laura)

### Supervision (Heidi)

#### Highlights

- No significant update

#### Next Steps

- We await the outcome of the consultation process from DHSC

### Hub and Spoke

#### Highlights

- No significant update

#### Next Steps

- We await the outcome from the legislation process

### RP/SP/CP Guidance

#### Highlights

- The publication of the regulator's new Standards for Chief Pharmacists has been noted  
<https://www.pharmacyregulation.org/pharmacists/standards-and-guidance-pharmacy-professionals/standards-chief-pharmacists>

#### Next Steps

- To initiate a review of an archived RPS guidance for Chief Pharmacists in alignment with the regulatory standards

### Original Pack Dispensing

#### Highlights

- Original pack dispensing guidance was published to support legislative changes from the 1<sup>st</sup> January 2025  
<https://www.rpharms.com/resources/pharmacy-guides/original-pack-dispensing-opd>

### Next Steps

- We intend to monitor for any gaps or professional uncertainties which are not yet supported by the guidance and to fill these as needed.

National Boards meeting – 28 February 2025

<b>Title of item</b>	<b>Education and Professional Development: October 2024 to January 2025 activities</b>
<b>Authors of paper</b>	Helen Chang
<b>Position in organisation</b>	Associate Director for Education and Professional Development
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<b>Headline summary of paper</b>	An update to Boards of education and professional development activities for the period October 2024 to January 2025
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	N/A
<b>Resource implications</b>	N/A

# Education and Professional Development activities update to Assembly

## 1. Background

Education and professional development activity for October 2024 to January 2025 largely focussed on developing learning content and resources to support members, including e-learning, webinars, events and development programmes. We continued to deliver support for prescribers and have been collaborating with Health Education and Improvement Wales (HEIW) to provide a learning programme for pharmacists in Wales.

## 2. Summary of activity

### 2.1. Students

We continued to develop content to support the foundation training national recruitment scheme 2025/26 (Oriol). We have worked with experts to create a bank of high-quality practice questions to support third year undergraduate students prepare for the recruitment process, including situation judgement test questions and numeracy questions. Our practice questions will be a key element of the RPS support programme for students going forwards.

We are also in the process of planning a series of live webinars in collaboration with NHS England (NHSE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and British Pharmaceutical Students' Association (BPSA), about the practical aspects of the process, including an overview of recruitment and how to effectively approach preferencing of training placements. The webinars will be delivered in June 2025.

### 2.2. Foundation training

In Summer 2024, the pass rate for the General Pharmaceutical Council (GPhC) registration assessment was lower compared to previous years. Recognising the need for additional support, we developed extra resources for members planning to re-sit the Autumn 2024 assessment. These members received extended access to our mock assessment and had the opportunity to attend a webinar focused on re-sit preparation tips. The webinar was highly successful, with 178 members registering and describing the session as "*incredibly valuable*".

Our 2024/25 foundation trainee programme launched in September 2024, aiming to support effective practice development throughout the training year. We began the programme with a series of webinars, which currently have over 500 trainees registered. These webinars prepare trainees for key elements and milestones of foundation training. Sessions delivered to date include an overview of the training year, and how to utilise key pharmacy resources to support your practice, including the Medicines, Ethics and Practice guide, and clinical resources.

Plans are underway to deliver our "revising for the assessment" webinar in January 2025. Additionally, we are developing content for our revision course, with live webinars set to commence in March 2025.

### 2.3. Prescribing

We are in the process of delivering learning programme in collaboration with Health Education and Improvement Wales (HEIW) for pharmacists in Wales to deliver the Pharmacy Independent Prescribing Service (PIPS) with confidence. The programme is designed to equip pharmacists, mainly in primary care settings, with the essential knowledge, skills, and confidence needed to provide excellent patient care. So far, we have successfully delivered 22 training sessions across Wales on dermatology, ear respiratory, urinary tract and conditions affecting children. There are a further 10 sessions planned before April 2025 on children's health, and contraception. Further information about the programme can be found on our website: <https://www.rpharms.com/about-us/news/details/new-programme-to-enhance-prescribing-skills-in-wales>.

