

### ENGLISH PHARMACY BOARD MEETING – Open Business

**Minutes of the Open Business meeting held on Wednesday 24<sup>th</sup> September 2025, at RPS offices at East Smithfield London E1W 1WA**

**English Pharmacy Board:**

Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett (DB), Sibby Buckle (SB), Michael Maguire (MM), Ewan Maule (EM), Tase Oputu (Chair) (TO), Ankish Patel (AP), Matthew Prior (MP).

**Apologies**

Ciara Duffy (CD),  
Brendon Jiang (BJ)  
Sue Ladds (SL)

**In attendance:**

Maruf Ahmed (Inclusion and Diversity Intern), Paul Bennett (PB) (Chief Executive), Corrine Burns (CB) (PJ Correspondent), Yvonne Dennington (YD) (Business Manager England) online, Amandeep Doll (AD) (Director for England), Elen Jones (EJ) (Director of Pharmacy), Sheetal Ladva (SL) (CPhO Clinical Fellow), John Lunny (JL) (Public Affairs England), Anna Pielach (API) (Events Manager), Kate Ryan (KR) (Patient Safety Officer), Wing Tang (WT) (Head of Professional Standards), Cath Ward (CW) (Business Manager (Wales), Heidi Wright (WR) (Practice and Policy Lead England).

**RPS Member observers** – There were no RPS member observers.

25.09.NPB.01	The Chair welcomed everyone to the meeting, and everyone introduced themselves and said how they were feeling today, this followed on from some of the learnings from the Psychological Safety Training session the day before. The Chair also welcome Amandeep Doll as the new Country Director for England.	EPB Chair
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	<p>Apologies were received from Ciara Duffy (CD), Brendon Jiang (BJ) and Sue Ladds (SL).</p>	
<b>25.06.NPB.02</b>	<p><b>Declarations of Interests and Board Members' Functions and Duties</b>  <i>Led by: EPB Chair</i></p> <p><b><u>25.09.NPB.02 - Declarations of interest</u></b>  Board members <b>noted</b> paper 25.09/EPB/02(a).  Ewan Maule asked for his Dol to be updated as follows: -  Amend to add working 1 day a week as Senior Pharmaceutical Advisor to NHS England North East and Yorkshire region</p> <p><b>Action 1: YD to update declarations of interest</b></p> <p><b><u>25.09.NPB.02(b) – Board Members' Functions and Duties</u></b>  Board members <b>noted</b> the Board Members' Functions and Duties paper 25.09.NPB.02(b).</p>	<b>EPB Chair</b>
<b>25.09.NPB.03</b>	<p><b>Minutes and Matters arising</b>  <i>Led by: EPB Chair</i></p> <p><b><u>Minutes</u></b></p> <ul style="list-style-type: none"> <li>• The English Pharmacy Board <b>approved</b> the minutes of the National Pharmacy Board meeting, held on 19 June 2025. (item: 25.09.NPB/03)</li> </ul> <p><b>Proposed by:</b> Matt Prior and <b>seconded by:</b> Ankish Patel</p> <p><b><u>Matters arising:</u></b></p> <p><b>Action 2 – Health inequalities:</b> <i>AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September.</i></p>	<b>EPB Chair</b>

	<p>With a change in roles for Amandeep Doll and the redispersal of responsibilities, it was agreed that this action should be brought back to the February 2026 EPB meeting.</p> <p><b>Action 3 - FM undertook to reflect on the discussion regarding Controlled Drugs in Care Homes and bring plans back to boards.</b> This has now been completed.</p> <p><b>Action 4 - HR to reflect on the discussion of the work of the clinical fellow Sheetal Ladva and discuss further to understand what Macmillan will need. This action is complete.</b> Scoping work will now take place, and proposals will be brought back to the November Board meeting.</p>	
<b>25.09.EPB.04</b>	<p><b>Patient Safety Strategy (PSS) for the RPS/RCPPharm</b> <i>Led by Wing Tang &amp; Kate Ryan</i></p> <p>English Pharmacy Board members <b>noted</b> paper 25.09/NPB/04</p> <p>WT provided the background story to the patient safety strategy journey which started in 2023. At that time there was no dedicated patient safety function at the RPS this meant there was less oversight and coordination of RPS patient safety activities. Capacity for key relationships with patient safety networks across Great Britain was missing.</p> <p>KR was employed as the RPS Patient Safety manager in July 2024 alongside her ICB Medicines Safety role within the NHS. KR has been developing good working relationships with patient safety networks and groups across pharmacy within the NHS and with other royal colleges and regulators. KR now co-chairs the RPS and the Royal College of Physicians Joint Medicines Safety group. She was the lead planner of the RPS contribution to the RPS World Patient Safety Day 2025 campaign, which was published yesterday <a href="#">RPS World Patient Safety Day</a>. KR has also been our lead respondent to the Coroner's '<i>Prevention of Future Death</i>' reports.</p> <p>KR has been developing a patient safety strategy fit for a Royal College; this has involved scoping, drafting and testing. A current draft of the patient safety strategy has</p>	<b>EPB Chair</b>

