

# ROYAL PHARMACEUTICAL SOCIETY

OPEN BUSINESS

National Pharmacy Boards meeting 19 June 2025

This meeting will be held face to face at the Burlington Hotel, Birmingham, B2 4JQ.

## OPEN BUSINESS AGENDA 19 June 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  <u>EPB</u> : No apologies <u>SPB</u> : Lucy Dixon, Josh Miller, Richard Shearer and Audrey Thompson. <u>WPB</u> : Richard Evans	SPB Chair

2	Declarations of Interests and Board Members' Functions and Duties	For noting	25.06.EPB.02/SPB .02/WPB.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	25.06.EPB.03/SPB .03/WPB.03 &	To approve the Open minutes of the meetings held in February 2025 and to discuss matters arising from these minutes.	SPB Chair
4. 09:20	Facilitated (Open) Sale of P medicines	For discussion and decision	25.06.NPB.04	To consider the new policy and guidance pertaining to the facilitated (Open) sale of P medicines	SPB Chair Heidi Wright/Wing Tang/Regina Ahmed
5. 09:50	Supervision and Hub & Spoke	Update and discussion	25.06.NPB.05	To provide NPB with an update on supervision and Hub & Spoke	SPB chair Heidi Wright/Wing Tang
6. 10:20	Health Inequalities	Update and discussion	Presentation	To provide the NPB with an update on Health Inequalities followed by a discussion.	SPB chair Amandeep Doll
<b>10.50 - Coffee and Tea (10 minutes)</b>					
7. 11:00	Policy updates	Updates and discussion	Presentations	To update the NPB on the following:- <ul style="list-style-type: none"><li>• Workforce (20 mins)</li><li>• Cancer (20 mins)</li></ul>	WPB chair Policy Leads
8. 11:40	Women's Health update	Update and discussion	Presentation	NPB to receive an update from Kellie King, Clinical Fellow (Scot), on Women's Health	WPB chair Kellie King

9. 12:10	Constitution & Governance Review Update	Update and Q&As	Verbal	For the NPB to receive an update on the Constitution and Governance review	WPB chair Karen Baxter															
10. 12:20	Papers for noting	For noting	25.06.NPB.10(i) – (vii)	(i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance (v) Education (vi) Science & Research update (vii) Assisted Dying	WPB Chair															
11. 12:25	Any other business	For noting/discussion	Verbal	<p>Pharmacy Board Members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised.</p> <ul style="list-style-type: none"> <li>• <b><u>English Pharmacy Board Casual Vacancies</u></b> To confirm the EPB decision not to fill the 2 casual vacancy places.</li> <li>• <b><u>Proposed dates for NPB 2026 meetings</u></b></li> </ul> <table border="1"> <thead> <tr> <th>England</th> <th>Scotland</th> <th>Wales</th> </tr> </thead> <tbody> <tr> <td>23 &amp; 24 February</td> <td>26 &amp; 27 February</td> <td>18 &amp; 19 February</td> </tr> <tr> <td>17 &amp; 18 June Joint meeting</td> <td>17 &amp; 18 June Joint meeting</td> <td>17 &amp; 18 June Joint meeting</td> </tr> <tr> <td>22 &amp; 23 September</td> <td>16 &amp; 17 September</td> <td>24 &amp; 25 September</td> </tr> <tr> <td>November (TBC)</td> <td>November (TBC)</td> <td>November (TBC)</td> </tr> </tbody> </table>	England	Scotland	Wales	23 & 24 February	26 & 27 February	18 & 19 February	17 & 18 June Joint meeting	17 & 18 June Joint meeting	17 & 18 June Joint meeting	22 & 23 September	16 & 17 September	24 & 25 September	November (TBC)	November (TBC)	November (TBC)	WPB Chair
England	Scotland	Wales																		
23 & 24 February	26 & 27 February	18 & 19 February																		
17 & 18 June Joint meeting	17 & 18 June Joint meeting	17 & 18 June Joint meeting																		
22 & 23 September	16 & 17 September	24 & 25 September																		
November (TBC)	November (TBC)	November (TBC)																		

14. 12:35	Dates of next meeting	For noting		<b>Dates for 2025 meetings</b>							
				<b>England</b>	<b>Scotland</b>	<b>Wales</b>					
				23 & 24 September	17 & 18 September	25 & 26 September					
				6 Nov	6 Nov	6 Nov					
<b>Close of Open business – 12:40 – 13:40 (Lunch)</b>											
<b>RPS observers requested to leave</b>											

English Pharmacy Board – June 2025

## **Declaration of Interests**

### **Adebayo Adegbite**

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Nigerian Pharmacists UK (NPUK)
- Commonwealth Pharmacists Association (CPA)
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

### **Claire Anderson**

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association
- member of the UKPPLAB
- member of FIP

### **Danny Bartlett**

- Founder and Managing Director Primary Care Clinical Excellence Ltd. (PCCE)
- Coach for Sussex Training Hub
- Member PCPA
- HEE Interprofessional and Education Fellow
- Adhoc contributor Pharmaceutical Journal
- Adhoc contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Clinical Lead for the KSS Primary Care School, NHS England
- Adhoc guest clinical speaker Besins, Daiichi Sankyo, Amarin, CPPE, Bayer, NHSE (GP training) and others
- Member PDA

## OPEN and CONFIDENTIAL BUSINESS

- Adhoc guest clinical speaker Besins, Daiichi Sankyo, Amarin, CPPE, Bayer, NHSE (GP training) and others
- Member PDA
- Adhoc consultancy and clinical services
- Member of PM Healthcare Editorial Board

### **Sharon “Sibby” Buckle**

- Advanced Pharmacist Practitioner, Boots UK
- PDAU member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

### **Ciara Marie Duffy**

- Quality Manager/Qualified Person at Novartis
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Unipharm

### **Brendon Jiang**

- Senior Clinical Pharmacist, NORA PCN
- Medicines and Prescribing Associate, NICE
- Committee member, Primary Care Pharmacy Association
- Consultancy work for Haleon

### **Sue Ladds**

- Hospital Pharmacy Modernisation Lead, NHS England
- Member of the Guild of Healthcare Pharmacists
- Associate Member of the Association of Teaching Hospital Pharmacists
- Member of the Automating for Better Care (A4BC) group
- Partner is employed by University Hospitals Sussex NHS Foundation Trust Pharmacy Dept.
- GPhC Statutory Committee Member - Fitness to Practice Committee
- Specialist Project Director with UHS Pharmacy Ltd

## OPEN and CONFIDENTIAL BUSINESS

### **Michael Maguire**

- North East & North Cumbria ICB
- RPS
- The Practical Leadership Training Company Ltd
- Lifestyle Architecture Ltd
- iTS-Leadership Ltd
- The Practical Leadership Training Company Ltd
- CPCS Support Ltd (no longer trading)
- Honorary Professor - Teesside University

### **Ewan Maule**

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board
- Honorary Professor - Teesside University

### **Erutase Oputu**

- NHS Kent & Medway ICB
- Member of the Guild of Healthcare Pharmacists
- Member PDA
- Member of Commonwealth Pharmacists Association
- Pharmacy Research UK Trustee
- Member of Inclusive Pharmacy Practice Advisory Board,
- Member of NHS Assembly
- Member of PM Healthcare Editorial Board

### **Ankish Patel**

- Chief Pharmacist & Head of PCN Workforce
- Primary Care Pharmacy Association Leadership Forum
- Nottinghamshire Area Prescribing Committee
- Pharmacy Defence Association Union Member
- Nottinghamshire Medicines Optimisation Pharmacy Board
- Nottinghamshire Primary Care Equality & Diversity Group
- Community Clinical Leadership Pharmacy East Midlands PCN Representative
- Ad hoc consultancy
- Ad hoc speaker events

## **OPEN and CONFIDENTIAL BUSINESS**

### **Matthew Prior**

- Deputy Director of Pharmacy – University Hospitals Coventry & Warwickshire
- Deputy Chair of RPS Hospital Expert Advisory Group – until taking position with the RPS EPB
- Committee member – Coventry & Warwickshire Area Prescribing Committee
- Wife works for Boots as a category manager within healthcare retail
- Member of the PDA

# ROYAL PHARMACEUTICAL SOCIETY Scotland

OPEN/CONFIDENTIAL BUSINESS  
25.06/SPB/02(a) & 25.06/SPB/02C

## Scottish Pharmacy Board

Updated June 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**

- Chief Pharmacist, Healthcare Improvement Scotland May 2025 –
- Chair, the National Health Board Directors of Pharmacy Group
- DoP, representative/member on the NHS Scotland Executive Group Quality and Safety Subgroup
- 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

### **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: June 2025**

# ROYAL PHARMACEUTICAL SOCIETY

Open business and confidential business  
25.06./WPB.02  
25.06/WPB.02C

**June 2025**

## **Welsh Pharmacy Board - Declarations of Interest**

### **Aled Roberts**

- Community Pharmacy Wales
- Various community pharmacy contractors via self-employed locum arrangements.

### **Richard Evans**

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union Wales and the West Regional Committee
- Chair of Llangeler Community Council

### **Dylan Jones**

- HOW Pharm Ltd
- Jones Pharm 2 Ltd
- DL & CV Jones Agricultural Business
- RPS Wales Board Member
- AWMSG Community Pharmacy Representative
- Powys Independent Representative for Community Pharmacy Wales

### **Eleri Schiavone**

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB
- Executive Board Member: Pharmacy Delivering a Healthier Wales
- Board Member: All Wales Medicines Strategy Group
- Member of All Wales Medicines Strategy Group Steering Committee
- Vice Chair and Member of the Welsh Pharmacy Board

### **Geraldine McCaffrey**

- Digital Health and Care Wales (Secondment)
- Betsi Cadwaladr University Health Board
- Pharmacy: Delivering a Healthier Wales (Member: Delivery Board and Workforce Working Group)
- Member Pharmacy Delivering a Healthier Wales
- Member - UKCPA.
- Member, National Pharmacogenomics Group Wales
- Member – Unite the Union/Guild of Healthcare •Pharmacists.
- Chair – Welsh Pharmacy Board

### **Helen Davies**

Current Substantive post:

- Principal Pharmacist for Primary Care; Medicines Optimisation. Cwm Taf Morgannwg University Health Board from March 2018.
- Directly employed at Forest View Medical Centre, Treorchy for 1 day a week as a GP practice Pharmacist

From March 2018 to February 2021

- HEIW teaching sessions – cardiology
- HEIW teaching sessions – primary care

#### Sessions from 2011 onwards

- Honoraria from BMS to be an expert speaker for anticoagulation teaching sessions and attendance at a masterclass 2018
- Swansea Bay UHB bank staff – NHS 111 evening sessions 2017
- Pfizer sponsorship to attend anticoagulant and cardiology conference 2018 and 2015
- Boehringer to assist a consultant cardiologist with an anticoagulant clinic 2015
- Expert review of materials for WCPPE 2014
- Cardiology teaching sessions for WCPPE in 2014
- Member of the Guild of Healthcare Pharmacists
- Member of the UKCPA
- Member of the PCPA

#### **Gareth Hughes**

- GRH Pharma Ltd
- Director of GRH Pharma Ltd (t/a Tynewydd Pharmacy)
- Board Member of Community Pharmacy Wales
- Member of Welsh Pharmaceutical Committee
- Member of the Faculty of Clinical Informatics
- Community Pharmacy Cluster Lead for Rhondda
- Member of Community Pharmacy Microsoft Office 365 Project Board
- Member of the Pharmacists' Defence Association

#### **Rhian Lloyd – Evans**

- . Medication Safety Officer – Aneurin Bevan University Health Board
- . Members of All Wales Medication Safety Network
- . United Kingdom Clinical Pharmacy Association (UKCPA)

#### **Lowri Puw**

Advanced Pharmacist- Betsi Cadwaladr University Health Board

Lecturer- Postgraduate Independent Prescribing Course, Bangor University

Fferyllfa Penygroes Pharmacy

Sister GP trainee – Hywel Dda University Health Board

**Liz Hallett**

.ABHU

. PDA Union Member

. PCPA Member

**Rafia Jamil**

Prince Charles Hospital (CTM): lead Pharmacist Education and Training

Panel Member - Supported Lodging for Young people (Powys County Council)

Locum Pharmacist

National Pharmacy Board meeting – June 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>	Business Managers
<b>Position in organisation</b>	Business Manager, England, Scotland and Wales
<b>Telephone</b>	0207 572 2208, 0207 572 2225 and 0207 5722345
<b>E-mail</b>	<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
- i• 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

## ENGLISH PHARMACY BOARD MEETING – Open Business

**Minutes of the Open Business meeting held on Wednesday 26 February 2025, at RPS, 66-68 East Smithfield, London, E1W 1AW.**

**English Pharmacy Board:**

Adebayo Adegbite (AA), Claire Anderson (CA), Martin Astbury (MA) (on Teams), Danny Bartlett (DB), Sibby Buckle (SB), Ciara Duffy (CD), Brendon Jiang (BJ) (**Vice Chair**), Sue Ladds (SL) Michael Maguire (MM), Ankish Patel (AP), Ewan Maule (EM), Erutase (Tase) Oputu (TO) (**Chair**),

**Apologies:** Matt Prior (MP)

**In attendance:**

Paul Bennett (PB), Chief Executive, Osman Ali (OA) CPhO Clinical Fellow, Corrinne Burns (CB), PJ Reporter (on Teams), Yvonne Dennington (YD), Business Manager – England, Amandeep Doll (AD), Head of Professional Engagement, Elen Jones (EJ), Director for Wales and England, John Lunny (JL), Public Affairs Manager – England, Liz North (LN) Associate Director of Strategic Communications (on Teams), Neal Patel (NP), Associate Director of Membership, Wing Tang (WT), Head of Professional Standards, and Heidi Wright (HW), Practice & Policy Lead England.

