

ROYAL PHARMACEUTICAL SOCIETY

Scottish Pharmacy Board meeting 18 September 2025

OPEN BUSINESS

This meeting will be held in person at RPS Edinburgh office, 44 Melville Street, Edinburgh, EH3 7HF

OPEN BUSINESS AGENDA 18 September 2025 at 09:15

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Chair/or lead person
1 (09:15)	Welcome	For noting	No paper/Verbal address	Welcome and introductions	Chair
	Apologies	For noting	No paper/Verbal address	To note apologies	Chair
2	Declarations of Interests and Board Member' Functions and Duties	For noting	25.09.SPB.02 (a) 24.09.SPB.02 (b)	To note (a) declarations of interest for Board members (b) Board members' functions and duties	Chair
3	Minutes and matters arising	For decision	25.09.SPB.03	To approve the minutes of the National Pharmacy Board meeting held on 19 June 2025 and to discuss matters arising from these minutes	Chair

4	Papers for noting	For noting	25.09.NPB.04 (i), (ii), (iii), (iv), (v) and (vi)	For the Scottish Pharmacy Board to acknowledge the following papers for noting: (i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance (v) Education (vi) Science & Research update (to follow)	Chair
5 (09:30)	Patient Safety Strategy	For discussion	25.09.NPB.05	To gain Board Member feedback on the proposed patient safety strategy before presenting to the Executive for further scrutiny.	Wing Tang/Kate Ryan
6 (10:15)	Manifesto	For discussion	Verbal	Reflections on launch and operational update	Ross Barrow
Refreshment break (10 mins)					
7 (10:25)	Assisted Dying	For discussion & decision	25.09.NPB.07 & presentation	Discussion and decision around proposed amendments and strategy as to how to move forward	Ross Barrow/Fiona McIntyre
8. (11:25)	Strategic Health & Professional Reports	For discussion	Presentation	To provide Scottish Pharmacy Board with summaries of relevant strategic health policies and professional reports and generate discussion on potential impacts on pharmacist practice.	Fiona McIntyre

9. (12:10)	GB workplan update	For discussion	Verbal	QAAPS Pharmacogenomics	Dafydd Rizzo Osman Ali
Lunch – 12:40 (1 hour)					
10 (13:40)	Events update	For noting	Verbal	For the Scottish Pharmacy Board to receive an update on: <ul style="list-style-type: none"> • RPS Conference • Regional conference (Reflections) 	Anna Pielach Zahra Al-Momen
11 (14:10)	Any other business	For noting/discussion	Verbal	Pharmacy Board Members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before a the meeting of any matter that is to be raised under Any other Business	Chair
12 (14:20)	Dates of next meeting	For noting		<div> Joint meeting for England/Scotland/Wales in London day before RPS conference 7 November </div>	
Close of Open Business – 14:20					
RPS observers requested to leave face to face / Teams meeting					

Scottish Pharmacy Board

Updated September 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 of the NHS Fife Teratogenic Medicines Safety Group
- Advanced Practice Champion for Primary Care - NHS Fife
- Scottish Quality and Safety Fellow - Cohort 16
- Co-chair of the SP3A Practice Pharmacy Subgroup - from July 2025
- Former chair of the SP3A Practice Pharmacy Subgroup Education and Training workstream - from January 2023 to January 2025

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

National Pharmacy Board meeting – September 2025

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

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

7.2 Powers and functions of the Boards

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

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

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

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

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

7.4 National Pharmacy Board Members

7.4.1 Duties

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

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

Duties include but are not limited to:

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

NATIONAL PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Thursday 19 June 2025, at the Burlington Hotel, Birmingham, B2 4JQ.

English Pharmacy Board:

Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett (DB), Ciara Duffy (CD), Brendon Jiang (BJ), Sue Ladds (SL), Michael Maguire (MM), Ankish Patel (AP), Erutase (Tase) Oputu (TO) (Chair), Matt Prior (MP).

Scottish Pharmacy Board:

Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD) (remote), Laura Fulton (LF), Nicola Middleton (NM), Catriona Sinclair (CS), Amina Slimani-Fersia (ASF), Richard Strang (RSt), and Jill Swan (JS).

Welsh Pharmacy Board:

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

Guests

BPSA President

In attendance:

Regina Ahmed (RA), Guidance Manager, Ross Barrow (RB), Head of External Affairs – Scotland, Karen Baxter (KB), Deputy CEO and MD, Pharmaceutical Press, Paul Bennett (PB), Chief Executive, Corrinne Burns (CB), PJ Reporter, Yvonne Dennington (YD), Business Manager – England, Amandeep Doll (AD), Head of Professional Engagement, Alwyn Fortune (AF) Policy and Engagement Lead – Wales, Elen Jones (EJ), Acting Director of Pharmacy, Iwan Hughes (IH) Head of External Relations Wales, Kellie King (KK), Scottish Clinical Leadership Fellow, John Lunny (JL), Public Affairs Manager – England, Fiona McIntyre (FM), Scottish Practice & Policy Lead, Joseph Oakley (JO) Associate Director of Assessment and Credentialing, Carolyn Rattray (CR), Business Manager - Scotland, Wing Tang (WT), Head of Professional Standards, Cath Ward, (CW) Business Manager – Wales, Laura Wilson (LW), Director for Scotland and Heidi Wright (HW), Practice & Policy Lead England.

RPS Member observers – 4 RPS member observers attended**Apologies:****EPB:** Sibby Buckle (SB), Ewan Maule (EM)**SPB:** Josh Miller (JM), Richard Shearer (RSh) and Audrey Thompson (AT).**WPB:** Richard Evans (RE)

25.06.NPB.01	<p>Welcome and Apologies <i>Led by SPB Chair</i></p> <p>The Chair welcomed Board members, staff and member observers to the meeting.</p> <p>Apologies were noted from: EPB: Sibby Buckle (SB), Ewan Maule (EM) SPB: Josh Miller (JM), Richard Shearer (RSh) and Audrey Thompson (AT). WPB: Richard Evans (RE)</p>	SPB Chair
25.06.NPB.02	<p>Declarations of Interests and Board Members' Functions and Duties <i>Led by: WPB Chair</i></p> <p><u>EPB, SPB, & WPB 02(a) - Declarations of interest</u> Board members noted papers 25.06.EPB/SPB/WPB/02(a). There were a number of updates to the EPB declarations of interest, from DB, MM and AP and one from the WPB from GM which were noted and will be updated for the website. Action 1: Business managers to update declarations of interest.</p> <p><u>25.06.NPB.02(b) – Board Members' Functions and Duties</u> Board members noted the Board Members' Functions and Duties paper 25.06.NPB.02(b). The Chair reminded board members that the functions and duties contained in this paper will remain relevant as the organisation transitions into a Royal</p>	SPB Chair

	College and Boards transition into Councils. Any comments on this paper should be channelled through the country directors.	
25.06.NPB.03	<p>Minutes and Matters arising <i>Led by: SPB Chair</i></p> <p><u>Minutes</u></p> <ul style="list-style-type: none"> The English Pharmacy Board approved the minutes of the English Pharmacy Board meeting, held on 26 February 2025. (25.06/EPB/03) <p>Proposed by: Sue Ladds and seconded by: Danny Bartlett</p> <ul style="list-style-type: none"> The Scottish Pharmacy Board approved the minutes of the Scottish Pharmacy Board meeting, held on 28 February 2025. (item: 25.06/SPB/03) <p>Proposed by: Richard Strang and seconded by: Jill Swan</p> <ul style="list-style-type: none"> The Welsh Pharmacy Board approved the minutes of the Welsh Pharmacy Board meeting, held on – 21 February 2025. (Item: 25.06/WPB/03) <p>Proposed by: Lowri Puw and Seconded by: Helen Davies</p> <p><u>Matters arising:</u></p> <p>EPB and WPB: 25.02.EPB.09 Action 4 and 25.02.WPB.10: GPhC Assessing calculations for pre-reg. A paper authored by Helen Chang was circulated to all board members on Friday 13 June 2025 on this issue. GPhC are happy to engage with us. A consultation will be forthcoming and the RPS will be responding.</p>	SPB Chair
25.06.NPB.04	<p>Facilitated (Open) Sale of P Medicines <i>Led by: Policy Leads</i></p>	SPB Chair

