

# ROYAL PHARMACEUTICAL SOCIETY

## SCOTTISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday held Friday 28 February 2025, at 09:00 at RPS offices, 44 Melville Street, Edinburgh, EH3 7HF.

**Scottish Pharmacy Board (SPB):** Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD) (Remote), Laura Fulton (LF), Nicola Middleton (NM), Richard Shearer (RSh), Amina Slimani-Fersia (ASF), Richard Strang (RSt), Jill Swan (JS) and Audrey Thompson (AT).

**Apologies:** Josh Miller (JM) and Catriona Sinclair (CS)

**In attendance:**

Professor Claire Anderson (CA), RPS President, Ross Barrow (RB), Head of External Relations, Paul Bennett (PB), RPS CEO, Corrinne Burns (CB), Reporter, PJ team, Amandeep Doll (AD), Head of Engagement & Professional Belonging, Fiona McIntyre (FM), Scottish Practice & Policy Lead, Zahra Al-Momen (ZA-M), Professional Engagement Lead, Liz North (LN), Associate Director, Strategic Communications, Carolyn Rattray (CR), Business Manager and Laura Wilson (LW), RPS Director for Scotland.

**Observers:**

There was one RPS Member observer.

<b>24.09.SPB.01</b>	<b>Welcome and Apologies</b> <i>Led by Jonathan Burton (JB), SPB Chair</i>	
	The Chair welcomed board members, staff, invited guests and one observer to the meeting, noting those joining online: Lucy Dixon (LD), SPB member, Paul Bennett (PB) RPS CEO, Corrinne Burns (CB), Reporter, PJ team, A warm welcome was also extended to Claire Anderson (CA), RPS President.	

	<p>Apologies were received from: Josh Miller (JM) and Catriona Sinclair (CS)</p>	
<b>25.02.SPB.03</b>	<p><b>Declarations of Interest</b> (25.02/SPB/02(a)) and <b>Board members' functions &amp; Duties</b> (25.02/SPB/02(b))  <i>Led by SPB Chair</i></p> <p><u>SPB 2(a) - Declarations of interest</u>  Board members <b>noted</b> paper 25.02.SPB.02(a)</p> <p><b>Action 1:</b> BMs to send any Dofl changes to CR.</p> <p><u>SPB.02(b) – Board Members' Functions and Duties</u>  Board members <b>noted</b> the Board Members' Functions and Duties paper 25.02.SPB.02(b).</p>	<b>BMs/CR</b>
<b>25.02.SPB.03</b>	<p><b>Minutes and matters arising</b> (25.02/SPB/03)</p> <p>The minutes of the open business meetings held on 7 November 2024 were accepted as a true and accurate record.</p> <p>Paper 25.02/SPB/03 – Approved by: Audrey Thompson; seconded by: Jill Swan</p> <p><b>Matters arising</b>  All actions were either closed or were to be considered at this meeting.</p>	
<b>25.02.SPB.04</b>	<p><b>Facilitated (Open) Sale of P Medicines</b> (25.02/SPB/04)  <i>Led by Laura Wilson (LW), RPS Director for Scotland</i></p> <p>The Scottish Pharmacy Board <b>noted</b> paper 25.02.NPB.04.  This is the third time this subject had come to the Boards for consideration with a number of actions being raised at previous meetings.</p>	