**Invited guests:**

Sunayana Shah, Chair of Industrial Pharmacists Group  
Parisa Saleki (PS), Foundation Trainee

**RPS Member Observers**

3 x RPS member observers

<b>25.02.EPB.01</b>	<p><b>Welcome and Apologies</b>  <i>Led by EPB Chair</i></p> <p>The Chair welcomed Board members, staff, guests and RPS member observers to the meeting.</p> <p>Apologies were received from Matt Prior.</p>	<b>EPB Chair</b>
<b>25.02.EPB.02</b>	<p><b>Declarations of Interests and Board Members' Functions and Duties</b>  <i>Led by: EPB Chair</i></p> <p><u>EPB 02(a) - Declarations of interest</u>  Board members <b>noted</b> paper 25.02.EPB.02(a)</p> <p>Further updates to Declarations of Interest included amendments from SB and BJ.  <b>Action 1:</b> YD to update declarations of interest</p> <p><u>EPB.02(b) – Board Members' Functions and Duties</u>  Board members <b>noted</b> the Board Members' Functions and Duties paper 25.02.EPB.02(b).</p>	<b>EPB Chair</b>
<b>25.02.EPB.03</b>	<p><b>Minutes and Matters arising</b>  <i>Led by: EPB 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 7 November 2024. (25.02/NPB/03)</li> </ul> <p><b>Proposed by:</b> Ewan Maule <b>and seconded by:</b> Adebayo Adegbite</p>	<b>EPB Chair</b>

	<p><u>Matters arising:</u></p> <p><b>All actions closed except the following action</b></p> <p>24.11.NPB.08 – This will be reviewed at the Science and Research Committee in March</p>	
<b>25.02.EPB.04</b>	<p><b>Facilitated (Open) Sale of P Medicines</b></p> <p><i>Led by Elen Jones, Director</i></p> <p>The English Pharmacy Board <b>noted</b> paper 25.02.NPB.04.</p> <p>The Chair introduced this item saying this was the third time this subject had come to the Boards for discussion and a number of actions resulted from the previous meetings.</p> <p>The Chair handed over to EJ to present the paper on this issue.</p> <p>Following on from the last meeting, where further research was requested, a report has now been produced by the Science and Research team. This report remains confidential to Board members only at this time due to the process of the report going through peer review.</p> <p>The report has been shared in confidence at a meeting with GPhC and they are keen to work with us on this issue, by sharing information and helping us with ongoing research. EJ went on to explain the three options (A, B and C) set out in the paper. GPhC do make it clear that facilitated sale of P medicines can only happen in certain conditions and safeguards do need to be in place. WT is present at the meeting to understand what would be required in standards and guidance to ensure the profession is aware of any additional safeguards.</p> <p>The Chair thanked EJ for the introduction and asked board members for their comments:-</p>	<b>EPB Chair</b>

	<ul style="list-style-type: none"><li>AA said that the RPS statement in 1950 was good at the time but pharmacy has moved on in the period to 2025. He added he had concerns with option B as there are different types of pharmacies ie large multiples, medium sized multiples and independents and the consistency of staff training across these different types could be an issue. Currently more in favour of option C accompanied with a robust set of professional standards, which list the exclusions and is regularly reviewed with safeguards in place for medications that may be a problem. He also raised concerns with the increasing number of Pom to P switches.</li><li>BJ said he had been on a journey with this issue, and brought along some samples of medications to demonstrate his concerns. He said the RPS has a role to educate and inform and to ensure facilitated sale of P medicines is properly executed.</li><li>SB declared an interest as she works for Boots, who is the trailblazer in facilitated sale of P medicines. SB has been operating a pharmacy that has had facilitated sales since November 2023. SB said it has been a culture change and was based on the beauty model of sales which embraces proactively speaking to people. Health care specialists have been trained to provide advice and education to the public with regard to the facilitated sale of P medicines. The model has worked well. A visual barrier remains in place for P medicines and medicines liable for abuse are kept under lock and key. SB acknowledged that this model would not work in all pharmacies. SB said facilitated sale should be allowed but there needs to be professional guidance on how to do it safely, the RPS does not want to be out of line with the regulator.</li><li>CA added that she is in support of option C and would like to see further research demonstrating that it is safe to do this. CA added that the Welsh board said there would be different methods in different pharmacies – deciding which medicines are on display.</li><li>AP added that there is a safety element with a responsibility to do an audit of sales and reviewing the process of certain sales to see if there are any issues. Should look at this through the lens of population health.</li></ul>	
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	<ul style="list-style-type: none"><li>• SL said she would support option C and that it would not be helpful to be at odds with the regulator. Ensure that professional guidance is not too rule based, it should be a set of principles and guidance.</li><li>• MA asked if the Board can see the legal advice suggesting that as mitigation in option C we could have a list. Previous legal advice obtained by the RPS has said we could be sued if we produced such a list. It said each individual owner would have to make their own. Suggesting facilitated sale is something new, is spin. All present pharmacy medicines sales are facilitated sales sold under protocols and SOPs, we should not be supporting spin by using this wording in our paper. There is self-selection and there is the present RPS policy which you could call facilitated selection. It is undisputable that the majority of pharmacists, pharmacy technicians and especially pharmacy assistants do not want self-selection. They worry self-selection makes the patient safety role harder.</li></ul> <p>The Chair said there was strong support for Option C and asked for support and guidance in line with Option C which are not too rigid and should be risk based. The Chair asked for a vote to be recorded on the 3 options (A, B and C) as per below:-</p> <ul style="list-style-type: none"><li>• Option A – <b>0 votes</b></li><li>• Option B – <b>0 votes</b></li><li>• Option C - <b>10 votes</b> from the following EPB board members:- Adebayo Adegbite, Claire Anderson, Sibby Buckle, Ciara Duffy, Brendon Jiang, Sue Ladds, Mike Maguire, Ewan Maule, Tase Oputu and Ankish Patel.</li></ul> <p>Martin Astbury was not present on-line at this time due to technical difficulties.</p> <p>WT added that the discussion had been very helpful and will impact on the professional guidance developed and was glad to see that the EPB had reached a consensus on this issue. He added that as the guidance is developed the team will collaborate with Boards, Expert Advisory Groups, GPhC and other stakeholders.</p>	
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	<b>Action 2:</b> Preparation of professional standards which are not too rigid and are risk based. To be agreed with the Welsh and Scottish Pharmacy Boards.	
<b>25.02.EPB.05</b>	<p><b>Constitution and Governance Review</b>  <i>Led by: Paul Bennett and Liz North</i></p> <p>The Chair welcomed PB and LN to the meeting.</p> <p>PB said this was a good opportunity to talk about the Constitution and Governance review at a time when the focus is on the Special Resolution Vote campaign.</p> <p>PB recapped over the initial planning stages where Firetail (external consultancy) had been engaged to help with the review. A proposal was taken to Assembly for refining and agreement. The RPS engaged with the Charity Commissions (England/Wales/Scotland) and the Privy Council in an informal capacity. Significant engagement with RPS members and stakeholders has been ongoing including 15 roadshows across the countries, webinars and engagement events. Communications have now gone out on the Charter changes with detailed explanations of the changes in various formats. The process is not simple and has a degree of formality with the Privy Council and Charity Commissions. The RPS is currently at the point of asking members for their support for the proposal by holding a Special Resolution Vote (SRV) to enable the formal process to commence with legal advisers, Privy Council and Charity Commissions. The RPS has seen overwhelming positive support for the changes so far.</p> <p>LN (joined 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 5pm on 24<sup>th</sup> March. A tick circle motif has been added to all assets for the vote campaign. Campaigning is</p>	<b>EPB Chair</b>

	<p>about striking the balance and not overwhelming members but also giving enough information so members know the vote is happening.</p> <p>Board members were asked if they had any questions, some put forward are below:-</p> <ul style="list-style-type: none"><li>• Apathy is the biggest danger – so overloading members with information should not be a concern.</li><li>• Ensure the use of pharmacists' post nominals on the quote cards etc. and consistency of position eg Board member/Assembly member – LN agreed to include this.</li></ul> <p>A final webinar will be held on 10 March which will focus on the vision for the Royal College of Pharmacy.</p> <p>The Chair said she has been interested in the level of detail so far but said that we need the vision piece to win over hearts and minds of our members. It is important for Board members now to speak out to win over members and their campaigning skills used in their election as Board members should help.</p> <p>MA said he reserved the right to speak out against what is being proposed with some of the Charter changes.</p> <p>Board members were generally in support of going out and speaking to members about the proposed changes.</p> <p>PB agreed that it was now time to hear the voices of our elected members and RPS members in general. There has been emphasis on the 28<sup>th</sup> February 2025 as the latest date to ensure you are a member of the RPS if you want to vote. Only Members and Fellows are allowed to vote in the Special Resolution Vote in line with our current Charter.</p> <p>SB added her support to becoming a Royal College and taking the profession forward.</p>	
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<b>25.02.EPB.06</b>	<p><b>Business Plan</b>  <i>Led by: Elen Jones</i></p> <p>EJ introduced this item and gave a presentation saying that the new GB workplan is a two year plan. Many of the projects on the plan carry over from last year's workplan. At the previous meeting Board members requested that the team add some weighting to the new workstreams and where the teams' time should be focused.</p> <p>EJ informed the board as to which staff members are responsible for which project. The suggested new key priority areas for 2025/26 with some of the work included in the workstreams are:-</p> <ul style="list-style-type: none"> <li>• Workforce</li> <li>• Cancer Care</li> <li>• Aseptics Preparative Services</li> <li>• Access to Medicines (previously Access to High Cost Drugs)</li> </ul> <p>(Note: work to be included under these headings was captured for review at the EPB working day)</p> <p>Other significant areas of work include the NHSE 10 year plan, the Red Tape Challenge and Designated Prescribing Practitioners (DPPs). The President, EPB Chair and EPB Vice Chair have attended a number of meetings in connection with the NHSE 10 year plan and the Red Tape Challenge.</p> <p>WT gave a short synopsis of the work being undertaken by the Standards and Guidance team in 2025 which includes:-</p> <ul style="list-style-type: none"> <li>• Greener Pharmacy Standards</li> <li>• Pharmacogenomics Competency Framework</li> <li>• Quality Assurance of Aseptics Preparative Services</li> <li>• Designated Prescribing Practitioners competency framework</li> </ul> <p>In addition to this there will be Professional Standards for Facilitated Selection of P Medicines as per the earlier EPB discussion.</p>	<b>EPB Chair</b>
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	<p>WT also highlighted the work being undertaken by Kate Ryan on patient safety which includes being represented at key stakeholder meetings, responding to consultations such as the prevention of future deaths report, responding to Coroners' letters and developing a Patient Safety Strategy in the future which will align with the strategy of the new organisation. There are also plans to develop a hub on the website to accommodate all the patient safety information and help those who work in this space. There have been a number of cases raised with us, and other stakeholders, by the Coroners' office relating to deaths due to medicines shortages. We have also undertaken a lot of media work in this area and are looking to see what more we can do to help the profession.</p> <p>WT said work on the MEP is ongoing within the team and this year the team will be looking at the feasibility of developing an APP for the MEP. The guidance team have a workplan to review guidance documents, update, develop new or archive as necessary.</p> <p>EJ referred to the workplan for 2024 and said that a presentation had been sent to the Board in advance of the meeting. Some items on this plan were still ongoing, eg:-</p> <ul style="list-style-type: none"> <li>• Digital capabilities and AI – looking to hold a stakeholder roundtable to look at the recommendations and highlight areas that need more work</li> <li>• Medicines shortages report – looking at how to implement recommendations</li> </ul> <p>The Chair thanked the team for their ongoing work.</p>	
<b>25.02.EPB.07</b>	<p><b>Inclusion and Diversity/Engagement/BPSA relationship</b>  <i>Led by: Amandeep Dhillon</i></p> <p><u>Health Inequalities</u></p> <p>AD introduced this item saying that she was going to run a short workshop with the board members today to help establish what further work needs to be done in this area. Currently the RPS does not have a policy or a position statement on Health Inequalities.</p>	<b>EPB Chair</b>