	<p>HW introduced this item recapping on the joint meeting of the Boards in June last year where the board came to a consensus on the way forward. The Science and Research team carried out a call for evidence. The final draft of the call for evidence report has previously been shared with joint boards but has not yet been published as it is currently under peer review pending publication.</p> <p>A draft position statement and accompanying guidance has been prepared following engagement with the GPhC, the RPS Community Pharmacy Expert Advisory Group (CPEAG) and other key stakeholders and has gone through a number of iterations. <i>(These papers were issued to Board members as part of the confidential business pack.)</i></p> <p>The Board are asked for their approval in principle for the position statement and guidance to be published following any amendments which may arise from this meeting.</p> <p>The Board members were asked for their comments: -</p> <ul style="list-style-type: none">• The position statement is good, but the guidance could be more succinct in places. Review the wording around legislation and pharmacy teams• Suggested adding a table around risk assessment to use as a tool• Last sentence, around this model not being suitable for all pharmacies, should be at the beginning• Suggested adding a flow chart• The guidance does not allow for Responsible Pharmacists to overrule established practices that are in place to permit facilitated sale of P meds just because they personally do not agree with it – the guidance focuses on safe practice. <p>After some discussion the boards agreed that the position statement should state that the RPS is supportive of these changes and no further changes should be made to the document in this context.</p>	
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	<p>The Boards agreed in principle to the position statement and guidance being published subject to review of the suggestions above.</p> <p><i>(Some changes such as the addition of a flow chart may need to take place as later improvements following on from initial publication).</i></p>	
25.06.NPB.05	<p>Supervision and Hub & Spoke <i>Led by: Heidi Wright & Wing Tang</i></p> <p>WT said that this item will focus solely on Supervision (as the Hub and Spoke update was captured in the paper 25.06.NPB/10 (iv)), remarking the pharmacy profession has been having active discussions on this subject for the past 20 years or more.</p> <p>The paper (25.06.NPB.05) indicates that there is an expectation that the Department of Health and Social Care (DHSC) will imminently publish a long-awaited response to the Pharmacy Supervision consultation of 2023 alongside new draft legislation. This will set up a timetable for the law coming into force by the end of the year.</p> <p>The Boards are asked to consider the 3 points mentioned in the paper. WT highlighted that there are no other expected changes to Responsible Pharmacist regulations or remote supervision at this time although it is expected that in time the GPhC will consult on the RP regulations.</p> <p>Point 1: The Boards agreed to reaffirm the policy direction of the 2023 RPS consultation response and the 2025/26 GB workplan in relation to professional standards and guidance.</p> <p>There was some discussion regarding the point 2, target audience. There was general consensus that the target audience should be wider than RPS members and should involve the whole pharmacy team, and the guidance should be developed in collaboration with other pharmacy bodies.</p>	SPB Chair

	<p>There was further discussion on the future remit of a Royal College and public benefit. PB added to the debate regarding the principles of professional access versus public access and said that it would be for the RPS teams to operationalise resources as there are intellectual rights, artificial intelligence and the corruption and plagiarism of content to be considered when deciding on access to resources.</p> <p>It was highlighted that patient groups should be included in any collaborative work, and that it was a great opportunity to share our standards globally as other countries could utilise them.</p> <p>Point 3: After some discussion the Boards agreed to replace a 2005 Law and Ethics bulletin which described characteristics of supervision, with a new description of supervision, produced in collaboration with GPhC and other key bodies. It was suggested that the description should be enabling and supportive and should not be overly prohibitive.</p> <p>The Chair thanked WT for his presentation of the item.</p>	
25.06.NPB.06	<p>Health Inequalities <i>Led by: Amandeep Doll</i></p> <p>AD gave a short presentation reflecting back to the Boards the information and reflections she had gathered from them since the Board meetings in February. Focusing on Health Inequalities has been a commitment of the Boards since Covid and currently as the RPS transitions to a Royal College. All 3 countries have national policies relating to Health Inequalities. AD recapped in the slides on work that has already gone on over the past 5 years and said it was now time to identify where the gaps are. As a Royal College the RPS needs to lead in the area of Health Inequalities to create change. Similar to the Inclusion and Diversity workstream this area will have an overarching strategy with focused campaigns that include patient and professional elements, and there needs to be a research element to all our work in this area which will commence with a literature search.</p> <p>Initially there is a need for a position statement, building on from the thought leadership piece we already have, to aid advocacy and lobbying. There are also plans in place to</p>	SPB Chair

	<p>create a landing page on the website to bring all information relating to Health Inequalities together.</p> <p>The Boards had a lengthy discussion on what more could be done in this area which included looking at initiatives that would have the greatest impact on the largest number of patients, quality improvement, evaluation of data and patient demographics.</p> <p>It was suggested that RPS guidance documents should undergo impact assessments through the patient lens.</p> <p>It was noted that Wales is to become the first <i>Marmot</i> nation in the world, with health inequalities work being rolled out across the Welsh Health Boards. This work is strongly aligned with the future generations work which also maps to the RPS Vision work in Wales.</p> <p>Action 2: AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September.</p> <p>The Chair thanked AD and encouraged all to register and attend the ABCD meeting on Tuesday 24th June which will focus on disabilities.</p>	
25.06.NPB.07	<p>Policy Updates <i>Led by: Fiona McIntyre and Heidi Wright</i></p> <p>Workforce FM gave a short presentation advising that preparation work has begun on scoping out the potential workplan for the Workforce "hot topic" over the 2025/26 period. This has included analysis of internal and external pharmacy workforce policy and associated activity, analysis of activities related to workforce qualitative and quantitative data and stakeholder feedback. It was proposed that workforce policy activity is not a hot topic but a fundamental function of RPS. The boards noted that other influencing factors included</p>	WPB Chair

	<ul style="list-style-type: none"> • Long Term Plan (England) • National Workforce Forum (Scotland) • Strategic Pharmacy Workforce Plan (Wales) • UK Pharmacy Professional Leadership Advisory Board <p>There was a discussion on the suggestions that the Annual WWB Survey could be adapted to achieve alternative data sets.</p> <p>There was a lengthy discussion around the identified gap in policy on education and credentialing, and a need for credentialing pathways for non-patient facing pharmacy roles, and how RPS could make it relevant and more inclusive in a community pharmacy setting.</p> <p>AI guidance for the workforce was noted as a missing piece.</p> <p>FM updated the boards that a recent Digital Innovation and Education Roundtable was hosted by RPS, and those findings would be used to build on the policy work and products and services.</p> <p>Action 3: FM undertook to reflect on today's meeting discussions and bring plans to the September meeting.</p> <p>Cancer Plan</p> <p>HW summarised previous board discussions, discussions with BOPA and all the collaborative work.</p> <p>The boards noted that BOPA and RPS are keen to work together to maximise use of pharmacy teams to get best outcomes for patients. BOPA have developed a vision so needs to align with that. Early diagnosis and community pharmacy could be a potential area of exploration and this fits in with the Care Closer to Home agenda.</p> <p>The boards also noted a project was underway to update the 6th Edition of the Quality Assurance of Aseptic Preparation Services (QAAPS). The National Cancer plan in England will be published in 2025.</p>	
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	<p>EJ reported that a partnership had been agreed with Macmillan to co-host a clinical fellow who will work on this policy area, ensuring patient and carer input.</p> <p>Boards were asked for their comments</p> <ul style="list-style-type: none"> • Need to ensure that patients have equal access particularly with high-cost medicines eg CAR-T cell therapy. There needs to be a wraparound service for all • More work is needed around the Daffodil Standards - AF advised that the Palliative End of Life Care refreshed document, which is now a GB publication would be published imminently. • There is pressure on Aseptic units where there are recruitment and retention issues • There are issues around the use of unlicensed medicines • There are opportunities for early detection in Community Pharmacy <p>Action: HR to reflect on the discussions and feedback to boards.</p>	
25.06.NPB.08	<p>Women's Health Update <i>Led by: Kellie King</i></p> <p>KK gave a presentation on the scope and background of the project for Women's Health referring to the National Strategies in Wales, Scotland, England and Northern Ireland.</p> <p>KK shared the findings of the Review of "Women's Health Study a review of menopause service provision by Pharmacists which she has undertaken on behalf of RPS.</p> <p>The recommended amendments to the position statement on women's health were suggested in the following key areas: Collaboration Engaging with Patients - Royal College status Interventions/Opportunities Education Empower workforce to have confidence, skills and knowledge to deliver WH service.</p>	WPB Chair

	<p>Emerging role of digital healthcare/AI. Sustainability</p> <p>Comments from the Boards:-</p> <ul style="list-style-type: none"> • The boards were pleased with the review and said that it was a thorough, evidence-based review. • This is a perfect opportunity for Community Pharmacy to intervene to provide a consistent approach • There is funding available and this needs to be accessed • Patients matter and who does what in this space must be easily signposted to get support from the right practitioners at the right time. 	
25.06.NPB.09	<p>Constitution & Governance update <i>Led by Karen Baxter</i></p> <p>KB talked about the progress of the three milestones for the programme and the activity since the Special Resolution Vote (SRV), following on from the detailed discussions at the working day.</p> <p>The boards noted the milestone activities still to be carried out were:-</p> <p>Milestone 2</p> <ul style="list-style-type: none"> • creation of the subsidiary • target September 2025 (definition) • operational date tbc (year end?) <p>Milestone 3</p> <ul style="list-style-type: none"> • becoming the Royal College of Pharmacy 	WPB Chair