	<p>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 from the 2024 outcome report <b><i>Evidence review on facilitated self-selection of P medicines</i></b>.</p> <p>At the joint board meeting in November, it was made clear that, whichever option is selected, the RPS will recommend a further evidence review, as recommended in the review report. GPhC will be invited to collaborate to ensure ongoing evidence-based evaluation.</p> <p>The facilitated self-selection of P medicines was an agenda item at a meeting of the Community Pharmacy Expert Advisory Group (CPEAG) (App.1), held on 15 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.</p> <p>BMs were asked to consider the following options:</p> <ol style="list-style-type: none"><li>Maintaining the 1950-2025 policy of the RPS “Pharmacy medicines must not be accessible to the public for self-selection”</li><li>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>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></ol> <p><b>Board comments:</b></p> <ul style="list-style-type: none"><li>• <b>AT:</b> Really helpful to have EAG input; policy needs to change. Should look at how to improve the service, to strengthen the role of pharmacy, to ensure the safe and effective use of these medicines, rather than support complete change. Videos of pharmacists who work in this way would be helpful and reassuring. Important to recognise that this is happening already and that the GPhC is satisfied with this. <b>Option C.</b></li></ul>	
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	<ul style="list-style-type: none"><li>• <b>JS:</b> Really good that CPEAG is very supportive whilst acknowledging the risks. Satisfied but risk has to be acknowledged and mitigated. – <b>Option C.</b></li><li>• <b>RSt:</b> <b>Option C</b> is the way forward.</li><li>• <b>LD:</b> <b>Option B or C</b> Sensitivities around communications; further work is required. As consensus is option C, as long as risks are acknowledged and mitigated, happy to go with <b>Option C.</b></li><li>• <b>RSh:</b> <b>Option B or C</b> are both acceptable but prefers <b>Option C</b>, with the additional professional safeguards for patients; aligns more to a royal college.</li><li>• <b>LF:</b> Suggested a deep dive into <b>Options B &amp; C.</b> <b>Option B</b> – change our policy and signpost to the regulator. <b>Option C</b> – acknowledges that the facilitated sale of P Meds is not always appropriate but could work with additional professional safeguards for patients built into supporting guidance.</li><li>• <b>NM:</b> It would be useful to understand what the timescale is for this work? It was confirmed that this policy would not need to come back to another Board meeting and could be signed off digitally. Research would be a longer-term project as would working with the GPhC. Not every community pharmacy works in the same way. Supportive but acknowledging the risk. Provide guidance and resources. <b>Option C.</b></li><li>• <b>JB:</b> Gave some background noting that, at the NBCF, this issue had been discussed; JB had pushed for Option C to be included. Option C gives an opportunity to move away from the binary options of A and B to a position which is acceptable when accompanied by robust guidance and appropriate research, to ensure that the service is safe and effective for patients. Supports <b>Option C</b> with a strong statement to acknowledge inherent risks in the existing system, especially availability of opioids as P medicines and their significant associated harms. It is an opportunity to show wider leadership.</li><li>• <b>LW:</b> We don't have to have a position one way or the other, for example, Assisted Dying where we have a neutral stance but still provide support and guidance. We have a responsibility to support practice. LF noted that this explanation had clarified her thinking.</li><li>• <b>CA:</b> Would like to see further evidence-based research that demonstrates that the facilitated sale of PMeds is safe practice.</li></ul> <p>The SPB <b>supported</b> Option C.</p>	
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	<p>Communications will need to be carefully worded; messaging should reflect 'that the most important aspect is to support pharmacists in practice to ensure that the sale of medicines is as safe as possible'. At the present time. Looking for a direction of travel; it will be possible to evaluate what to include as the policy is developed.</p>	
<b>25.02.SPB.05</b>	<p><b>Inclusion &amp; Diversity/Engagement/BPSA relationship</b> <i>Led by Amandeep Doll (AD), Head of Professional Engagement</i></p> <p>AD introduced Zahra Al-Momen (ZA-M), the RPS Professional Engagement Lead for Scotland and the north of England. ZA-M gave a brief summary of her career to date, which includes industry and technical services.</p> <p><b>ABCD:</b> AD explained that, at a recent ABCD meeting, which focussed on LGBTQ+ celebrations, some academics, on the call identified gaps in teaching LGBTQ+ topics. Their experiences were that people keep reverting to stereotypes when using case studies. They would like to raise awareness and understanding by including a broader range of LGBTQ+ subjects in course work. As a result of this meeting, academic volunteers from universities across GB, have been helping to map the IET Standards to LGBTQ+ learning outcomes, these have been inspired by the sustainability outcomes so that there will be less reliance on stereotypes. The resulting report is being drafted with support from Ruth Edwards, an academic from Wolverhampton and an RPS Assembly member. At the most recent ABCD meeting, attendees were presented with and consulted on the draft paper. It will be presented to the Pharmacy Schools Council to ensure that it is on board and that the resource will be accessed and used by the universities. The work has been modelled on the RPS sustainability work. It is scheduled to be published in June 2025. Once this piece of work has been completed the group will look to do the same with other protected characteristics.</p> <p>BMs were encouraged to engage with the ABCD work. AD to share links to ABCD meetings with the SPB.</p> <p><b>Action 2:</b> AD to share links to ABCD meetings with SPB.</p>	