	<p>AD recapped on work that already fell under this workstream which includes:-</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>The three small working groups fed back with some issues they think should be considered under this workstream, which included:-</p> <ul style="list-style-type: none"><li>• Currently there are a lot of project groups looking at disadvantaged groups so careful not to replicate</li><li>• Consider cultural competence, prescription charges, inequity of research into disadvantaged groups.</li><li>• Co-morbidities</li><li>• Neuro diversity is an emerging space</li><li>• Equity of access – sometimes the system is difficult to navigate</li><li>• Complexity in charging – eg, HRT</li><li>• Learn from the covid vaccine programme how to reach different communities</li><li>• Clinical trials – under represented groups not included</li><li>• Leadership perspective – as a Royal College being able to position pharmacy as an enabler to create change – collaborate with other Royal Colleges</li><li>• Look at systems – position pharmacists as leaders at local level</li><li>• Prioritise prevention</li></ul> <p><b>Action 3:</b> AD will process this information with the outputs from the Scottish and Welsh Board and create a workplan.</p> <p><b><u>Inclusion and Diversity</u></b></p> <p>It has been highlighted that teaching LGBTQ topics to students is difficult and as a result a document to help with teaching has been requested from the RPS so that it can be used for foundation training. A document has been drafted mapping the Education and</p>	
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	<p>Training outcomes to LGBTQ. The work has been modelled on the sustainability work. It is scheduled to be published in June 2025.</p> <p><u>International Women's Day – 8 March</u></p> <p>The RPS will be hosting an event on 30 April (to avoid clashes with Easter and Ramadan). It will be a hybrid event, with an evening networking session. Currently the team are planning the agenda.</p> <p><u>Inclusion and Diversity Strategy</u></p> <p>The current strategy is in its 5<sup>th</sup> year. The team are planning for the next 5 year strategy but are mindful of aligning with the proposed Royal College strategy and vision. I&amp;D will be a key part of the Royal College vision. A survey was carried out 2 years ago, the results will be tested and the information used to build a new strategy.</p> <p>It was <b>agreed</b> that as before the three national pharmacy boards will sign off the strategy. The team will be working collaboratively with other stakeholders to develop the strategy.</p> <p>It was highlighted that 2025 is a different landscape for inclusion and diversity from that of 2018, and to be cognisant of health inequalities sitting alongside I&amp;D as there is an interdependency.</p> <p>There was some discussion on measuring the impact and whether there is negativity around this work. AD replied that she does get some negative emails but is still receiving many requests to talk about this subject which is a measure that it is still valued. The Board asked if the negative feedback affected her. AD replied that it does not and she focuses on the positive. PB thanked the board for raising this question and said that the RPS took such issues seriously and if anyone acted unprofessionally towards a member of staff it would be dealt with in the appropriate manner, it will not be tolerated.</p> <p>The ABCD group and the WWB group will be combining into one group.</p> <p>AD said the team will be bringing a group together to talk about neurodiversity, discussing who we should be lobbying and whether a toolkit would be useful.</p>	
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	<p><b><u>Engagement</u></b>  The team have been attending a number of Career Fairs since November and are trying to capture foundation trainees before the end of their course. Any support from the board in helping with the Career Fairs is greatly appreciated.</p> <p><b><u>Regional conferences</u></b>  The team are planning for two regional conferences this year – Birmingham in June and Glasgow in August, this is as well as the established annual conference in Wales. The order of the events for the days is currently being planned. Buy-in from local leaders would be advantageous and it would be helpful if board members were able to identify the leaders to speak to.</p> <p><b><u>Pharmacy Congress</u></b>  The RPS will be attending Pharmacy Congress this year and have a stand and a theatre. If any board members are attending the Congress they may wish to put their names forward to chair a session.</p> <p><b><u>BPSA</u></b>  The RPS has a good working relationship with the BPSA and are assisting them with their Graduate conference and their Annual Conference in Swansea this year.</p> <p>CD asked if we are involved in any other professional conferences to strengthen our position in the multidisciplinary team. AD said that the previous Director for England spoke on Medicines Shortages last year at the HSJ conference.</p> <p>NP added that we are beginning to see the benefit of our engagement strategy and in future years we hope to hold a greater number of regional events.</p>	
<b>25.02.EPB.08</b>	<p><b>Papers for noting</b></p> <p>The English Pharmacy Board noted the following papers:-  25.02.NPB.08 (i) – (viii)</p>	<b>EPB Chair</b>

	<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> <li>(vii) Accreditation and credentialing update</li> <li>(viii) Covid Inquiry</li> </ul>	
<b>25.02.EPB.09</b>	<p><b>Any other business</b>  <i>Led by: EPB Chair</i></p> <p>The following items of Any other Business were discussed:-</p> <p><u>GPhC – reviewing how calculations are assessed – raised by CD</u></p> <p>CD introduced this item saying there had been discussion by GPhC on the review of calculations in the pre-reg process and pharmacy under-graduate level. We need to ensure that RPS discuss this issue and have a position as it is an important part of the training.</p> <p>CA said that GPhC were more concerned with when the assessment is done, it could be conducted at the end of training. When assessment is taken at the end it can cause a lot of stress to the student. SL added that it is about outcome and there may be other satisfactory ways to assess competence, noting that there has not always been a separate calculations assessment in the past.</p> <p>AA added that the headline statement was unhelpful, the detail is about separating it out and it is a patient safety issue – there are a lot of incidents around calculations so it is a necessary assessment.</p> <p>The GPhC will be consulting widely on this issue.</p>	<b>EPB Chair</b>

	<p>PS, the foundation trainee present at the meeting, added that it is very stressful to have the assessment at the end, students are ready to undertake this assessment before their final exam.</p> <p>The Chair said that it is clear from the discussion that RPS will want to be involved in the discussions with GPhC to ensure our views are heard – this is a GB issue.</p> <p><b>Action 4:</b> Set up a meeting with GPhC and EJ in the first instance to discuss.</p> <p><u>Auction for Historical Pharmacy – raised by BJ</u></p> <p>BJ raised this as a matter of interest for the Board and circulated the link to an auction for a historical pharmacy which has been in the family for 107 years since 1808 til 1909.</p>													
<b>25.02.EPB.10</b>	<p><b>Close of Meeting</b></p> <p>The Chair thanked all those attending and said that open business was now closed and asked guests and RPS member observers to leave the meeting before the commencement of Confidential Business.</p>													
<b>25.02.EPB.11</b>	<p><b>Proposed dates for future meetings</b></p> <p><i>Led by: EPB Chair</i></p> <table border="1" data-bbox="579 938 1821 1346"> <thead> <tr> <th data-bbox="579 938 968 1029">England</th><th data-bbox="968 938 1394 1029">Scotland</th><th data-bbox="1394 938 1821 1029">Wales</th></tr> </thead> <tbody> <tr> <td data-bbox="579 1029 968 1144">18 and 19 June</td><td data-bbox="968 1029 1394 1144">18 and 19 June</td><td data-bbox="1394 1029 1821 1144">18 and 19 June</td></tr> <tr> <td data-bbox="579 1144 968 1260">23 and 24 September</td><td data-bbox="968 1144 1394 1260">17 and 18 September</td><td data-bbox="1394 1144 1821 1260">25 and 26 September</td></tr> <tr> <td data-bbox="579 1260 968 1346">6 Nov</td><td data-bbox="968 1260 1394 1346">6 Nov</td><td data-bbox="1394 1260 1821 1346">6 Nov</td></tr> </tbody> </table>	England	Scotland	Wales	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	EPB Chair
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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
<b>25.02.EPB.02</b>	<b>Action 1.</b> Declarations of Interest – update	YD	Closed
<b>25.02.EPB.04</b>	<b>Action 2: Facilitated Sale of P Meds</b> - Preparation of professional standards which are not too rigid and risk based. To be agreed with the Welsh and Scottish Pharmacy Boards.	WT/EJ/LW	Open
<b>25.02.EPB.07</b>	<b>Action 3: Health Inequalities</b> - AD will process this information with the outputs from the Scottish and Welsh Board and create a workplan.	AD/EJ/LW	Open
<b>25.02.EPB.09</b>	<b>Action 4: GPhC – assessing calculations for pre reg</b> - Set up a meeting with GPhC and EJ in the first instance to discuss.	EJ	Closed – Helen Chang already linked in with GPhC

<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. .	YD Science and Research	Closed Open will be discussed at SRC in March
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

## 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)	

	<p>RPS CEO, Corrinne Burns (CB), Reporter, PJ team, A warm welcome was also extended to Claire Anderson (CA), RPS President.</p> <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.</p>	

	<p>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</li></ul>	
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	<p>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></p> <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></ul>	
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	<ul style="list-style-type: none"> <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. 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>	
25.02.SPB.05	<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><u>ABCD:</u>  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>	
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	<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> <p><u>BPSA:</u></p> <p>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><u>Regional Conferences:</u></p> <p>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>	
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	<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> <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>	
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	<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> <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</p>	

	<p>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> Team Scotland has been considering whether there are new activities that should be considered or existing activities that could be nuanced:</p>	
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	<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 worked in practice, access to patient records but also the pipeline for pharmacists entering the profession, training places and education opportunities</li> <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-a-z/sustainability-policy/policies">https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/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>	
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	<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> <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>	<b>Constitution &amp; Governance Review</b>	

	<p><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><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</p>	
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	<p>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><b>Questions</b></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> <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>	
<b>25.02.SPB.09</b>	<p><b>GB workplan workshop</b></p> <p><i>Led by Laura Wilson (LW), RPS Director for Scotland &amp; Fiona McIntyre (FMcl), Scottish Practice &amp; Policy Lead</i></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.

One of the outstanding topics from 2024 is the refresh of the Palliative End of Life policy; this will be completed in Q1 2025.

Topic Leads

Health inequalities	Amandeep Doll (AD) & Iwan Hughes (IH)
Women's Health	Kellie King (KK) & IH
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

Brief updates on the Professional Standards workplan, 2025-26

- **Pharmacogenomic Competency Framework for all Prescribers**  
Funding agreed in principle, literature review and the drafting of the framework has started.
- **Quality Assurance of Aseptic Manufacturing and Technical Services Standards**  
It is anticipated that the Standards will need to be updated. Funding agreed in principle and scoping has started.
- **Designated Pharmacy Prescribing Competency Framework**  
In advanced stages of scoping and the project will start imminently.
- **Patient Safety**  
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,

	<p>from a Scottish perspective re: networks around patient safety networks and the Scottish Patient Safety Programme (SPSP).</p> <ul style="list-style-type: none"><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>Key Priority Areas for consideration</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></ul>	
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	<ul style="list-style-type: none"><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> <h3>Cancer Care</h3> <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> <h3>Board member comments</h3> <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>	
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	<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><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></ul>	
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	<ul style="list-style-type: none"> <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> <li>(v) Education Update</li> <li>(vi) Science &amp; Research Update</li> <li>(vii) Assessment &amp; Credentialling</li> <li>(viii) Covid Inquiry</li> </ul> <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</li> </ul>	

	<p>balanced paper to the next joint board meeting. This matter has also been raised by Macmillan Cancer Support.</p> <ul style="list-style-type: none"> <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>	

#### 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.	<b>RB</b>	<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.	<b>BM</b> <b>LN</b>	<b>7 March</b> <b>7 March</b>

DRAFT

Welsh Pharmacy Board meeting 21 February 2025

**Minutes of the Welsh Pharmacy Board (WPB) Open Business meeting held on Friday 21 February 2025 at 9.30am**

**RPS Wales Office, 2 Ash Tree, Woodsy Close, Cardiff Gate Business Park, Cardiff, CF23 8RW  
and via teams meeting**

**Present**

**Welsh Pharmacy Board**

Geraldine McCaffrey Chair (GM), Richard Evans (RE), Eleri Schiavone (ES) Liz Hallett (LH), Aled Roberts (AR), Rafia Jamil (RJ), Lowri Puw (LP) Helen Davies (HD)

**In attendance**

Elen Jones Director (EJ), Paul Bennett CEO (PB), Professor Claire Anderson President (CA), Alwyn Fortune Policy and Engagement Lead (AF), Iwan Hughes Head of External Affairs (IH), Cath Ward (CW)

**Attendance via Teams**

Corrine Burns PJ (CB), Tanya Serebryanska (RPS observer), Liz North (LN) Head of Strategic Communications Item 7 only.