	<ul style="list-style-type: none"> • target April 2026 <p>The boards noted, with regards to Milestone 3, the 12 broad categories of activity required are: -</p> <p>Focussed on the operational detail of shaping the organisation as a charity:</p> <ul style="list-style-type: none"> • Leadership functions e.g. ensuring all our deliverables as a charity have an 'owner' • Operational alignment with charitable status e.g. back-office functions and membership offer positioning • Preparing for final applications <ul style="list-style-type: none"> • Privy Council • Charities Commissions • HMRC <p>KB advised that the creation of the publishing subsidiary is moving at pace, and it is necessary to look to ensure that the finances flow well and operationally the right balance is needed between the Subsidiary and the Charity in terms of the costs and how these impacts on people and jobs.</p> <p>In terms of the implementation of the Royal College of Pharmacy, a detailed piece of work needs to be carried out on the Regulations. The boards have previously provided feedback that more information needs to be communicated to members.</p>	
25.06.NPB.10 (i) - (vii)	<p>Papers for noting (item: 25.06/NPB/10 (i-vii)) <i>Led by: WPB Chair</i></p> <p>Board members noted the following papers:</p> <ul style="list-style-type: none"> (i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance 	WPB Chair

	(v) Education (vi) Science & Research update (vii) Assisted Dying										
25.06/NPB/11	Any other business <i>Led by: WPB Chair</i> <u>EPB Casual Vacancies</u> It was noted that the English Pharmacy Board have agreed not to fill the 2 casual vacancies that have occurred.	WPB Chair									
25.06/NPB/12	Proposed dates for future meetings in 2025 <i>Led by: WPB Chair</i> <table border="0"> <tr> <td>England</td> <td>Scotland</td> <td>Wales</td> </tr> <tr> <td>23 & 24 Sept</td> <td>17 & 18 Sept</td> <td>25 & 26 Sept</td> </tr> <tr> <td>6 Nov</td> <td>6 Nov</td> <td>6 Nov</td> </tr> </table>	England	Scotland	Wales	23 & 24 Sept	17 & 18 Sept	25 & 26 Sept	6 Nov	6 Nov	6 Nov	WPB Chair
England	Scotland	Wales									
23 & 24 Sept	17 & 18 Sept	25 & 26 Sept									
6 Nov	6 Nov	6 Nov									
25.06.NPB/13	Close of Open Business The meeting concluded at 12.40pm and members observers were requested to leave the meeting.										

Action list:

Item	Action	By whom	Open/Closed/Comments
25.06.NPB.02	Action 1: Declarations of Interest: update declarations of interest	Business managers	Open

25.06.NPB.06	Action 2: AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September	AD	Open/September
25.06.NPB.06	Action 3: FM undertook to reflect on today's meeting discussions and bring plans to boards.	FM	
25.06.NPB.06	Action 4: HR to reflect on the discussions and feedback to boards.	HW	

National Pharmacy Board meeting – September 2025

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

Implementing Country Vision

Pharmacist Prescribing (Laura/Heidi)

Highlights

- Meeting note from fourth DPP roundtable on 4 June was circulated to attendees
- A further roundtable will be held on 8 October
- 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 and continued support with recent changes to ICBS and NHSE
- Continue to collaborate with HEIW in Wales to deliver educational content for IP training events and support those events on the day

Environmental Sustainability (Wing/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.
- At the time of updating this paper, engagement stands at:

	<u>Working towards</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>
<u>Community</u>	<u>73</u>	<u>150</u>	<u>2</u>	<u>7</u>
<u>Hospital</u>	<u>115</u>	<u>2</u>	<u>0</u>	<u>0</u>

Next Steps

- Encouraging the adoption of the greener pharmacy toolkit in community and hospital practice.
Greener Pharmacy Poster and presentation during September's FIP to showcase the toolkit to the international community pharmacy audience

Pharmacogenomics

Highlights

- A pharmacogenomic (PGx) Competency Framework resource for all prescribers is being developed to support the prescribing workforce and enable the expansion of pharmacogenomic medicine services nationwide.
- The resource 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.

A subject matter expert lead author (Sophie Harding) has been appointed to lead drafting and Dr Jude Hayward appointed to Chair a multi-disciplinary task and group. The first four task and finish group meetings have been held to review Competency Framework descriptors and supporting statements and the lead author is in the process of drafting the core resource Next Steps

- The first meeting of the validation group is scheduled for the 19th September
- The fifth meeting of the task and finish group is scheduled for the 7th October
- Open consultation should take place between the 5th and 6th meetings of the task and finish group.
- The sixth meeting of the task and finish group is scheduled for the 14th November
- The anticipated launch is scheduled for December 2025/Q1 2026.

Women's Health (Aman)

Highlights

- Lead author, Kellie King, updated the draft women's health policy statement following feedback from the previous Board meeting.
- The revised draft has been shared internally and reviewed by relevant RPS teams.
- The updated draft has now been circulated to the Board for feedback.
- Next Steps
- RPS teams will review and incorporate Board feedback ahead of preparing the final version.

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- The final policy statement will be submitted for sign-off by country boards.
- A communications and advocacy plan will be developed to promote and support the updated policy once approved.

Reducing Health Inequalities (Aman)

Next Steps

- An update at the November NPB meeting.

National Pharmacy Board meeting – September 2025

Title of item	Professional Issues
Author of paper Position in organisation Telephone E-mail	Fiona McIntyre, Darrell Baker, Elen Jones, Heidi Wright, John Lunny, Alwyn Fortune, Ross Barrow, Laura Wilson
Headline summary of paper	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/John) Cancer Care (Heidi/ Elen) Access to medicines (Alwyn/John) Consultations List (Policy Leads)
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	
Resource implications	

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 will be published shortly
- We continue to be a member of, and contribute to, the Professional Record Standards Body and have recently signed their position statement
- We are developing a 'Digital Pharmacy' landing page for the website
- Within the person-centred care workstream at the RPS Annual Conference there is a focus on digital and innovative technologies
- RPS Conference Stream: Science, technology, data and ethics: Preparing pharmacy for the future includes consideration of digital innovation and AI
- RPS AI in Pharmacy policy principles shared within a policy round-up presented at PM Healthcare Digital Technology and AI – The Future for Pharmacy and Medicines Usage (primary & secondary care) conference in London on 10th July

Next Steps

- Recommendations from the report will be taken forward
- Consideration of topic for next roundtable event in 2026
- 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

- Completed refresh of the RPS Wales Policy on Palliative and End of Life care and extended to make GB-wide- to be published to coincide with RPS learn module on palliative and end of life care
- Agreed extension of the partnership contract with Marie Curie for 2025-26
- Complete a digital roadmap for medicines at end of life for DHCW
- Successful survey of end of life medicines processes in care homes, 359 responses from across UK and range of size organisation and rurality. Secured small grant funding from Marie Curie to recruit a part-time Research Associate for 9 months to complete analysis work and drafting a report and recommendations. Country boards will be informed of progress and next steps.

- Theory of Change workshops will be held during September, facilitated by Marie Curie lead for impact evaluation and the outputs will inform impact evaluation of Daffodil standards for Community Pharmacy.

Next Steps

- Continue to publicise the Daffodil Standards including session at The Pharmacy Show in October 2025.
- Identify examples of good practice and quality improvement in each country and share with other sign ups
- Events to debate improvement in medicines access in care homes planned for Q1/2 of 2026 (Roundtable and ICB events)
- Publicise collaborative working community pharmacy and general practice including Daffodil award winners

Medicines Shortages (Alwyn/John)

Highlights

- [Medicines Shortages: Solutions for Empty Shelves](#) was launched at a parliamentary event in Westminster on 27th November 2024, with further briefing events at Holyrood (28th November) and the Senedd (4th December).
- We reconvened the advisory group (11th 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 was well attended, welcomed and informative providing an opportunity to reflect on progress to date with the recommendations and where more action/lobbying may be required. The DHSC provided an update on their own going work.
- Following an inquiry by the Pharmacy APPG inquiry into the impact of Medicines Shortages in England, to which we provided written evidence, the [report](#) was published in July, with recommendations aligning closely to those in our own report.
- Following earlier discussions with colleagues at DHSC, the UK Government has published a [policy paper](#) on medicines shortages which addressed a number of key issues from our report. It noted that it will consult on new measures to allow pharmacists to supply a different quantity, strength or formulation against a prescription to improve patient access to medicines. The RPS issued a [comment](#) welcoming the news, noting our report published last year.
- Responded to several 'prevention of future death reports', where medicines access and shortages played a role in delay to patients' treatments.

- Continued 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

- Continue engagement with the advisory group with plans to reconvene at the end of the year.
- Continue to work with key stakeholders including DHSC and awaiting a forthcoming consultation on 'pharmacist flexibilities' outlined by UK Government
- Following initial discussions with staff supporting the House of Lords Public Services Committee, we are pleased to see the inquiry into '[Medicines Security](#)'. We will provide written evidence to this before the closing date (23rd September) aligned to our report and remain close to this work.
- Contribute and participate to government work across the nations on medicines shortages, as well as the work of the Pharmacy APPG.
- To continue to lobby for implementation of the recommendations of the report, together with members of the advisory groups and the organisations they represent.

Assisted Dying (Ross/John)

Highlights

- The Terminally Ill Adults (End of Life) Bill has passed the Commons stages. Following engagement with MPs and the UK Government, an amendment was passed ensuring pharmacists have the right not to participate in an assisted dying process, including dispensing the 'approved substance'. At the time of writing, the Bill was due to be debated in the House of Lords on 12 September.
- In Scotland, the RPS has met with the Bill's sponsor there to discuss our proposed amendments to the Bill. We have written to the Cabinet Secretary to enquire about whether a Section 30 has been sought, which would provide Scottish Parliament with the ability to legislate in the areas of conscientious objection and medicines.