In October, we ran a 'Becoming a designated prescribing practitioner (DPP)' event in collaboration with the Royal College of Nursing. This was a multidisciplinary event with representation from nursing and paramedic healthcare professionals. This event came at a prudent time as the need for more DPPs within pharmacy increases in preparation for the training of trainee pharmacists graduating independent prescribers and requiring training as part of their foundation training.

In line with our activities focusing on the role of DPPs, we have also released two blogs authored by DPPs. The blogs focus on their experiences and journeys in becoming a DPP. It is hoped this will encourage others who may be considering the role but don't know where or how to get started.

### 2.4. Mentoring

We continue to see strong engagement on the mentoring platform; we have 2253 registered users. We regularly promote mentoring to members through our various communications and social media channels.

National Mentoring Day on 27 October 2024, was a significant event. The RPS expressed gratitude to all our mentors for their time and contributions to the profession. We also sent communications to members, highlighting the benefits of mentoring to encourage more sign-ups. As a result, we saw an increase in registrations on the platform, with 12 new mentors and 34 new mentees joining within a week.

On 9-10 November 2024, we attended the Neonatal and Paediatric Pharmacy Group national conference. We delivered a join presentation with Janet Gilbertson, Chair of the Mentoring Advisory Group (MAG), about the benefits of mentoring. Our goal was to raise awareness of the RPS mentoring platform and demonstrate its value for pharmacists in all settings and career stages. In response to the successful reception we received and delegate feedback, we added neonatal and paediatrics to our list of skills on the mentoring platform, so members can now seek out a mentor with experience and expertise in this area.

As part of our annual review process, we sought feedback from members about our mentoring programme. In November, we sent a mentoring survey to all members

registered on the platform. Initial analysis of the results highlights the immense value of mentoring.

## 2.4. Educational webinars and events

We continue to deliver a range of live learning content to our members. Between October 2024 to January 2025, we have delivered five webinars. A summary of the sessions can be found in the table below.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
October	Exploring Human Factors (1): Truths, Myths and Practical Insights	168	95%
October	Recognising the symptoms of Lyme disease	236	100%
November	Exploring Human Factors (2): Connecting safer work practices across care boundaries – benefits of a systems approach	204	100%
November	Leadership roles in pharmacy	130	100%
January	Exploring Human Factors (3): Learning from patient safety investigations – greater improvement using Human Factors	248	100%

The final session in the Joint Royal College (JRC) Human Factors series will be taking place in February 2025.

## 2.5. Learning hub (e-learning)

We are developing a new digital learning platform to host all our educational and learning content. Members will be able to access learning in areas of common clinical conditions, mentoring, prescribing, professional practice and research & evaluation. We are currently preparing to launch several new e-learning resources in Q1 of 2025. This will be exclusive content that is only available to RPS members.

## 3. Next steps

In the next quarter we will focus on:

- Developing learning resources to support lifelong learning and continuing professional development, in the areas of women's health, cancer care and patient safety
- Preparing for the launch of our new e-learning resources
- Enhancing existing development programmes for students and foundation trainees
- Delivering new programmes to support new mentors and new prescribers



National Pharmacy Board meeting – 28 February 2025

<b>Title of item</b>	Science and Research update to National Pharmacy Boards, January 2025
<b>Author of paper</b>	Dr Diane Ashiru-Oredope
<b>Position in organisation</b>	Deputy Chief Scientist
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<b>Headline summary of paper</b>	Summary of Science & Research Team activities
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	<ul style="list-style-type: none"> <li>• The work of the SRT on the facilitated self-selection of P medicines has wider implications for the profession</li> <li>• The work of the SRT on pharmacy workforce wellbeing has wider implications on RPS PLB projects</li> <li>• The current capacity of the SRT limits the proactive outputs from the team</li> </ul>
<b>Resource implications</b>	The current capacity of the SRT limits the available resource within the team, resulting in reduced output and/or the potential need to seek resource in other RPS teams or externally

## SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY BOARDS

### 1. Background

The purpose of the RPS Science and Research programme is to:

- Improve research capacity and capability within pharmacy,
- Increase the public profile of pharmaceutical science and research, including clinical and social pharmacy practice research,
- Support innovation and building the evidence-base in collaboration with the Science and Research Committee,
- Support internal policy, tools and services through research/evidence-based decision making.

