

# ROYAL PHARMACEUTICAL SOCIETY

OPEN BUSINESS

National Pharmacy Boards meeting 6 November 2025

This meeting will be held face to face at RPS, 66-68 East Smithfield, London, E1W 1AW and on TEAMS

## OPEN BUSINESS AGENDA 6 November 2025, at 11:00

Item (approx start time)	Subject	Purpose	Related papers/slides	Objective	Chair/or lead person
1. 11:00	Welcome	For noting	No paper/Verbal address:	Welcome and introductions	EPB Chair
	Apologies	For noting	No paper/Verbal address	To note apologies <u>EPB</u> : No apologies <u>SPB</u> : Lucy Dixon and Richard Shearer <u>WPB</u> : Rafia Jamil	EPB Chair
2	Declarations of Interests and Board Members' Functions and Duties	For noting	25.11.EPB.02(a)/ SPB.02(a)/ WPB.02(a) 25.11.NPB.02(b)	To note (a) declarations of interest for Board members (b) Board members' functions and duties	EPB Chair

3	Minutes and matters arising	For decision	25.11.EPB.03/ SPB.03/WPB.03	To approve the Open minutes of the meetings held in September 2025 and to discuss matters arising from these minutes.	<b>EPB Chair</b>
4. 11.10	Constitution & Governance Review update	For consideration	Verbal update	NPB to receive updates on activities pertaining to C&G strategy work	<b>EPB Chair</b> Karen Baxter/ Vicky Taylor
5. 11:25	I&D consultation update	Update and discussion	Presentation	NPB to receive an update on the I&D consultation, the outputs from which will feed into an updated I&D strategy.	<b>EPB Chair</b> Maruf Ahmed, I&D Intern & Aman Doll
<b>11:45 - Coffee and Tea (10 minutes)</b>					
6. 11:55	Engagement	Update and discussion	Presentation	NPB is asked to consider: <ul style="list-style-type: none"> <li>Plans for the three 2026 regional conferences.</li> </ul> Plans for the 2026 Inclusion & Diversity Pharmacy Business Magazine & RCPharm Conference.	<b>EPB Chair</b> Neal Patel & Asra Ahmed

7. 12:35	CPhO Clinical Leadership Fellow (Scotland) (SCLF)	Update and discussion	Presentation	Elspeth Boxall, SCLF to provide an update on the refresh of the RPS Aesthetics Policy.	<b>SPB Chair</b> Elspeth Boxall						
<b>Lunch (12:55) – 45 minutes</b>											
8. 13:40	CPhO Clinical Leadership Fellow (England)	Update and discussion	Presentation	The NPB to receive an update from Sheetal Ladva on the work being carried out, with Macmillan, on cancer care.	<b>SPB Chair</b> Sheetal Ladva						
9. 14:10	Policy update	Update and discussion	Presentation	Board members to receive a brief policy round up (HW) and an update on commissioned pieces of work (AF)	<b>SPB Chair</b> Heidi Wright/ Alwyn Jones						
10. 14:25	Papers for noting	For noting	25.11.NPB.10(i) – (vi)	(i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance (v) Education (vi) Science & Research update	<b>SPB Chair</b>						
11. 14:25	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 the meeting of any matter that is to be raised.	<b>SPB Chair</b>						
12. 14:30	Dates of next meetings	For noting		<ul style="list-style-type: none"> <li>• <b><u>Confirmed dates for NPB 2026 meetings*</u></b></li> </ul> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>England</td> <td>Scotland</td> <td>Wales</td> </tr> <tr> <td>23 &amp; 24</td> <td>26 &amp; 27</td> <td>18 &amp; 19</td> </tr> </table>	England	Scotland	Wales	23 & 24	26 & 27	18 & 19	
England	Scotland	Wales									
23 & 24	26 & 27	18 & 19									

			February	February	February	
17 & 18 June Joint meeting	17 & 18 June Joint meeting	17 & 18 June Joint meeting				
22 & 23 September	16 & 17 September	24 & 25 September				
5 November	5 November	5 November				
*Please note that dates after the transition to RCPharm (Proposed April) may be subject to change.						
<b>Close of Open Business at 14:30 – refreshment break (10 mins)</b>						
<b>RPS observers requested to leave</b>						

English Pharmacy Board – November 2025

### **Declaration of Interests**

#### **Adebayo Adegbite**

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

#### **Claire Anderson**

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

#### **Danny Bartlett**

- Founder and Managing Director Primary Care Clinical Excellence Ltd. (PCCE)
- Clinical Lead, NHS England
- Non-Executive Director, The Pharmacist Network (TPN) Group Ltd (inclusive of Morph Clinical Services)
- Associate Programme Lead for Prescribing, University of Brighton
- Pharmacist Accreditation Panel Member, GPhC
- Editorial Board Member, PM Healthcare
- Member, PCPA
- Adhoc contributor Pharmaceutical Journal

## **OPEN and CONFIDENTIAL BUSINESS**

- Adhoc contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Ad hoc guest clinical speaker for Amarin, Bayer, Besins, Boehringer Ingelheim, CPPE, Daiichi Sankyo, Idorsia, NHSE (VTS GP training), and PM Healthcare.
- Adhoc consultancy and clinical services

### **Sharon “Sibby” Buckle**

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

### **Ciara Marie Duffy**

- Quality Manager/Qualified Person at Novartis
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Unipharm
- Lecturing: Undergrad: Newcastle University, University of Manchester, University of Swansea; Post Grad: Oxford Academy

### **Brendon Jiang**

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

### **Sue Ladds**

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

## **OPEN and CONFIDENTIAL BUSINESS**

- Specialist Project Director with UHS Pharmacy Ltd

### **Michael Maguire**

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

### **Ewan Maule**

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board
- Honorary Professor - Teesside University
- Senior Pharmaceutical Advisor to NHS England North East and Yorkshire region (working one day a week)

### **Erutase Oputu**

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

### **Ankish Patel**

- Primary Care Pharmacy Association Leadership Forum
- Pharmacy Defence Association Union Member
- Nottinghamshire Primary Care Equality & Diversity Group
- SOAR Beyond
- Cantourage Ltd
- PM Healthcare
- Ad hoc consultancy
- Ad hoc speaker events

### **Matthew Prior**

**OPEN and CONFIDENTIAL BUSINESS**

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

# ROYAL PHARMACEUTICAL SOCIETY Scotland

OPEN/CONFIDENTIAL BUSINESS  
25.11/SPB/02(a)

Scottish Pharmacy Board

Updated November 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 Leadership Group
- Member, RPS Scottish Pharmacy Board
- Chair of the NHS Lanarkshire Pharmacotherapy Development Group
- Member of the NHS National Community Pharmacy Advisory Group

### **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**

**November 2025**

**Welsh Pharmacy Board - Declarations of Interest**

**Aled Roberts**

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

**Richard Evans**

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

**Dylan Jones**

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

## **Eleri Schiavone**

- Head of Blood Donation Service: Welsh Blood Service. Velindre University NHS Trust
- Welsh Pharmacy Board member and RPS Assembly member
- Vice Chair of the Welsh Pharmacy Board
- Member of the RPS Audit & risk Committee
- Member of the European Blood Alliance Benchmarking Working Group
- Member of Unite the Union/Guild of Healthcare •Pharmacists.

## **Geraldine McCaffrey**

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

## **Helen Davies**

Current Substantive post:

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

From March 2018 to February 2021

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

### Sessions from 2011 onwards

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

### **Gareth Hughes**

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

### **Rhian Lloyd – Evans**

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

### **Lowri Puw**

Advanced Pharmacist- Betsi Cadwaladr University Health Board

Lecturer- Postgraduate Independent Prescribing Course, Bangor University

Fferyllfa Penygroes Pharmacy

Sister GP trainee – Hywel Dda University Health Board

### **Liz Hallett**

.ABHU

. PDA Union Member

. PCPA Member

**Rafia Jamil**

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

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

Locum Pharmacist

National Pharmacy Board meeting – November 2025

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

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

## **7.2 Powers and functions of the Boards**

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

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

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

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

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

## **7.4 National Pharmacy Board Members**

### **7.4.1 Duties**

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

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

Duties include but are not limited to:

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

## ENGLISH PHARMACY BOARD MEETING – Open Business

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

### English Pharmacy Board:

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

### Apologies

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

### In attendance:

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

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

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

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

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

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

	<p>API will take EPB comments back to the events team for further discussion regarding some form of Board input on the day.</p> <p><b>Action 4 – API to discuss BM participation in RPS conference with the team</b></p>	
<b>25.09.NPB.07</b>	<p><b>Papers for noting (item: 25.09/NPB/04 (i-vi))</b>  <i>Led by: EPB Chair</i></p> <p>English Pharmacy Board members noted the following papers:</p> <ul style="list-style-type: none"> <li>(i) Implementing Country Visions</li> <li>(ii) Professional Issues</li> <li>(iii) Workforce</li> <li>(iv) Strengthening Pharmacy Governance</li> <li>(v) Education</li> <li>(vi) Science &amp; Research update</li> </ul>	<b>EPB Chair</b>
<b>25.09.NPB.08</b>	<p><b>Any other business</b>  <i>Led by: EPB Chair</i></p> <p>There was no other business to discuss.</p> <p>The Chair thanked Elen Jones (Direct of Pharmacy) for her hard work and commitment to the English Pharmacy Board over the years and wished her all the best in her new role as Pharmacy Dean at Health Education &amp; Improvement Wales.</p>	<b>EPB Chair</b>
<b>25.09.NPB.09</b>	<p><b>Dates of next meeting</b>  <i>Led by: EPB Chair</i></p> <p><b>NPB joint meeting:</b> 6 November 2025, at 66-68 East Smithfield.</p>	<b>EPB Chair</b>

**Action list:**

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

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

## SCOTTISH PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Thursday 18 September 2025, at 44 Melville Street, Edinburgh, EH3 7HF and online.