Next Steps

- The teams will continue to monitor the progress of the Bills in Westminster and Holyrood.
- Discussions with the Scotland Bill's sponsor on potential amendments are ongoing.

Facilitated self-selection of P meds (Heidi)

Highlights

- The position statement and professional guidance have been published alongside the report from the call for evidence.

Next Steps

- RPS will continue to monitor the situation and respond as necessary

Cancer Care (Heidi / Elen)

Highlights

- The CPhO clinical fellow in England will be a joint post with Macmillan. The focus of the work undertaken by the fellow has yet to be decided.
- We met with BOPA to discuss potential areas of collaboration and are considering work around the BOPA Passport
- 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.

Next Steps

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

Access to medicines (Alwyn/John)

Highlights

- This continues to be a live issue, with media reports about discussions between the UK Government and pharmaceutical industry, with warnings about potential impact on UK access to innovative medicines in a global market.
- 10-Year Health Plan includes development of a Single National Formulary.
- With significant changes to the NHS in England, including cuts to Integrated Care Boards, the RPS wrote to NHS England and Government at the end of June to highlight the importance of pharmacy leadership. We continue to keep in contact with ICB Chief Pharmacists about the impact of potential changes.
- Key messages on access to medicines included in relevant RPS communications, engagement and media, including recent submission to Health and Social Care Select Committee.

Next Steps

- Review our current 'Access to Medicines' policy/position statement, identifying issues, challenges and how this may look across the devolved nations.
- Build on discussions with key stakeholders, including around 10-Year Plan delivery and Life Sciences Sector Plan.
- Utilise expertise of Board members in this area.

Consultations List (Policy Leads)

Highlights

- 8 consultations responded to between May 2025 and August 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 – September 2025

Title of item	Workforce
Author of paper Position in organisation Telephone E-mail	Heidi Wright, Amandeep Doll, Laura Wilson, Fiona McIntyre, Elen Jones
Headline summary of paper	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)
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	
Resource implications	

Workforce

Workforce Wellbeing (Heidi/ Elen)

Highlights

- The WWB survey is being developed for 2025. This will focus on pharmacy students, foundation trainees and early career pharmacists
- The person-centred stream of the RPS annual conference includes a session from Pharmacist Support
- RPS are following up on actions developed at the third WWB roundtable in March 2025
- An ABCD meeting was held on 24 June with a focus on Learning Disabilities.

Next Steps

- RPS will be working with GPhC and APTUK to develop resources that operationalise professional standards to maximise impact, with a focus on medicines shortages
- We are working with the NHSE learning disabilities team to update RPS webpages and develop educational content

Access to DPP (Heidi/Laura)

Highlights

- A fourth roundtable was held on 4 June and a meeting note was finalised and sent to attendees

Next Steps

- Continue to engage and work with others on DPP
- A further DPP roundtable will be held on 8 October
- DPP competency framework to be refreshed across 2025/2026.

Workforce 2025/6 Hot Topic

- Highlights
- Following an initial scoping exercise looking at internal and external workforce policy activity across healthcare professions, options presented to National Pharmacy Boards in June 2025
- Consideration of feedback on credentialling and education policy within current evolving policy landscape across home nations in progress
-

- Next Steps
- Following a review of RPS Policy A-Z, identify gaps and expired content
- Organise and refresh RPS workforce policy
- Consider workforce policy activity in context of RPS Content Strategy

I&D (Aman)

Highlights

- The updated inclusion and diversity strategy consultation was launched
- Attended Pride marches in Cardiff, Edinburgh and Manchester
- June ABCD meeting focussed on learning disabilities

Differential Attainment (Aman)

Next Steps

- An update will be provided at the November 2025 meeting.

National Pharmacy Board meeting – September 2025

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

Strengthening Pharmacy Governance

Supervision (Heidi/Wing)

Highlights

- Government published their [response to the Pharmacy Supervision consultation on the 17th July](#) setting out draft legislation to enable
 1. The handing out of pre-checked and bagged medicines to patients in the absence of a pharmacist
 2. Authorisation of a pharmacy technician by a pharmacist
 3. Supervision by pharmacy technicians at hospital aseptic facilities
- It is expected that legislation enabling the handing out of pre-checked and bagged medicines will come into effect by the end of 2025 with the other two elements coming into effect by the end of 2026
- The RPS guidance team are actively developing
 1. professional guidance to support the pharmacy professions to hand out pre-checked and bagged medicines
 2. A collaborative refresh of the RPS Quality Assurance of Aseptic Pharmacy Services standards (QAAPs)

Next Steps

- Refinement of professional guidance for pre-checked and bagged medicines through RPS Boards, RPS Community Pharmacy Expert Advisory Group, GPHC, APTUK, Pharmacy Forum of Northern Ireland and Department of Health ready for use by the pharmacy professions by the time legislation comes into effect.
- QAAPs – Appointment of subject-matter expert lead author (Robert Lowe) a recently retired NHS Director of Pharmaceutical Quality Assurance and selection of task and finish groups, leading to refresh across 2025/2026
- Development of professional guidance for a pharmacist to delegate authority for “pharmacy supervision” to a pharmacy technician in 2026

RP/SP/CP Guidance (Wing)

Highlights

- Alison Wilson, a recently retired Director of Pharmacy in Scotland continues to support the team to refresh the dated [RPS guide for Chief Pharmacists \(or equivalent\) including to align and support GPHC's standards for Chief Pharmacists](#).
- Alison has met with HEAG and stakeholders to identify key priorities and has completed an advanced re-draft

Next Steps

- Peer review by Darrell Baker (retired Chief Pharmacist with Welsh expertise) leading to refinement.
- Further discussion with the RPS' Hospital Expert Advisory Group on the 11th September
- Final collaborative alignment with GPhC and DHSC to ensure legislation, regulation, professional guidance synergy before publication in Q4 2025

National Boards meeting – September 2025

Title of item	Education and Professional Development: Jun to Aug 2025 activities
Authors of paper	Helen Chang
Position in organisation	Associate Director for Education and Professional Development
Telephone	02075722297
E-mail	Helen.Chang@rpharms.com
Headline summary of paper	An update to Boards of education and professional development activities for the period June to August 2025
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

Education and Professional Development activities update to Assembly

1. Background

Education and professional development activity for June 2025 to August 2025 largely focussed on developing learning content and resources to support members, including e-learning, webinars, events and development programmes. We have observed positive and encouraging uptake in RPS Learn, our platform for online learning and professional development for members (which was launched earlier this year in April 2025).

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 have also delivered 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 were delivered in June and July 2025 and we had nearly 600 registrations. In August, we also ran an Oriel workshop with just over 200 registrations, supporting students with numeracy and Situational Judgement Tests. We also launched the RPS Oriel Mock for the first time which closely represents the Oriel assessment students will be sitting in September. We will repeat the workshop again early September.

2.2. Foundation training

June saw the close of our Revision course with Mock assessment programme for the 2024/25 cohort. 1650 trainee pharmacists interacted with the programme, covering key revision course content and an opportunity to sit a full mock assessment. The revision content focussed largely on high weighted topics of the GPhC framework and explored the following five topics areas:

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

Alongside a full Part 1 and Part 2 mock paper, accompanied by in-depth live webinars to explore the rationale of the answers to our mock questions.

Feedback suggests that these sessions allowed trainees to effectively prepare for their end point registration assessment. The revision course and mock assessment programme ran from March until June, with 29 live events delivered for trainees. The breadth of dates and times available, allowed for each trainee to select seven live sessions to attend, providing trainees with pre work, live virtual class-room style sessions, post work, encompassing case studies and numerous questions to embed deeper learning.

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 began in May with eight sessions focused on the management and treatment of Acne and Rosacea, receiving great feedback. The next set of sessions, covering the management of Acute Chest Infections, is scheduled for September and early October. Planning is also underway for a third cohort of sessions in November, which will focus on managing COPD exacerbations in a community pharmacy setting. Further details about the programme are available on the RPS website:

<https://www.rpharms.com/about-us/news/details/rps-awarded-extended-contract-for-prescribing-training-in-Wales>

In June 2025 we launched the Prescribing Development Programme for our members, to support current and aspiring prescribers in their practice. This 18-month programme consists of monthly resources to support members in developing their prescribing practice and offers a combination of synchronous and asynchronous content such as webinars, blogs, peer-support sessions and podcasts. Uptake of the programme has been positive with more than 950 members signed up to the programme. The programme started with an introductory webinar, with approximately 125 attendees. The first component of the webinar was a podcast in June, followed by PJ content and the third component, an e-learning module on RPS Learn to be released toward the end of August.

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 year we have invited expert speaker to address the perspective of being a DPP for foundation trainees as we see the first cohort of trainee pharmacists graduating as independent prescribers and requiring training as part of their foundation training.

2.4. Mentoring

We continue to see strong engagement on the mentoring platform; we have 2402 registered users. We have begun looking at an annual marketing plan which includes regular promotion of mentoring to members through various communications, social media channels and activities.