	<p><u>International Women's Day – 8 March</u> The RPS will be hosting a hybrid event, with an evening networking session on 30 April; the date has been chosen to avoid clashes with Easter and Ramadan. The event will be focussed on 'advocating for yourself'. The agenda is at the planning stage.</p> <p><u>Inclusion and Diversity Strategy</u> A major piece of work this year is the updating of the Inclusion &amp; Diversity (I&amp;D) strategy which is now in its 5<sup>th</sup> year. The team conducted an evaluation survey in 2024, but there were relatively few responses (approx. 600) and the demographic wasn't as representative as desired. the results of that survey will be tested with the membership and the information used to draft the new strategy. It was noted that I&amp;D will be a key part of the Royal College vision. Much has been achieved in the last 5 years; the original strategy was quite general but evolved with time; the new strategy will have scope to be nuanced to country specific topics. It was <b>agreed</b> that, as before, the three national pharmacy boards will sign off the strategy and the team will work collaboratively with other stakeholders to develop it.</p> <p><u>Differential Attainment:</u> This work is ongoing; the next meeting is in March. The membership of this group was very England focussed because it was initiated, as a result of conversations, with NHSE; the group is now being expanded to be more representative of GB; both NES and HEW are now involved.</p> <p><u>Engagement:</u> The team has attended a number of Career Fairs since November and is trying to capture foundation trainees before the end of their course. Any support from the board in helping with the careers' fairs is greatly appreciated.</p> <p>Continuing to engage at careers' fairs and with pharmacy students, particularly with Foundation Year Trainees. This has been very effective and so looking to increase this engagement. The regional model is being reviewed with the potential to increase the number of volunteer Ambassadors. Support from Board members would be appreciated.</p>	
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	<p><b>BPSA:</b> In general, RPS has a good working relationship with BPSA and is supporting its annual conference; BPSA is struggling with engagement in Scotland and so AD is to have a conversation with BPSA to see how to improve this.</p> <p>ASF noted that she presents on pharmacy at careers fairs and that the RPS online resources are excellent, although some of the language needs to be updated.</p> <p>JB offered to meet with BPSA, to 'pump-prime' engagement.</p> <p><b>Regional Conferences:</b> Two regional conferences are planned, the first in Birmingham (20 June) and the second in Glasgow (22 August). The agenda for both events is still in the planning stage the theme of the events has been confirmed as: '<i>Empowering Pharmacy Leadership and Innovation</i>'. Hoping that Cor Hutton, CEO of the Finding your Feet Charity will be the keynote speaker at the Glasgow event. Keen for both events to have a 'local flavour'. BMs were asked to support and also to identify local leaders to approach to support this event. AD/ZA-M to share the agenda with BMs but, in the meantime, gave an outline of the day:</p> <p><b>Morning</b> – TED talks – looking for nominations of 4-6 RPS Members to participate in these.</p> <p><b>Afternoon</b> – World Café – need 2 topics for this session (national priorities or concerns). The day to finish with a panel discussion.</p> <p>Volunteers to facilitate sessions will be required.</p> <p>It was noted that, having a successful conference in Scotland, will be an excellent opportunity and that the team should ask for support from the SPB.</p> <p><b>Action 3:</b> AD/ZA-M to share the regional conference agenda with BMs as soon as it is available.</p>	
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	<p><b>Action 4:</b> BMs to identify local leaders to approach for support, to help with finding members to participate in the TED talks, think of topics for the World Café and for help with facilitating sessions.</p> <p><u>Clinical Pharmacy Congress:</u> AD noted that RPS will have a presence at the CPC in London.</p> <p><u>Health Inequalities (HI):</u> AD introduced this item, noting that HI falls within her team's remit and part of the GB workplan for the next two years. AD proposed running a short workshop with board members to help determine where further work is required and if there are any new areas to be considered. At the present time, RPS does not have a policy or a position statement on Health Inequalities; the SPB was asked to consider if one or other, or both, are needed. Neither England or Wales want a policy, in the traditional sense, but would like to focus on certain areas.</p> <p>Areas already included in the existing workstream:</p> <ul style="list-style-type: none"><li>• Advocacy</li><li>• Learning disabilities – STOMP</li><li>• Women's Health</li><li>• NHSE IPP</li><li>• Prescription charges coalition</li></ul> <p>It was noted that each country is advocating its governments, Heidi Wright has done some work on learning disabilities, Kellie King is leading on women's health. NHSE IPP; NHS England has set up a group to consider this; is there something similar in Scotland?</p> <p>SPB was asked to consider potential areas of focus relevant to Scotland:</p> <p><b>RSh:</b> Public Health Scotland states that there are 3 key areas pertaining to HI in Scotland</p> <ul style="list-style-type: none"><li>• Women living longer than men and men being at greater risk of violence.</li><li>• Scottish men being more at risk of diabetes and cardio-vascular disease</li><li>• Life expectancy of people with learning disabilities being less than others</li></ul>	
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	<p><b>ASF:</b> Remote and Rural.</p> <p><b>JS:</b> Very supportive and keen to develop something locally; if you're going to work in an area, you need to understand the concerns of the local population NHS A&amp;A has high incidences of deprivation. Important to include genomics which is moving at pace in Scotland.</p> <p><b>JB:</b> asked if the Equality Impact Assessment tool (EIAT) was accessible to all pharmacists to use to measure equitable access to services and potential barriers. AD confirmed that this is correct; the tool breaks down the protected characteristics to show where there are inequalities. Need to understand what can make an impact in practice, particularly, when thinking about the RC status with public interest as its focus. JB suggested asking pharmacists, who engage with the public and use the EIAT in practice, for case studies.</p> <p><b>Action 5:</b> AD to collate the outputs from all 3 Boards to help inform and create the workplan.</p> <p><b>Action 6:</b> AD to share the workplan with the Boards.</p>	
25.02.SPB.06	<p><b>PA Update</b>  <i>Led by Ross Barrow (RB), Head of External Relations</i></p> <p>RB introduced the update by noting that it would focus on the current political environment in Scotland and how this will inform the strategy for 2026. RB gave a summary of the landscape in September 2024, and how it had changed since then. Although there had been doubt as to whether the budget would be passed; following negotiations with Greens, Lib Dems and Alba, the SNP budget was passed this week with the support of those parties. It is expected that the elections will be in May 2026. The current polls show an increase in support for the SNP. RB noted that the Reform Party is increasing in popularity at the expense of all of the other parties in Scotland apart from the SNP. Although the graph shown is just a snapshot in time, the fluctuations are making it challenging re: influencing. As things stand, the SNP would be expected to win the election, but not with a majority. It is likely that the party would have to partner with one or two of the other parties; the government would be far more fragile than the current one. The extrapolation of seats by Professor John Curtice shows that RPS will need to influence across all parties.</p>	