### Scottish Pharmacy Board:

Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD) (online), Laura Fulton (LF), Nicola Middleton (NM), Josh Miller (JM), Richard Shearer (RSh), Catriona Sinclair (CS), Amina Slimani-Fersia (ASF), Richard Strang (RSt), Jill Swan (JS) and Audrey Thompson (AT)

### In attendance:

Zahra Al-Momen (ZA) Engagement Lead – Scotland, Claire Anderson (CA) President, Ross Barrow (RB), Head of External Affairs – Scotland, Paul Bennett (PB), Chief Executive (online), Elspeth Boxall (EB), Scottish Clinical Leadership Fellow (SCLF), Corrinne Burns (CB), PJ Reporter (online), Fiona McIntyre (FM), Scottish Practice & Policy Lead, Liz North (LN) Head of Strategic Communications, Anna Pielach (AP) (online), Carolyn Rattray (CR), Business Manager - Scotland, Dafydd Rizzo (DR) Policy and Public Affairs Executive (online), Kate Ryan (KR) Patient Safety Manager (online), Wing Tang (WT), Head of Professional Standards (online), Laura Wilson (LW), Director for Scotland

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

**Apologies:** There were no apologies.

25.09.NPB.01	<b>Welcome and Apologies</b> <i>Led by SPB Chair</i>  The Chair welcomed Board members and staff to the meeting, extending a special welcome to the RPS President, Claire Anderson (CA), Liz North (LN), Head of Strategic	SPB Chair
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	<p>Communications and Elspeth Boxall (EB), Scottish Clinical Leadership Fellow (SCLF), who were present in the room.</p> <p>EB was invited to provide a brief introduction as to her career pathway to date, mainly in a hospital setting, working for various health boards including NHS Fife, NHS Greater Glasgow &amp; Clyde (GGC) and NHS Lothian; she is an HIV Specialist and is looking forward to the opportunities that the SCL fellowship will provide.</p> <p>There were no apologies.</p>	
<b>25.06.NPB.02</b>	<p><b>Declarations of Interests and Board Members' Functions and Duties</b>  <i>Led by: WPB Chair</i></p> <p><u><a href="#">25.09.SPB.02 - Declarations of interest</a></u>  Board members <b>noted</b> paper 25.09/SPB/02(a).</p> <p>RSh advised of amendments to his declarations of interest. BMs were asked to advised CR of any other changes to declarations of interest.</p> <p><b>Action 1:</b> CR to update declarations of interest.</p> <p><u><a href="#">25.06.NPB.02(b) – Board Members' Functions and Duties</a></u>  Board members <b>noted</b> 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 College and Boards transition into Councils. Any comments on this paper should be channelled through the country directors.</p>	<b>SPB Chair</b>
<b>25.09.NPB.03</b>	<p><b>Minutes and Matters arising</b>  <i>Led by: SPB Chair</i></p> <p><u>Minutes</u></p>	<b>SPB Chair</b>

	<ul style="list-style-type: none"> <li>The Scottish Pharmacy Board <b>approved</b> the minutes of the National Pharmacy Board meeting, held on 19 June 2025. (item: 25.09/SPB/03)</li> </ul> <p><b>Proposed by:</b> Nicola Middleton and <b>seconded by:</b> Jill Swan</p> <p><u>Matters arising:</u></p> <p><b>Action 2 – Health inequalities:</b> AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September. With a change in roles for AD and the redispersal of responsibilities, it was agreed that this action should be brought back to the February 2026 meeting.</p>	
<b>25.09.SPB.04</b>	<p><b>Papers for noting (item: 25.06/NPB/04 (i-vii)</b></p> <p><i>Led by: SPB Chair</i></p> <p>Board members noted the following papers:</p> <ul style="list-style-type: none"> <li>(i) Implementing Country Visions</li> <li>(ii) Professional Issues</li> <li>(iii) Workforce</li> <li>(iv) Strengthening Pharmacy Governance</li> <li>(v) Education</li> <li>(vi) Science &amp; Research update</li> </ul>	SPB Chair
<b>25.06.SPB.05</b>	<p><b>Patient Safety Strategy (PS) for the RPS/RCPPharm</b></p> <p><i>Led by Wing Tang &amp; Kate Ryan</i></p> <p>LF declared an interest in this item as a Director of Pharmacy at Health Improvement Scotland (HIS).</p> <p>WT provided a background journey which started in 2023. RPS was involved in PS but there was no dedicated person to establish relationships etc. As an organisation, we were missing a dedicated PS role to cover these matters; this meant that there was less</p>	SPB Chair

	<p>oversight and less coordination of RPS' patient safety activities. There were no clear lines of accountability or key relationships with patient safety networks across Great Britain.</p> <p>In July 2024, KR was employed as RPS PS Manager, alongside her Medicines Safety role with the NHS. Since starting at RPS, KR has been developing good working relationships with patient safety networks and groups across pharmacy within the NHS and with other royal colleges and regulators. She now Co chairs the RPS/Royal College of Physicians, Joint Medicine safety group.</p> <p>KR was the lead architect of the RPS contribution to the RPS World Patient Safety Day, which was published yesterday (link: <a href="#">RPS World Patient Safety Day</a>) She has, also, been our lead respondent to the Coroner's '<i>Prevention of Future Death</i>' reports.</p> <p>KR has been developing a patient safety strategy fit for a Royal College; this has involved scoping, drafting and testing. A current draft of the PS Strategy has been tested with almost all RPS functional areas; the NPBs will be asked to consider and test the draft PS Strategy. After this step, the draft will be tested with external patient safety groups and patient groups, as well, before coming back and seeking sign off and implementation.</p> <p>WT ran through the structure:</p> <ol style="list-style-type: none"><li>1. Strategy principle – (Top level descriptor of ambition)</li><li>2. Patient Safety Strategy statement (the goal).</li><li>3. Activity needed to achieve the outcome<ul style="list-style-type: none"><li>• Description of outcome if strategy is achieved</li></ul></li></ol> <p>KR provided further context and background to the development of the Patient Safety Strategy, which is a priority for the RPS. The papers detail the extensive collaboration both internally and externally and, also, the high-quality PS work that is going on already within the organisation.</p>	
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	<p>It was noted that the purpose of the presentation was to raise awareness of the draft strategy, to seek comments from boards and approval on the draft principles, strategies and outcomes and to ensure that the draft strategy aligns with all other strategies of the future Royal College of Pharmacy as well as national patient and patient safety strategies. England, Scotland and Wales were all considered in the development of the strategy, e.g. Healthcare Improvement Scotland and the Scottish Patient Safety Programme as well as other groups in Scotland. The NPBs are being asked to consider what the next steps should be in relation to this work.</p> <p>Seven high level patient safety principles have been drafted. KR went through each principle, noting the strategy, desired outcomes and activities required to achieve each one:</p> <p><b>Principle 1</b> - Patients and the public at the heart of everything <b>Principle 2</b> - Leadership and collaboration are fundamental to RPS <b>Principle 3</b> - PS Culture drives safer care <b>Principle 4</b> - Safety embedded in policy and thought leadership <b>Principle 5</b> - Patient safety through Workforce QA <b>Principle 6</b> – PS Communications across Pharmacy <b>Principle 7</b> – Science, research &amp; education underpin the safe and effective use of meds.</p> <p><b>Next steps</b></p> <ul style="list-style-type: none"><li>• Feedback from the RPS NPBs and refinement of the Strategy</li><li>• Workplan to deliver RPS/RCPharm PS Strategy</li><li>• Securing funding for workplan to deliver the Strategy</li><li>• Review Strategy as required.</li></ul> <p><b>Comments/feedback from SPB</b></p> <ul style="list-style-type: none"><li>• (ASF): The draft strategy reflects the situation in each of the countries. Would like to see mention of the Scottish Quality and Safety Fellowship and that there is a Patient Safety Officer in Scotland.</li></ul>	
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	<ul style="list-style-type: none"><li>• Likes the fact that Principle 1 starts off with lived experiences, 'as patients are at the heart of what we do'. Also, the principles mention Quality Improvement and Quality Assurance; is it worth include Quality Management Systems which include both QA, QI and Quality Control? 'An amazing piece of work'.</li><li>• Realistic medicines should be considered.</li><li>• (AT): Likes the fact that the focus is patient safety rather than medicines safety. Of course, med safety is very important. Good to see how Principle 1 fits in with the RPS Mission and Vision but, perhaps, be more explicit so that it strengthens the fact that this is not a new idea – it is at the heart of all that the RPS does.</li><li>• It would be good to document the existing good work that is going on rather than what isn't working.</li><li>• Is there scope to do some work around mapping the learning outcomes from the Scottish Quality and Safety Fellowship.</li><li>• Keen to find out how success will be measured.</li><li>• (JS): Could Principle 3 be worded differently – holistic, overall care would be better. RPS has carried out a huge amount of work on medicines shortages and it would be good to link this in to reflect the complete 'Patient Journey'.</li><li>• (LF): Concerned about the about the amount of work that this work will entail.</li><li>• (NM): Suggested that Principle 3 should include psychological safety.</li></ul> <p>WT thanked the SPB for its input and for the discussion around the scale of the challenge and implementation. WT explained that this is the first step and is about RPS/RCPharm committing to PS through all the different teams as a priority in the context of the new Royal Charter.</p> <p>PB noted that there was recognition as to how much work and research has gone into this piece of work; the energy and passion for this project is evident. It is a programme of work, rather than a strategy, in tandem with the priorities of the future</p> <p>JB summarised by saying that the draft strategy encompasses the whole ethos of a royal college. When considering the principles, it really mandates the future RC 'to do the right thing in the right way'. These principles bring accountability around this. Feels it</p>	
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	<p>is an absolutely seminal piece of work and not in a standalone way. There is a lot of personal commitment to this and providing PS will be a golden thread. Cannot see that this would not form a vital strategy as part of the RC.</p> <p><b>Action 3:</b> BMs to forward any further reflections, feedback and comments to WT/KR.</p>	
<b>25.09.SPB.06</b>	<p><b>Manifesto</b>  <i>Led by: Ross Barrow</i></p> <p>RB provided an update on the Manifesto</p> <p><b>Phase 1: Publication, dissemination and awareness raising</b></p> <ul style="list-style-type: none"> <li>• The Manifesto has been published on the RPS website.</li> <li>• All staff have got a link on their email signature.</li> <li>• Manifesto 'asks' have been published in the pharmacy trade publication: '<i>Scottish Pharmacist</i>'. The RPS has a quarterly advert in this and so will aim to get a reference to the Manifesto in each of those publications. This will land in community pharmacies mainly.</li> <li>• Copies of the Manifesto have gone to all the Scottish political parties; RPS is keen to influence the development of party manifestos as early as possible.</li> <li>• Connected with Scottish Government (SG) via the CPhO.</li> <li>• Engaged with the Directors of Pharmacy Group.</li> <li>• Newsletter.</li> <li>• Opportunities for engaging with other organisations including Community Pharmacy Scotland (CPS) re: access to shared digital patient record.</li> <li>• RPS has developed a Climate Change Manifesto with the Royal College of General Practitioners (RCGP); the British Medical Association (BMA) is interested in partnering on this.</li> </ul> <p><b>Phase 2 – Stakeholder Engagement</b></p>	<b>SPB Chair</b>