**Apologies**

Dylan Jones (DJ), Rhian Lloyd Evans (RLE), Gareth Hughes (GH).

**WELSH PHARMACY BOARD (WPB) OPEN BUSINESS MINUTES 21 February 2025**

<b>Item (approx. start time)</b>	<b>Subject</b>	<b>Related papers/slides</b>	
1. 9.30am	Welcome	No paper/Verbal address	The WPB Chair welcomed everyone to the meeting and the Board gave round table introductions.
	Apologies	No paper/Verbal address	Apologies were received from GH, RLE, and DJ.
2.	Declarations of Interests and Board Member' Functions and Duties	21.02.WPB 02	<p>Amendments to Declarations of Interest were noted from GM, AR, RJ and LP</p> <p>The board noted the paper Member' Functions and Duties</p> <p><b>Action 1 – CW to amend Declarations of Interest</b></p>
3.	Minutes and matters arising	21.02.NPB.03	<p>To approve the minutes of the meeting held on 7 November 2024 and to discuss matters arising from these minutes.</p> <p>The Welsh Pharmacy Board approved the minutes of the open business meeting held on 7 November 2024 as a true record.</p> <p>Approver - Lowri Puw Seconder - Aled Roberts</p> <p><b>Matters Arising</b></p> <p>The board noted that actions relating to items 1, 2 3 and 4 would be covered as</p>

			<p>agenda items. All other actions were recorded as completed.</p>
4. 9.40	Facilitated sale of P medicines	21.02.NPB.4	<p>To discuss the final full report of the analysis of the evidence from S&amp;R and to determine the way forward.</p> <p>Elen Jones Director Wales presented this item. EJ advised that positive meetings were held between RPS and the GPhC. Paul Bennett, EJ, Wing Tang and Diane Ashiru-Oredope, Deputy Chief Scientist for RPS were in attendance to discuss the results of the report produced by the Science and Research Team.</p> <p>As the full report is subject to peer review, it remains confidential to board members.</p> <p>The following items were presented to the board for Discussion and Decision</p> <ul style="list-style-type: none"> <li>• Paper to summarise policy options</li> <li>• 2024 report <b><i>Evidence review on facilitated self-selection of P medicines</i></b></li> <li>• Agenda item at CPEAG for input from practice</li> <li>• Three options presented</li> </ul> <p>Following the evidence review and previous board discussions, three options have drafted for board consideration. The board noted that all three National Boards would be discussing these options, and a GB stance will be determined.</p> <p><b>Option A</b> Maintaining the 1950-2025 policy of the RPS “Pharmacy medicines must not be accessible to the public for self-selection”</p>

		<p><b>Option B</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</p> <p><b>Option C</b>      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.</p> <p>In discussion the implications of the three options were considered. Issues raised were:</p> <table border="1" data-bbox="878 636 1837 1160"> <tr> <td data-bbox="878 636 1837 679">The board agreed that Option A is at odds with the regulator</td></tr> <tr> <td data-bbox="878 679 1837 752">Option C is aligned for both professional and patient vision in Wales and refers to other services</td></tr> <tr> <td data-bbox="878 752 1837 901">Board was in support of Option C and would like to see further research demonstrating that it is safe to do this. A discussion was held about the fact that there will be different methods in different pharmacies – deciding what medicines are on display.</td></tr> <tr> <td data-bbox="878 901 1837 975">The board asked if RPS are working with others in this space, especially those, who have raised concerns</td></tr> <tr> <td data-bbox="878 975 1837 1048">WPB were pleased that Research is part of every option regardless of what is determined.</td></tr> <tr> <td data-bbox="878 1048 1837 1160">Option C is the preferred option with additional guidance and clear that special consideration needs to be included around high-risk medications</td></tr> </table> <p>In general discussion the board noted that regular meetings are held between superintendents and CCA. The board expressed a view that independent research needs to look at how the public messaging is framed. This will differ in some areas in Wales. Guides to which P Meds would be suitable/not suitable and additional training for staff is required, to include technologies and upskilling, and risk assessment tools</p>	The board agreed that Option A is at odds with the regulator	Option C is aligned for both professional and patient vision in Wales and refers to other services	Board was in support of Option C and would like to see further research demonstrating that it is safe to do this. A discussion was held about the fact that there will be different methods in different pharmacies – deciding what medicines are on display.	The board asked if RPS are working with others in this space, especially those, who have raised concerns	WPB were pleased that Research is part of every option regardless of what is determined.	Option C is the preferred option with additional guidance and clear that special consideration needs to be included around high-risk medications
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			<p>and guides also need to be available for staff. There are gaps in research and the board asked if this could be considered.</p> <p>At the recent Community Pharmacy Expert Group (CPEAG) risk assessment was identified as a high risk as Community Pharmacist may need to change their SOP's. It was agreed that RPS should use CPEAG expertise to inform any policy and public messaging.</p> <p>The Welsh Pharmacy Board were unanimously in favour of progressing Option C with a robust set of professional standards.</p>
5.10.20	Inclusion and Diversity/ Engagement /BPSA relationship	Verbal	<p><b>Inclusion and Diversity/Engagement/BPSA relationship</b> Led by: Amandeep Doll Head of Engagement</p> <p>AD gave updates on the following: -</p> <ul style="list-style-type: none"> <li>- International Women's Days is 8 March and RPS will be hosting an event on 30 April (to avoid clashes with Easter and Ramadan). It will be a hybrid event, with an evening networking session. Currently the team are planning the agenda.</li> <li>- Inclusion and Diversity Strategy - The current strategy is in its 5<sup>th</sup> year. The team are planning for the next 5-year strategy but are mindful of aligning with the proposed Royal College strategy and vision. I&amp;D will be a key part of the Royal College vision. A survey was carried out 2 years ago, the results will be tested and the information used to build a new strategy. AD advised that three national pharmacy boards will sign off the strategy. The team will be working collaboratively with other stakeholders to develop the strategy</li> <li>- The ABCD group and the WWB group will be combining into one group.</li> </ul>

		<ul style="list-style-type: none"> <li>- Regional conferences -The team are planning for two regional conferences this year – Birmingham in June and Glasgow in August. The order of the events for the days are currently being planned. AD asked if board members could assist seeking out local leaders to speak at the conferences</li> <li>- Engagement - The team have been attending several Career Fairs since November and are trying to capture foundation trainees before the end of their course. Any support from the board in helping with the Career Fairs is greatly appreciated. The board suggested that RPS use students as volunteers – peer to peer more powerful. A Newly registered student will relate to someone who has just qualified. AD said she would look at this option.</li> <li>- BPSA - The RPS has a good working relationship with the BPSA and are assisting them with their Annual Conference in Swansea this year.</li> </ul> <p><u>Health Inequalities</u></p> <p>AD introduced this item saying that she was going to run a short workshop with the board members to help establish what further work needs to be done in this area. Currently the RPS does not have a policy or a position statement on Health Inequalities.</p> <p>Feeback from WPB included: -</p> <ul style="list-style-type: none"> <li>- The board agreed that there needs to be a policy on health inequalities</li> <li>- In Wales there are a significant number of areas experiencing socio-economic disadvantage, in these areas education levels are often not as high, a targeted approach is needed.</li> <li>- There needs to be a National Implementation Plan, in Wales keep the policy at very high level</li> <li>- Encourage further work on basic prevention of frailty</li> </ul>
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			<ul style="list-style-type: none"> <li>- Deprivation is an issue in Wales</li> <li>- Welsh language provision for patients and how to reach different communities</li> <li>- Enhancing patient access in different languages needs to be explored further</li> <li>- Digital exclusion in Wales is an issue</li> <li>- Can we collaborate with RCN/RCGP and link in with the third sector with signposting more direct referral</li> <li>- Leadership opportunity as a Royal College - There is an opportunity for RPS to lead in this space</li> <li>- Analysing prescribing data can provide insights into health inequalities, where the populations are needing to access some medicines at a higher rate. Using this can help identify and target where action is needed.</li> </ul> <p><b>Action 2:</b> AD will process this information with the outputs from the Scottish and English Board and create a workplan.</p>
6. 11.35	PDaHW Vision 2028 update.	21.0 2.WPB.07	<p>To provide an overview of the engagement for the vision 2028. Anna Coston – PDaHW project manager led this item</p> <p>AC updated the board on the activity for the engagement events for the vision 2028 goals.</p> <ul style="list-style-type: none"> <li>- Carmarthen – 30<sup>th</sup> January 2025 at which there were 30 attendees</li> <li>- Cardiff – 5<sup>th</sup> February 2025 at which there were 50 attendees</li> <li>- St Asaph – 12<sup>th</sup> February 2025 at which there were 30 attendees</li> <li>- Cwmbran – 13<sup>th</sup> March 2025</li> <li>- Enhancing Patient Experience – 13<sup>th</sup> January 2025 26 members</li> <li>- Developing the Pharmacy Workforce – 16<sup>th</sup> January 2025 26 members</li> <li>- Seamless Pharmaceutical Care – 8<sup>th</sup> January 2025 23 members</li> <li>- Harnessing Innovation and Technology – 23<sup>rd</sup> January 2025 22 members</li> <li>- Face to face hospital visits and virtual meetings with other professional organisations and online events have also been held.</li> </ul>

			<p>EJ advised that there is a 2-hour Workshop planned with Welsh Pharmaceutical Committee in March.</p> <p>The current plan for the 2028 vision document is to use case studies to celebrate the successful work being undertaken in Pharmacy. The Delivery subgroups will then be responsible for setting their own measures.</p> <p>The board thanked AC for her work on this project.</p>
7. 11.45	Constitution and Governance review		<p>Liz North Head of Strategic Communications presented this item.</p> <p>LN reiterated the background that Royal Pharmaceutical Society (RPS) have hosted a series of roadshow events across GB and online in October and November to listen to and engage with members and non-members:</p> <p>Attendees were split between community and hospital pharmacists with academia, retired members, primary care, students and foundation trainees. At these events RPS responded to emerging themes and feedback, adapted the presentation to be reactive to different locations. The Roadshow Report was published at the end of December.</p> <p>LN shared the RPS' Proposals for Change Key Dates as follows: -</p>

# RPS' PROPOSALS FOR CHANGE KEY DATES

## 12–23 February

### Charter unveiling

Explore the details of the proposed change and what it means for you.

## 24 February – 24 March

### Vote campaign

The movement starts here. Get involved, spread the word and be ready to vote!

## 28 February

### Last chance to register

Not an RPS member yet? Join by this date to play your part.

## 13–24 March

### Voting open

The future of pharmacy is in your hands. Cast your vote and help shape the future.