	<p><u>Recent PA activity:</u></p> <p><b>Medicines Shortages Drop-in (Nov '24)</b> Really successful event. RB thanked those BMs who attended this event. 16 MSPs came to that event; many with powerful stories from their constituents</p> <p><b>Access to Patient Records for Pharmacists in the Community Drop-in (Dec '24)</b> 20 MSPs, from across the Parliament, attended this event.</p> <p><b>The Daffodil Standards for Community Pharmacists (Jan '24)</b> This event was in partnership with Marie Curie, a charity that is well known and respected in Parliament; it was very positive to be able to partner with them on this initiative and the event itself.</p> <p><u>Media:</u></p> <ul style="list-style-type: none"><li>Article in the Times: <i>Pharmacists need full access to patient data</i> by Laura. The article can be found at: <a href="https://www.rpharms.com/about-us/news/details/Why-community-pharmacists-should-have-access-to-patient-records">https://www.rpharms.com/about-us/news/details/Why-community-pharmacists-should-have-access-to-patient-records</a>. Very impactful to have a letter in the Times as not just reaching pharmacy stakeholders but the public as well, who will influence MSPs during the elections.</li></ul> <p><u>Changes to public affairs activities:</u></p> <p>Team Scotland has been considering whether there are new activities that should be considered or existing activities that could be nuanced:</p> <ul style="list-style-type: none"><li><b>Annual MSP survey</b> - additional questions in the MSP survey.</li><li><b>Patient records</b> - Paul Sweeney (H&amp;S Committee) suggested research and writing to the Fraser of Allender Institute to see if work could be commissioned re. patient records.</li><li><b>Pharmacy visits</b> – Visit with Foysal Choudhury (MSP) to Barnton Pharmacy. He was supposed to stay for 20 minutes and was there for over an hour; very useful discussions on the role of the pharmacist in IP, the Daffodil Standards and how that</li></ul>	
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	<p>worked in practice, access to patient records but also the pipeline for pharmacists entering the profession, training places and education opportunities</p> <ul style="list-style-type: none"> <li>• <b>MSP Stand</b> – December 2025. Gillian McKay MSP will sponsor the stand (16-18 Dec). It will be just outside the Chamber – a good opportunity to engage with MSPs, especially in the run up to the elections. Not only will our manifesto have been published but also our manifesto for health and climate which ties in with the Greener Pharmacy Toolkit. A very good opportunity for RPS to not only demonstrate our thought leadership in this area but to go beyond that to show the work that has been done to put the tools in place for our members to become more environmentally sustainable.</li> <li>• <b>Main manifesto</b> – need to think about how and when to launch the manifesto.</li> <li>• <b>3 potential manifestos</b> – should they be launched together or with other like-minded stakeholders – how to be most impactful.</li> <li>• <b>Scottish elections' hustings</b> – what format should these events take and on which subjects? An in-person hustings event on patient records, e-prescribing, technology, etc; a second online event could be on public health and health inequalities.</li> </ul>	
25.02.SPB.07	<p><b>Greener Pharmacy Standards and Toolkit Demonstration</b>  <i>Led by Wing Tang (WT), Head of Professional Standards</i></p> <p>WT provided a summary of the work carried out re: the Greener Pharmacy Standards Toolkit which has been developed to support pharmacy's role in climate action and sustainable healthcare. The SPB was directed to the landing page of the website.</p> <p>In 2021, RPS formally recognised the scale and importance of the situation by publishing a climate declaration. It recognises that there is a role for pharmacy and pharmacists to play in combatting climate change, developing four supporting policy areas covering:</p> <ul style="list-style-type: none"> <li>• Tackling waste</li> <li>• Improving prescribing medicines use</li> <li>• Preventing ill-health (<a href="https://www.rpharms.com/recognition/all-our-campaigns/policy-area/sustainability-policy/policies">https://www.rpharms.com/recognition/all-our-campaigns/policy-area/sustainability-policy/policies</a>)</li> <li>• Improving infrastructure and ways of working</li> </ul>	