	<p>It was intended that there would be a Manifesto Launch but, after consideration, it was agreed that the 'broad brushstroke' approach would be less successful than a targeted and nuanced approach. The engagement approach adopted will include:</p> <ul style="list-style-type: none"><li>• Two meetings with politicians, the first, in October, with the Head of Policy Development (SNP) and the second (with CPS), with Brian Whittle MSP and Sandesh Gulhane MSP, who is a GP, (Scottish Conservatives). Brian Whittle has been very vocal re: an digital integrated interoperable patient record.</li><li>• A Member webinar – this will be planned for late 2025. The webinar will set context and explain to Members why the Manifesto is important, making it relatable to professional practice.</li><li>• Clear calls to action – templates will be developed and SPB will be asked to support this.</li><li>• An exhibition stand in the Scottish Parliament across 3 days in December. The stand will be sponsored by Gillian Mackay MSP (Scottish Green Party). the Stand will focus on the Greener Pharmacy Toolkit and will support the sustainability 'ask' in the RPS Manifesto. Unfortunately, because of the security measures at the Scottish Parliament, it won't be possible for BMs to support the stand. There will be opportunities for BMs to support at other events.</li><li>• Hustings – To be considered for early in 2026</li></ul> <p><u>Lobbying Register</u> BMs were reminded that it is a legal requirement for anyone speaking to Scottish Politicians, on behalf of an organisation, to complete the relevant sections of the Scottish Lobbying Register; further information can be found here: <a href="https://www.lobbying.scot/SPS?AspxAutoDetectCookieSupport=1">https://www.lobbying.scot/SPS?AspxAutoDetectCookieSupport=1</a></p> <p><b>Comments and feedback</b></p> <ul style="list-style-type: none"><li>• All agreed that the Manifesto was very well put together and would impress the audiences that it needs to reach, demonstrating, to senior politicians, the crucial part that pharmacists play in health and patient care</li></ul>	
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	<ul style="list-style-type: none"> <li>• Workforce planning and protected learning time (PLT). The RPS/RCPharm can advocate in ways that other organisations are unable to. It is crucial that the workforce planning is correct. It was noted that the RPS is aware of the Workforce Forum, and the work that it covers, but were not invited onto it; instead RPS sits on the associated Workforce Advisory Group.</li> <li>• Discussion about prescribing and Pharmacy First+. There is a potential for improving prescribing in all settings; it is a contracted service and so RPS would not advocate for the expansion of Pharmacy First+ without discussing and agreeing with CPS first. Concern around the support that pharmacists have in place to take on the enormity of the challenge and how the service can be progressed from a small number of trailblazers. CA noted that Bruce Warner is about to publish a document about prescribing across the UK. CA to share with the SPB when published.</li> </ul> <p><b>Action 4:</b> CA to share Bruce Warner publication about prescribing across the UK when it is published.</p>	
25.09.SPB.07	<p><b>Assisted Dying for Terminally Ill Adults (Scotland) Bill</b>  <i>Led by: Ross Barrow (RB) &amp; Fiona McIntyre (FMcl)</i></p> <p>RB and FMcl provided an update on RPS engagement with the Bill process so far; the Bill having been passed at Stage 1. The SPB is now asked to consider next steps as the Bill progresses through the second stage and, indeed, whether the RPS should engage with the Stage 2 process.</p> <p>Since the Bill passed through the first stage, the team has prepared further RPS, NPB and MSP briefings and has met with Liam McArthur (LMcA) (MSP), the Member introducing the Bill. The meeting allowed the team to 'test' six potential amendments. It was agreed that RPS would meet with him again after the summer recess, with a full briefing defining our desired outcomes from Stage 2. Although mostly positive about the proposed amendments, particularly the enabling elements, LMcA was more cautious in other areas, e.g. CO.</p> <p>As it is drafted the Bill does not sufficiently protect pharmacists.</p>	SPB Chair

	<ul style="list-style-type: none"><li>• The role of the pharmacist within the Bill is (optional not mandatory) to accompany the Authorised Practitioner at the assisted death.<ul style="list-style-type: none"><li>➢ Devalues the profession</li><li>➢ Prompting confusion and suspicion from other professions</li></ul></li><li>• Conscientious Objection not secured<ul style="list-style-type: none"><li>➢ Only covers profession role as described in the Bill (limited and inadequate)</li><li>➢ One expert legal opinion is that a Section 30 Order may be required for this to be legal</li></ul></li></ul>	
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### **Should RPS engage with the Stage 2 process at all? Is it worth it?**

The Scottish Bill is different to the Bill going through Westminster; the Scottish Bill does not provide sufficient protection for pharmacists. Although RPS is neutral on the principle, it is not neutral on the process. 3 options were put forward:

#### Retaining the status quo

- Not engaging with the Stage 2 process.

#### Defining the role of the pharmacist

- Amend to read that the preparation, assembly and supply of the substance must be undertaken by a registered pharmacist (or words to that effect to be confirmed).

#### An Opt-In Service

- Working alongside other royal colleges would strength RPS's position, addresses issue of conscientious objection and the issue of burden of proof. It doesn't address the role of the pharmacist but does not present any new risks.

#### **Summary of BM discussions:**

- It should be an opt-in service with training for those who opt-in
- In Scotland, there has been a focus on future care planning; this should be taken into account and patients made aware of and have access to other options.

	<ul style="list-style-type: none"><li>• The process needs to be future-proofed and the wording of the legislation broad enough to make the process achievable and reflects any impact on the pharmacist.</li><li>• Further work is required around the medicines' aspect of the Assisted Dying process.</li><li>• Guidance will need to be very clear.</li><li>• If the Opt-in service proposed amendment is not accepted, it will be in conflict with the RPS GB policy. The RPS can maintain a neutral stance on the principle but may need to oppose the Bill if the detail can't be agreed.</li><li>• Keen on the collaboration aspect.</li><li>• There is confusion around terminology. It is a medicine but not one that is being used in a medicinal way.</li><li>• The detail is a challenge; what should go in the primary legislation that is sufficient to protect the pharmacist and what can be left to regulation and secondary legislation.</li><li>• As a professional leadership body, RPS has to have a 'firm' voice on behalf of pharmacists.</li><li>• Although the Bill will be amended at Stage 2, the changes can't be too significant or it will be considered to be a new Bill. There is also pressure to get the Bill passed by May 2026.</li></ul> <p><b>Summary</b></p> <ul style="list-style-type: none"><li>• Advocate for and proceed with the Opt-in service.</li><li>• Strong voice for collaboration with other Professional Leadership Bodies and RCs.</li><li>• Wording needs to be broad enough to ensure that the pharmacist is protected. There was general agreement on the suggested wording: Amend to read that the preparation, assembly and supply of the substance must be undertaken by a registered pharmacist (actual wording to be confirmed)</li><li>• BMs supported Option 4 which would future proof the legislation</li></ul> <p><b>Next steps</b></p> <p>The next iteration of the proposed amendments will be shared with the SPB.</p>	
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	<p><b>Action 5:</b> RB/FMcl to share the next iteration of the proposed amendments with the SPB.</p>	
25.09.SPB.08	<p><b>Strategic Health &amp; Professional Reports</b>  <i>Led by: Fiona McIntyre</i></p> <p>FMcl provided a brief summary of the four Scottish Government strategies which have been recently published:</p> <ul style="list-style-type: none"> <li>• NHS Scotland Operational Improvement Plan</li> <li>• Health &amp; Social Care Service Renewal Framework 2025- 2035</li> <li>• Scotland's Population Health Framework 2025-2035</li> <li>• Realistic Medicines – Critical Connections</li> </ul> <p><b><u>NHS Scotland Operational Improvement Plan</u></b>  The NHS Scotland Operational Improvement Plan outlines short-term operational improvements to reduce pressure on the NHS, shifting gear from acute services to the community, digital innovation and supporting intervention and early prevention. The plan focusses on four priority areas:</p> <ul style="list-style-type: none"> <li>➢ Improving Access to treatment</li> <li>➢ Shifting the Balance of Care</li> <li>➢ Digital and Technology Innovation</li> <li>➢ Prevention</li> </ul> <p><b><u>Health &amp; Social Care Service Renewal Framework 2025- 2035</u></b>  The Framework principles are:</p> <ul style="list-style-type: none"> <li>➢ <b>Prevention First</b> - Preventing problems before they arise, early detection and intervention and managing existing conditions to minimise harm.</li> <li>➢ <b>Population First</b> – About need not demand.</li> <li>➢ <b>Community First</b> - Shift balance of care to communities</li> </ul>	<b>SPB Chair</b>

	<ul style="list-style-type: none"><li>➤ <b>People First</b> - Self-management and people centred pathways</li><li>➤ <b>Digital First</b></li></ul> <p><u>Scotland's Population Health Framework</u></p> <p>Through this Framework, Scottish Government commits, by 2035, to improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average. Focus will be on primary, secondary and tertiary prevention and the impact on population health. It will be a prevention focussed system, taking into account, social and economic factors, equitable health and care and enabling healthy living; could be useful for RPS to consider when framing its manifesto messaging.</p> <p><u>Realistic Medicine – Critical Conditions</u></p> <p>This strategy is based on four principles:</p> <ul style="list-style-type: none"><li>➤ Connection</li><li>➤ Relational Continuity</li><li>➤ Prevention</li><li>➤ Careful &amp; Kind Care</li></ul> <p>JB thanked FMcl for the presentation and opened up the discussion to BMs, asking how RPS should proceed.</p> <ul style="list-style-type: none"><li>• The commitment to equity, prevention and collaboration is positive and reassuring and the move to primary care is very important. There is another strategy, whose themes are similar: The '<i>Scotland Public Services Reform: Delivering for Scotland</i>' Strategy.</li><li>• In support of the principles but Scotland is in a position where resources are being reduced; it is challenging to see how the strategies can be delivered.</li><li>• The strategies are on the 'radar' of the DoPs Group and the health boards.</li><li>• The Realistic Medicines Strategy was produced by the CMO's office. Lots of examples where realistic medicine is used in practice; it would be helpful to be able</li></ul>	
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	<p>to use those experiences and translate into daily practice. RPS could be a conduit for this.</p> <ul style="list-style-type: none"> <li>• Managing risk better is a huge challenge in many environments.</li> <li>• Realistic medicines should be embedded into everyone's daily practice. There are many resources, including a recently published module, not only on managing risk but also enabling risk.</li> <li>• Risk tolerance should be considered. Often, there are risks around doing or not doing something, e.g. assisted dying.</li> <li>• 'Nothing in the Strategy is a new language' – link to existing documents.</li> <li>• Sharing outcomes in a safe space to bring about positive outcomes.</li> </ul> <p>JB summarised: There is a key message as to how RPS can align its manifesto asks with the principles of these strategies.</p> <p><b>Action 6:</b> FMcl to share the slides with BMs.</p>	
<b>25.09.SPB.09</b>	<p><b>GB Workplan update</b>  <i>Led by: Dafydd Rizzo &amp; Osman Ali</i></p> <p>WT provided a brief summary on the Quality Assurance of Aseptic Preparation Services standards (QAAPS) workstream, which is part of the GB workplan but is also a commissioned piece of work which supports the implementation of RPS policies. The work is being led by Dafydd Rizzo.</p> <p><u>QAAPS update – led by Dafydd Rizzo (DR).</u></p> <ul style="list-style-type: none"> <li>• QAAPS standards are the standards that section 10 units abide by and are audited against.</li> <li>• Section 10 units manufacture patient specific products against a prescription.</li> <li>• QAAPS was first published in 1993 by the Quality Control Sub-Committee. RPS has owned and published it since the third edition in 2001.</li> </ul>	<b>SPB Chair</b>