Our mentors requested training on how to improve their mentoring skills. We took this feedback onboard and on May 29th, we launched our new 5-month long Mentoring Programme: Your Journey to Become an Effective Mentor. Delegates have attended two webinars and completed two e-learning modules so far. Delegates will have an opportunity to reflect on their mentoring relationships in the final webinar which takes place in September. By the end of the programme, mentors and aspiring mentors should have gained knowledge on the key skills required to become an effective mentor and have the opportunity to reflect on their mentoring relationships.

The Barnett Award was open for nominations throughout July. We received 22 nominations and the winner will be invited to the RPS conference to receive their certificate.

2.4. Educational webinars and events

We continue to develop and deliver a range of live learning content to our members. This includes a break over the summer period.

A summary of the sessions from June to August 2025 can be found in the table below.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
June	Menstrual Health: educate, empower, engage	272	98%
July	Your Journey to Becoming and Effective Mentor (2)	185	90%

We continue to plan a number of webinars which will be delivered throughout the remainder of the year.

2.5. RPS Learn

We launched [RPS Learn](#), a new online learning platform to host all our educational and learning content, on 8th April 2025. We have been publishing new e-learning modules on a monthly basis, and members can now access over 30 modules of learning in areas of common clinical conditions, mentoring, prescribing, professional practice and research & evaluation. We have been actively reviewing engagement data and gathering feedback to assess the effectiveness of each module. This feedback is carefully considered and incorporated into future modules, helping us continually improve content and design.

Since June, we have launched additional prescribing and clinical and patient care modules:

- Prescribing practice: professional considerations
- Remote consultations: getting started
- Insect bites and stings
- Shingles
- Cellulitis
- Endometriosis: supporting better outcomes

Engagement from members have been extremely positive - some feedback from this quarter is included below:

"I liked the fact that it was short and quick yet gave a good overall appreciation of the subject"

"Excellent short learning"

"Completely satisfied"

"I was happy to see this course was included on RPS learn, so I completed it so I could feel more confident in providing the service"

We are committed to the ongoing development of our modules and are actively integrating advanced design tools to enhance both interactivity and engagement for our members. Leveraging these innovative solutions also ensures our educational content offerings remain at the forefront of best practice.

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 [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 – September 2025

Title of item	RPS/RCPharm Patient Safety Strategy for discussion
Author of paper	Kate Ryan Wing Tang
Position in organisation	Patient Safety Manager RPS Head of Professional Standards RPS
Telephone	
E-mail	Kate.Ryan@rpharms.com Wing.Tang@rpharms.com
Headline summary of paper	Approval of the draft Patient Safety Strategy for the RPS/RCPharm (Appendix 1)
Purpose of item	To seek comments and approval from the RPS Boards on the draft RPS /RCPharm Patient Safety Strategy which will inform the final published strategy for the organisation/future Royal College of Pharmacy.
Risk implications	A patient safety strategy is considered an essential part of a professional pharmacy leadership body, ensuring that patient and public benefit are at the heart of the RPS/RCPharm strategic plans going forward.
Resource implications	Funding for the workplan to deliver patient safety strategy goals for the RPS/RCPharm including: <ul style="list-style-type: none"> • Engagement activities with key stakeholders • Setting up an RPS/RCPharm Patient Safety Expert Advisory Group • Establishing a Patient steering group for the RPS/RCPharm • Development of an RPS/RCPharm patient safety portal/hub and communication strategy

RPS/RCPharm Patient Safety Strategy

Background (Reason for activity and ambitions)

The development of a patient safety strategy is a priority for the Royal Pharmaceutical Society (RPS) and for the future Royal College of Pharmacy (RCPharm). The draft Patient Safety Strategy sets out the key principles which will underpin the direction of patient safety within the RPS/RCPharm. This will ensure better outcomes for patients and the public and improve member support during this period of change for the profession.

The RPS/RCPharm focus will always be on the promotion of health and the safe and effective use of medicines. This strategy however also highlights the importance of leadership and collaboration in patient safety and supporting a culture of evidenced-based continuous learning and quality improvement. Patient and medicines safety is an integral part of the RPS work in developing professional standards and guidance, assessment and credentialing of the pharmacy workforce, supporting science and research and innovation, and pharmacy education.

Summary of activity /achievements to date

- Consolidation and development of external stakeholder relationships for the RPS
- Engagement with internal RPS Teams to inform the development of the strategy
- Review of patient safety strategies of other Royal Colleges, as well as global and national patient safety strategies

Next steps

- Following Board discussions, engagement will begin with external stakeholders, RPS members and patients to inform the patient safety strategy development
- A work plan will be developed to deliver RPS/RCPharm patient safety strategy goals across functional areas of the RPS

Conclusion

The RPS Board members are asked to consider the key components of the draft RPS/RCPharm patient safety strategy to ensure that it represents adequately the key elements of a patient safety strategy of a Royal College.

Boards are asked for their comments and approval on the strategy which will inform the final published strategy for the organisation/future Royal College of Pharmacy to enable progression to the next stage of this workstream.

Appendix 1**Patient Safety Strategy for the Royal Pharmaceutical Society/ Royal College of Pharmacy****September 2025****1. Introduction**

The development of a patient safety strategy is a priority for the Royal Pharmaceutical Society (RPS) and for the future Royal College of Pharmacy (RCPharm). The vision of the RPS/RCPharm is to become the world leader in the safe and effective use of medicines.¹ The pharmacy landscape in the UK is changing rapidly and the expectations placed upon pharmacists and the wider pharmacy team will have profound repercussions for professionals in terms of delivering patient care². This document sets the purpose and context for a patient safety strategy and seeks endorsement of the strategic principles which will underpin it.

2. Background

A patient safety strategy for the RPS/RCPharm must address member needs. It will be viewed in the context of the already high-quality pharmacy professional practice in all areas of pharmacy. It will build upon the extensive patient safety resources and expertise within the RPS/RCPharm and the wider healthcare system. It must also be an integral part of the current RPS/RCPharm core activities as a professional leadership body, delivering policy and advocacy, education, credentialling, standards and guidance, science and research and patient safety.³

An RPS/RCPharm patient safety strategy will have a strong patient voice, putting patients at the forefront of our work and public benefit at its core. It will ensure effective collaborative working with the established patient and medicines safety groups across the wider healthcare system in England, Scotland and Wales. Professional pharmacy leadership in patient safety by the RPS/RCPharm will have a common purpose with other key stakeholders and be collaborative with other Pharmacy Professional Leadership Bodies (PLBs) and Pharmacy Specialist Professional Groups (SPGs) at national, regional and pharmacy local team levels. The work of the [Independent UK Pharmacy Professional Leadership Advisory Board](#) in its Vision and Common purpose for collaborative UK Pharmacy Professional Leadership sets out the basis of any future collaborative working on patient safety.

3. Policy Context

Patient safety policy context – globally

The RPS/RCPHarm patient safety strategy should align with the WHO patient safety initiatives. The WHO Global Patient Safety Challenge: '[Medication without harm](#)' (2017) aims to reduce severe avoidable medication-related harm globally by 50%, over a period of 5 years.

The WHO [global patient safety action plan 2021 – 2030](#) recognises that significant progress has been made in implementing their patient safety initiatives⁶. The WHO guiding principles include: (1) engaging patients and families as partners in safe care; (2) achieving results through collaborative working; (3) analysing and sharing data to generate learning; (4) translating evidence into actionable and measurable improvement; (5) basing policies and action on the nature of the care setting; (6) using both scientific expertise and patient experience to improve safety; (7) instilling a safety culture in the design and delivery of healthcare.

The WHO have also published a [Multi-professional Patient Safety Curriculum Guide in 2011](#) which was developed to assist in the teaching of patient safety in universities and schools in the fields of dentistry, medicine, midwifery, nursing and pharmacy. It also supports the on-going training of all health care professionals. This is presently being updated.

The RPS is currently represented on the Medicines Safety Improvement Board (MEDSIP) which is NHS England's response to the 3rd WHO Patient Safety Challenge, Medication Without Harm.

Patient safety policy context - England

The [NHS England Patient Safety Strategy \(2019\)](#) was the first national strategy in England for improving patient safety and applies to all healthcare sectors. The strategy has a foundation of a 'patient safety culture' and 'patient safety system'. It aims to help generate and share greater **insight** into patient safety, increase people's **involvement** in safety improvement and to deliver effective **improvement** initiatives, to drive a positive impact on safety ⁴.

The [NHS England Primary Care Patient Safety Strategy \(2024\)](#), includes (1) the importance of a safety culture; (2) safety systems related to patient safety syllabus training; (3) *insight* related to the new incident recording (Learn From Patient Safety Events, LFPSE) and incident response (Patient Safety Incident Response Framework, PSIRF) systems; (4) *involvement* in relation to identifying patient safety

leads and lay patient safety partners; (5) *improvement* in relation to reviewing and testing patient safety improvements in diagnosis, medication and referrals. The NHSE Primary Care Patient Safety Strategy 2024 also addresses the issue of healthcare inequalities and patient safety. The *RPS Tackling Health Inequalities Delivering accessible pharmaceutical care for everyone* will contribute to the RPS Patient Safety Strategy in this regard ⁵.