	<p>As a result of the work already carried out, RPS was invited to tender to develop the Greener Pharmacy Toolkit for community and hospital pharmacy. This was an NHSE tender and RPS was successful. Since then, teams across the organisation have worked to develop the toolkit. Because it is a commission, it is free to use. This is the first iteration and it is hoped that, in the future, Scottish, Welsh and international adaptations will be developed.</p> <p>Early adopters have been invited to use the toolkit and to then provide case studies. WT provided a demonstration of the toolkit in action. It is a self-assessment-based toolkit with three levels of attainment - Bronze, Silver and Gold; hopefully, in the future, there will be a platinum level as, currently, the toolkit doesn't achieve 'net zero'. There are plans to showcase the toolkits, starting with the FIP meetings at the beginning of March.</p> <p>WT provided a comprehensive demonstration of the Community pharmacy toolkit and how it works. WT then showed the checklist on the Hospital Pharmacy toolkit; there are some overlaps but also differences.</p> <p>The dashboard has a navigation menu which covers people, clinical practice, operations and strategy, resource use, ICT and travel. The dashboard also shows progress across the different levels. There is also a hospital toolkit. Behind each toolkit there is a comprehensive manual: RPS Greener Pharmacy Guide which goes into details.</p> <p><b>Questions:</b></p> <ul style="list-style-type: none"><li>• <b>LD:</b> Very positive about the toolkit and noted that there is an icon that can be uploaded to participants' websites. LD asked how long the qualifications last for? Aiming for annual checking, as keen for pharmacists/pharmacies to come back to the toolkit to improve or cover new areas to ensure that they are completely up to date. It is recognised that this could be challenging for pharmacists in both community and hospital. LD asked if a local hospice could be eligible to be an early adopter. WT confirmed that 'open to all'.</li><li>• <b>RSt:</b> Also, very positive. Asked if there is a way of monitoring and measuring the use of the toolkits? It was confirmed that there is an administrator function that can do this.</li></ul>	
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	<ul style="list-style-type: none"> <li>• <b>JS:</b> Very helpful to see the toolkit in action. A number of Scottish health boards are looking to developing tools to support sustainability; it would be really helpful to have a Scottish version. JS asked if it is accessible now. WT confirmed that it is but is not being promoted at the moment. It has been shared with the Community and Hospital EAGs and very happy to share with the Boards so that they can test it and provide testimonials.</li> <li>• <b>LF:</b> Is keen for her staff to test the toolkit as feels it is tangible. WT confirmed that the toolkit will be launched on 8 April when everyone can access, however, the team is very keen for early adopters to test. RB to share details with BMs.</li> <li>• <b>NM:</b> Keen to take back to her community pharmacy; a willing volunteer.</li> <li>• <b>ASF:</b> Will there be QI tools. Functionality is built into the toolkits for pharmacists and pharmacies to continually improve by resetting accounts so that each account has to show that they are still attaining the standard or improving. QI in itself is not in the remit at the moment. It would be good to have the funding to include this.</li> <li>• <b>JB:</b> Have there been any conversations with GPhC. WT confirmed that the GPhC is keen to support and WT is meeting with them on 3 March.</li> </ul> <p>WT concluded by thanking Board members for their time and for the offers to become early adopters.</p> <p><b>Action 7:</b> RB to share access details for the toolkit with BMs.</p>	
<b>25.02.SPB.08</b>	<p><b>Constitution &amp; Governance Review</b>  <i>Led by Paul Bennett (PB), RPS CEO and Liz North (LN), Associate Director, Communications &amp; Marketing</i></p> <p>PB introduced this C&amp;G agenda item by providing a summary of the work carried out to date including:</p> <ul style="list-style-type: none"> <li>• Research and planning (18 months)</li> <li>• Refining and agreeing proposals with the RPS Assembly</li> <li>• Engaging with the Privy Council Office, Charity Commissions; Membership and wider profession</li> </ul>	

	<ul style="list-style-type: none"><li>Final drafting of Charter legal review</li></ul> <p>The next stage is communicating why the Charter changes are necessary and the importance of becoming a Royal College. A final webinar is scheduled for 10 March for members to be able to talk about the proposed Vision in detail before voting opens on <b>13 March</b>, when the membership will be asked for its support for the proposals, by the holding of a Special Resolution Vote (SRV). If the membership votes 'Yes', then the process will move onto the formal stage – enacting the changes which, it is envisaged, will take approximately a year.</p> <p>LN (joined the meeting by Teams) and gave a slide presentation recapping on progress made to date and looking forward. LN highlighted the road show report, the living FAQ document (an updated version about to be published answering questions from the recent webinar), key dates timetable, and the presentation from last week's webinar on the charter changes. Content sharing for the vote campaign has commenced and will continue to increase over the next few weeks until the vote closes at <b>5pm on 24 March</b>. A tick circle motif has been added to all assets for the vote. Campaigning is about striking the balance between not overwhelming members but also providing everything that members need to be best informed when voting.</p> <p>PB noted that many members want to understand the details of the proposed changes and so a lot of effort has been put into making these available. Members also want to understand what the proposed vision for the RC will be. Boards have started to help with this when considering the strategy for the new RC. It is important for Members to hear, not the organisational view but the passion of its elected members.</p> <p><u>Questions</u></p> <p><b>LF:</b> At the Fellows' meeting, one of the prevailing questions was 'why?'. LF is finding it a challenge to complete the quote card succinctly and welcomes the support offered and also the opportunity to hear the 'why' from PB and LN.</p> <p><b>JS:</b> Suggested that the 'why' should be articulated in a few sentences at the top of the rpharms website home page.</p> <p><b>ASF:</b> ASF's view is that RC status will align the Society with other professional bodies.</p>	
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	<p><b>AT:</b> One of the Fellows had stated that they didn't want everything at once but a 'drip feed' delivery of the benefits and what they mean to members.</p> <p><b>Response</b></p> <p><b>PB:</b> PB suggested referring members to Jonathan Laird's podcast, which summarised the 'why' clearly and succinctly. It is, absolutely, about 'creating a greater recognition for the profession of pharmacy the scope of its impact, shaping the future of pharmacy, working to advance the role of pharmacists to provide ever improving excellence in healthcare for public and patient benefit and supporting workforce transformation. Being a royal college enables these things.</p> <p><b>LN:</b> (In response to AT), this is something that is being considered as part of the strategy development phase. LN confirmed that BMs would have a set of assets today and members on 3 March, shared in a member email. JB noted that the Fellows are keen to support; is there something specifically for Fellows that they can use. LN committed to providing Fellow specific assets.</p> <p><b>Action 8:</b> BMs to submit their quotes for the quote cards encouraging members to vote 'YES' to the SRV.</p> <p><b>Action 9:</b> LN to provide Fellow specific materials to use for the vote 'Yes' campaign.</p>					
25.02.SPB.09	<p><b>GB workplan workshop</b>  <i>Led by Laura Wilson (LW), RPS Director for Scotland &amp; Fiona McIntyre (FMcl), Scottish Practice &amp; Policy Lead</i></p> <p>FMcl introduced this item, explaining that direction from the NPBs is sought in order to develop the two-year GB work plan, specifically looking at the 'Hot Topics'. 2024 updates are in the Board packs and/or have been discussed at the meeting.</p> <p>One of the outstanding topics from 2024 is the refresh of the Palliative End of Life policy; this will be completed in Q1 2025.</p> <p><b>Topic Leads</b></p> <table border="1" data-bbox="653 1340 1709 1416"> <tr> <td data-bbox="653 1340 1012 1383">Health inequalities</td><td data-bbox="1012 1340 1709 1383">Amandeep Doll (AD) &amp; Iwan Hughes (IH)</td></tr> <tr> <td data-bbox="653 1383 1012 1416">Women's Health</td><td data-bbox="1012 1383 1709 1416">Kellie King (KK) &amp; IH</td></tr> </table>	Health inequalities	Amandeep Doll (AD) & Iwan Hughes (IH)	Women's Health	Kellie King (KK) & IH	
Health inequalities	Amandeep Doll (AD) & Iwan Hughes (IH)					
Women's Health	Kellie King (KK) & IH					

		<table border="1"> <tr> <td>Workforce</td><td>FMcl, John Lunny (JL) &amp;</td></tr> <tr> <td>Aseptic Manufacturing</td><td>Alwyn Fortune (AF), Dafydd Rizzo (DR) &amp; JL</td></tr> <tr> <td>Cancer Care</td><td>Heidi Wright (HW) &amp; Ross Barrow (RB)</td></tr> <tr> <td>Safe Supply of PMeds</td><td>HW &amp; RB</td></tr> <tr> <td>Palliative Care (SLWG)</td><td>Darrell Baker (DB), AF &amp; RB</td></tr> </table>	Workforce	FMcl, John Lunny (JL) &	Aseptic Manufacturing	Alwyn Fortune (AF), Dafydd Rizzo (DR) & JL	Cancer Care	Heidi Wright (HW) & Ross Barrow (RB)	Safe Supply of PMeds	HW & RB	Palliative Care (SLWG)	Darrell Baker (DB), AF & RB	
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<p><u><b>Brief updates on the Professional Standards workplan, 2025-26</b></u></p> <ul style="list-style-type: none"> <li><b>Pharmacogenomic Competency Framework for all Prescribers</b> Funding agreed in principle, literature review and the drafting of the framework has started.</li> <li><b>Quality Assurance of Aseptic Manufacturing and Technical Services Standards</b> It is anticipated that the Standards will need to be updated. Funding agreed in principle and scoping has started.</li> <li><b>Designated Pharmacy Prescribing Competency Framework</b> In advanced stages of scoping and the project will start imminently.</li> <li><b>Patient Safety</b> Kate Ryan (KR), Patient Safety Manager will lead on this workstream. KR coordinates the responses re. the Prevention of Future Deaths Reports for the Coroners' Courts in England, specifically where pharmacy and/or medicines are mentioned. KR engages with stakeholders re: community pharmacy patient safety and attends national pharmacy patient safety meetings. She is working on a patient safety strategy and, from a Scottish perspective re: networks around patient safety networks and the Scottish Patient Safety Programme (SPSP).</li> <li><b>MEP Workplan 2025</b> Print edition 48 will be published in July 2025 with the digital version updated on an ongoing basis. Scoping out an App.</li> <li><b>Guidance Workplan</b> Q1 – Chief Pharmacists'(CPs) Guidance following the GPhC CPs' Standards. Q2-Q4 – Prioritised depending on need; it is likely that the facilitated selection of PMeds will be a priority, as will overseas recruitment.</li> </ul> <p><u><b>Key Priority Areas for consideration</b></u></p>													

	<ul style="list-style-type: none"><li>• Workforce</li><li>• Cancer Care and Pharmacy</li><li>• Aseptic Manufacturing and Technical Services</li><li>• Access to Medicines (High-Cost Drugs)</li></ul> <p><b>Workforce – Careers</b></p> <p>Topics that came out of discussions at EPB and WPB included career pathways, communities of practice, awareness of pharmacy careers and skills.</p> <p>Existing documents include the Workforce Policies from 2017 and 2021, the outputs from the recent Workforce Wellbeing Survey to and RPS Standards covering domains of Workforce (WF) Planning, WF Strategy and QA. Previous work was focussed mainly on Wales but, RPS has also contributed to the NHSE Long-term WF Plan and, in Scotland, the National Pharmacy WF Forum is in its infancy; RPS is represented on the Advisory Group.</p> <ul style="list-style-type: none"><li>• <b>Promotion and Advocacy:</b> Skill mix (right person in the right role), career stages of pharmacists and also the whole pharmacy team.</li><li>• <b>Engagement:</b> There needs to be a structured approach to engagement with employers re. Assessment &amp; Credentialling, PLT etc, e.g. a round table?</li><li>• <b>Advocate:</b> Access to better leadership courses, Protected Learning time (PLT) and advanced clinical roles that aren't managerial, address the education gap.</li><li>• <b>Refresh:</b> 2017 'Transforming the Pharmacy Workforce' policy – the themes are still applicable but 'time has moved on'. Ties into the manifesto work.</li><li>• RPS has a wealth of resources already which need to be considered and promoted, to ensure that work isn't duplicated.</li><li>• <b>Scope out</b> what will be of most value to patients and the public.</li><li>• There is a new workforce coming through; need to be able to 'bridge the gap'. Early Careers EAG to tap into.</li></ul> <p>LF volunteered to support this workstream.</p> <p><b>Cancer Care</b></p>	
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	<p>FMCI provided a summary of the current landscape, capacity crisis and the Darzi report.</p> <ul style="list-style-type: none"><li>• The importance of shifting the diagnostic is recognised</li><li>• RPS has made an initial approach to BOPA re. early detection. BOPA is keen to collaborate.</li><li>• Scope out opportunities for community pharmacy in early detection and incorporate it into Pharmacy 1<sup>st</sup>.</li><li>• Look at whether new resources are required; if they exist already link to other organisations, use the endorsement process and signpost to them.</li><li>• <b>Advocacy:</b> Consider whether there are other stakeholders that RPS collaborate with, e.g:<ul style="list-style-type: none"><li>◦ Scot Govt activities re. population health.</li><li>◦ Healthcare Improvement Scotland</li></ul></li></ul> <p><b>Board member comments</b></p> <ul style="list-style-type: none"><li>• Very positive to be working with BOPA. Need to consider modifiable risk factors and health inequalities.</li><li>• <b>Advocacy</b> - A huge topic, need to consider how to engage with new stakeholders; suggested creating a stakeholder map.</li><li>• <b>Research</b> – Look at where RPS sits within the research area; where pharmacy can have the greatest impact.</li></ul> <p><b>Aseptic Manufacturing and Technical Services</b></p> <p>Key elements in this area include:</p> <ul style="list-style-type: none"><li>• Capacity and demand vs lack of investment – There is a Professional leadership gap for pharmacists working in Aseptic Services.</li><li>• Workforce &amp; training – Consider collaborating with APTUK re. workforce and move away from a pharmacy workforce to a diverse workforce. Also, consider the post-registration training gap</li><li>• Quality Assurance of Aseptic Preparations Services – need to prioritise a refresh of the QAAPS (last iteration was 2016)</li></ul> <p><b>It was noted that:</b></p> <ul style="list-style-type: none"><li>• Awaiting the outcome of the Supervision consultation</li></ul>	
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	<ul style="list-style-type: none"> <li>• Pharmacy Technicians are already supervising hospital aseptic facilities</li> <li>• Potential to refresh the Standards aligning with new legislation, when this is enacted.</li> </ul> <p><b>Board member comments:</b></p> <p>Priority to take refresh of the QAAPS forward; would be preferable to wait for the outcome of the Supervision consultation but should be prioritised as 2016 'seems like a long time ago'. What would pharmacy input look like?</p> <ul style="list-style-type: none"> <li>• Consider collaboration with APTUK</li> <li>• EMPAD – Essential review to centralise and optimise aseptic units; may need to be considered</li> </ul> <p><b>High-cost medicines (access to medicines)</b></p> <p>Board members were asked to consider that this is not only about high-cost medicines but also high volume. Should this have a patient lens and how would it look across the devolved nations?</p> <p>What outputs would the Board like to see from RPS?</p> <ul style="list-style-type: none"> <li>• This is an issue which concerns the whole healthcare landscape. RPS should work on this in collaboration with other healthcare organisations.</li> <li>• With the move towards a royal college, RPS needs to consider if it is better to deliver high-cost medicines to fewer people or lower cost medicines to more patients.</li> <li>• Collaborate with other organisation but bring back to a patient focus.</li> <li>• Is the regulator publishing anything that RPS could hang guidance from? Need to consider what is already in the public domain and how RPS can use that.</li> </ul>	
<b>25.02.SPB.10</b>	<p><b>Papers for noting</b> (25.02/SPB/10 (i-viii))  <i>Led by Chair</i></p> <p>The Scottish Pharmacy Board <b>noted</b> the following papers:</p> <ul style="list-style-type: none"> <li>(i) Implementing Country Visions</li> <li>(ii) Professional Issues</li> <li>(iii) Workforce</li> <li>(iv) Strengthening Pharmacy Governance</li> </ul>	