	<ul style="list-style-type: none"><li>• The 5th edition of the standards was published in 2016, nine years ago and so there is now a need to revisit and update. DR went through the reasons why an update is required.</li></ul> <p><u>Changes and Drivers since the 5<sup>th</sup> edition</u></p> <ul style="list-style-type: none"><li>• New GMP Annex 1</li><li>• New MHRA guidance</li><li>• NHS aseptic transformation Programme</li><li>• New Guidance replacing EL (97)52</li><li>• iQAAPS</li><li>• New therapies – ATMPs, Clinical trials</li><li>• Regulator landscape (CQC, MHRA, GPhC)</li><li>• Updated Chief Pharmacist Standards</li><li>• Prevention of future deaths reports</li><li>• Supervision legislation</li><li>• Brexit</li><li>• Devolved Nations Strategies</li></ul> <p>DR went through the structure of the project. There is Project oversight Group, a Lead Author, Robert Lowe, and four working groups, each made up of 16 members. Each working group will review a number of chapters.</p> <p>Timescales are:</p> <p>Quarter 1: Stakeholder engagement and project design</p> <p>Quarter 2: Recruitment and targeted stakeholder involvement</p> <p>Quarter 3: Working stage, updating contents and references</p> <p>Quarter 4: Lead Author editing period, collation and launch</p> <p>The project has completed Q1 and Q2 and all is on track. There will be a public on-consultation and the project will also link in NHSE, NES, HEW and the MHRA to make sure that the project remains 'on track'.</p> <p>JB thanked DR for his presentation and invited questions and comments:</p>	
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	<ul style="list-style-type: none"><li>• 'Hugely robust approach to this work'. There have been a lot of changes since 2016; fewer aseptic units and the need for transportation. Will this be reflected in the 6<sup>th</sup> edition? There will be a specific chapter on storage and distribution.</li><li>• It would be useful to know who the Scottish contacts so that messaging is aligned. Lynn Morrison is on the Project Management Group and also chairs the National QA Committee.</li></ul> <p><b><u>Pharmacogenomics</u></b></p> <p>WT delivered a presentation on Pharmacogenomics (PGx) on behalf of Osman Ali, Project Lead. This workstream supports the country visions and is also a commissioned piece of work. This project aims to develop a Pharmacogenomic Competency Framework Resource for the prescribing workforce to underpin the growth of pharmacogenomic medicines services across the country.</p> <p>WT went through the structure of the project team and the Programme Board.</p> <p>The resource is at the drafting stage and iterative refinements are being made by the T Task &amp; Finish (T&amp;F) group. The Validation group meets on 19 September, the main purpose of which will be to validate the work of the T&amp;F group. The draft will then go out to open consultation and will be reviewed and refined, using information from the consultation. It is hoped that the new framework will be launched by the end of 2025.</p> <p>BMs were asked for comments and questions:</p> <ul style="list-style-type: none"><li>• An emerging area, with an understandable focus on prescribers but what about the non-prescribers; is the scope broad enough? With the increase in numbers of prescribers, there will be a tipping point when this work is relevant to all pharmacists. There is a lot taking place which would be relevant to non-prescribers. Nursing colleagues are creating a framework for undergraduates. The driver, for the focus on early career prescribers, was the group that commissioned the work. JS sits on the Validation group and Scotland will be well placed to utilise the framework. NES is also working on a PGx workstream.</li></ul>	
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	<ul style="list-style-type: none"> <li>Keen that realistic medicines and personalised care are considered within the framework. AS-F to pick up with JS to consider.</li> </ul>	
<b>25.09.SPB.10</b>	<p><b>Events and Engagement updates</b>  <i>Led by: Anna Pielach &amp; Zahra Al-Momen</i></p> <p><u>RPS Conference – 7 November 2025 – Led by Anna Pielach (AP)</u>  AP provided an update on preparations for the RPS Annual Conference, taking place at Houndsditch, London on 7 November.</p> <ul style="list-style-type: none"> <li>Registration have been very positive with just over 600 registered, 80 of whom have registered to join online. Early registrations increase each year as members (and non-members) recognise that the conference is now an established event in the pharmacy calendar; this also means that less marketing resource is required.</li> <li>The content will be run in four parallel workstreams: <ul style="list-style-type: none"> <li>Person-centred care</li> <li>Workforce Development</li> <li>Science &amp; Research</li> <li>Leadership &amp; Innovation</li> </ul> </li> <li>The keynote speaker this year is Matthew Syed, a best-selling author and journalist. He will be talking about accepting change and the importance of continuing learning.</li> <li>Biggest response ever to the call for abstracts with just under 300 submissions.</li> <li>The closing keynote is still to be confirmed but the Health Secretary has been invited.</li> <li>The day will be followed by the Fellows' Reception</li> </ul> <p>Questions and comments/feedback from BMs:</p> <ul style="list-style-type: none"> <li>Keen for the Conference to move around the countries. Feedback from members has reflected this and that is why the regional conferences have been introduced. Plans may change in the future with the transition to a royal college but the 2026 conference has been booked at the same venue in London.</li> <li>Request that the date of the Annual Conference doesn't clash with other conferences, i.e. SP3A Conference. The dates won't clash in 2026.</li> </ul>	<b>SPB Chair</b>

	<ul style="list-style-type: none"><li>• Conversations are ongoing about what a conference for a royal college will look like but it is envisaged that, as the royal college evolves and matures, it may well be that the annual conference is held outside of London.</li><li>• Delighted to hear that there is to be a closing keynote speaker as it will lend energy and enthusiasm for the future as delegates leave the conference.</li></ul> <p>It is recognised that many pharmacists are unable to travel to conference; there is a focus on ensuring that the online presence will be as positive an experience as possible.</p> <p><u>Engagement Team updates – Led by Zahra Al-Momen (ZA)</u></p> <p>ZA provided a high-level summary of 2025 engagement team activities across GB.</p> <ul style="list-style-type: none"><li>• Exhibited at 23 University careers fairs.</li><li>• Ongoing correspondence with universities re: planning for Freshers' weeks.</li><li>• Continuing to build relationships with universities and course leads to deliver lectures and workshops with several planned for RGU and Strathclyde.</li><li>• Working closely with the BPSA.</li><li>• The team has delivered multiple I &amp; D workshops for FTY trainees at Boots, Day Lewis, Superdrug and Well Pharmacy. Take up on these events has been less successful in Scotland than in England and Wales.</li><li>• Successful I&amp;D events – South Asian, South-East Asian and Black History month events.</li><li>• Two conferences have been delivered - a regional event at Aston University, in the Midlands and a national event in Glasgow. There has been excellent feedback from both events. Looking at 2026 dates for another Scottish Conference (week commencing 17 August, to be confirmed).</li><li>• Regional Ambassador Events payment model – the model has been revised and a recruitment process for new Ambassadors is underway (West and North of Scotland vacancies).</li><li>• The team is continuing to scope out external events to attend where it is beneficial; the team will be at the BOPA Conference.</li></ul>	
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	<p><u>RPS Scotland Conference</u></p> <ul style="list-style-type: none"> <li>• 116 delegates with 98% positive feedback suggesting that they would recommend the conference to a friend or colleague.</li> <li>• Feedback re the royal college was that delegates would have preferred to have access to the questions beforehand</li> <li>• Hoping to involve colleagues from the NHS, community, academia and early careers pharmacists in the planning.</li> </ul> <p>Questions and comments/feedback from BMs</p> <ul style="list-style-type: none"> <li>• Overall BMs were very positive about the Conference; less positive feedback was that a number of people had submitted 'trail-blazers' which weren't selected and so were disappointed. It was suggested that the unsuccessful submissions could be presented as posters/abstracts at conference so that their work could be seen. There were 25 submissions for 4-5 'trail-blazers'.</li> <li>• Would there be an opportunity for Board members to judge posters for the Annual Conference? LW to ask AP.</li> </ul> <p><b>Action 8:</b> LW to approach AP (Events team) about BMs judging posters at the RPS Annual Conference.</p>	
<b>25.09/SPB/11</b>	<p><b>Any other business</b>  <i>Led by: SPB Chair</i></p> <p>There was no other open business.</p>	<b>SPB Chair</b>
<b>25.09/SPB/12</b>	<p><b>Dates of next meetings</b>  <i>Led by: SPB Chair</i></p> <p><b>NPB meeting:</b> 6 November 2025, at 66-68 East Smithfield, London  <b>RPS Annual Conference:</b> Friday 7 November 2025, Houndsditch, London</p>	<b>Chair</b>

	<b>SPB Board meetings:</b> Wednesday 26 and Thursday 27 February 2026 (TBC), at RPS Offices, 44 Melville Street, Edinburgh	
<b>25.09/SPB/13</b>	<p><b>Close of Open Business</b></p> <p>The meeting concluded at 13:58 and member observers were requested to leave the meeting.</p>	

**Action list:**

Item	Action	By whom	Open/Closed/Comments
<b>25.09/SPB/02</b>	<p><b>Action 1 – Declarations of interest</b> BMs to share Declarations of interest with CR and CR to update.</p>	BMs/CR	Ongoing
<b>25.09/SPB/03</b>	<p><b>Action 2 – Matters Arising - Health inequalities</b></p> <ul style="list-style-type: none"> <li>AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September. With a change in roles for AD and the redispersal of responsibilities, it was agreed that this action should be brought back to the February 2026 meeting.</li> </ul>	CDs	Open
<b>25.09/SPB/05</b>	<p><b>Action 3 – Patient Safety Strategy (PSS) for the RPS/RCPharm</b></p> <ul style="list-style-type: none"> <li>BMs to forward any further reflections, feedback and comments to WT/KR.</li> </ul>	BMs/KR/WT	Open
<b>25.09/SPB/06</b>	<p><b>Action 4 – Manifesto</b></p> <ul style="list-style-type: none"> <li>CA to share Bruce Warner publication about prescribing across the UK when it is published.</li> </ul>	CA	Open
<b>25.09/SPB/07</b>	<p><b>Action 5 - Assisted Dying</b></p> <ul style="list-style-type: none"> <li>RB/FMcl to share the next iteration of the proposed amendments with the SPB.</li> </ul>	RB/FMcl	Open

<b>25.09/SPB/08</b>	<b>Action 6 - Strategic Health &amp; Professional Reports</b> <ul style="list-style-type: none"><li>• FMcl to share slides with BMs.</li></ul>	FMcl	Open
<b>25.09/SPB/09</b>	<b>Action 7 – Pharmacogenomics</b> <ul style="list-style-type: none"><li>• AS-F/JS to consider realistic medicines and personalised care in relation to PGx.</li></ul>	AS-F/JS	Open
<b>25.09/SPB/10</b>	<b>Action 8: Events</b> <ul style="list-style-type: none"><li>• LW to approach AP (Events team) re: opportunity for BMs to judge posters at the RPS Annual Conference.</li></ul>	LW	Open

## WELSH PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Friday 26<sup>th</sup> September 2025, at RPS Wales Office, 2 Ashtree Court, Woodsy Close Cardiff CF23 8RW

### Welsh Pharmacy Board:

Geraldine McCaffrey, (GM), Rafia Jamil (RJ), Dylan Jones (DJ), Gareth Hughes (GH), Liz Hallett (LH), Lowri Puw (LP), Aled Roberts (AR), Rhian Lloyd Evans (RLE), Eleri Schiavone (ES).