	<p>been tested with almost all RPS functional areas; the NPBs are asked to consider and test the draft patient safety strategy.</p> <p><b>Structure of the strategy</b></p> <p>KR advised the purpose of the presentation was to raise awareness of the draft strategy, to seek comments from boards and approval on the draft principles, strategies and outcomes and to ensure that the draft strategy aligns with all other strategies of the future Royal College of Pharmacy as well as national patient safety strategies. Patient safety strategies globally and across England, Scotland and Wales have been considered in the development of the RPS draft patient safety strategy.</p> <p>The RPS patient safety strategy is framed around seven high level patient safety principles. KR went through each principle, noting the strategic principle strategic statement, desired outcomes and activities required to achieve each one:</p> <p><b>Principle 1</b> - Patients and the public at the heart of everything <b>Principle 2</b> - Leadership and collaboration are fundamental to patient safety <b>Principle 3</b> – Patient Safety Culture drives safer care <b>Principle 4</b> – Patient safety embedded in policy and thought leadership <b>Principle 5</b> - Patient safety through Workforce Quality Assurance <b>Principle 6</b> – Patient Safety Communications across Pharmacy <b>Principle 7</b> – Science, research &amp; education underpinning the safe and effective use of medicines.</p> <p><b>Comments/feedback from EPB:-</b></p> <p>DB commented that he was fully supportive of the work and asked if examples and spotlighting to showcase opportunities of best practice could be made available.</p> <p>MM commented that he fully supported everything moving forward from a RC perspective but noted that the challenge will be how to win hearts and minds. He added that the key challenge was changing culture.</p> <p>EM asked if the strategy was aimed at the profession or broader audience? He added that funding was not a consideration for the EPB.</p>	
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	<p>WT responded that this was aimed at positioning pharmacy and inspiring and leading the profession.</p> <p>AP said that he fully endorsed the strategy and commented that this has to be a priority within social care voluntary sector etc., as the move to RC will be more about lobbying. He also noted that technology is linked to clinical safety and asked if this is being captured.</p> <p>MP noted that the challenge shouldn't just be pharmacy it's how we ensure we are being more proactive.</p> <p>SB advised that the Patient Safety Commissioner for England has recently produced a report highlighting system work to implement safety measures around valproate prescribing, and lots of work is happening in this area. Another patient safety initiative implemented in NHS hospitals in England is Martha's Rule; there is a lot going on in the area of patient safety. Linking with the Patient Safety Commissioner and having a seat at the table is important and the strategy will help with this.</p> <p>BA asked about near misses log and electronic logs coming to pharmacy and said this should link to the RPS and share best practice.</p> <p>WT advised that he will give some thought to case studies and stories, but it would be difficult to link into error reporting as there are already national systems in place. Future RPS indemnity work will pick up data and feed this back into the organisation.</p> <p>PB advised that he had attended Scottish Pharmacy Board meeting and will be attending Welsh Pharmacy Board meeting and wanted to be consistent in his remarks. PB noted that there was recognition as to how much work and research has gone into this piece of work; the energy and passion for this project is evident.</p> <p>He said that he has concerns about the proliferation of the word "strategy" in the organisation and expressed the view that this work would be much more powerful if integrated into the main Royal College strategy which is based on the 5 commitments. If we do this work, how will it balance with other commitments for the Royal College, a pragmatic approach is needed. This work needs to be done in a meaningful and well managed way and should not stand alone, it is about listening to members.</p>	
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	<p>MM added to what PB said and said he could not see any tangible measures in the strategy therefore how can success be measured, what is the purpose of the strategy? TO remarked that this is a good strategy but added that patient safety is a busy crowded space – how do we future proof this type of work and ensure everyone has access? EJ commented that RPS increasingly is asked to respond to coroner's reports, and this is a space the RPS needs to hold on to and could be taken as a success measure.</p> <p>WT thanked the EPB for its input and for the discussion, and asked Board Members to send any further comments to himself or KR.</p> <p><b>Action 2:</b> BMs to forward any further reflections, feedback and comments to WT/KR.</p>	
<b>25.09.NPB.05</b>	<p><b>GB Workplan update</b>  <i>Led by: Wing Tang</i></p> <p>WT provided a summary on the Quality Assurance of Aseptic Preparation Services standards (QAAPS) workstream, which is part of the GB workplan but is also a commissioned piece of work which supports the implementation of RPS policies. The work is being led by Dafydd Rizzo.</p> <p><u><b>QAAPS update</b></u>  QAAPS standards are the standards that section 10 units abide by and are audited against.  Section 10 units manufacture patient specific products against a prescription.  QAAPS was first published in 1993 by the Quality Control Sub-Committee. RPS has owned and published since the third edition in 2001. The 5th edition of the standards was published in 2016, nine years ago, and so there is now a need to revisit and update. WT went through the reasons why an update is required.</p> <p><u><b>Changes and Drivers since the 5<sup>th</sup> edition</b></u></p> <ul style="list-style-type: none"> <li>• New GMP Annex 1</li> <li>• New MHRA guidance</li> <li>• NHS aseptic transformation Programme</li> <li>• New Guidance replacing EL(97)52</li> </ul>	<b>EPB</b>

	<ul style="list-style-type: none"><li>• iQAAPS</li><li>• New therapies – ATMPs, Clinical trials</li><li>• landscape (CQC, MHRA, GPhC)</li><li>• Updated Chief Pharmacist Standards</li><li>• Prevention of future deaths reports</li><li>• Supervision legislation</li><li>• Brexit</li><li>• Devolved Nations Strategies</li></ul> <p>WT went through the structure of the project. There is a Project Oversight Group, a Lead Author, Robert Lowe, and four working groups, each made up of 16 members. Each working group will review a number of chapters.</p> <p>Timescales are:</p> <p>Quarter 1: Stakeholder engagement and project design</p> <p>Quarter 2: Recruitment and targeted stakeholder involvement</p> <p>Quarter 3: Working stage, updating contents and references</p> <p>Quarter 4: Lead Author editing period, collation and launch</p> <p>The project has completed Q1 and Q2 and all is on track. There will be a public consultation and will also link in NHSE, NES, HEW and the MHRA to make sure that the project remains 'on track'.</p> <p>TO thanked WT for the presentation and asked EPB for comments:-</p> <p>MP raised concerns that there is a risk that we are potentially setting NHS units for failure with unrealistic standards. He said that due to covid lots of units are behind on regulatory requirements.</p> <p>WT responded the working groups have all the expertise to ensure that this is not the case and they will be very active reviewing the existing standards. There will be a consultation, and comments and feedback will be welcomed.</p>	
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	<p>EM commented that it is vital that standards are achievable, bearing in mind that some units are 10-15 years old.</p> <p><b>Developing a pharmacogenomic (PGx) competency framework resource for all prescribers</b></p> <p>WT presented the update on the development of a pharmacogenomic competency framework resource for all prescribers. He advised that this work has not been done in isolation; it has involved extensive collaboration across a wide range of professionals. The team includes Lead Author, Sophie Harding and Jude Hayward, both bringing a wealth of expertise. RPS are hosting the work which has been commissioned by NHS Pharmacogenomic and Medicines Optimisation Network of Excellence.</p> <p><b>Purpose of the project as follows:-</b></p> <ul style="list-style-type: none"><li>• This project aims to develop a Pharmacogenomic Competency Framework Resource for the prescribing workforce to underpin the growth of pharmacogenomic medicines services across the country.</li><li>• The resource will support <u>any prescriber</u> to meet the established prescribing competencies within the RPS competency framework for all prescribers. It will do so by providing pharmacogenomic context, supporting with case-studies and signposting to resources related to the competency.</li><li>• The resource may also include novel pharmacogenomic competencies or recommend changes to the main competency framework for all prescribers.</li></ul> <p><b>Task &amp; Finish Group</b></p> <p>The group comprises 33 members, representing a diverse mix of professionals: scientists, medics, nurses, dentists, opticians, paramedics, as well as representatives from regulatory bodies including the GPhC, GMC, NMC, midwifery, podiatry, and colleagues from the devolved nations.</p> <p><b>Validation Group</b></p> <p>The group comprising around 11 members, providing essential scrutiny and input.</p>	
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	TO thanked WT for the update.	
<b>25.09.NPB.06</b>	<p><b>RPS Conference update</b>  <i>Led by: Anna Pielach</i></p> <p>API advised that the Annual RPS Conference is Friday 7<sup>th</sup> November at ETC Venue in Houndsditch. The keynote speaker is Matthew Syed. There is a possibility that Wes Streeting, Secretary of State for Health, will be secured as a speaker, but there is another alternative if he cannot attend.</p> <p>To date 610 members have registered, capacity is 700.</p> <p>Following the conference there will be a celebration event for new RPS Fellows.</p> <p>TO commented that the RPS Annual Conference brings us all together and BMs want to feel part of the day and asked how they can be incorporated into the programme for the day.</p> <p>EJ said that as in previous years BMs have opportunities on the RPS stand.</p> <p><b>API to action 3</b> - Membership section on RPS stand - create a rota for BMs to participate throughout the day.</p> <p>AA asked about spaces for exhibitors – AP responded saying securing sponsorship is challenging and the team are happy to follow up on suggestions.</p> <p>AP asked if there was an opportunity for BMs to have a session with members about the election process.</p> <p>MP reiterated this request asking if there was space for a 30 minute panel discussion.</p> <p>SB asked if BMs could be part of the meet and greet team and if there will be photographs of BM's in the programme so that members can identify them. PB responded that photographs are included in the conference App.</p> <p>DB questioned the content and process, saying that BMs would be happy to be involved in the design stage and that they could be the sense check regarding what members want. API responded saying that there is a content working group and all sectors are involved. PB added that last year was the most successful conference to date with full capacity and this year's conference bodes well too.</p>	<b>EPB Chair</b>