	<p>(v) Education Update  (vi) Science &amp; Research Update  (vii) Assessment &amp; Credentiallling  (viii) Covid Inquiry</p> <p>JB noted that if there are points of interest re. any of the papers, BMs should contact the specific author or Scotland team.</p>	
<b>25.02.SPB.11</b>	<p><b>Any other business</b>  <i>Led by SPB Chair</i></p> <p>There were two items for consideration:</p> <ul style="list-style-type: none"> <li>• <u>Controlled Drugs in Care Homes</u>  <b>For awareness</b> - Team Scotland has been approached by Marie Curie to see if RPS would support their call to lobby for access to a stock of controlled drugs in care homes for emergency end of life care. We are not sure exactly what their ask is and what any unintended consequences of this would be. Darrel Baker is going to bring a balanced paper to the next joint board meeting. This matter has also been raised by Macmillan Cancer Support.</li> <li>• <u>GPhC removing calculations from the FYT exam</u>  <b>For awareness</b> - This was raised by an EPB member. Helen Chang, who sits on the GPhC Review Board, will be able to raise awareness of this and input at the pre-consultation stage. The thinking behind this is that students will use calculations throughout their training and so unnecessary to have them in the FYT exam.</li> </ul>	
<b>25.02.SPB.12</b>	<p><b>Date of next meeting</b>  <i>Led by SPB Chair</i></p> <p>The next NPB meetings will take place on 18 and 19 June, in Birmingham, at a venue TBC.</p>	

	<b>Close of meeting at 13:15</b>	
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**Action List**

Item	Action	By Whom	Open/Closed/Comments
<b>25.02.SPB.03</b>	<b>Action 1:</b> BMs to send any Dofl changes to CR.	BMs/CR	Ongoing
<b>25.02.SPB.05</b>	<b>Action 2:</b> AD to share links to ABCD meetings with SPB. <b>Action 3:</b> AD/ZA-M to share the agenda with BMs. <b>Action 4:</b> BMs to identify local leaders to approach for support, to help with finding members. <b>Action 5:</b> AD to collate the outputs from all 3 Boards to help inform and create the workplan. <b>Action 6:</b> AD to share the workplan with the Boards.	AD AD/ZA-M BMs AD AD	March April April March March
<b>25.02.SPB.07</b>	<b>Action 7:</b> RB to share access details for the toolkit with BMs.	RB	<b>14 March</b>
<b>25.02.SPB.09</b>	<b>Action 8:</b> BMs to submit their quotes for the quote cards encouraging members to vote 'YES' to the SRV. <b>Action 9:</b> LN to provide Fellow specific materials to use for the vote 'Yes' campaign.	BM LN	7 March 7 March