### Apologies

Richard Evans (RE)  
Helen Davies (HD)

### In attendance:

Paul Bennett (PB) CEO, Claire Anderson (CA) President, Elen Jones (EJ), Alwyn Fortune (AF), Policy and Practice Lead Wales, Iwan Hughes (IH) Head of External Affairs, Hayley Jones (HJ) PDaHW Policy Lead, Dafydd Rizzo (DF), Public Affairs Executive.

### Guests

Ankish Patel Project Lead for GP Primary Care Review

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

25.09.WPB.01	The Chair welcomed everyone to the meeting, and everyone introduced themselves.	WPB Chair
25.06.WPB.02	<b>Declarations of Interests and Board Members' Functions and Duties</b> <i>Led by: WPB Chair</i>	WPB Chair

	<p><u>25.09.WPB.02 - Declarations of interest</u> Board members <b>noted</b> paper 25.09/WPB02(a). ES and GMc offered amendments to her Doi <b>Action 1: CW to update declarations of interest</b></p> <p><u>25.09.NPB.02(b) – Board Members' Functions and Duties</u> Board members <b>noted</b> the Board Members' Functions and Duties paper 25.09.NPB.02(b).</p>	
<b>25.09.NPB.03</b>	<p><b>Minutes and Matters arising</b> <i>Led by: WPB Chair</i></p> <p><u>Minutes</u></p> <ul style="list-style-type: none"><li>• The Welsh Pharmacy Board <b>approved</b> the minutes of the National Pharmacy Board meeting, held on 19 June 2025.</li></ul> <p><b>Proposed by:</b> Gareth Hughes and <b>seconded by:</b> Rhian Lloyd Evans</p> <p><u>Matters arising:</u></p> <p><b>Action 2 – Health inequalities:</b> AD undertook to reflect on today's meeting discussions and bring a proposal forward for the Board meetings in September. With a change in roles for Amandeep Doll and the redispersal of responsibilities, it was agreed that this action should be brought back to a future meeting.</p> <p><b>Action 3 -</b> FM undertook to reflect on the discussion regarding Controlled Drugs in Care Homes on the and bring plans back to boards. This has been completed.</p>	<b>WPB Chair</b>

	<p><b>Action 4 - HR</b> to reflect on the discussion of the work of the clinical fellow Sheetal Ladva and discuss further to understand what Macmillan will need. This action is complete.</p> <p>Scoping work will now take place, and proposals will be brought back to the Board. The partnership work with Macmillan is exciting.</p>	
<b>25.09.WPB.04</b>	<p><b>Wales Manifesto</b>  <i>Led by Iwan Hughes</i></p> <p>IH provided an update on Senedd work as follows:</p> <p><b>Review activity of the last 12 months.</b></p> <ul style="list-style-type: none"> <li>- The Wales Manifesto has been published</li> <li>- There have been cross sector calls with NHS Confederation Health and Wellbeing Alliance</li> <li>- Attended Party Conferences and Manifesto Market Places</li> <li>- Hosted MS visits to Hospitals</li> <li>- Other activities including 3 drop ins at the Senedd focussed on medicines shortages, workforce wellbeing and community pharmacy pressures (with CPW).</li> <li>- Joint Royal College drop in on mental health workforce.</li> <li>- 1 to 1 meeting with the shadow health spokespeople – Mabon ap Gwynfor (Plaid Cymru), James Evans (Conservatives).</li> <li>- Provided Mabon ap Gwynfor with a statement for AMR Awareness Day, delivered in the Senedd.</li> <li>- Visits with GH and RE and CPW for 2 MPs and 1 MS.</li> <li>- Westminster meetings with MPs (Dylan Jones, Richard Evans and Aled Roberts).</li> <li>- Cabinet Secretary attendance at conference.</li> <li>- Health Committee – inquiry into the future of general practice: <ul style="list-style-type: none"> <li>o Member survey to inform written response.</li> <li>o Participation in engagement workshop</li> <li>o Oral evidence session next week</li> </ul> </li> </ul>	

	<p><b>Senedd election polling</b></p> <p>The political landscape in Wales is changing according to the most recent opinion polls, which currently show the voting numbers being very close between Plaid Cymru and Reform, with Labour in third place. In addition, we know there are 14 Labour MSs standing down.</p> <p><b>Outline Welsh pre-election strategy</b></p> <p>The factors to consider are: -</p> <ul style="list-style-type: none"><li>- New Senedd could be made up of 60-70 new MSs out of 96.</li><li>- Significant number of current MSs standing down.</li><li>- Range of possible governing scenarios<ul style="list-style-type: none"><li>o Minority government</li><li>o Confidence and supply</li><li>o Coalition government</li><li>o Reform or Plaid majority (unlikely)</li></ul></li></ul> <p>IH provided actions that will provide a high-level strategy the Wales Team in readiness for the Senedd Elections.</p> <ul style="list-style-type: none"><li>- The team will pause drop ins until after the election.</li><li>- The team will focus on key players that influence manifestos.</li><li>- Positive work with Plaid around patient safety and helping reduce medication related errors.</li><li>- Welsh Labour Consultation published.</li><li>- New link established with Reform Director of External Affairs</li><li>- Attend Plaid (autumn) and Reform (February) Conference.</li><li>- Get 'a head start' with candidates – simple briefings.</li><li>- Arrange more Hospital Visits.</li><li>- Attend All Wales Intermediate Care Pharmacy Group.</li><li>- Potentially build on GP Practice Review.</li><li>- Continue to work with CPW and other partners.</li></ul> <p>WPB provided feedback and questions as follows: -</p>	
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	<p>The uncertain political landscape could be viewed as concerning, areas of the NHS in Wales have concerns about funded programmes that could be cut with shifting political party priorities. The NHS in Wales Agenda for Change framework will be considered along with the workforce review and there is a real emphasis on the Welsh Language and the need for patients to be able to access Community Pharmacy consultations through the medium of Welsh.</p> <p>EJ advised that there is work ongoing on a Welsh Language Network between RPS and Swansea University, and there is an event planned in November.</p> <p>PB raised that if consideration of sufficient internal resources had been provided given the changing landscape.</p> <p>IW responded that the pre summer polling will need effort across GB and work is planned with the New Chief Scientist and the Public Affairs Team to compliment this work.</p> <p>WPB also commented that the that strategic direction could change with the upcoming Caerphilly Bi Election in October.</p>	
25.09.WPB.05	<p><b>PDaHW conference reflections</b>  <i>Led by Alwyn Fortune and Hayley Jones</i></p> <p>WPB provided the following feedback on the PDaHW Conference held on Thursday 25<sup>th</sup> September.</p> <ul style="list-style-type: none"> <li>- WPB said they were pleased that there were more trailblazer talks this time</li> <li>- Commented that this was a great day and networking across all pharmacy sectors was with good talks. Commented that the break was maybe too short to accommodate the sponsors who maybe didn't get sufficient engagement.</li> <li>- Suggested that a conference focussed on Independent Prescribing conference will get greater engagement from Community Pharmacy</li> <li>- Noted that student attendance was low and suggested that we should promote poster submissions as way of encouraging students – It was noted that as this is a small conference, and the timing also clashes with RPS poster submissions to the main London conference. It was conversely noted that an increased number</li> </ul>	WPB Chair

	<p>of students attended this year in comparison to other years and there was a specific student trailblazer talk.</p> <ul style="list-style-type: none"> <li>- Timing of conference - could we look at aligning to 'freshers/induction week' and delay conference date – challenges to this was discussed and may not actually encourage attendance</li> <li>- IW asked if board members could actively source Keynote speakers with a pharmacy link in readiness for next year's conference.</li> </ul> <p><b>RPS Annual Conference</b> <i>Led by Laura Dove</i></p> <p>LD advised that the RPS Annual Conference is scheduled Friday 7<sup>th</sup> November in London. To date there are 633 registered with 88 of those registered online. LD advised that there are still some spaces available.</p> <p>The keynote speaker is Matthew Syed. There is a possibility that Wes Streeting, Secretary of State for Health, will be secured as a speaker, but there is another alternative if he cannot attend.</p> <p>There will be a celebration event for new Fellows following the conference.</p> <p>110 research abstracts posters submitted, with 87 innovation and 10 online.</p>	
<b>25.09.WPB.04</b>	<p><b>Patient Safety Strategy (PSS) for the RPS/RCPharm</b> <i>Led by Wing Tang &amp; Kate Ryan</i></p> <p>WT provided the background to the patient safety strategy journey which started in 2023. At that time there was no dedicated patient safety function at the RPS. This meant there was potentially less oversight and coordination of RPS patient safety activities. Capacity for key relationships with patient safety networks across Great Britain was potentially missing.</p>	<b>WPB Chair</b>