Discussions with the NHS England Clinical Improvement Lead for Medicines Safety affirms the importance of an RPS patient safety strategy which includes quality improvement and integration of human factors into healthcare, to improve the safety and performance of the health service, whilst improving patient and professional wellbeing/care.

The Patient Safety Commissioner (PSC) for England in 2024, consulted on and developed the [Patient Safety Principles](#). These include: (1) creating a culture of safety; (2) putting patients at the heart of everything; (3) treating people equitably; (4) identifying and acting on inequalities; (5) identifying and mitigating risks; (6) being transparent and accountable; (7) using information and data to drive improved care and outcomes. These Principles provide a framework for decision making, planning and collaborative working with patients as partners in a just and learning culture.

On the 7th of July 2025, Dr Penny Dash's [Review of patient safety across the health and care landscape](#) in England was published. This was commissioned by the Department of Health and Social Care (DHSC). The review provides recommendations focussed on streamlining patient safety and improving accountability. This work has helped to inform the [NHS England 10 year Health Plan for England](#).

Patient safety policy context - Wales

RPS Wales Team were fully involved in driving forward the 2030 vision for pharmacy in Wales - [Pharmacy: Delivering a Healthier Wales](#). This was launched in 2019 and sets out the long-term ambitions for how patients will benefit from the expertise of pharmacy teams by 2030. It also includes a number of interim, three-year goals that act as stepping-stones toward the vision. The [Pharmacy: Delivering a Healthier Wales - 2025 goals document](#) highlights the importance of embracing innovation and technology and encourages the reporting and actioning of medication related incidents to improve patient safety.

RPS Wales Team have strong links with the All-Wales Medicines Safety Network (AWMSN), National Poisons Information Service and Yellow Card Wales. The

AWMSN also works closely with the All-Wales Therapeutics and Toxicology Centre (AWTTC) an NHS organisation that deliver a range of services including supporting the best use of medicines to help patients in Wales be healthier and better-informed. Current workstreams for the AWMSN have included [Martha's Rule](#), [Call 4 Concern](#) (Wales) as well as Quality Improvement projects on acute kidney injury and falls. Wales have a [national strategy for error reporting](#) and the AWMSN are trying to build a repository of good practice.

Discussions with the AWMSN, affirmed the importance of having greater clarity around the RPS resources available on its website to support the patient safety work. They suggested the implementation of a repository of themes/evidence/good practice not only based on queries received by the RPS teams but information available nationally/internationally for example through national Medication Safety Officer (MSO) networks.

The [Improvement Cymru Strategy 2021 – 2026](#) sets out three strategic priorities for patient safety in Wales:

- Support health and care organisations to redesign and continuously improve the service they provide
- Support a focus on reduction in avoidable harm and safety within systems of care
- Sustainably build improvement capability within the health and care system

In Wales, Improvement Cymru, the Institute for Healthcare Improvement (IHI) and NHS Wales Health Boards and Trusts have joined together to create the [Safe Care Partnership](#), which aims to accelerate the pace and scale of improvements in patient safety on a national scale by drawing together international expertise, national support and local knowledge. Health boards and trusts are coached and supported to improve the quality and safety of care across their systems in Wales.

Patient safety policy context - Scotland

In 2025 Scotland appointed a Patient Safety Commissioner who will take up post in September 2025. The commissioner's role is to advocate for systematic improvement in the safety of health care in Scotland and to promote the importance of the views of patients and other members of the public in relation to the safety of health care.⁷

The [Scottish Patient Safety Programme \(SPSP\)](#) is a national quality improvement programme which aims to improve the safety and reliability of care and reduce harm.

It was launched in 2008 and has expanded to support improvements in safety across a wide range of care settings including acute, primary care, mental health, perinatal, paediatric services and medicines safety. The SPSP has three core components which are as follows:

- SPSP [Essentials of Safe Care](#) – a package of evidenced based guidance that supports Scotland's health and social care system. It describes the essential elements of safe care and signposts to a range of resources to help teams deliver this. The following [essentials](#) were identified as being central to supporting the safe delivery of care in any setting; person-centred care, safe communications, leadership and culture, safe clinical and care processes. This is currently under review during 2025 to ensure the package of support continues to reflect new and emerging safety priorities. And that it includes the most relevant evidence and guidance.
- SPSP Programmes of Work
- SPSP [Learning System](#) - underpins the work of the Scottish Patient Safety Programme. It aims to accelerate the sharing of learning and improvement work and encourage continuous learning at all levels, in every care setting.

Healthcare Improvement Scotland (HIS) has worked collaboratively with NHS boards to produce a revised [National Framework for Reviewing and Learning from Adverse Events in NHS Scotland](#) (Feb 2025). The revised national framework is intended to provide an overarching approach developed from best practice to support healthcare providers effectively manage adverse events.

4. Patient safety programmes of activity within the RPS

The **RPS Science and Research Committee (SRC)** is a central part of the RPS governance arrangements. The Committee provides strategic leadership, advocacy and expert advice on pharmaceutical science and pharmacy research. The SRC have a 'Safer Medicines and Safer Medicines Usage' Working Group, who meet throughout the year to discuss medicines safety priorities, ensuring safe access to and use of medicines. This group is an important part of any development of any RPS/RCPharm patient safety strategy and programmes of work.

The **RPS [expert advisory groups \(EAGs\)](#)** provide a source of expertise and advice to inform RPS policy decisions. They have been an invaluable support for RPS patient safety activities in particular with regards to responding to consultations on national patient safety alerts (NatPSA), HSSIB reports and Regulation 28 coroner prevention of future death reports where the RPS have been asked for a response.

The **RPS Assessment and Credentialing** frameworks will drive change for pharmacy and is a significant and important developing model. The development of an RPS patient safety strategy will be an integral part of any future assessment and credentialing model.

The **RPS Education Team** always consider patient safety impact throughout their work. The team recently worked with the RPS 'Safer Medicines and Safer Medicines Usage' Working Group to produce a series of [webinars](#) 'Exploring Human Factors: Truths, Myths and Practical Insights'. [RPS Learn platform](#) also seeks to incorporate patient safety into its learning content for RPS members.

The **RPS Standards, Guidance, Museum and Patient Safety Team** are responsible for the development of the patient safety strategy within the RPS. The team develop resources for members which includes the RPS pharmacy guides, standards, guidance documents and supportive tools and resources all of which have patient safety at their core. They are responsible for writing and updating the RPS Medicines, Ethics and Practice Guide and providing responses to the Coroners Prevention of Future Death Reports where there is a pharmacy and medicines/patient safety element. The team also support with campaigns such as [World Patient Safety Day](#).

The RPS [Patient Safety Professional Standards: Responding to Patient Safety Incidents](#) were updated in 2024 in collaboration with the Association of Pharmacy Technicians UK (APTUK) and Pharmacy Forum NI. The Standards and Guidance team also produced tools and resources to help pharmacy teams make the most of the Patient Safety Professional Standards.

The **RPS Membership, Professional Support and Professional Engagement Teams** provide practical advice and guidance for RPS members on prescribing, guidance on legal and ethical queries, advice on specific medicines or situations, ethical dilemmas and clinical queries. The Team provides a mechanism for early insight on emerging or safety issues through their contact with RPS members.

In 2025 the team also began offering comprehensive and affordable Professional Liability Insurance (PLI), designed to empower pharmacists to work confidently and deliver high-quality care, knowing they are protected. Anonymised insurance claims information from the RPS PLI will provide an opportunity to educate RPS members and influence stakeholders including medicine manufacturers and IT system suppliers.

Further engagement with the RPS Membership, Professional Support and Professional Engagement Teams will identify patient safety themes from this work. The RPS Team England in 2024 in collaboration with the Royal College of General

Practitioners (RCGP) published the [Repeat Prescribing Toolkit](#), a resource commissioned by NHSE following the publication of the [National Overprescribing Review in 2021](#). It highlighted the need to help GP practices improve the consistency of repeat prescribing processes and support this with training resources. The toolkit addresses [medicines safety](#) by highlighting medicines safety risks associated with repeat medicines and highlights ways in which GP practices can prevent avoidable harm from repeat medicines.

5. RPS engagement with patient safety stakeholders

Building key external patient safety relationships has been a priority for the RPS to ensure that any work produced by the RPS/RCPPharm aligns with national priorities. The RPS currently are represented on the **Royal College of Physicians (RCP) Patient Safety Committee**. This group brings together clinicians with specific interest and expertise in patient safety from within the RCP, affiliated specialist societies and external organisations. They advise and influence the national patient safety agenda, support RCP strategic priorities, and identify best practice for dissemination within the RCP, members and fellows.

The RPS are also represented at the **RCP/RPS Medicines Safety Joint Working Group**, a group formed following discussions on the need for closer collaboration between the RCP, RPS and British Pharmacological Society, particularly around multi-professional training on safe use of medicines. The RPS co-chair the meetings with the RCP Clinical Director for Patient Safety and Clinical Standards.

The RPS are also represented on the national **MEDsip (Medicines Safety Improvement) Board**, a group chaired by the Deputy Chief Pharmaceutical Officer for England. The MEDsip Board has a leadership role for medicines safety across the whole of the NHS. It also provides a focus for national strategy in relation to medicines safety.