*This paper outlines Science and Research activities undertaken from Nov 2024 to present.*

### 2. Summary of activity

#### 2.1. Staff changes

- Staff changes were communicated in the November update to the Board and the following shows a summary of the current/forthcoming status of the team:
  - Yen Truong's (Senior Research and Development Manager) extended Sabbatical at CQC will end in August 2025 and she is expected to return to the RPS in September 2025 0.6 FTE.
  - The contract of Science & Research Officer, Leah Burton, (0.6 FTE) which was fixed-term ended in December 2024.
  - The contract of the Deputy Chief Scientist, Dr Diane Ashiru-Oredope (0.2 FTE), has been extended until June 2025.
  - The contract of Science & Research Manager, Lauren Ross (1.0 FTE) remains unchanged.
  - Chief Scientist, Prof. Parastou Donyai is currently away for a period of sickness absence.

#### 2.2. Science Recognition Awards

- **Harrison and Hanbury Awards** – further information available on the new [RPS awards webpage](#).
  - Harrison 2024: Professor Ryan Donnelly [was selected as the winner](#) of the Harrison 2024 prize and delivered the Harrison memorial presentation at the 2024 RPS Annual Conference on 8 November. He was presented with the Harrison Memorial Medal during the conference close.
  - Hanbury 2025: The Nominations for the Hanbury award 2025 opened in September 2024, with submissions closing on 29<sup>th</sup> November 2024. A review panel has been

convened and the submission documents have been shared for review. The winner is expected to be selected in February 2025, with a formal announcement to be prepared for spring 2025.

- **Outstanding Pharmacy Early-Career Research Awards' (OPERA)** – [Dr Sion Scott](#) received his OPERA24 award at the 2024 RPS Annual Conference on 8 November. The nominations for the OPERA 2025 award have opened and are due to close on Friday, 31 January 2025.

### 2.3. Research Activities

The team collaborates with other RPS teams and workstreams to provide relevant evidence-based outputs using research methodologies. This includes ad-hoc and planned projects and workstreams, along with external research support.

#### *Member research support–*

- Organised and delivered support to individual enquirers as these arose. Between November 2024 and January 2025, we received 8 member requests for support, including research funding application support, fellowship application reviews, and research project guidance.

#### *Internal Project collaborations*

- **Call for Evidence: self-selection of Pharmacy medicines** – An interim report sharing the results and analysis from the call for evidence and complementary literature review were presented to the national boards on 09 November, 2024. Feedback from the country directors, national board members and Science and Research Committee chair has been reviewed, and the final report completed.
- **Workforce wellbeing** – The 2024 RPS Workforce Wellbeing Survey was launched on 18 October 2024, and closed at 5pm on Tuesday, 12 November. The update to the 2024 survey was conducted collaboratively with APTUK, Pharmacist Support, and the GPhC. This year saw a 5.5x increase in survey responses (total responses = 6598), which is likely a result of GPhC's role in the survey's dissemination. The collated information has been analysed, and a draft report has been shared internally for review. The final publication is expected to be released in February 2025.
- **RPS Annual conference: Research Abstract and Innovation Practice submissions 2024** – SRT assumed full responsibility for the management of abstracts and the Science and Research stream at the conference. In total 76 research abstracts and 86 innovative practice example submissions were presented at the 2024 RPS Annual Conference. The research abstracts have been [published in IJPP](#), and a [new webpage](#) has been created to highlight the science & research stream at this year's conference. This webpage also acknowledges the delegates who presented innovative practice examples at the conference.

#### *Blogs & Letters*

##### *Chief Scientist Research Opinion*

- **Chief Scientist Research Opinion, Pharmaceutical Journal - Monthly** blog continues, providing commentary on issues affecting the profession from a science and research perspective while reflecting on selected articles from RPS journals. The December blog was

produced by the Deputy Chief Scientist, in place of the Chief Scientist. The December post is titled “Working across boundaries to enable research in pharmacy” This can be found [here](#).

- **Deputy Chief Scientist Letters, Pharmaceutical Journal** – The Deputy Chief Scientist has recently written letters in the Pharmaceutical Journal, summarising key takeaways/learning points from relevant pharmacy events. For example the [Regius Professorial inaugural lecture of Ian Wong at Aston University](#), [NASA visiting the UCL Basit Research Group at UCL School of Pharmacy](#) and [World Pharmacists Day: Contributing to global health needs: examples of roles and our top tips for those interested in global health](#)
- **Research Funding Blogs, RPS Website** – Following the Demystifying Research Funding Webinar, organised by SRT in collaboration with the Events Team, the team have produced two blogs summarising key learnings for the profession. The first blog can be found [here](#) and the second blog [here](#).

### *Literature reviews and other manuscripts/papers*

- **Medicine Shortages** – The scoping review on the causes of medicine shortages to support the England Policy team has been reviewed for publication after submission to the *Drug Safety*. Comments from the reviewers are currently being addressed.
- **Self-Selection of Pharmacy Medicines** – SRT initiated a rapid systematic review on the risk/benefit of self-selection of Pharmacy medicines by members of the public to support the P Medicine call for evidence. The protocol is published on [Prospero](#), and the results of the review are presented in the P Medicine interim report. A publication detailing the results from solely the literature review will be developed in spring 2025.
- **Health Inequalities** – SRT are preparing to review the utility of interventions to address language barriers and health inequalities as relevant to pharmacy. A Prospero document is being finalised on conducting a review of existing published reviews.
- **National and global application of science by UK pharmacy professionals in COVID-19**. A case series initially presented at the 2022 Celebration of Science was returned from the Pharmaceutical Journal and has been submitted to JPHSR as a short paper. Currently awaiting feedback.

## **2.4. Resources for the development of research capacity and capability in pharmacy**

- The SRT regularly updates the [research funding hub](#), ensuring the opportunities available on the webpage are up-to-date and relevant for those accessing the RPS webpages. The SRT have developed a [webpage](#) summarising the science and research content from the 2024 RPS Annual Conference. On this webpage, both the morning and afternoon content streams are discussed, as well as the research abstract posters and innovative practice examples which were on display throughout the event. Innovative Practice author names are listed on this webpage, which allows people to refer to the page to provide evidence of their experience. Links to the PDF versions of the innovative practice examples are also published on this webpage as a member-only benefit.

## **2.5 Events & Conferences**

**RPS Annual Conference, 8 November 2024**

- A full Science & Research stream was developed by SRT, with collaboration of SRC members, and delivered at the RPS 2024 Annual Conference. The morning session of this stream was entitled “Innovative technology shaping the future: Safety and integrity” and was co-chaired by the RPS Deputy Chief Scientist and SRC Chair (Prof. Amira Guirguis), with three invited presentations focussed on mRNA technology, pharmacogenetics and the illegal trade in medicines. The afternoon session was entitled “Inspiring research & evaluation: Building capability and capacity” and was chaired by the RPS Deputy Chief Scientist, with the Harrison 2024 and OPERA 2024 winners presenting (as mentioned above) and five short research oral abstract presentations.
- The RPS Deputy Chief Scientist awarded the Harrison medal, OPERA trophy, Poster prizes and the BPSA Research poster award.

### 2.6. Other Science Activities

- **Development of a joint RPS-APS event in Summer 2025** – The RPS Chief Scientist has established links with the new APS Chair, Prof Ryan Donnelly and developed a draft programme for a joint event in May 2025 (TBC) on 3D printing of medicines together with Dr Atheer Awad. The event planning is ongoing, with support from the RPS Events Team.
- **BPSA Research Poster Competition** – The Science & Research Manager met with the BPSA president to discuss the 2025 BPSA student poster competition. Timelines for the 2025 award were established and the scope of the award was expanded from clinical research to research more broadly.