	<p>KR was employed as RPS Patient Safety manager in 2024 alongside her Medicines Safety role with the NHS. KR has been developing good working relationships with patient safety networks and groups across pharmacy within the NHS and with other royal colleges and regulators. KR now co-chairs the RPS and the Royal College of Physicians Joint Medicines Safety Group. KR leads the RPS contribution to the World Patient Safety Day, which was published yesterday <a href="#">RPS World Patient Safety Day</a>, KR has also been our lead respondent to the Coroner's '<i>Prevention of Future Death</i>' reports.</p> <p>KR has been developing a <i>patient safety strategy</i> one which is appropriate for a Royal College; this has involved scoping, drafting and testing. A current draft of the patient safety strategy has been tested with almost all RPS functional areas; the NPBs are asked to consider and test the draft patient safety strategy.</p> <p><b>Structure of the strategy</b></p> <p>KR advised the purpose of the presentation was to raise awareness of the draft strategy, to seek comments from boards and approval on the draft principles, strategies and outcomes and to ensure that the draft strategy aligns with all other strategies of the future Royal College of Pharmacy, as well as national patient safety strategies. The national patient safety strategies of England, Scotland and Wales have all been considered closely in the development of the RPS draft strategy.</p> <p>Seven high level patient safety principles have been drafted. KR went through each principle, noting the strategic principle strategic statement, desired outcomes and activities required to achieve each one:</p> <p><b>Principle 1</b> - Patients and the public at the heart of everything <b>Principle 2</b> - Leadership and collaboration are fundamental to RPS <b>Principle 3</b> – Patient Safety Culture drives safer care <b>Principle 4</b> - Safety embedded in policy and thought leadership <b>Principle 5</b> - Patient safety through Workforce QA <b>Principle 6</b> – Patient Safety Communications across Pharmacy</p>	
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	<p><b>Principle 7 – Science, research &amp; education underpin the safe and effective use of meds.</b></p> <p><b>Comments/feedback from WPB-</b></p> <ul style="list-style-type: none"><li>- WPB commented that the patient safety portal is valuable.</li><li>- WPB noted that there are so many pieces of work that all need to align with NHS strategies and support the themes. Human factors will be key in this area, education packages and a need to fully support the safety culture within teams.</li><li>- WPB felt that a deeper understanding resulting from data patterns to what exactly that looks like in practice will need to be completed as there need to be solid tangible actions</li><li>- Suggested that work needs to be undertaken with HEIs as part of the undergraduate programme</li><li>- Suggested that consideration needs to be given to patients who are carers relatives</li><li>- Noted that key collaborators could include pharmaceutical industry and providers of digital medicines systems – where solutions to patient safety risks include factors such as medicines packaging or design of digital systems</li><li>-</li></ul> <p>PB advised that he had attended Scottish Pharmacy Board and English Pharmacy Board meeting and wanted to be consistent in his remarks. He noted that there was recognition as to how much work and research has gone into this piece of work; the energy and passion for this project is evident.</p> <p>He said that he has concerns about the proliferation of the word “strategy” in the organisation and expressed the view that this work would be much more powerful if integrated into the main Royal College strategy which is based on the 5 commitments. The work will need to be resourced and consideration for this proposal will need to form part of the budget for 2026. Work in this area will need to balance with other commitments for the Royal College, a pragmatic approach is needed. This work needs to be done in a meaningful and well managed way and should not stand alone, it is about listening to members.</p>	
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	<p>WT thanked the WPB for its input and for the discussion, and asked Board Members to send any further comments to himself or KR.</p> <p><b>Action 2:</b> BMs to forward any further reflections, feedback and comments to WT/KR.</p>	
<b>25.09.NPB.05</b>	<p><b>GB Workplan update</b>  <i>Led by: Dafydd Rizzo</i></p> <p>DR provided a summary on the Quality Assurance of Aseptic Preparation Services standards (QAAPS) workstream, which is part of the GB workplan but is also a commissioned piece of work which supports the implementation of RPS policies.</p> <p><u><b>QAAPS update</b></u>  QAAPS standards are the standards that section 10 units abide by and are audited against.  Section 10 units manufacture unlicensed patient specific products against a prescription.  QAAPS was first published in 1993 by the Quality Control Sub-Committee. RPS has owned and published the standards since the third edition, published in 2001. The 5th edition of the standards was published in 2016, nine years ago, and so there is now a need to revisit and update. DR went through the reasons why an update is required.</p> <p><u><b>Changes and Drivers since the 5<sup>th</sup> edition</b></u></p> <ul style="list-style-type: none"> <li>• New GMP Annex 1</li> <li>• New MHRA guidance</li> <li>• NHS aseptic transformation programme</li> <li>• New Guidance replacing EL(97)52</li> <li>• iQAAPS</li> <li>• New therapies – ATMPs, Clinical trials</li> <li>• Landscape (CQC, MHRA, GPhC)</li> <li>• Updated Chief Pharmacist Standards</li> <li>• Prevention of future deaths reports</li> <li>• Supervision legislation</li> </ul>	<b>WPB</b>

	<ul style="list-style-type: none"><li>• Brexit</li><li>• Devolved Nations Strategies</li></ul> <p>DR went through the structure of the project. There is Project Oversight Group, a Lead Author - Robert Lowe - and four working groups, each made up of 16 members. Each working group will review several chapters.</p> <p>Timescales are:</p> <p>Quarter 1: Stakeholder engagement and project design</p> <p>Quarter 2: Recruitment and targeted stakeholder involvement</p> <p>Quarter 3: Working stage, updating contents and references</p> <p>Quarter 4: Lead Author editing period, collation and launch</p> <p>The project has completed Q1 and Q2 and all is on track. There will be a public consultation and will also link in NHSE, NES, HEIW and the MHRA to make sure that the project remains 'on track'.</p> <p>WPB commented that this is an area that has been underrepresented. The work is timely with aseptic units being decommissioned and the TRAMS programme being operational, there was a note that this was also under review. The board are keen that Llais and the All Wales Therapeutic and Toxicology centre need to be alerted to the work that is happening in this space and encouraged to respond during the consultation period.</p> <p>EJ acknowledged the amount of work that preceded the initiation of this project with other wider members of the RPS team, who were instrumental in ensuring the scope of the project is fit for purpose.</p> <p><b>Developing a pharmacogenomic (PGx) competency framework resource for all prescribers</b> <i>Led by Wing Tang</i></p>	
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	<p>WT presented the update on the development of a pharmacogenomic competency framework resource for all prescribers. He advised that this work has not been done in isolation; it has involved extensive collaboration across a wide range of professionals. The team includes Lead Author, Sophie Harding, and Chair of Task and Finish group, Dr Jude Hayward, both bringing a wealth of expertise. RPS are hosting the work which has been commissioned by NOE.</p> <p><b>Purpose of the project as follows: -</b></p> <ul style="list-style-type: none"><li>• This project aims to develop a Pharmacogenomic Competency Framework Resource for the prescribing workforce to underpin the growth of pharmacogenomic medicines services across the country.</li><li>• The resource will support <u>any prescriber</u> to meet the established prescribing competencies within the RPS competency framework for all prescribers. It will do so by providing pharmacogenomic context, supporting with case-studies and signposting to resources related to the competency.</li><li>• The resource may also include novel pharmacogenomic competencies or recommend changes to the main competency framework for all prescribers.</li></ul> <p><b>Task &amp; Finish Group</b> The group comprises 33 members, representing a diverse mix of professionals: scientists, medics, nurses, dentists, opticians, paramedics, as well as representatives from regulatory bodies including the GPhC, GMC, NMC, midwifery, podiatry, and colleagues from the devolved nations.</p> <p><b>Validation Group</b> The group comprising around 11 members, providing essential scrutiny and input.</p> <p>WPB thanked WT and expressed that this was a clear and helpful update. It was noted that in Wales HBs have been asked to submit a plan for Pharmacoeconomics, and a Genomics plan for Wales is being published.</p>	
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	<p>EJ advised that Swansea University have developed modules for the undergraduate course.</p> <p><b>Action 3: EJ to feedback on Swansea University undergraduate piece with WT.</b></p>	
<b>25.09.NPB.06</b>	<p><b>Papers for noting</b>  <i>Led by: WPB Chair</i></p> <p>Board members noted the following papers:</p> <ul style="list-style-type: none"> <li>(i) Implementing Country Visions</li> <li>(ii) Professional Issues</li> <li>(iii) Workforce</li> <li>(iv) Strengthening Pharmacy Governance</li> <li>(v) Education</li> <li>(vi) Science &amp; Research update</li> </ul> <p>BMs noted the papers</p>	<b>WPB Chair</b>
<b>25.09.NPB.07</b>	<p><b>Any other business</b>  <i>Led by: WPB Chair</i></p> <p>There was no other business to discuss.</p>	<b>EPB Chair</b>
<b>25.09.NPB.08</b>	<p><b>Dates of next meeting</b>  <i>Led by: EPB Chair</i></p> <p><b>NPB meeting:</b> 6 November 2025, at 66-68 East Smithfield.</p>	<b>WPB Chair</b>

Item	Action	By whom	Open/Closed/Comments
<b>25.09.NPB.02</b>	<b>Action 1:</b> Declarations of Interest: update declarations of interest	<b>Business managers</b>	<b>Open</b>
<b>25.09.NPB.04</b>	<b>Action 2: Patient safety -</b> BMs to forward any further reflections, feedback and comments to WT/KR.	<b>Board members</b>	<b>Open</b>
<b>25.09.NPB.06</b>	<b>Action 3:</b> EJ to feedback on Swansea University undergraduate piece with WT	<b>EJ</b>	<b>Open</b>

National Pharmacy Board meeting – November 2025

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

## Implementing Country Vision

### Pharmacist Prescribing (Laura/Heidi)

#### Highlights

- A fifth DPP roundtable was held on 8 October and a further recommendation was agreed
- Meeting note from fourth DPP roundtable on 4 June was finalised
- NHSE IP pathfinder sites continue 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 (Iwan/Ross)

#### Highlights

- Blister Pack Recycling: As part of RPS's work to promote and help instigate adoption of our sustainability policy recommendations, a meeting has been arranged for late October with Terracycle to discuss recycling solutions for empty blister packs and contact lenses. The discussion will explore how recent improvements in Terracycle's supply chain and reduced pricing for Zero Waste Boxes could help provide a scalable solution to blister pack recycling.
- RPS Scotland will be hosting a 3 day exhibition for MSPs in December, 'Environmental Sustainability in Pharmacy'. During the exhibition we will be showcasing our greener pharmacy toolkit and promoting our Scottish election manifesto asks, particularly on environmental sustainability.
- RPS Scotland has developed a manifesto for health and climate ahead of the Scottish elections in May 2026. The manifesto is being co-badged with other Royal Colleges and health professional bodies.

### Next Steps

- RPS Greener Pharmacy Toolkit to be showcased at Clinical Pharmacy Congress North on 21/22<sup>nd</sup> November by Greater Manchester colleagues using the toolkit in hospitals and by Superdrug using the toolkit across their pharmacies.
- Host the MSP exhibition 16 – 18 December.
- Launch the manifesto for health and climate, and a drop in event for MSPs to be organised for Q1 2024.

### **Pharmacogenomics**

In alignment to RPS Country Visions, the RPS has been commissioned to develop a pharmacogenomic resource aligned to the RPS's Competency Framework for all Prescribers to underpin the growth of pharmacogenomic medicines services across the country.

The resource will support any prescriber to meet the established prescribing competencies within the RPS competency framework for all prescribers. It will do so by providing pharmacogenomic context, supporting with case studies and signposting to resources related to the competency.

### Highlights

- Validation group meeting held on the 19<sup>th</sup> September
- Update to three national boards in September

### Next Steps

- Refinement of draft PGX resource following on validation group meeting
- Preparation for task and finish group 5 to sign-off for open consultation
- Open consultation expected 1<sup>st</sup> December-January 9<sup>th</sup> 2026
- Prepare post-consultation draft after consultation period
- Hold task and finish group 6 for sign-off of final resource
- Launch

### **Women's Health (Aman/Iwan/Regina)**

### **Highlights**

- National Boards feedback received
- Final revisions being prepared
- The statement will be launched alongside a new women's health hub on the rpharms.com.

### Next Steps

- The final policy statement will be submitted for sign-off by country board Chairs.

## OPEN BUSINESS

- A communications and advocacy plan will be developed to promote and support the updated policy once approved.

### Reducing Health Inequalities (Aman/Iwan )

#### Highlights

- Work is underway to develop a new RPS web page and a high-level guiding statement to shape and communicate our future work on health inequalities. This will mirror the approach taken with similar initiatives, such as our *Declaration of a Climate and Ecological Emergency*, providing a clear public commitment and direction for our activity in this area.
- An similar programme approach to inclusion and diversity will be taken, where there will be focused campaigns on particular areas of focus which have been agreed with the national boards.
- The ABCD meetings will now include patient focused topics on health inequalities.