The RPS are represented on the **National Patient Safety Response Advisory Panel (NatRAP)**, a group whose focus is primarily on advising NHS Improvement on how it should respond to new or under-recognised issues that may need national advice and guidance. This may be in the issuing of a National Patient Safety Alert or may be addressed through other routes.

The RPS also engages with the Care Quality Commission (CQC), APTUK, the Health Improvement Pharmacy lead for Learning Disability and Autism (NHSE), the Chartered Institute of Ergonomics & Human Factors, and the National Child Mortality Database (NCMD).

The RPS has now established regular meetings with the MHRA, Specialist Pharmacy Services (SPS), the Healthcare and Safety Investigations Branch (HSSIB), the Community Pharmacy Patient Safety Group, Community Pharmacy England (CPE), the National Pharmacy Association (NPA) and the General Pharmaceutical Council (GPhC). This has highlighted the importance of these close working relationships to ensure that the patient safety work of the RPS/RCPharm is aligned with other national stakeholders and that learning can be shared and allow for opportunity of collaboration as appropriate.

The RPS also meet with [Transforming Medication Safety Northern Ireland](#) Team to discuss their work on medicines safety in Northern Ireland and explore how we can work better to share learning around medicines and patient safety.

6. Patient safety strategies of Royal Colleges in the UK

As a future Royal College of Pharmacy, RPS/RCPharm will seek to align its patient safety strategy with other Royal Colleges.

The [Royal College of Anaesthetists](#) (RCoA) have a clear patient safety strategy on their website and directs readers to a number of supporting documents to support the implementation of their patient safety strategy.

The [Royal College of Obstetrics and Gynaecology](#) (RCOG) have a patient safety hub which includes publication of papers from their Patient Safety Committee meetings, Learning Reports and RCOG responses to national publications/consultations, patient safety alerts and RCOG responses to Regulation 28 reports (Prevention of Future Death Reports).

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) have a patient safety portal on their website 'Your one-stop-shop for all things related to paediatric patient safety', which includes a patient safety podcast series, a Quality Improvement (QI) section on their website for sharing quality improvement experience and expertise, Human Factors and Ergonomics section, learning from others and how to create a safety culture.

The [Royal College of Physicians \(RCP\)](#) has set up a joint working group on medication safety with the RPS, British Pharmacological Society, Royal College of Nursing (RCN), RCGP, NHS England. The RCP have also developed a [patient safety hub](#), 'Medical Care Driving Change', which includes webinars, case studies, a patient safety blog series and monthly spotlight topics.

The [Royal College of General Practitioners \(RCGP\)](#) have developed a Patient Safety Toolkit which maximises opportunities to learn from patient safety incidents in GP practices, and to share learning via organisational or national reporting systems. It also outlines a process for learning from patient safety incidents in practice. The RCGP recently collaborated with the RPS to develop the [Repeat Prescribing toolkit](#) to help practices improve the consistency of repeat prescribing process so that their repeat prescribing systems can be improved in terms of efficiency, safety and patient care.

7. RPS/RCPharm Strategic Patient Safety Principles

Appendix 2 outlines for the approval of the RPS Boards the strategic Principles that will underpin a patient safety strategy of the RPS/RCPharm.

Appendix 3 outlines the initial engagement with RPS teams to support with the development of the patient safety strategy for the RPS/RCPharm.

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Appendix 2

Patient Safety Strategy Principles for the Royal Pharmaceutical Society (RPS) and the Royal College of Pharmacy (RCPharm)

Patient Safety Principle 1: Patients and the public at the heart of everything

Strategy: The RPS/RCPharm will prioritise patient safety and public benefit. Our focus will always be on the promotion of health and the safe and effective use of medicines.

Outcome: Patients and patient/carer groups recognise the RPS/RCPharm as an organisation which actively collaborates with patients to improve pharmacy services and create greater recognition for pharmacy with the public and other healthcare professionals.

- We will build strong relationships and engage with patient groups at a regional and national level across the UK
- We will ensure patient representation in our work across the RPS/RCPharm organisation and that it has a focus on health inequalities, inclusion and diversity to improve medication safety and public health

Patient Safety Principle 2: Leadership and Collaboration are fundamental to patient safety

Strategy: The RPS/RCPharm will lead on patient safety and the safe and effective use of medicines. Our vision for UK pharmacy professional leadership will be inclusive and collaborative, enabling opportunities for shared learning to improve healthcare for patients and the public.

Outcome: The RPS/RCPharm is regarded as a key patient safety leader and valued partner by patient and medicines safety stakeholders at a regional, national and international level.

- We will work in partnership with other professions, regulators and other national organisations across the UK with responsibility for patient and medicines safety
- Improve public health and patient safety by building strong and trusting relationships with partner pharmacy leadership organisations

Patient Safety Principle 3: Patient Safety Culture drives safer care

Strategy: The RPS/RCPHarm will support a culture of evidenced-based continuous learning and quality improvement in patient and medicines safety to improve health outcomes for patients and the public.

Outcome: The RPS/RCPHarm routinely uses an insight led approach to patient and medicines safety intelligence, to increase professional knowledge and to actively and routinely contribute to the national patient safety agenda.

- An RPS/RCPHarm patient safety portal will provide widened access to learning guidance, patient safety resources, safety alerts and reports on adverse events.
- We will deliver a range of member support to pharmacy teams incorporating quality improvement methodologies, science of human factors and ergonomics and professional resources. This will include developing educational content and assessment and credentialing to support professional development.

Patient Safety Principle 4: Patient Safety embedded in policy and thought leadership

Strategy: The RPS/RCPHarm will champion patient safety and public trust through collaborative policy development, thought leadership and professional standards and guidance with key stakeholders.

Outcome: The RPS/RCPHarm is viewed as the professional leadership body for pharmacy in promoting the safe and effective use of medicines with relevance to all healthcare professionals.

- Collaboration with key stakeholders and expert advisory groups to develop and update RPS/RCPHarm policy, professional standards and guidance, to ensure the safe development of pharmacy professional practice
- To ensure RPS/RCPHarm publications are relevant, reflective of national learning and enable safe pharmacy practice in a digital future
- Patient engagement and representation will be fundamental to these processes

Patient Safety Principle 5: Patient Safety through Workforce Quality Assurance

Strategy: The RPS/RCPPharm will provide patient safety assurance to patients and the public through pharmacy workforce assessment and credentialing processes.

Outcome: A highly competent and confident pharmacy workforce that adopts a reflective approach to their pharmacy practice, and considers the impact on patients, their care and their safety.

- Promoting assessment and credentialing pathways to assure patient safety and support career pathways
- Promoting professional leadership in pharmacy through assessment and credentialing to ensure the delivery of safe pharmacy practice

Patient Safety Principle 6: Patient Safety Communications across pharmacy

Strategy: The RPS/RCPPharm will prioritise and deliver to pharmacy teams effective safety communications through a range of methods and collaboration with key patient safety stakeholders will be integral to this.

Outcome: The RPS/RCPPharm will be a trusted and knowledgeable resource for patient safety communications in promoting safe and effective use of medicines.

- Ensure effective and timely communication to members of all patient and medicines safety related issues and updates
- Share learning, information, knowledge and best practice in relation to patient safety and ensure information is easily accessible, timely, relevant and impactful.

Patient Safety Principle 7: Science, research and education underpinning the safe and effective use of medicines

Strategy: The RPS/RCPPharm will focus on the promotion of health and the advancement of education in relation to the science and practice of pharmacy to ensure best outcomes for patients and the public.

Outcome: The RPS/RCPPharm will be the go-to resource for members for research and education activities in support of patient safety and best practice.

- Support science, research evidence and innovation in pharmacy across all areas to ensure best outcomes for patients and the public and continuous quality improvement

Appendix 3

Engagement with RPS Teams to inform the development of the RPS/RCPharm Patient Safety Strategy have included:

- RPS Public Affairs Team from England, Scotland and Wales – 23.4.2025
- RPS Policy Leads from England, Scotland and Wales – 28.4.2025
- RPS Education Team – 29.4.2025
- RPS Membership, Professional Support and Professional Engagement Team – 12.5.2025
- Pharmaceutical Journal – 20.5.2025
- RPS Science and Research Team – dates to be determined

National Pharmacy Board meeting – September

Title of item	Assisted Dying for Terminally Ill Adults (Scotland) Bill
Author of paper	Fiona McIntyre
Position in organisation	Policy & Practice Lead
Telephone	Ross Barrow
E-mail	Head of External Relations
	Fiona.mcintyre@rpharms.com
	Ross.barrow@rpharms.com
Item to be led at the meeting by	Ross Barrow & Fiona McIntyre
Headline summary of paper	This paper outlines the current position and proposed next steps for RPS Scotland engagement with Stage 2 of the Assisted Dying for Terminally Ill Adults (Scotland) Bill. It presents arguments for and against continued engagement, and proposes three key amendments to safeguard pharmacists' professional roles and rights.
Purpose of item (decision / discussion)	Discussion and decision – to determine RPS Scotland engagement with the Bill process and decision on proposed amendments.
For consideration	Scottish Pharmacy Board are asked to: <ul style="list-style-type: none"> • Support continued engagement with the Bill process • Agree the number and detail of amendments to be taken forward • Agree next steps
Risk implications	Fully discussed within the body of the paper
Resource implications	Staff time for policy development, stakeholder engagement, and briefing preparation. Potential need for legal consultation regarding Section 30 Order implications.