			<p>LN provided a summary of activity planned for the four weeks highlighting that a consistent message of communications and content, would be used. The aim is that RPS want to ensure that different voices from across pharmacy day-by-day tell their story. She also explained how board members can support the campaign.</p> <p>The board discussion focussed on the communication materials that had been provided, and how they could optimise the news stories. The board noted that there will be plenty of different ways that RPS will communicate to those who haven't renewed or lapsed their membership. The board noted that a news story was issued to members Thursday evening.</p> <p>The board raised the question, if the roadshows highlighted any concerns that the outcome of the vote will not be positive, and it was noted that apathy is a big danger.</p> <p>It was noted that some Health Boards in Wales hold regular updates and discussion including C&amp;G and asked if RPS could reach out to Directors of Pharmacy to mirror this practice.</p> <p>EJ advised that the Welsh Pharmaceutical Committee statement is being refined and will be published soon.</p> <p>A final webinar is planned for 10<sup>th</sup> March.</p>
8. 12.15	Business Plan	Verba	<p>Alwyn Fortune Policy and Engagement Lead led this item to provide WPB with an update on key projects pertinent to GB and Wales, reflecting on some of the project updated that are included in our papers for noting with opportunity to discuss future expectations.</p> <p>AF gave an overview of the GB plan from 2025 – 2027.</p> <p>The board noted that a workplan covering 2024 update will be sent on the Friday email.</p>

		<p><b>Action 3- Friday email 2024 workplan update action CW</b></p> <p>AF highlighted that the Palliative care refresh policy will launch soon. The refreshed advisory group has representatives from each country, and then board noted that the launch will not be during the C&amp;G voting period.</p> <p>Regina Ahmed (RA) Guidance Manager presented the Professional Standards summary workplan 2025/26 and the Patient safety work plan that included activity</p> <ul style="list-style-type: none"><li>- Prevention of Future Death Reports (PFD)- responding to consultations such as the prevention of future deaths report, responding to Coroners' letters and developing a Patient Safety Strategy in the future which will align with the strategy of the new organisation</li><li>- Responding to Coroners on behalf of RPS as appropriate where the reports involve pharmacy</li><li>- Explore how RPS share the learning from PFD reports more widely with members/pharmacy profession</li><li>- Working collaboratively with other healthcare bodies (e.g., GPHC, SPS) to share information and perspectives on some of the coroners reports work and identify if subsequent work is needed.</li><li>- Regular stakeholder engagement – continue (SPS, CPPSG).</li><li>- RPS attendance at national Patient Safety Groups – continue (e.g., RCP /RPS Joint Medicines Safety Group, RCP Patient Safety Committee, Medicines Safety Improvement Programme Board, National Patient Safety Response Advisory Panel).</li><li>- RPS Patient Safety Strategy, initial patient safety scoping report which will be shared with relevant RPS teams for contribution and feedback to ensure accurate reflection of patient safety activities across the RPS</li><li>- Develop RPS Patient Safety Strategy for 2025-26 which will be informed by RPS teams.</li><li>- Develop RPS Patient Safety Strategy – shaped by feedback from RPS teams</li></ul>
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			<ul style="list-style-type: none"> <li>- There are plans to develop a hub on the website to accommodate Patient Safety Hub /resources to support the strategy.</li> <li>- RPS patient Safety related Guidance updates – as needed.</li> </ul> <p>Other noteworthy items MEP print and MEP would be available digitally in July 2025, to all foundation trainees and those logged in to receive this. The Welsh language guide has been completed, and this will be sent to the board.</p>
9. 13.15	Papers for noting	21.02.NPB.08	<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> <li>(vii) Assessment and Credentialling</li> <li>(viii) COVID update</li> </ul>
10.	Any other business	Verbal	<p>An item was listed under AOB. GPhC Quality &amp; Performance Assurance Committee Calculations Examination Discussion</p> <p>EJ introduced this item explaining that there had been discussion by GPhC on the review of calculations in the pre-reg process and pharmacy under-graduate level. We need to ensure that RPS discuss this issue and have a position as it is an important part of the training.</p> <p>The board noted that EJ would be at the EPB meeting and would also discuss this at that meeting.</p> <p>The WPB agreed that this needs further investigation and discussion and should be brought to the June meeting.</p>

11.	Dates of next meeting	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

**Action list:**

Item	Action	By whom	Open/Closed/Comments
25.02.WPB.02	<b>Action 1.</b> Declarations of Interest – update	CW	Closed
25.02.WPB.07	<b>Action 2: Health Inequalities</b> - AD will process this information with the outputs from the English and Scottish and create a workplan.	AD	Open
25.02.WPB.08	<b>Action 3</b> - Friday email 2024 workplan update	CW	Closed
25.02.EPB.09	<b>Action 4: GPhC – assessing</b>		Open

	<b>calculations for pre reg –</b> June meeting agenda item		

National Pharmacy Board meeting – 19 June 2025

<b>Title of item</b>	<b>Facilitated self-selection of Pharmacy (P) Medicines in Community Pharmacy</b>
<b>Author of paper</b>	<b>Heidi Wright, Wing Tang</b>
<b>Position in organisation</b>	<b>Practice and Policy Lead, England Head of Professional Standards</b>
<b>Telephone</b>	
<b>E-mail</b>	
<b>Item to be led at the meeting by</b>	Heidi Wright and Wing Tang
<b>Headline summary of paper</b>	RPS policy and professional guidance in relation to the facilitated self-selection of P medicines from registered pharmacy premises.
<b>Purpose of item (decision / discussion)</b>	To discuss and agree Board sign off of the RPS position statement and professional guidance shared in advance of the meeting
<b>For consideration</b>	The boards are asked to consider the draft position statement and guidance, suggest amends and agree a final version
<b>Risk implications</b>	Reputational and Member Risks
<b>Resource implications</b>	Current Staffing Resource

**Facilitated self-selection of P Medicines in Community Pharmacy****Questions for consideration:**

- Does the draft position statement resonate with board members views?
  - Are the statements reflective of board members views?
  - Is there anything missing?
- Does the draft professional guidance cover what it needs to?
  - Audience – is it clear who the guidance is for?
  - Problem – is it clear why the guide is needed? Solution – are the calls to action clear Uniqueness - does the guide add value, is it relevant and achievable in practice?
  - Roles and responsibilities – is the guide correct when describing roles and responsibilities?
  - Current ways of working – do you have good practice examples which would add value to the guide?
  - What's missing?

As the draft position statement and professional guidance are currently unapproved, they will be shared as restricted and confidential papers.

**Introduction**

Under the Medicines Act (1968) a pharmacy medicine (P Medicine) is a medicinal product that can be sold from a registered pharmacy premises by a pharmacist or a person acting under the supervision of a pharmacist. (Part III, Section 52)

- (a) that person is, in respect of that business, a person lawfully conducting a retail pharmacy business;
- (b) the product is sold, offered or exposed for sale, or supplied, on premises which are a registered pharmacy; and
- (c) that person, or, if the transaction is carried out on his behalf by another person, then that other person, is, or acts under the supervision of, a pharmacist.

The Medicines Ethics and Practice guide of the RPS additionally states that pharmacy medicines "*must not be accessible to the public by self-selection*".

Following changes brought about by the General Pharmaceutical Council (GPhC) and a shift towards an outcomes-based approach to standards, some pharmacies are now operating a more flexible approach to the open sale and self-selection of P medicines.

**Background**

## OPEN BUSINESS

Representation was made to the three national boards of the Royal Pharmaceutical Society (RPS) in June 2024 and consensus achieved on how this professional issue would be addressed. Led by the Chief Scientist at RPS, the Science and Research Team undertook a programme of work. A call for evidence survey opened for eight weeks from July to September 2024 and, in parallel, a literature review was conducted. The findings are currently being peer-reviewed but were presented to the three national boards in February 2025 and will be published once the peer-review process has been completed. The elected members acknowledged that the facilitated self-selection of P medicines is already in operation within some community pharmacies. Taking into consideration the evidence presented, the conclusion of the boards was that this model must be operated within safe parameters that ensure no negative impact on patient safety and must retain the professional autonomy of the responsible pharmacist (RP).

The national boards committed the RPS to develop professional guidance and resources for those who wish to operate under a model that enables the facilitated sale of P medicines.

Draft position statements and guidance have been shared with GPhC, RPS Community Pharmacy Expert Advisory Group (CPEAG) and community pharmacy contractors for comments. These comments have been considered, and where appropriate, incorporated into the drafts shared with board members prior to this meeting.

### Action required

- Board members to consider the questions above and bring suggested amendments to the meeting
- At the meeting, agree with the principles of the papers and sign off ahead of any agreed amendments being made

National Pharmacy Board meeting – June 2025

<b>Title of item</b>	<b>Pharmacy Supervision</b>
<b>Author of paper</b>	<b>Wing Tang, Heidi Wright, John Lunny, Alwyn Fortune</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Item to be led at the meeting by</b>	Wing Tang and Heidi Wright
<b>Headline summary of paper</b>	Pharmacy Supervision legislation is changing in 2025
<b>Purpose of item</b>	To update boards on RPS plans around changes expected for supervision legislation in 2025 and to request a decision on some aspects.
<b>For consideration</b>	<ol style="list-style-type: none"><li>1. Re-affirmation of RPS' 2023 policy direction around Pharmacy Supervision from the 2023 RPS consultation response</li><li>2. Affirmation of intended audience of RPS professional guidance supporting supervision</li><li>3. Decision on undertaking to replace a 2005 Law and Ethics bulletin which described characteristics of supervision, with a new RPS definition of supervision.</li></ol>
<b>Risk implications</b>	Changes in pharmacy supervision legislation impact on all pharmacy professionals.
<b>Resource implications</b>	Activities linked to supervision will be supported by established 2025/2026 allocated budgets and external commissions.

## **Pharmacy Supervision**

### Situation

There is an expectation the Department of Health and Social Care (DHSC) will imminently publish a long-awaited government response to the Pharmacy Supervision consultation of 2023 alongside new draft legislation.

There has been a parliamentary question and answer

<https://www.theyworkforyou.com/wrans/?id=2025-04-28.48805.h&s=pharmacy>

Subsequently covered in pharmacy media

<https://pharmaceutical-journal.com/article/news/government-commits-to-introducing-pharmacy-supervision-legislation-later-in-2025>

This paper revisits where we are with Pharmacy Supervision and the RPS 2025/2026 workplan, in addition to a discussion about defining Supervision.

In addition, RPS staff members receive ongoing briefings from DHSC and GPHC colleagues regarding the expected changes.

### Background

Spanning 2022 and 2023 the “Supervision Practice Group” met to discuss Pharmacy Supervision. Leading to the publication of a jointly endorsed report which was intended to provide a framework for the Department of Health and Social Care and for regulators to revise legislation and regulation. The final report is available here:



Supervision in  
community pharmacy

A government consultation on Pharmacy Supervision was subsequently published, running from December 7<sup>th</sup> 2023 until 29<sup>th</sup> February 2024.

<https://www.gov.uk/government/consultations/pharmacy-supervision>

This consultation proposed three key changes

1. To enable pharmacists to authorise a registered pharmacy technician to carry out, or to supervise another person to carry out, the preparation, assembly, dispensing, sale and supply of POMs and P medicines
2. To enable a pharmacist to enable any member of the pharmacy team to hand out checked and bagged prescriptions to patients or patient representatives (in alignment with current practice for home delivery, lock box and other delivery services)
3. To allow a registered pharmacy technician to be a responsible for a hospital aseptic facility in the same way that a pharmacist is under the current law

An RPS response to the government consultation was agreed by boards and published in February 2024 which agreed with all 3 key proposals.



The government response to the consultations and new draft legislation is now imminently expected.

## Assessment

RPS 2024/2025 workplan items in alignment to supervision

Professional guidance or standard	Timing and collaboration
Professional guidance to support handing out of pre-checked medicines for Community Pharmacy	Planned for Winter 2025. Will be required following expected changes to Supervision legislation. Anticipating collaboration with GPhC, Pharmacy Forum NI, APTUK.
<a href="#">Refresh of the RPS' 2016 Quality Assurance Aseptic Preparation</a>	Refresh planned for Winter 2026 in alignment to expected changes in Supervision legislation and changes to aseptic services since 2016. Anticipating collaboration with NHS Quality Assurance

## OPEN BUSINESS

<u>Services Standards</u> for providers of aseptic pharmacy services	committee, APTUK and regulators of aseptic services. Currently scoping and assuring funding.
Professional guidance to support delegation of supervision authorisation to pharmacy technician for pharmacy professionals	New guidance planned for Winter 2026 in alignment to expected changes in Supervision legislation. Anticipating collaboration with GPHC and APTUK. Not started.

### Recommendation

RPS boards in 2025 are asked to re-affirm the policy direction of the 2023 RPS consultation response and 2025/2026 GB workplan in relation to professional standards and guidance.

#### Do the boards agree?

Further the RPS boards are asked to affirm the scope of audience for RPS professional guidance and standards linked to supervision is wider than RPS membership and covers in collaboration with APTUK and Pharmacy Forum of Northern Ireland all pharmacy professionals across the United Kingdom.