National Pharmacy Board meeting – November 2025

<b>Title of item</b>	<b>Professional Issues</b>
<b>Author of paper</b>	<b>Fiona McIntyre, Darrell Baker, Amandeep Doll, Heidi Wright, Alwyn Fortune, Ross Barrow, Laura Wilson, John Lunny</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas:- Artificial Intelligence and Digital Capabilities (Fiona/Heidi) Palliative Care (Darrell) Medicines Shortages (Aman/Alwyn/John) Assisted Dying (Ross/Laura) Cancer Care (Heidi/ Aman) Access to medicines (Alwyn/John) Consultations List (Policy Leads)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

**Professional Issues** (Policy Leads)**Artificial Intelligence and Digital Capabilities** (Fiona/Heidi)Highlights

- Report from Digital Innovation and Education roundtable published on the RPS Digital Pharmacy landing page [Digital Pharmacy | RPS](#)
- Digital and AI content planned for RPS Annual Conference in London
  - Person-Centred Care stream
  - Science, Technology, Data and Ethics stream

Next Steps

- Begin planning for follow up round table event in Q1 2026
- Take forward recommendations from the Digital Innovation and Education report
- Collaborate with Expert Advisory Groups on emerging issues to demonstrate professional leadership e.g. reuse of barcodes on medicines packaging

**Palliative Care** (Darrell)Highlights

- Following NPB meeting in June, position statement on Access to Controlled Drugs in Care Homes for End of Life Care approved by Board Chairs
- Scottish Government published Palliative Care Matters for All strategy and included items we called for in our consultation response.
- Completed refresh of the RPS Wales Policy on Palliative and End of Life care and extended to make GB-wide- in discussion with Comms team about publication date
- Agreed extension of the partnership contract with Marie Curie for 2025-26
- 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 completed, facilitated by Marie Curie lead for impact evaluation and the outputs will inform impact evaluation of Daffodil standards for Community Pharmacy.
- Continue to publicise the Daffodil Standards including session at The Pharmacy Show in October 2025.

Next Steps

- Position statement on Access to Controlled Drugs in Care Homes for End of Life Care published on website (in progress)
- 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
- Utilise Theory of Change (Daffodil standards in Community Pharmacy) for impact evaluation

### Medicines Shortages (Aman/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).
- Following initial discussions with staff supporting the House of Lords Public Services Committee, we were pleased to see the inquiry into 'Medicines Security' launched. We have provided written evidence to this inquiry aligning to our report.
- Responded to several 'prevention of future death reports', where medicines access and shortages played a role in delay to patients' treatments.

#### Next Steps

- We have been requested to give oral evidence at the House of Lords on 5<sup>th</sup> November, supporting the inquiry into 'Medicines Security'.
- We will be responding to the DHSC consultation: Enabling pharmacist flexibilities when dispensing medicines, one of the key recommendations from our report.
- We will be participating in a panel discussion on medicines shortages at the Clinical Pharmacy Congress in Manchester.
- Continue engagement with the advisory group with plans to reconvene at the end of the year.
- 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/Laura/Fiona)

#### Highlights

- Royal Pharmaceutical Society have been invited to give oral evidence on 5 November to the House of Lords Committee scrutinising the Assisted Dying Bill at Westminster.
- Amendments proposed by RPS have been lodged with MSPs at Holyrood as part of the Stage 2 scrutiny process. These were agreed in advance with Scottish Pharmacy Board. They seek to:
  - Clarify the role of the Pharmacist in the assisted dying process by naming pharmacists as authorised healthcare professionals, alongside Doctors and Nurses, who can provide the substance to the individual and remove the substance at the end of the process if it is not used.

- Detail within the Bill that it must be a pharmacist who supplies the substance as directed by the coordinating medical practitioner.
- Provide an opportunity for pharmacists to opt out of any task associated with the assisted dying process.
- The above changes would:
  - Safeguard the right to conscientious objection for those who choose not to participate.
- Enable safe, clear, and regulated involvement of pharmacists for those who do participate.
- Respect and protect the professional integrity of pharmacists.

### Next Steps

- We wait to find out if we have been successful in tabling the amendments, and if the amendments are voted through.
- If the amendments are tabled we will be lobbying MSPs to vote in favour of them.
- If the amendments are not tabled or voted through, we will need to discuss RPS's position on the Bill, and any subsequent external communications.

## **Cancer Care (Heidi / Aman)**

### Highlights

- The CPhO clinical fellow in England is a joint post with Macmillan. The focus of the work undertaken by the fellow will be discussed at the board meeting.
- 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

- The National Cancer Plan is expected by the end of the year so we will align our work with the recommendations in this plan.

## **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.

## OPEN BUSINESS

- 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.
- This is likely to take place during 2026 due to workload capacity on the team.

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

### Highlights

- Between 1<sup>st</sup> September and 31<sup>st</sup> October we responded to 7 consultations from a variety of stakeholders
- Consultation response published here:  
<https://www.rpharms.com/recognition/working-with-government/consultation-responses/2025-consultations>

### 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 – November 2025

<b>Title of item</b>	<b>Workforce</b>
<b>Author of paper</b>	<b>Heidi Wright, Amandeep Doll, Laura Wilson Fiona McIntyre, John Lunny</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas:- Workforce Wellbeing (Heidi) Access to DPP (Heidi/Laura) Workforce Hot Topics 2025/26 (Fiona) I&D (Aman) Differential Attainment (Aman)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

## Workforce

### Workforce Wellbeing (Heidi)

#### Highlights

- Two WWB surveys have been developed, one for pharmacy students and one for trainee and early career pharmacists. These will go live on Tuesday 4 November and will be open for 4 weeks.
- Pharmacist Support are presenting a session at the annual conference
- We are working with partners on a number of actions from the previous WWB roundtable

#### 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 fifth DPP roundtable was held on 8 October, and a meeting note is being finalised

#### Next Steps

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### Workforce Hot Topics (Fiona)

#### Highlights

- Engaging with stakeholders to identify emerging issues e.g. foundation trainee placement capacity
- Competing priorities with lobbying activity in Scotland on Assisted Dying legislation has impeded progress on this topic
- Influence National Pharmacy Workforce Forum (Scotland) through Advisory Group membership

#### Next Steps

- Collaborate with Assessment and Credentialling team on next steps

- Organise and refresh RPS workforce policy
- Consider workforce policy activity in context of RPS Content Strategy

### I&D (Aman)

#### Highlights

- Successful delivery of EDI events, East and South East Asian Heritage Month and Black History Month both online and in person.
- Inclusion and diversity consultation open to the whole pharmacy profession to help shape the update RPS to the Inclusion and Diversity strategy
- Delivery of unconscious bias webinar to NPPG
- Exploring a collaborative conference with Pharmacy Business Magazine and RPS on Inclusion and Diversity

#### Next Steps

- Review the consultation responses to draw out main themes
- To plan for EDI events in 2026
- To agree the agenda for joint Pharmacy Business Magazine x RPS EDI conference

### Differential Attainment (Aman)

#### Highlights

- NHS Inclusive Professional Practice – delivery of a webinar as part of the IPP week agenda in partnership with GPhC and BPSA on differential attainment
- The Delivery Oversight Group met in the summer to discuss next steps and hear insights from the UCL team who have removed their degree awarding gap

#### Next Steps

- Plan the next delivery oversight group meeting in November to establish actions groups

National Pharmacy Board meeting – November 2025

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

## Strengthening Pharmacy Governance (Wing/Aman/Laura)

### Supervision (Heidi)

#### Highlights

- Pharmacy Supervision legislation debated in the House of Commons 13<sup>th</sup> October and House of Lords 21<sup>st</sup> October; following on from this legislation **may** be laid before parliament by the end of 2025

#### Next Steps

- In preparation for new legislation, draft “checked and bagged” guidance which will come into force 28 days after legislation is laid, has been developed in consultation with pharmacy regulators and professional leadership bodies across UK and informed by the RPS Community Pharmacy Expert Advisory Group. A copy is included with the board papers ref 25.11.NPB.05C

### RP/SPCP Guidance

#### Highlights

- Work continues to refresh the RPS’ Guide for Chief Pharmacists (or equivalent) 2015 in alignment to support GPHC’s Standards for Chief Pharmacists 2025 and for an overall update. An advance draft has been developed by a recently retired subject-matter expert following discussions with the RPS’ Hospital Expert Advisory Group, Mental Health and ICB Chief Pharmacists. The draft has been peer reviewed.

#### Next Steps

- The advanced draft has been iteratively tested with pharmacy groups. Remaining test meetings include:
  - Welsh DoPs 24<sup>th</sup> October
  - Ambulance CPs – 5<sup>th</sup> November
  - Private sector CPs – 5<sup>th</sup> November
  - Scottish DoPs – 13<sup>th</sup> November

Once the final draft is confirmed, there will be a process to design and publish. Now likely Q1 2026.

National Boards meeting – 6 November 2025

<b>Title of item</b>	<b>Education and Professional Development: Sep to Oct 2025 activities</b>
<b>Authors of paper</b>	Helen Chang
<b>Position in organisation</b>	Associate Director for Education and Professional Development
<b>Telephone</b>	02075722297
<b>E-mail</b>	<a href="mailto:Helen.Chang@rpharms.com">Helen.Chang@rpharms.com</a>
<b>Headline summary of paper</b>	An update to Boards of education and professional development activities for the period September to October 2025
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	N/A
<b>Resource implications</b>	N/A

# **Education and Professional Development activities update to Assembly**

## **1. Background**

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

## **2. Summary of activity**

### **2.1. Students**

In September, we delivered national recruitment scheme (Oriel) workshops to support students with prepare for numeracy and Situational Judgement Tests. We received over 260 registrations for the workshops. We also launched our RPS Oriel Mock - a new element of support for students preparing for the recruitment process. This was developed in response to feedback from students that there is a lack of practice questions and resources in this area. We continue to collect feedback from delegates, speakers and stakeholders for our annual evaluation about our national recruitment scheme support. We will use insights from the evaluation to further enhance our offer.

### **2.2. Foundation training**

September saw the launch of our Foundation trainee pharmacist programme for the 2025/26 cohort. 320 trainee pharmacists have registered so far, for our initial series of webinars 'The skills you need to help you succeed'.

Our first webinar in the series (delivered in September), covered 'Key milestones for your training year' equipping trainees with the essential knowledge and tips required to get the most out of their training year and how to achieve learning outcomes. Our second webinar (delivered in October), focussed on the Medicines, Ethics and Practice resource, an essential resource for trainees and practising pharmacist. The session provided trainees with insights and tips into how the resource can be used to support them with their professional decision-making skills and the event took trainees through many interactive scenarios containing ethical dilemmas and pharmacy law scansions. Feedback suggests that these sessions were well received with an average of 98% of trainees recommending the session to their peers.

Plans are also currently underway to record a brand-new series of foundation training podcasts. The first podcast based on 'Prepare for progress reviews' was recorded in September and launched this month (October). The next episode is due to be recorded in October and will be based on 'Developing prescribing skills'.

## **2.3. Prescribing**

### ***2.3.a Prescribers - Pharmacy Independent Prescribing Service (HEIW collaboration)***

Delivery of the Pharmacy Independent Prescribing Service (PIPS) in Wales, is going well and is on track. 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 this current reporting period, we delivered 8 sessions (face to face and virtual events) about the management of Acute Chest Infections, developing pharmacists' confidence in managing chest infections. Planning is also underway for a third cohort of sessions in November, which will focus on managing COPD exacerbations in a community pharmacy setting.

### ***2.3.b Prescribers - RPS prescribing development programme***

Uptake of the RPS Prescribing Development Programme has been positive, with more than 950 members signed up to the programme. 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. The introductory webinar delivered earlier this year, was well received, with approximately 125 attendees. The second unit, commenced in September with an online webinar, attended by approximately 50 members, followed by a PJ article and e-learning in October and November respectively.

### ***2.3.c Designated prescribing practitioners***

We also continue to support the development of designated prescribing practitioners. In September, 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.

This year we included an 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. The event was well received with attendance of approx. 50 delegates. There was a lot of interest around supervision of foundation trainees, proving that it was valuable to include this aspect in the session and to continue this going forward.

## **2.4. Mentoring**

We continue to see strong engagement on the mentoring platform; we currently have 2434 registered users. We are currently preparing our annual mentoring survey and promotional material in readiness for upcoming national mentoring day and the RPS Conference.

Delivery of our mentoring programme for mentors has been going well. Our final webinar in the series, delivered in September, gave mentors the opportunity to reflect on their mentoring relationships. We are currently seeking feedback on the full series and will use insights to improve our programme in future years.

The Barnett Award winner has been announced. Dr Adam Pattison Rathbone has been recognised for his exceptional commitment to mentorship and professional development in pharmacy. Further information about Dr Rathbone can be found in our press release: <https://www.rpharms.com/about-us/news/details/dr-adam-pattison-rathbone-receives-rps-barnett-award-2025>.

## **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 September to October 2025 can be found in the table below.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
September	Your Journey to Becoming an Effective Mentor (3)	179	unknown
October	Rest well – understanding sleep hygiene and well being	385	93%

Feedback received from recent webinars are summarised below:

- Mentoring webinar:
  - A facilitator highlighted that the reflection webinar was the most beneficial because there was a supportive and safe environment to bring queries and concerns amongst fellow mentors for which there was a need.
- Insomnia webinar:
  - From an attendee: 'Great talk – pitched at a great level'

The next webinar on insomnia is on 19<sup>th</sup> November 2025 called 'Sleepless nights – understanding insomnia and its impact on health'.

## **2.5. RPS Learn**

Since the launch of [RPS Learn](#), in April 2025, we have continued to develop and publish new e-learning content, releasing 2-3 new modules a month. Members can now access over 34 modules of learning in areas of common clinical conditions, mentoring, prescribing, professional practice and research & evaluation.

We are 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 the last reporting period, we have launched additional clinical and patient care modules:

- Asthma in adults: an introduction
- Paediatrics: an introduction to constipation, diarrhoea and vomiting
- Paediatrics: an introduction to fever and sepsis

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

*“I really enjoyed this learning experience; it has met all my requirements”*

*“Modules are interesting and engaging”*

*“Good level for a wide range of experience and level of practice”*

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.

### 2.5 Educational collaborations

We seek to complement education and professional development that already exists within the profession, and do so by being collaborative in our approach, and establishing educational partnerships to enrich learning experiences for our members and the profession.

We have established collaborative educational projects with several organisations, including specialist pharmacy groups, charities, and training providers. Our recent collaborations include:

- [Managing polypharmacy and CYP3A drug interactions e-learning](#) – collaboration with EL Healthcare Education
- [Sleep health and insomnia learning series](#) – collaboration with Idorsia Ltd

Learning content will be made available on RPS Learn next quarter.

## 3. Next steps

In the next quarter we will focus on:

- Developing learning resources (webinars and e-learning modules) to support lifelong learning and continuing professional development, in the areas of women's health, cancer care and patient safety
- Delivering our new prescriber's programme
- Evaluating programmes that are now complete, including mentoring, foundation training and national recruitment scheme support
- Finalising the education and professional development (EPD) team workplans for 2026

**OPEN BUSINESS**

National Pharmacy Board meeting – 6 November 2025

<b>Title of item</b>	Science and Research update to National Pharmacy Boards, September 2025
<b>Author of paper</b>	Dr Diane Ashiru-Oredope
<b>Position in organisation</b>	Deputy Chief Scientist
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<b>Headline summary of paper</b>	Summary of Science & Research Team activities
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	<ul style="list-style-type: none"> <li>• The work of the SRT on the facilitated self-selection of P medicines has wider implications for the profession</li> <li>• The work of the SRT on pharmacy workforce wellbeing has wider implications on RPS PLB projects</li> <li>• The current capacity of the SRT limits the proactive outputs from the team</li> </ul>
<b>Resource implications</b>	The current capacity of the SRT limits the available resources, resulting in reduced output and/or the need to source support from other RPS teams or externally.

## **SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY BOARDS**

### **1. Background**

The purpose of the RPS Science and Research programme is to:

- Improve research capacity and capability within pharmacy,
- Increase the public profile of pharmaceutical science and research, including clinical and social pharmacy practice research,
- Support innovation and building the evidence-base in collaboration with the Science and Research Committee,
- Support internal policy, tools and services through research/evidence-based decision making.

This paper outlines Science and Research activities undertaken from September 2025 to present.

### **2. Summary of Team Activity**

#### **2.1. Staff changes**

- Professor Amira Guirguis was successfully appointed as the RPS Chief Scientist. Amira will commence w/c 13 October (0.2 FTE), increasing to 0.8 FTE from January 2026.
- Dr Jegak Seo, previously Science & Research Officer, was successfully appointed to the role of Science & Research Manager (1 FTE) and commenced his position on 1 October, following the departure of Lauren Ross.
  - The recruitment process for a new Science & Research Officer will commence in October 2025, with the successful candidate expected to take up the post in January 2026.
- Dr Diane Ashiru-Oredope, Deputy Chief Scientist, has moved to a casual worker contract to provide occasional services and leadership for the SRT until the Chief Science and Research Manager are fully inducted into their roles
- Dr Helena Rosado rejoined the team as a contractor in the role of Senior Research Manager on a fixed-term contract. Her current hours equate to 0.6 FTE.
- Yen Truong concluded her extended sabbatical in September 2025 and returned as Senior Research & Development Manager (0.6 FTE).

#### **2.2. Research Activities**

The team collaborates with other RPS teams and workstreams to deliver relevant evidence-based outputs using established research methodologies. This includes both ah-hoc and planned projects, as well as providing external research support to members.

##### **Member research support**

Coordinated and delivered tailored support to individual enquirers on an ad hoc basis, as required, for example:

- provided research advice and support to a member with undertaking a research study as part of her academic and professional development.
- Assisted a member with the development of their qualitative data analysis.

### **Internal project collaborations**

*The 2025 RPS Workforce wellbeing* – the survey is being developed in collaboration with the BPSA and Pharmacist Support. The SRT are responsible for survey development, data analysis, and report production. Pilot testing of the survey is currently underway with a scheduled launch date of 3 November. Preliminary findings are expected by 5 January 2026, with the final report due 2 March 2026.

### **RPS Annual conference**

The SRT is actively involved in supporting the planning and delivery of science and research content at the RPS Annual Conference. Key responsibilities include:

- *Organisation and delivery of science and research sessions*, including coordinating posters and relevant awards. Preparation sessions were arranged for keynote speakers, panel members, and oral presenters w/c 13 October.
- *Managing the abstract submission process and IJPP submission and publication*. Final corrections were sent to the OUP 16 October. The IJPP supplement will be published on 7 November.
- *Recruitment of poster judges and development of guidance*. A total of 31 poster judges have been secured. Judges will be paired and assigned with minimum 10 posters each prior to the conference.
- *Presenting an SRT accepted poster at the conference*. Poster has been developed and submitted printing.

### **External project collaborations**

*National Pharmacy Research Strategy Engagement* – the UK Pharmacy Research Strategy was developed by the UK Pharmacy Advisory Group in response to longstanding concerns in relation to limited research engagement across the pharmacy profession. SRT led on the development and delivery of an online survey to inform the development of the proposed strategy. The survey closed on 26 September, with data analysis and submission of the first draft of the report completed by 21 October. Findings from the consultation will be presented to PRAG on 27 October.

### **Blogs, Web & Letters**

*RPS Science & Research Industry Hub Webpage* – the SRT are developing a new “Industry Opportunity Hub” to showcase RPS activities, resources, and opportunities within the pharmaceutical industry sector. A draft is currently being prepared in collaboration with IPEAG, with publication anticipated in November 2025.

### **Calls for evidence & media enquiries**

- [Private prescribing consultation](#) – evidence search and collation.
  - Completion for evidence review by SRT on 21 October

- [10-year workforce plan](#) – evidence gathering to inform workforce planning consultation.
  - Completion for evidence reviews by SRT expected w/c 27 October
- *Nasal spray dependency (ITV News)* – SRT completed an evidence review in response to a media enquiry regarding nasal spray dependency.

#### **Literature reviews and other research publications**

- *Medicine Shortages* – the scoping review on the causes of medicine shortages was expanded to include an examination of the UK Serious Shortage Protocols (SSPs). The review has been completed and will be submitted to the [Journal of Pharmaceutical Policy and Practice](#) end of October.
- *Self-selection of Pharmacy medicines* – the literature review was completed and submitted to Pharmacy Practice in July 2025. The paper has been successfully accepted for publication and is currently undergoing the editing process.
- *Research in Pharmacy Practice* – the SRT is undertaking a review of research methodology expertise in pharmacy. The review is expected to be submitted for publication in December 2025.
- *Health Inequalities* – the SRT are preparing to conduct a review of the use of existing interventions to address language and literacy barriers, focusing on their effectiveness in reducing health inequalities in pharmacy care. Due to changes in team capacity, this project was put on hold but is scheduled to resume in January 2026.

#### **2.3. Resources for the development of research capacity and capability in pharmacy**

The SRT is responsible for keeping the [research funding hub](#) updated. The most recent update was made in October 2025.

#### **2.4. Events & Conferences**

- *RPS Scotland Conference 2025* – a representative from the SRT attended the event to promote the UK Pharmacy Research Strategy and SRT products and resources.
- *Creating and Submitting Abstracts/Posters, 9<sup>th</sup> September* – SRT delivered a tailored research development session to the EPD team focused on best practices for developing and submitting research abstracts.

#### **2.5. Science and Research Committee and Expert Advisory Groups**

- *Science and Research Committee* – the next meeting is scheduled to take place on 6 November 2025.
- *Antimicrobial Expert Advisory Group* – the most recent AmEAG meeting was held on 7 October 2025. The date for the next meeting is yet to be confirmed.
- *Industrial Pharmacy Advisory Group* – the most recent IPEAG meeting was held on 15 October 2025. The date for the next meeting is yet to be confirmed.