### 2.7. Science and Research Committee and Expert Advisory Groups

- **Science and Research Committee** – The most recent meeting was held in-person on Thursday 7 November 2024 at the RPS London Offices. The proposed 2025 meeting dates are
  - 13 February
  - 15 May
  - 8 September
  - 6 November
- **Antimicrobial Expert Advisory Group** – new EAG members have been recruited, including a new Chair. 17 applications were received, one of which expressed interest in interviewing for the Chair position. Following an interview on 16 January 2025, Louise Dunsmure was selected as the new AmEAG Chair. Meetings will resume in early 2025; dates are to be confirmed.
- **Industrial Pharmacy Advisory Group** – new EAG members have been recruited.. 3 applications were received, with no applicants expressing interest in interviewing for the Chair position. Meetings will resume in early 2025; dates are to be confirmed.

National Pharmacy Board meeting – February 2025

<b>Title of item</b>	<b>Assessment &amp; Credentialing: November 2024 – January 2025 activities update</b>
<b>Author of paper</b>	Joseph Oakley
<b>Position in organisation</b>	Associate Director: Assessment & Credentialing
<b>Telephone</b>	0207 572 2334
<b>E-mail</b>	joseph.oakley@rpharms.com
<b>Headline summary of paper</b>	Assessment and Credentialing activities report Nov 2024 – Jan 2025
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	n/a
<b>Resource implications</b>	n/a

## Activities update to National Boards

### Assessment & Credentialing

#### 1. Activity summary

- **Key purpose of credentialing** is to provide assurance to the public and protect the integrity of the profession by assuring patient-focussed pharmacists working at advancing levels of post-registration practice.
- **Credentialing assessment data** are available in **Appendix 1** of this document. More detailed assessment data is reviewed by the relevant RPS assessment panels under the Education & Standards Committee (ESC) and released annually in the [RPS Assessment & Credentialing annual reports](#). The 2024 report is currently being drafted and will be reviewed and signed off for by the ESC in February 2025 for publication in March 2025.
- Key activity updates since last report:
  - Establishment and first meeting held of RPS post-registration Foundation curriculum review steering group, comprising senior pharmacy leaders from across the UK as well as patient and MDT representation (January 2025). This group is responsible for determining the purpose of the next iteration of the RPS pre-advanced level curriculum, including its role in scaffolding and assuring new pharmacist prescribers entering the system from 2026. The group is being chaired by [Prof Rikki Goddard-Fuller](#), an internationally recognised expert in clinical curriculum and assessment design. Key outputs from this initial meeting were:
    - Approval of the steering group terms of reference & agreement of the programme governance and structure.
    - Agreement of the group's key output: development of the curriculum's strategic purpose statement.
    - Agreement of a working title of 'enhanced' to describe the level of practice, curriculum and credential for the output of this review.
  - BAU delivery of credentialing assessments reported in **Appendix 1** of this report.

## **PUBLIC BUSINESS**

- Delivery of Foundation Pharmacist Assessment Panel (January 25) & Advanced Pharmacist Assessment Panel (December 25).
- Delivery of an optional drop in training session for post-registration Foundation assessors following initial pilot cohorts and review of assessor and training provider feedback (January 25).
- Continued engagement with the profession and system about the value of credentialing.
- Finalised business planning of 2025 areas of focus & deliverables, including departmental risk review. Our final departmental plan for 2025 is detailed in section 2 of this report.



## National Pharmacy Board meeting – February 2025

### 2. Our departmental plan for 2025

2025	PROJECT 1 PRF curriculum review	PROJECT 2 Core Advanced employer engagement	PROJECT 3 BAU optimisation	4 BAU delivery
How does this align to our mission & vision?	Delivers on the RPS's essential role in leading the profession in developing the essential educational infrastructure to support newly qualified pharmacist prescribers from 2026, ensuring maximal impact on patient care whilst assuring the safe development of their prescribing scope and wider practice.	Maximises engagement with RPS core advanced credentialing by pharmacists and their employers, driving engagement in professional development, promoting advancement in professional practice and strengthening professional assurance for the public.	Continual improvements to our assessment model will enable scalability of our credentialing model to meet the needs and demands of the profession and public.	Delivery of our credentialing assessments to the highest quality standards, assuring advancing practice for patients, the public and the wider system
Staff lead	RL	PE	ADM	ADM/PE
Key elements	<ul style="list-style-type: none"> <li>Discovery: Gathering insights, undertaking desk research, developing briefings to inform curriculum review and policy.</li> <li>Planning: stakeholder mapping, project plan, engagement plan, and establishment of steering &amp; T&amp;F groups.</li> <li>Implementation: Delivery of curriculum review project groups, wider engagement and communications with the profession, drafting &amp; sign off, consultation &amp; EQIA, design &amp; publication.</li> </ul>	<ul style="list-style-type: none"> <li>Discovery to inform approach: Data &amp; insights, stakeholder engagement, determining geographic focus areas.</li> <li>Planning: stakeholder mapping, project plan, engagement plan, marketing/comms plan, standardised presentation development, ambassador recruitment.</li> <li>Implementation: Regional credentialing ambassador recruitment &amp; training, regional meetings &amp; engagement events, webinar delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Development of package of proposals to improve deliverability/feasibility of assessment model at scale, including CP post approval process review.</li> <li>Improved approach to candidate &amp; assessor communications &amp; engagement</li> <li>Revised approach to assessor training &amp; competence committee QA.</li> <li>E-portfolio: Consultant renewal, specialist modules, feedback integration, improved reporting.</li> </ul>	<ul style="list-style-type: none"> <li>Assessment lifecycle delivery</li> <li>CP post approval.</li> <li>Assessor recruitment, training, management.</li> <li>Educational governance co-ordination.</li> <li>Enquiry management.</li> <li>APCL processing.</li> <li>Workforce policy support.</li> </ul>
Key success criteria	<ul style="list-style-type: none"> <li>'Enhanced' curriculum launched to date &amp; budget and aligned to RPS quality standards.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing awareness of value of core advanced credentialing in target geographies and employers.</li> </ul>	<ul style="list-style-type: none"> <li>Efficient and feasible assessment model supported by stakeholders and approved by RPS governance.</li> <li>Improved satisfaction scores from assessors re: communication and engagement.</li> <li>Improved perception of reliability &amp; consistency across RPS competence committees.</li> <li>New e-portfolio products launched to budget and timeline.</li> </ul>	<ul style="list-style-type: none"> <li>Assessments delivered to stated deadlines and RPS quality standards.</li> </ul>

## National Pharmacy Board meeting – February 2025

### Appendix 1

#### Credentialing data (2024)

##### Post-registration Foundation

	2024/1	2024/2	2024/3	2024/4	2024/5	2024 Total
No. submitting	4	7	21	12	20	64
Credential rate	75%	71%	38%	50%	45%	48%
Credential no.	3	5	8	6	9	31

##### Core Advanced

	2024/1	2024/2	2024/3	2024/4	2024/5	2024/6	2024/7	2024 Total
No. submitting	1	7	17	16	15	29	36	121
Credential rate	100%	57%	65%	44%	93%	59%	42%	57%
Credential no.	1	4	11	7	14	17	15	69

##### Consultant

	2024/1	2024/2	2024/3	2024 Total
No. submitting	7	17	17	41
Credential rate	43%	53%	59%	54%
Credential no.	3	9	10	22

## Credentialing data (cumulative)

	Submission numbers					First time pass rate	Resit pass rate
	Total	E	S	W	Other		
<b>Post-registration Foundation</b>	64	0	35	29	0	47%	57% (2 <sup>nd</sup> attempt)
<b>Core Advanced</b>	160	147	13	0	0	54%	82% (2 <sup>nd</sup> attempt)
<b>Consultant</b>	138	102	12	16	8	50%	77% (2 <sup>nd</sup> attempt) 100% (3 <sup>rd</sup> attempt)
<b>Total</b>	362	249	60	45	8		

Candidate numbers are currently small as credentialing embeds. However, the following early trends are beginning to emerge:

- Females tend to outperform males
- Non-clinical domains have lower pass rates than clinical domains
- Candidates' ability to clearly evidence their practice in a portfolio format is inconsistent, especially their approach to mapping and high-quality reflection
- Further data and analysis are available in the [RPS Assessment & Credentialing annual reports](#)

National Pharmacy Board meeting – February 2025

<b>Title of item</b>	<b>UK COVID-19 Inquiry</b>
<b>Author of paper</b>  <b>Position in organisation</b>	John Lunny  Public Affairs Manager (England)
<b>Headline summary of paper</b>	Summary of RPS engagement with UK COVID-19 inquiry
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	N/A
<b>Resource implications</b>	N/A

## **UK COVID-19 Inquiry**

On 28 November 2024, public hearings concluded for Module 3 of the UK COVID-19 Inquiry, on the [Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK](#).

The Royal Pharmaceutical Society has been designated as a Core Participant for this Module of the Inquiry and was engaged throughout the process:

- Our substantive written ‘witness statement’ highlighted the work of the organisation during the pandemic, challenges that faced pharmacists and pharmacy teams, lessons learned and potential recommendations. This statement is expected to be published by the Inquiry in due course.
- We provided a written<sup>1</sup> and oral statement<sup>2</sup> for a Preliminary Hearing in April 2024, setting out key issues that the Inquiry should consider.
- We provided opening written<sup>3</sup> and oral statements<sup>4</sup> at the start of the public hearings in September 2024, as well as a closing statement.
- Our submissions also noted the RPS Museum’s Covid-19 ‘oral history’.
- The RPS coordinated personal written submissions by RPS members, with a Scottish Pharmacy Board Member<sup>5</sup> and a former President of the British Pharmaceutical Students Association<sup>6</sup> subsequently invited by the Inquiry to provide individual witness statements.
- The National Pharmacy Association Chair, an RPS Member, gave evidence at a public hearing in November 2024.

Notable exchanges during the public hearings included the Inquiry asking both a former secretary of state for health<sup>7</sup> and a senior official<sup>8</sup> about topics such as the exclusion of community pharmacists from the life assurance scheme in England, and access to personal protective equipment (PPE).

### **Next Steps**

The Inquiry’s report for Module 3 will be published in due course. The Module 1 report was published approximately 12 months after the final public hearing.

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<sup>1</sup> <https://covid19.public-inquiry.uk/wp-content/uploads/2024/04/10154202/2024-03-27-M3-Royal-Pharmaceutical-Society-Written-Submissions-for-M3-Prelim-Hearing-10-April-2024.pdf>

<sup>2</sup> <https://covid19.public-inquiry.uk/wp-content/uploads/2024/04/10192215/C-19-Inquiry-10-April-2024-Mod-3-prelim.pdf>

<sup>3</sup> <https://covid19.public-inquiry.uk/documents/inq000502177-opening-statement-on-behalf-of-royal-pharmaceutical-society-dated-22-august-2024/>

<sup>4</sup> <https://covid19.public-inquiry.uk/wp-content/uploads/2024/09/10180701/C-19-Inquiry-10-September-2024-Module-3-Day-2.pdf>

<sup>5</sup> <https://covid19.public-inquiry.uk/wp-content/uploads/2024/10/09171205/INQ000421862.pdf>

<sup>6</sup> <https://covid19.public-inquiry.uk/wp-content/uploads/2024/10/09171201/INQ000421863.pdf>

<sup>7</sup> <https://covid19.public-inquiry.uk/wp-content/uploads/2024/11/21183302/C-19-Inquiry-21-November-2024-Module-3-Day-36.pdf>

<sup>8</sup> <https://covid19.public-inquiry.uk/wp-content/uploads/2024/11/12182213/C-19-Inquiry-12-November-2024-Module-3-Day-30.pdf>