Assisted Dying for Terminally Ill Adults (Scotland) Bill

Questions for consideration:

Does the Scottish Pharmacy Board:

- Support continued engagement with the Bill process?
- Agree with the detail of the proposed amendments?
- Agree with the proposed next steps?

What we are looking to achieve.

An agreed action plan for RPS Scotland:

- to lobby Scottish Ministers and MSPs and influence the Stage 2 parliamentary process
- to achieve a Bill which protects the professional roles of pharmacists and safeguards their right to conscientious objection,
- thereby supporting the practice of those pharmacists who wish to participate in the Assisted Dying process and those who would choose not to do so.

Background:

RPS Scotland has taken a proactive and structured approach to engaging with the Assisted Dying for Terminally Ill Adults (Scotland) Bill. During Stage 1, the team responded to the Scottish Parliament's consultation in 2024, providing a detailed submission that reflected the organisation's neutral stance on the principle of assisted dying while advocating for the protection of pharmacists' professional roles and rights. This was followed by participation in an oral evidence session at the Health, Social Care & Sport Committee, where RPS Scotland contributed expert insights into the implications of the Bill for pharmacy practice in November 2024.

In addition to formal parliamentary engagement, team members have attended a series of external stakeholder events. These provided opportunities to hear diverse perspectives and ensure that the pharmacy profession's voice was represented in broader discussions. To strengthen the evidence base and inform policy positions, RPS Scotland consulted with subject matter experts including Dr Mary Neal, Reader, Strathclyde University and Professor Michael Dooley, Director of the Voluntary Assisted Dying pharmacy service in Victoria, Australia whose combined

legal, professional and operational expertise helped shape the organisation's understanding of the Bill's implications on conscientious objection and professional implications.

Briefings were prepared for both the National Pharmacy Boards and Members of the Scottish Parliament (MSPs), including the team drafting the Bill, ensuring that key stakeholders were kept informed of RPS Scotland's position and concerns. These briefings highlighted the need for clarity around the pharmacist's role and the importance of securing conscientious objection rights.

As the Bill progressed to Stage 2, RPS Scotland has continued its engagement by preparing updated briefings and holding a direct meeting with Liam McArthur MSP, the Member introducing the Bill. These discussions focused on the potential risks posed by the current drafting of the legislation, particularly the optional and limited role assigned to pharmacists, and the absence of robust protections for conscientious objection.

Current Provisions

The Assisted Dying for Terminally Ill Adults (Scotland) Bill, as currently drafted, includes provisions that reference the role of pharmacists in the assisted dying process. However, these provisions are limited, optional, and raise several concerns for the pharmacy profession.

Firstly, the Bill allows for a pharmacist to accompany the Authorised Practitioner during the assisted death, but this role is not mandatory. This optional status risks devaluing the pharmacist's professional contribution, suggesting that their involvement is ancillary rather than integral to the process. Such framing may lead to confusion among other healthcare professionals and the public about the pharmacist's responsibilities and expertise.

Secondly, the Bill does not adequately secure the right to conscientious objection for pharmacists. While conscientious objection is a critical safeguard for healthcare professionals who may have ethical or moral concerns about participating in assisted dying, the current drafting only applies this protection to the limited role described in the Bill. Because the pharmacist's role is not clearly defined or mandated, the conscientious objection clause is effectively void or unenforceable. This leaves pharmacists vulnerable to professional and legal risks if they choose not to participate.

Another significant issue is the lack of clarity around legal compliance. Expert opinion indicates that a Section 30 Order may be required to ensure the Bill aligns with professional regulation, which is a reserved matter under UK law. Without this

legal mechanism, the Bill may not be enforceable in its current form, particularly in relation to the regulation of pharmacists.

Finally, the Bill places the burden of proof on individual pharmacists to justify their conscientious objection, rather than establishing a clear and supportive framework. This could lead to inconsistent application and potential conflict in practice settings.

Discussion – risks and opportunities for engagement

Reasons to Engage with Stage 2

1. **Advocacy for the Profession**
RPS has a responsibility to advocate for pharmacists, ensuring their roles are clearly defined and respected in legislation. Engaging at Stage 2 allows RPS to influence amendments that protect professional integrity and clarify responsibilities.
2. **Conscientious Objection Protections**
The current Bill does not adequately secure pharmacists' rights to conscientious objection. By engaging, RPS can push for amendments that establish robust protections, ensuring pharmacists are not forced into participation against their beliefs.
3. **Neutral on Principle, Not on Process**
While RPS remains neutral on the principle of assisted dying, it is not neutral on the legislative process. Engagement allows RPS to shape how the profession is represented, without endorsing or opposing the concept of assisted dying itself.
4. **Opportunity to Influence Amendments**
Stage 2 is a critical point where amendments are proposed and debated. RPS can lobby MSPs to support amendments that align with pharmacy values and oppose those that pose risks to the profession.
5. **Duty to Define the Pharmacist's Role**
If the Bill is to include pharmacists, it is preferable that RPS defines that role rather than leaving it vague or allowing others to do so. This ensures the role is appropriate, safe, and professionally sound.

Reasons Against Engagement with Stage 2

1. **Risk of Misalignment with RPS Policy**
Continued engagement may be interpreted as support for the principle of assisted dying, which could conflict with RPS's stated neutrality. This could lead to reputational risks or internal disagreement.
2. **Legal and Regulatory Complexity**
The Bill may require a Section 30 Order to be legally enforceable, as professional regulation is a reserved matter. Engaging with a potentially flawed

legislative process could be seen as premature or inappropriate. Legal opinion may be necessary.

3. Limited Role for Pharmacists in the Bill

The pharmacist's role is currently optional and poorly defined. Without significant changes, further engagement may not yield meaningful improvements and could inadvertently legitimise a marginalised role.

4. Resource Implications

Continued engagement demands time, expertise, and coordination. If the likelihood of successful amendment is low, this may not be the best use of RPS resources.

5. Potential for Political Sensitivity

Assisted dying is a highly sensitive and polarising issue. Even neutral engagement may attract criticism or misinterpretation, particularly if RPS is seen as taking a stance.

Proposed Amendments (with options)

Define the role of the pharmacist

Amendment 1. ADD - The preparation, assembly and supply of the substance to the authorised healthcare professional must be undertaken by a registered pharmacist (or words to that effect to be confirmed)

Amendment 2. AMEND – OPTIONS

- a) Status Quo – no further amendments on role of pharmacist
- b) Amend Accompanying Healthcare Professional role to REMOVE pharmacist from the definition
- c) Amend Authorised Health Care Professional definition to include pharmacist
- d) Amend Bill to read that Accompanying Healthcare Professional (Doctor, Nurse, Pharmacist) can
 - a. Provide the substance to the person
 - b. Remove the substance if not used
- e) Amend Bill to combine Option b) and c) to enable any future roles for pharmacists

Opt-in Service

Amendment 3. ADD - All healthcare professionals who wish to assist patients to end their own life must choose voluntarily to opt-in to an assisted dying register before they are able to provide assistance.

Amendment 1 above ensures that the preparation, assembly and supply function for the substance are listed within the legislation and therefore provide the vehicle for the conscientious objection clause to be valid.

Amendment 2 options make provision for the Bill to be enabling legislation that future-proofs the legislation for any future roles of pharmacists. Option b) would propose to remove pharmacists from any role at the time of assisted death by removing them from the definition of the Accompanying Healthcare Professional. Options c), d) and e) offer various levels of possible involvement of pharmacists without making any such role mandatory.

Amendment 3 addresses the issue of conscientious objection and to the burden of proof being on the individual. Alone, this amendment does not address the issues related to the inadequate description of the role of the pharmacist in the Bill, but does not create any new risks. Other healthcare professional bodies are holding this position and it is our understanding will make representation to MSPs on that basis.

Next Steps

The RPS Scotland team will continue to engage with Liam McArthur MSP on agreed proposed amendments and will continue to monitor the amendments laid down as part of the Stage 2 process. Further engagement will continue with other identified MSPs and external stakeholders including Hospice UK, RCGP, RCN, Marie Curie, CPS and others.

The Scottish Pharmacy Board will be kept apprised of ongoing activity and developments until the conclusion of Stage 2 when the Board will be approached to assess the necessary course of action to be taken at Stage 3 of the Bill process. i.e. considering whether RPS support the amended Bill.

Recommendations:

Scottish Pharmacy Board are asked to:

- Support continued engagement with the Bill process
- Agree the number and detail of amendments to be taken forward
- Agree next steps

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Laura Wilson		Overall RAG
Reporting period		Q3 2025		
Risks / issues/				
Project deliverables		Progress summary	Next Steps:	
1. Draft amendments	Drafted and reviewed internally	Seek Board approval and engage MSPs	1. Draft amendments	
2. Stakeholder engagement	Ongoing meetings with MSPs and experts	Finalise briefings and submit recommendations	2. Stakeholder engagement	

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan