

## 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

25.02.EPB.01	<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>	EPB Chair
25.02.EPB.02	<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>	EPB Chair
25.02.EPB.03	<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>	EPB Chair

	<p><u>Matters arising:</u></p> <p><b>All actions closed except the following action</b>  24.11.NPB.08 – This will be reviewed at the Science and Research Committee in March</p>	
25.02.EPB.04	<p><b>Facilitated (Open) Sale of P Medicines</b>  <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>	EPB Chair

	<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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<p><b>25.02.EPB.06</b></p>	<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>	<p><b>EPB Chair</b></p>
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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 Doll</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><u>Inclusion and Diversity</u></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> 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> 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. 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. 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><u>Engagement</u> 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><u>Regional conferences</u> 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><u>Pharmacy Congress</u> 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><u>BPSA</u> 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>  <i>Led by: EPB Chair</i></p> <table border="1"> <thead> <tr> <th>England</th><th>Scotland</th><th>Wales</th></tr> </thead> <tbody> <tr> <td>18 and 19 June</td><td>18 and 19 June</td><td>18 and 19 June</td></tr> <tr> <td>23 and 24 September</td><td>17 and 18 September</td><td>25 and 26 September</td></tr> <tr> <td>6 Nov</td><td>6 Nov</td><td>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	<b>EPB Chair</b>
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**Action list:**

<b>Item</b>	<b>Action</b>	<b>By whom</b>	<b>Open/Closed/Comments</b>
<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