#### Do the boards agree?

The new legislation is not expected to define supervision in law as requested by the “Supervision Practice Group” and a regulatory definition is also not expected. The framing of the 2023 consultation referenced a Law and Ethics Bulletin 2005 of the Royal Pharmaceutical Society of Great Britain, published during a period of time when the RPSGB was both the regulator and professional leadership body for pharmacy.



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This Law and Ethics Bulletin emphasised the principle of intervention by a pharmacist in relation to the supervision of the sale or supply of medicines.

## OPEN BUSINESS

The situation presents an opportunity for the RPS to demonstrate leadership and authority by developing and consulting on a new professional definition of supervision, to replace the 2005 Law and Ethics Bulletin

Do the boards agree?

National Pharmacy Board meeting – June 2025

<b>Title of item</b>	<b>Implementing Country Visions</b>
<b>Author of paper</b>	Laura Wilson, Iwan Hughes, Elen Jones, Heidi Wright, Osman Ali, Alwyn Fortune, Aman Doll
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<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 a fourth DPP roundtable on 4 June and meeting note is being drafted
- NHSE IP pathfinder sites are now online and are starting to produce relevant data
- The project is now 'Business as Usual' and prescribing services are now a well-established element of the member proposition
- The HEIW/RPS independent prescribing series has been extended for a further 3 years. This is a learning programme tailored to support pharmacists in Wales to deliver the Pharmacy Independent Prescribing Service

#### 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

- In April, we launched the Greener Pharmacy Toolkit – a new digital self-assessment tool designed to help community and hospital pharmacy teams take practical action to reduce the environmental impact of pharmacy services, pharmaceutical care and medicines, while supporting patient care.
- Commissioned by NHS England and supported by Greener NHS, the toolkit is free and open access, available for use by hospital and community pharmacy teams throughout Great Britain. The digital toolkit and accompanying guidance aligns closely with RPS' work on sustainability which recognises the impact of climate change on health.
- Following the launch we also hosted a webinar open to both members and non-members to introduce the toolkit, the principles behind it, and how it works. A recording will be available to view on the rpharms.com website.

## OPEN BUSINESS

- As part of our membership of the UK Health Alliance on Climate Change staff have attended the monthly policy and comms meetings for members, while our President participated in its 6-monthly Council Meeting and has co-signed a letter calling on climate change and sustainability to be included in the NHS 10 year plan

### Next Steps

- Encouraging the adoption of the greener pharmacy toolkit in community and hospital practice.
- Attending FIP congress to showcase the greener pharmacy toolkit

## Pharmacogenomics (Osman)

### Highlights

- Pharmacogenomic (PGx) Competency Framework resource is being developed to support the prescribing workforce and enable the expansion of pharmacogenomic medicine services nationwide.
- The handbook will assist all prescribers in meeting the established competencies within the Royal Pharmaceutical Society's (RPS) Competency Framework for all prescribers by providing pharmacogenomic context, including signposting and case studies.
- The process will identify any novel competencies that could inform future updates to the main RPS Competency Framework.
- The first Task and Finish Group convened and reviewed Domain 1, Prescribing Competencies 1–4.

### Next Steps

- A series of Task and Finish Group meetings (7 in total) and one validation meeting held between May and November 2025 to progress work on the prescribing competency framework and gather stakeholder feedback to support the development of the handbook.
- The handbook is planned for open consultation in September 2025.
- The anticipated launch is scheduled for December 2025.

## Reducing Health Inequalities (Aman)

### Highlights

- Working with the GB Public Affairs team to establish what work has already been undertaken to address Health Inequalities
- Working on creating a RPS GB position statement on health inequalities

### Next Steps

- Presenting to the boards on our approach
- With the boards support establish the next key topic of focus

National Pharmacy Board meeting – June 2025

<b>Title of item</b>	<b>Professional Issues</b>
<b>Author of paper</b>	<b>Fiona McIntyre, Darrell Baker, Elen Jones, Heidi Wright, Alwyn Fortune, Ross Barrow, Laura Wilson</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas:- Artificial Intelligence & Digital Capabilities (Fiona & Heidi) Palliative Care (Darrell/ Alwyn/Elen) Medicines Shortages (Alwyn/John) Assisted Dying (Ross/Laura) Cancer Care (Heidi/ Elen) High-Cost Medicines (Alwyn/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 and Digital Capabilities** (Fiona/Heidi)Highlights

- A Digital Innovation and Education roundtable was held on 5 June and a report from the event is being drafted
- We continue to be a member of, and contribute to, the Professional Record Standards Body
- 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
- Contributing to the planning of the RPS Annual Conference Science and Research stream
- Invited to present at the PM Healthcare on policy initiatives related to AI at their conference in London in July.

Next Steps

- Recommendations from the report will be taken forward
- Continue to take opportunities to communicate the policy intentions from the AI and Digital Capabilities policies and demonstrate professional leadership in this in-demand topic area.

**Palliative Care** (Darrell/ Alwyn/Elen)Highlights

- Held a Parliamentary reception to launch the Daffodil Standards for Community Pharmacy at Stormont, Belfast in collaboration with Marie Curie, Pharmacy Forum, Department of Health and Community Pharmacy NI. Supported by Professor Cathy Harrison, Chief Pharmaceutical Officer, NI and attended by over 19 of the MLAs for Northern Ireland including Danny Donnelly, Deputy Health Minister.
- Completed refresh of the RPS Wales Policy on Palliative and End of Life care and extended to make GB-wide.
- Tender approval with Digital Health and Care Wales (Medicines programme) to complete a digital roadmap for medicines at end of life.

Next Steps

- Continue to publicise the Daffodil Standards
- Agree extension of the partnership contract with Marie Curie for 2025-26
- Complete Theory of Change workshop(s) with Marie Curie to inform an impact evaluation of the Daffodil standards

- Publish the updated RPS policy on Palliative and End of Life Care
- Complete and submit the digital roadmap for End-of-Life care, as part of the medicine's roadmap in NHS Wales

### Medicines Shortages (Alwyn/John)

#### 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).
- We have provided written evidence to the Pharmacy APPG inquiry into the impact of Medicines Shortages in England, informed by our report
- We held a meeting with colleagues at DHSC around the ongoing work of the Department and future planned work to address medicines shortages. It was pleasing to hear of the very close alignment to our recommendations and plans for future work to take some of those recommendations forward. The aim of the DHSC is to improve its transparency and raise awareness of ongoing work, work which is sometimes not visible to HCP and the wider public. DHSC remain committed to working with RPS around this work.
- Held a background discussion with staff supporting the House of Lords Public Services Committee, which is considering medicines supply chain resilience as a potential future inquiry topic. We discussed the RPS medicines shortages report and recommendations. While there is no guarantee the committee will choose to proceed with an inquiry on shortages, if selected there may be a call for evidence in the summer, and we will remain close to this work.
- Continued mainstream media requests from the RPS for comment and live appearances, providing an opportunity to highlight some of the wider asks on behalf of the profession.

#### Next Steps

- Plans to reconvene the advisory group (11<sup>th</sup> June) for a check in meeting across all stakeholders with an opportunity for all stakeholders to feedback to the group on ongoing work and challenges in addressing medicines shortages. The session will act as an opportunity to reflect on progress to date with the recommendations and where more action/lobbying may be required.
- Continue to engage with Department of Health and Social Care to explore changes around 'pharmacist flexibilities', together with any legislative changes needed.

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- 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.

### Facilitated self-selection of P meds (Heidi)

#### Highlights

- A draft position statement and professional guidance have been developed. These will be bought to the boards for discussion
- The draft guidance and position statement were shared with CPEAG and their comments will be bought to board for consideration

#### Next Steps

- RPS position statement and professional guidance will be reviewed following the board meeting and then published
- The evidence review will also be published

### Cancer Care (Heidi / Elen)

#### Highlights

- RPS responded to the [call for evidence for the national cancer plan](#) in England
- We met with BOPA to discuss potential areas of collaboration. Some suggestions included early diagnosis, standardisation of implementing new medicines, workforce issues, supporting research, health inequalities
- In Scotland, we are continuing to engage with the Scottish Oncology pharmacy group as they work on the Cancer 3 Horizons project led by the Consultant Pharmacist in cancer care.
- Early discussions with Macmillan on potential joint working

#### Next Steps

- Following the publication of the cancer plan, expected later in 2025, decide on priority areas

### High-Cost Medicines (Alwyn/John)

#### Highlights

- Some initial scoping of the work with plans to have conversations with Government on next steps, and some lobbying work.

### Next Steps

- Main focus of work will begin late 2025 when other key priorities and policy deadline work has been met.
- Review our current 'Access to Medicines' policy/position statement.
- Scope work with other organisations, including patient representative groups and ABPI
- Potential for piece to be a Policy position statement, identifying the issues, challenges and how this may look across the devolved nations.
- Utilise expertise of Board members in this area.

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

### Highlights

- 5 consultations responded to between March 2025 and May 2025. All consultation responses can be found at <https://www.rpharms.com/recognition/working-with-government/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 – June 2025

<b>Title of item</b>	<b>Workforce</b>
<b>Author of paper</b>	<b>Heidi Wright, Amandeep Doll, Laura Wilson, Fiona McIntyre, Elen Jones</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas:- Workforce Wellbeing (Heidi) Access to DPP (Heidi/Laura) Workforce 2025/6 Hot Topic (Fiona) 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/ Elen)

#### Highlights

- The [WWB report](#) for 2024 survey was published
- A third WWB roundtable was held at RPS on 12 March 2025
- The Workforce Wellbeing Action Group has been merged into the ABCD group due to significant overlap
- An ABCD meeting was held on 14 May with a focus on mental health first aiders

#### Next Steps

- Agreed actions from the third roundtable will be published
- RPS along with PhSC, BPSA and Pharmacist Support are developing a survey for students and early career pharmacists for 2025
- RPS will be working with GPhC and APTUK to develop resources that operationalise professional standards to maximise impact, with a focus on medicines shortages
- An ABCD meeting will be held on 24 June with a focus on Learning Disabilities

### Access to DPP (Heidi/Laura)

#### Highlights

- A meeting note was finalised and sent to attendees from the DPP roundtable on 24 January
- A fourth roundtable was held on 4 June

#### Next Steps

- Continue to engage and work with others on DPP
- DPP competency framework to be refreshed this year

### Workforce 2025/6 Hot Topic

#### Highlights

- An initial scoping exercise looking at internal and external workforce policy activity across healthcare professions
- Identified opportunity to organise and refresh RPS workforce policy
- Identified opportunity to adapt annual workforce wellbeing survey to achieve alternative data sets

- Importance of incorporating stakeholder feedback across many workforce activities throughout PLB

### Next Steps

- Presentation of options to National Pharmacy Boards in June 2025
- Complete a review of RPS Policy A-Z to identify gaps and expired content
- Consider workforce policy activity in context of RPS Content Strategy

## I&D (Aman)

### Highlights

- Held annual International Women's Day hybrid event co-hosted with key organisations across Pharmacy. A successful event with a lot of positive feedback both on the day and across our social media channels.
- Hosted an ABCD meeting inviting two Mental Health First Aiders, sharing their experience of the impact of difficult working conditions on mental health and wellbeing.
- Presented at external events:
  - Clinical Pharmacy Congress – a microaggressions session and Unconscious Bias on patient outcomes
  - NES Education Conference - presented with Lucy Des Clayes from the Education Team a session titled "Hidden Biases, Visible Impact: Challenging bias through education to reduce inequalities", we had 140 attendees and have received positive feedback. With a request to present at a Health board.
  - APTUK Pride Branch - Invited to speak at an APTUK webinar on the Impact of Unconscious Bias on the profession and patients
  - Nordic Conference – Presented Unconscious Bias on patient outcomes
- British Association for Sexual Health and HIV (BASHH) - Our abstract "Mapping GPhC Initial Education Training Standards to LGBTQ+ Learning Outcomes" has been accepted at the upcoming BASHH conference

### Next Steps

- Launch the consultation on the updated inclusion and diversity strategy
- Attendance at Pride marches in Cardiff, Edinburgh and Manchester
- June ABCD meeting focusing on learning disabilities

## Differential Attainment (Aman)

Highlights

- The first oversight meeting was hosted by the RPS in March
- The terms of reference have been reviewed and with the group to be finalised
- Met with GPhC and Professor Ijeoma to discuss the differential attainment gap and to share learnings from UCL

Next Steps

- Next meeting is planned for 10<sup>th</sup> June

National Pharmacy Board meeting – June 2025

<b>Title of item</b>	<b>Strengthening Pharmacy Governance</b>
<b>Author of paper</b>	<b>Wing Tang, Laura Wilson, Heidi Wright, Elen Jones</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas:- Supervision (Heidi) Hub and Spoke RP/SP/CP Guidance
<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

### Supervision (Heidi/Wing)

#### Highlights

- Supervision legislation and the government's response to consultation are expected in 2025
- The RPS team have been consolidating funding and scoping a refresh of the RPS' Quality Assurance of Aseptic Pharmacy Services standards (QAAPS) to include expected changes to legislation

#### Next Steps

- RPS will develop guidance to support the handing out of pre-checked bags, planned for winter 2025
- RPS will develop professional guidance to support delegation of supervision to pharmacy technicians, planned for winter 2026
- A more detailed Supervision paper has been tabled for discussion.