	<p>API will take EPB comments back to the events team for further discussion regarding some form of Board input on the day.</p> <p><b>Action 4 – API to discuss BM participation in RPS conference with the team</b></p>	
<b>25.09.NPB.07</b>	<p><b>Papers for noting (item: 25.09/NPB/04 (i-vi))</b>  <i>Led by: EPB Chair</i></p> <p>English Pharmacy Board members noted 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> <li>(v) Education</li> <li>(vi) Science &amp; Research update</li> </ul>	<b>EPB Chair</b>
<b>25.09.NPB.08</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 Elen Jones (Direct of Pharmacy) for her hard work and commitment to the English Pharmacy Board over the years and wished her all the best in her new role as Pharmacy Dean at Health Education &amp; Improvement Wales.</p>	<b>EPB Chair</b>
<b>25.09.NPB.09</b>	<p><b>Dates of next meeting</b>  <i>Led by: EPB Chair</i></p> <p><b>NPB joint meeting:</b> 6 November 2025, at 66-68 East Smithfield.</p>	<b>EPB Chair</b>

**Action list:**

Item	Action	By whom	Open/Closed/Comments
<b>June Actions</b>			
25.06	<p><b>Action 2 – Health inequalities:</b> <i>AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September.</i></p> <p>With a change in roles for Amandeep Doll and the redispersal of responsibilities, it was agreed that this action should be brought back to a future meeting.</p>	AD	<b>Open – Will be brought back to the February EPB meeting</b>
	<p><b>Action 4 - HR</b> <i>to reflect on the discussion of the work of the clinical fellow Sheetal Ladva and discuss further to understand what Macmillan will need. This action is complete.</i></p> <p>Scoping work will now take place, and proposals will be brought back to the Board.</p>	AD	<b>Open – Will be on the agenda for the meeting on 6 November 25</b>

<b>September Actions</b>			
<b>25.09.NPB.02</b>	<b>Action 1:</b> Declarations of Interest: update declarations of interest	<b>Business managers</b>	<b>Closed</b>
<b>25.09.NPB.06</b>	<b>Action 2: Patient safety -</b> BMs to forward any further reflections, feedback and comments to WT/KR.	<b>Board members</b>	<b>Open</b>
<b>25.09.NPB.06</b>	<b>action 3 -</b> Membership section on RPS stand - create a rota for BMs to participate throughout the day.	<b>API</b>	<b>Open</b>
<b>25.09.NPB.06</b>	<b>Action 4 –</b> API to discuss BM participation in RPS conference with the team	<b>API</b>	<b>Open</b>