### Hub and Spoke (Wing)

#### Highlights

- The UK Government has indicated an intention to progress Hub and Spoke legislation in 2025 during [Parliamentary discussions in March](#), and within [draft legislation published in April](#)
- These confirm an intention to progress with model 1, where patients interact with a spoke pharmacy which is in turn supported by a central "hub" pharmacy which assembles and prepares medicines for the spoke pharmacy to provide to the patient.
- The legislation is expected to come into effect in October 2025
- The RPS called for national guidance to support hub and spoke entities in [our response to 2022 consultation](#)
- The RPS is in ongoing discussions with DHSC, GPhC, APTUK, CPE, NPA and CPEAG around the nature of national guidance needed by the system. The need appears to be operational/procedural in nature, outside the scope of RPS professional standards and guidance.

#### Next Steps

- The RPS to support regulator and government to progress with the national guidance needed by the system through recommendation of subject-matter-experts and future endorsement.

### RP/SP/CP Guidance (Wing)

#### Highlights

- The RPS Professional Guidance team are working with Alison Wilson, a recently retired Director of Pharmacy in Scotland to refresh the dated [RPS guide for Chief Pharmacists \(or equivalent\)](#). This will also support Chief pharmacists to meet GPHC's 2025 Standards for Chief Pharmacists.
- Alison met with HEAG, and Directors of Pharmacy in Scotland and Wales in May to identify key priorities to incorporate into the refresh.

#### Next Steps

- Drafting, testing and publication of a revised RPS Chief Pharmacist resource in 2025
- Regarding revising guidance for Responsible Pharmacists and Superintendent Pharmacists, these are pending the publication of new rules and standards for Responsible Pharmacists and Chief Pharmacists, which in turn are dependent upon changes to supervision legislation.

National Boards meeting – 19 June 2025

<b>Title of item</b>	<b>Education and Professional Development: February to May 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 February to May 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 February 2025 to May 2025 largely focussed on developing learning content and resources to support members, including e-learning, webinars, events and development programmes. Key achievements include an extension to our contract with Health Education and Improvement Wales (HEIW) to deliver a learning programme for pharmacists in Wales and the launch of RPS Learn, our new online learning hub for learning content for members.

## **2. Summary of activity**

### **2.1. Students**

We continued to develop content to support the foundation training national recruitment scheme 2025/26 (Oriel). 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**

February saw our teams finalising over 12.5 hours of revision course content for our 2024/25 Foundation programme. The revision content focusses largely on high weighted topics of the GPhC framework and is broken down into five topics areas:

- Calculations
- Cardiovascular and Nervous system
- Endocrine system and Infections
- Law and Ethics
- Minor Ailments and Common conditions

Aimed to enable trainees to effectively prepare for their end point registration assessment. The revision course programme launched in March, with 25 dates to choose from (each trainee can select five sessions to attend), providing trainees with pre work, live virtual classroom style sessions, post work, encompassing case studies and numerous questions to embed deeper learning. The sessions are currently still running, with over 1550 trainees interacting with the programme.

## **2.3. Prescribing**

### **2.3.a Prescribers**

Following the successful delivery of the Pharmacy Independent Prescribing Service (PIPS) in its first year, delivered in collaboration with Health Education and Improvement Wales (HEIW), the programme has been extended for a further three years. Informed by the evaluation of the initial year, the structure for this year's programme has been refined to focus on fewer clinical topics, delivered through an increased number of sessions. This adjustment aims to enhance accessibility and engagement among participants.

Delivery for this year commenced in May, with eight sessions, on the management and treatment of Acne and Rosacea. Planning is currently underway for the next cohort of sessions, scheduled for September and October. Further details about the programme can be accessed via the RPS website: <https://www.rpharms.com/about-us/news/details/rps-awarded-extended-contract-for-prescribing-training-in-Wales>.

In June 2025 we launch Prescribing Development Programme for our members, to support current and aspiring prescribers in their practice. This 18-month programme will consist of monthly resources to support members in developing their prescribing practice and will offer a combination of synchronous and asynchronous content such as webinars, blogs, peer-support sessions and podcasts.

### **2.3.b Designated prescribing practitioners**

We also continue to support the development of designated prescribing practitioners. In October, we ran a 'Becoming a designated prescribing practitioner (DPP)' event in collaboration with the Royal College of Nursing (RCN). This was a multidisciplinary event with representation from nursing and paramedic healthcare professionals.

The event is running this year again in September 2025, in collaboration with the RCN. This event is all the more prudent as the need for more DPPs within pharmacy increases as we see the first cohort of trainee pharmacists graduating as independent prescribers and requiring training as part of their foundation training.

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 2357 registered users. We regularly promote mentoring to members through our various communications and social media channels. We showcased mentoring at the Clinical Pharmacy Congress, delivering a session on "cultivating a culture of mentoring cross the profession", which was well received by delegates.

Our mentors requested training on how to improve their mentoring skills. We took this feedback onboard and on May 29<sup>th</sup>, we launched our new Mentoring Programme: Your Journey to Become an Effective Mentor. This programme comprises of four parts (3

webinars and 2x e-learning modules). Mentors and aspiring mentors will gain knowledge on the key skills required to become an effective mentor and have the opportunity to reflect on their mentoring relationships.

We have additionally supported the development of Commonwealth Pharmacy Association (CPA) mentors and mentees. We delivered training webinars to mentors and mentees undertaking the CPA global leadership programme.

#### **2.4. Educational webinars and events**

We continue to develop and deliver a range of live learning content to our members. In February we delivered the final session in the Joint Royal College (JRC) Human Factors series.

A summary of the sessions from February to May 2025 can be found in the table below.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
February	Exploring Human Factors (4): Learning from patient safety investigations	276	100%
May	Your Journey to Becoming and Effective Mentor	167	100%

We continue to plan a number of webinars which will be delivered throughout the year. This includes 'Menstrual Health: educate, empower, engage' on 26 June 2025 in line with RPS policy in the area of women's health. As of the 31 May, this webinar has 256 registrations for this event. The webinar is being developed in collaboration with a specialist advisor and a patient with lived experience from Endometriosis UK.

We have also been exploring strategies to reduce health inequalities through our educational content. On 25 April 2025, jointly with the Head of Professional Belonging and Engagement, we delivered a virtual session at the NHS Education for Scotland (NES) annual conference 'Learning for Change: Tackling Health Inequity through Education and Workplace Learning'. We showcased our strategies for reducing bias and health inequalities in our educational content through our session 'Hidden Biases, Visible Impact: Challenging bias through education to reduce inequalities'. We had a high attendance at the session with 140 multisector delegates. We received positive feedback where 95% of respondents' expectations were met or exceeded.

#### **2.5. RPS Learn**

We launched [RPS Learn](#), a new online learning platform to host all our educational and learning content, on 8<sup>th</sup> April 2025. Members can now access over 20 modules of learning in areas of common clinical conditions, mentoring, prescribing, professional practice and research & evaluation. Update and engagement from members have been extremely positive - some feedback from this quarter is included below:

*"Very good learning module and easy to use and very informative"*

*"Everything is compact and summarised"*

*"Reinforces my knowledge and provide a better foundation in the medication available than the private training course that I have already completed"*

We aim to publish modules monthly, ensuring each one is timely and relevant by linking the topic to a national day whenever possible. These modules will be carefully designed to deliver accessible and inclusive content, and to engage our members, providing valuable insights into key topic areas. After publication, we will actively review engagement data and gather feedback to assess the effectiveness of each module. This feedback will be carefully considered and incorporated into future modules, helping us continually improve content and design.

### 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
- Delivering new programmes to support new mentors and new prescribers
- Attending conferences including the [Pharmacy Education Conference 2025](#) and [International Pharmaceutical Federation Conference 2025](#) to showcase our work with HEIW on the training programme for community pharmacists offering the prescribing service in Wales.

National Pharmacy Board meeting – June 2025

<b>Title of item</b>	Science and Research update to National Pharmacy Boards, June 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**

- The recruitment for a Science & Research Officer (SRO) and Senior Research Manager (SRM) commenced in February 2025.
  - SRM - 17 applications were received for the role, 5 were invited to interview. The applications were reviewed by the Deputy Chief Scientist, Director for Scotland, and Head of Professional Development. All interviews took place on Tuesday 8<sup>th</sup> of April 2025. Following the interviews, the panel met and discussed the candidates, deciding not to hire any of those interviewed. The Deputy Chief Scientist is continuing to work with the RPS People Team to explore possibilities for this role.
  - SRO - 145 applications were received for the SRO position. The applications were reviewed by internal colleagues who volunteered to support the Science & Research Manager. Following review and scoring, 8 candidates were invited to interview. The interview panel comprised of the Deputy Chief Scientist, the Science & Research Manager, and the PMED Business Manager. All interviews took place on Friday 4<sup>th</sup> April and Wednesday 9<sup>th</sup> April 2025. Jegak Seo was selected from the candidates.
- 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 the new Science & Research Officer, Jegak Seo, (1.0 FTE) started on May 6<sup>th</sup> 2025. Their contract is fixed-term until 31 December 2025.

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- 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, expected to return in June 2025.
- The recruitment for a Science & Research Officer

### 2.2. Science Recognition Awards

- **Hanbury Award** – further information available on the new [RPS awards webpage](#).
- 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 was convened on Thursday, 27<sup>th</sup> February 2025, and the winner was selected. The chosen winner, Professor David Jones, was presented to Assembly in March for ratification, which was successful. The formal public announcement of Professor Jones' success was made on the [RPS website](#) on 23<sup>rd</sup> May 2025.
- **Outstanding Pharmacy Early-Career Research Awards' (OPERA)** – The nominations for the OPERA 2025 award were initially expected to close on Friday, 31 January 2025, but were further extended until Sunday, 16<sup>th</sup> February 2025. The panel reviewed all candidates, and, in May 2025, the winner was selected. The formal announcement from the Pharmaceutical Journal and RPS is expected to be made in June 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 ah-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 January 2025 and May 2025 (inclusive), we received 12 member requests for support, including research funding application support, NIHR DCAF application mock interview organisation, PhD studentship application support, research publication support, and research project guidance.

#### *Internal Project collaborations*

- **Call for Evidence: self-selection of Pharmacy medicines** – A final report sharing the results and analysis from the call for evidence and complementary literature review were shared with country directors on 13<sup>th</sup> of January 2025. The underpinning rapid systematic literature review has been completed and shared internally in May 2025, prior to submission for peer review. This manuscript is expected to be submitted in June 2025.
- **Workforce wellbeing** – The 2025 RPS Workforce Wellbeing Survey will focus on early-career pharmacists. In collaboration with BPSA, the RPS will launch a survey to better understand the specific wellbeing and mental health needs of early-career pharmacists. The survey has been drafted based on a similar survey ran by The Canadian Pharmacy Association. The current draft is being circulated for internal review, which the SRT has contributed to. SRT will again be

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responsible for the survey development, data analysis, and report production. The 2025 survey is expected to launch in October 2025.

- **RPS Annual conference: Research Abstract and Innovation Practice submissions 2025 –** SRT has full responsibility for the management of abstracts and the Science and Research stream at the conference. This year, the SRT and RPS Events Team collaborated to move the abstracts submission and review process onto Stova, the same system that is used for the event registrations. The 2025 RPS call for abstract opened on April 16<sup>th</sup> 2025 and was initially due to close on Wednesday, 14<sup>th</sup> of May; however, this was first extended until Monday, 26<sup>th</sup> of May, and finally to Friday, 30<sup>th</sup> May. The second extension was granted due to a technical error on the submission website, which made submission on the final date only Monday 26<sup>th</sup> of May not possible. In total, this year have been 290 submissions, with 212 research abstract submissions and 78 innovative practice example submissions. The review process will run from Monday, 2<sup>nd</sup> June until Sunday, 13<sup>th</sup> July.

### *Blogs, Web & 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 most recent blog was published on 28<sup>th</sup> of April, 2025. The blogs have been written by the Deputy Chief Scientist, in place of the Chief Scientist since October 2024. The latest post is titled “What do recent reviews of research literature tell us about the evolving role of pharmacy and pharmaceutical sciences?” This can be found [here](#).
- **Application of science in early-careers pharmacy practice, RPS Website** – The SRT has worked with the Early Careers Expert Advisory Group (ECEAG) to develop a blog exploring the use of sciences in pharmacy practice. This blog follows on from the “[Application of Science by Antimicrobial Pharmacists](#)” blog published in 2024. The ECEAG was contacted in March 2025 and asked to complete a survey exploring how various sciences (including formulations, pharmacogenomics, and behavioural science) are utilised in their practice. The blog has been drafted and shared with contributing ECEAG members for review. The blog is due to be published in June/July 2025.
- **RPS Science & Research at CPC 2025 Blogs, RPS Website** – Following the Clinical Pharmacy Congress on 9<sup>th</sup> – 10<sup>th</sup> May 2025, the RPS SRT have produced four blogs covering the key discussions/takeaways from the four sessions the team and SRC members were involved in:

1. *The Application of Science in Pharmacy Practice*
2. *How to Secure Research Funding*
3. *Research Workshop: Top Tips for Writing Conference Abstracts, Posters, and Manuscripts*
4. *Becoming Research Active: Accounts from Current Researchers*

All four blogs are currently being drafted and reviewed internally, with publication expected in June 2025. The current [homepage](#) for these blogs has been created in preparation and includes the recordings from the research sessions in the RPS theatre.

- **RPS Science & Research Webpage** – The [RPS Science & Research webpage](#) was updated in May 2025 to ensure all the content is up-to-date and that all recent products and announcement are prominent.

### *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. This first submission was unsuccessful, but the manuscript is being redrafted and expanded to incorporate analysis conducted on the UK Serious Shortages Protocols (SSPs). The updated and expanded manuscript is currently being drafted, with a submission expected in June 2025.
- **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 manuscript detailing the results from the literature review has been developed and shared for internal review in May 2025.
- **Health Inequalities** – SRT are preparing to review the utility of interventions to address language barriers and health inequalities as relevant to pharmacy. Due to team capacity changes, this project was placed on hold following the development of a Prospero document. This project is due to be re-started in June 2025.

## **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 most recent update was made in May 2025.
- 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.
- The SRT have developed an infographic (appendix) summarising the team's products and resources which members can access. This infographic has been designed to share across a variety of platforms to encourage members to engage with research activities and ensure they know there is support available for their development.

## **2.5 Events & Conferences**

- **3D Printing: Enabling the Future of Healthcare, Thursday, 3<sup>rd</sup> July 2025** – The RPS Chief Scientist previously established links with the new APS Chair, Prof Ryan Donnelly and developed a draft programme for a joint event. [This event](#) is focussed on the applications of 3D printing in pharmacy practice and has been refined and finalised by Dr Ather Awad from APS and Professor Diane Ashiru-Oredope from the RPS. The event is scheduled for Thursday, 3<sup>rd</sup> July and due to take place at the RPS London offices. The RPS SRT and RPS Events Team are working on targeted advertisement to pharmacy professionals, academics, and pharmaceutical scientists who may be interested in the event programme.

## OPEN BUSINESS

- **RPS Routes to Research Webinar, Thursday 5<sup>th</sup> June 2025** – The SRT has organised a webinar to explore the various routes into a research career, how research can support pharmacy practice, and how mentors can support early-career research journeys. The event has brought together speakers at various stages of their research career. The speakers are: Professor Diane Ashiru Oredope, Ms Rebekah Eadie, Mr Ashraf Mumin, Dr Catherine McKenzie, Dr Daniel Okeowo, and Dr Ofran Almossawi. The registration webpage can be found [here](#).
- **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. The Science & Research Manager and Pharmacy Professional Engagement Lead for Wales and West England scored the submissions, with the winner being selected in February 2025. Georgina Frimpong was selected at the 2025 winner and was presented with her award at the 2025 BPSA Conference. Georgina has also been invited to present her abstract at the RPS 2025 Annual Conference.

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

- **Science and Research Committee** – The most recent meeting was held online on Tuesday, 13<sup>th</sup> of May 2025 via MS Teams. The confirmed 2025 meeting dates are:
  - 13 February
  - 13 May
  - 8 September
  - 6 November
- **Antimicrobial Expert Advisory Group** – The next AmEAG meeting is scheduled to take place on Thursday, 5<sup>th</sup> June 2025.
- **Industrial Pharmacy Advisory Group** –The most recent IPAG meeting took place on 8<sup>th</sup> April 2025. The next meeting date is yet to be fixed.

### Appendix:

## Science and Research Key Products



### NIHR e-Learning

- [9 modules](#) for pharmacists and pharmacy technicians interested in research.
- Each module takes 45 to 60 minutes to complete.



### Research Funding Opportunities Hub

- 26 currently available funding calls including internships, doctoral, post-doctoral, large project, and funders



### Research Support Services

- 1:1 sessions, mock interviews, proposal development help, and publishing guidance



### Pharmacy Research Guides

- [In-depth guidance](#) for all research stages, from developing research question to project evaluation.



### Celebrating Excellence

- [The Hanbury Medal](#)
- [The Harrison Medal](#)
- [The Barnett Award](#)



### Networking & Voices

- [IPEAG & AmEAG](#)
- [Science and Research Committees](#)
- RPS Annual Conference
- Blog posts



National Pharmacy Board meeting – June 2025

<b>Title of item</b>	<b>Assisted Dying</b>
<b>Author of paper</b>	John Lunny, Ross Barrow, Iwan Hughes.
<b>Position in organisation</b>	Public Affairs Leads
<b>Telephone</b>	
<b>E-mail</b>	<a href="mailto:John.Lunny@rpharms.com">John.Lunny@rpharms.com</a> <a href="mailto:Ross.Barrow@rpharms.com">Ross.Barrow@rpharms.com</a>
<b>Headline summary of paper</b>	To give a progress update on the progression of Assisted Dying legislation at Westminster, Holyrood and the Senedd.
<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 authors ahead of the meeting.
<b>Risk implications</b>	Reputation of the organisation.
<b>Resource implications</b>	None, over and above staff time.

## Assisted Dying Board Paper

### England

#### Highlights

- The Terminally Ill Adults Bill (End of Life) Bill was debated in the House of Commons on 16 May and several amendments to the legislation were agreed by MPs.
- RPS successfully secured a key exemption for pharmacists, in line with our policy on assisted dying.
- While RPS has a neutral stance on assisted dying, we have consistently advocated for protections for pharmacists and pharmacy technicians who choose not to participate in such procedures.
- Following our evidence [highlighted in debate](#) during the Bill's Committee Stage, and engagement with the sponsoring MP and Health Minister, we called for MPs to make it clear that clauses on conscientious objection should extend to all activities associated with assisted dying, and not be limited to a narrower interpretation of the 'provision of assistance'.
- An amendment has now been passed to strengthen the Bill's clause on conscience objection, which includes specific reference to pharmacists and pharmacy technicians:
- The clause notes that 'no person is under any duty to participate in the provision of assistance in accordance with this Act' and elsewhere also states that: 'No registered pharmacist or registered pharmacy technician is under any duty to participate in the supply of an approved substance to a registered medical practitioner for use in accordance with section 23.'
- This amendment is a welcome recognition of the role pharmacists play in the healthcare system and the importance of respecting their right to conscientious objection.

#### Next Steps

- The Bill is expected to return to the House of Commons for voting on further amendments at Report Stage. If MPs subsequently vote to pass the Bill at its Third Reading, it will then move to the House of Lords.
- RPS will continue to monitor the passage of the Bill.

**Scotland****Highlights**

- The Assisted Dying for Terminally Ill Adults (Scotland) Bill has passed a stage one vote in the Scottish Parliament. The Bill, which has been introduced to the Scottish Parliament as a Private Members Bill by Liam McArthur MSP, was backed by 70 MSPs, with 54 MSPs voting against.
- This means that the legislation will be subject to further scrutiny by MSPs. During stage 2, MSPs will bring forward amendments to the draft legislation, which will then be debated and voted on. Once the amendments have been voted on, the whole Bill will then be voted on again, this being known as the final stage 3 vote.
- RPS holds a neutral position on assisted dying. RPS will continue to take an active role in the development of the legislation to ensure that amendments are tabled which would enable pharmacists to take part, or not take part in the process, depending on their individual religious, moral or ethical beliefs.
- RPS is of the opinion that it is vital that an opt-in clause is written into the Bill. Pharmacists should only be taking part in this process, whether directly or indirectly, where they are comfortable to do so. This would not only support individual healthcare professionals but would also ensure the best patient care and experience.
- During the stage 1 debate, some MSPs highlighted the importance of ensuring a robust conscientious objection clause was in place for healthcare professionals. The Health, Social Care and Sport Committee in their Stage 1 report on the Bill noted that the wording of the conscientious objection clause is insufficiently clear and noted that “it will be important to give further attention to the wording of this clause, to ensure it provides legal clarity and certainty for all parties involved in the assisted dying process”.
- RPS will be encouraging MSPs to put forward an amendment at stage 2 which provides pharmacists with the opportunity to opt into the assisted dying process. We are of the belief that an opt in system will provide all pharmacists, whether they wish to be involved or not, with the best protection and clarity about their role in the process. We look forward to further articulating these views to MSPs and stakeholders across Scotland in the coming months.

**Next Steps**

- The RPS Scotland team are in the process of drafting amendments to the legislation.

- The RPS Scotland team will agree the precise working of the amendments with the Scottish Board.
- The RPS Scotland team will work with other health professional bodies in Scotland to agree wording on the opt-in clause for healthcare professionals.
- Once the draft amendments have been agreed, MSPs will be approached and asked to table the amendments on our behalf.
- Once the amendments have been tabled we will be utilising the national media to raise awareness of the amendments and lobbying MSPs to vote in favour of them.

### Wales

#### Highlights

- In the Welsh context, the likely passing of the Terminally Ill Adults (End of Life) Bill presents a constitutional grey area.
- The bill seeks to amend criminal law, which is a reserved matter and therefore applies to both England and Wales. However, health and the NHS are devolved responsibilities. Furthermore, in October 2024, the Senedd voted against the principle of assisted dying by a margin of 10 votes. This included opposition from three key cabinet ministers: the First Minister, the Health and Social Care Secretary, and the Counsel General (the Welsh Government's chief legal advisor).
- This divergence creates a constitutional dilemma: while the bill applies across both nations in criminal terms, implementing it would involve devolved health services. This raised a legal question; could the Welsh Government be required to implement the bill even in direct opposition to the Senedd's clearly expressed position?
- The situation is further complicated by the fact that this is a Private Member's Bill. As such, it has bypassed the usual intergovernmental processes between UK and Welsh officials that would typically consider how legislation like this should function in a devolved context.
- The bill's original draft gave the UK Secretary of State for Health wide powers to implement assisted dying services in Wales, including the ability to redirect Welsh NHS funding. This would be highly controversial in the context of devolution, as it could impact funding for other priorities in Wales.

## OPEN BUSINESS

- To address these concerns, an amendment was passed (by 12 votes to 11) during the committee stage proposed that the bill would not apply in Wales unless Welsh Ministers table a motion in the Senedd and it is approved.
- The Welsh Government has since published documentation confirming that their legal opinion is that specific clauses of the bill requires the Senedd's consent. In line with this, the Welsh Government has indicated it will lay formal Legislative Consent Motions (LCMs) before the Senedd in due course. However, the clauses requiring consent do not include Clause 23, which relates to the exemption for pharmacists and other health professionals. The UK Government has not yet clarified whether it believes Senedd consent is required.
- If the Senedd ultimately votes against implementation, it is still possible that private clinics could operate within Wales. This would raise further questions around regulation, access, and oversight.

### **Next Steps**

- RPS staff will continue to monitor developments closely and engage with Welsh Government civil servants and ministers as appropriate.