

NATIONAL PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Thursday 7 November 2024, at RPS, 66-68 East Smithfield, London, E1W 1AW.

Scottish Pharmacy Board: Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD) (Zoom), (remote), 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), Audrey Thompson (AT).

English Pharmacy Board:

Adebayo Adegbite (AA), Claire Anderson (CA), Martin Astbury (MA) (Zoom), Danny Bartlett (DB), Sibby Buckle (SB), Steve Churton (SC), Ciara Duffy (CD), Brendon Jiang (BJ), Sue Ladds (SL) Michael Maguire (MM), Ankish Patel (AP) (Zoom), Ewan Maule (EM), Erutase (Tase) Oputu (TO) (Chair), Matt Prior (MP).

Welsh Pharmacy Board:

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

Apologies: Rafia Jamil (RJ) (WPB)

In attendance:

Ross Barrow (RB), Head of External Affairs – Scotland, Karen Baxter (KB), MD, Pharmaceutical Press, RPS President, Paul Bennett (PB), Chief Executive, Corrinne Burns (CB), PJ Reporter, Helen Chang (HC), Associate Director of Education and Professional Development, James Davies (JD), Director for England, Melissa Dear (MD), Campaigns and Corporate Communications Manager, Yvonne Dennington (YD), Business Manager – England, Amandeep Doll (AD), Head of Professional Engagement, Alwyn Fortune (AF) Policy and Engagement Lead – Wales, Elen Jones (EJ), Director for Wales, Iwan Hughes (IH) Head of External Relations Wales, Kellie King (KK), Scottish Clinical Leadership Fellow, John Lunny (JL),
National Pharmacy Board Open Business Session – 7 November 2024 – Approved minutes

Public Affairs Manager – England, Fiona McIntyre (FM), Scottish Practice & Policy Lead, Liz North (LN), Associate Director of Strategic Communications, Diane Ashiru-Oredope (DAO), Deputy Chief Scientist (Interim) Neal Patel (NP), Associate Director of Membership, Carolyn Ratray (CR), Business Manager - Scotland, Wing Tang (WT), Head of Professional Standards, Cath Ward, (CW) Business Manager – Wales, Laura Wilson (LW), Director for Scotland and Heidi Wright (HW), Practice & Policy Lead England.

Invited guests:

Amira Guirguis (AG), Chair of Research and Science Committee
Catherine Picton (CP), Lead Author of RPS Medicines Shortages Report

RPS Member Observers

1 x RPS member observer (left meeting at 11.00am)

24.11.NPB.02	<p>Welcome and Apologies <i>Led by WPB Chair</i></p> <p>The Chair welcomed Board members, staff and guests to the meeting.</p> <p>The Chair changed the order of the agenda and took item 04 (Open Sale of P Medicines) at the start of the meeting as DAO and AG had to attend the Science and Research Committee meeting.</p>	WPB Chair
24.11.NPB.02	<p>Declarations of Interests and Board Members' Functions and Duties <i>Led by: WPB Chair</i></p> <ul style="list-style-type: none"> • <u>EPB, SPB, & WPB 02(a) - Declarations of interest</u> <p>Board members noted papers 24.11.EPB/SPB/WPB/02(a)</p> <p>There were no further updates to the Board members' declarations of interest given at the meeting.</p>	WPB Chair

	<p><u>24.11.NPB.02(b) – Board Members’ Functions and Duties</u> Board members noted the Board Members’ Functions and Duties paper 24.11.NPB.02(b).</p>	
24.11.NPB.03	<p>Minutes and Matters arising <i>Led by: WPB Chair</i></p> <p><u>Minutes</u></p> <ul style="list-style-type: none"> The English Pharmacy Board approved the minutes of the English Pharmacy Board meeting, held on 17 September 2024. (24.11/EPB/03) <p>Proposed by: Steve Churton (SC) and seconded by: Ewan Maule (EM)</p> <ul style="list-style-type: none"> The Scottish Pharmacy Board approved the minutes of the Scottish Pharmacy Board meeting, held on 18 September 2024. (item: 24.11/SPB/03) <p>Proposed by: Catriona Sinclair (CS) and seconded by: Audrey Thompson (AT)</p> <ul style="list-style-type: none"> The Welsh Pharmacy Board approved the minutes of the Welsh Pharmacy Board meeting, held on 20 September 2024. (Item: 24.11/WPB/03) <p>Proposed by: Lowrie Puw (LP) and Seconded by: Dylan Jones (DJ)</p> <p><u>Matters arising:</u></p> <p>EPB: 24.06.EPB.13 Action 5: Closed – on agenda for discussion today. 24.06.EPB.13 Action 6 – Remains open 24.09.EPB.02 Action 1 – Closed 24.09.EPB.04 Action 2 – Closed 24.09.EPB.04 Action 3 – Closed, Amira Guirguis will address this at the meeting today.</p>	WPB Chair

	<p>24.09.EPB.04 Action 4 – Closed, Amira Guirguis will address this at the meeting today.</p> <p>24.09.EPB.04 Action 5 – Closed (Opera Awards) This has been passed on for discussion at the Assembly.</p> <p>24.09.EPB.05 Action 6 – Closed - on agenda for discussion today</p> <p>24.09.EPB.07 Action 7 – Closed – material sent through to support the keynote speech at the conference.</p> <p>To note:</p> <p>SB said that at the previous EPB meeting the Board had unanimously agreed that any comment made by an EPB member would be attributed to them in the minutes. The Chair stated that for this joint board meeting comments would not be attributed to the Board member unless the Board member expressly stated that the comment should be attributed to them.</p> <p>SPB:</p> <p>24.09.SPB.02(a) ongoing</p> <p>24.09.SPB.03(b) minutes: closed</p> <p>24.09.SPB.03(b) matters arising: ongoing</p> <p>24.09.SPB.04 ongoing</p> <p>24.09.SPB.06 requested but not received</p> <p>24.09.SPB.07 all closed</p> <p>24.09.SPB.08 discussed at meeting</p> <p>24.09.SPB.09 first 2 manifesto asks: ongoing</p> <p>last C&G ask: closed</p> <p>WPB:</p> <p>Action 1 – completed</p> <p>Action 2 – closed – being discussed at the S&R committee today</p> <p>Action 3 – completed – plans being finalised to set up short life working group</p>	
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24.11.NPB.04	<p>Open Sale of PMeds (item: 24.11/NPB/04)</p> <p>Led by: Diane Ashiru-Oredope (DAO), and Country Directors.</p> <p>DAO provided an update to Board members, presenting on behalf of the Science & Research Committee.</p> <p>DAO said there were two aspects to the evidence review; a systematic review of literature (the review was taken from 2014 to date) and a call for evidence.</p> <p>From the data extracted in the systematic review 57 papers will be included in the review (50 reviewed so far and the remaining 7 will be extracted next week), the research is global and it is noted that there have not been many UK studies since 2014. The research includes reviews and opinion papers but does not include randomised clinical trials. The risks and benefits have been highlighted and examples of adverse events have been captured. There is a lack of patient medical literature.</p> <p>Following on from the June 2024 joint Board meeting a Call for Evidence was launched on 12 July and closed on 6 September 2024. The RPS received 38 responses to the call for evidence. Responses were mainly from community pharmacists, but there were also responses from pharmacy technicians, the regulator and a large pharmacy chain. The majority had no evidence to submit but evidence was submitted by the regulator and the large pharmacy chain and 3 individuals and included having no access to high risk drugs, patients giving positive feedback on change in practice, excessive use of paracetamol, and an audit taken across 3 community pharmacies highlighting the number of interventions and changes in patient behaviours since the pandemic. Examples of evidence will be shared in the report. The team have themed the responses using a qualitative analysis tool.</p> <p>Some of the discussion points for the Board may be around how organisations and individuals hold contrasting beliefs when it comes to the facilitated-selection of P Medicines and low response rates limit generalisability.</p>	WPB Chair
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	<p>Action 1: A full report from the team will be available before the next meeting in February.</p> <p>The Chair thanked the S&R Committee for prioritising this work.</p> <p>Board members were asked for their comments:-</p> <ul style="list-style-type: none"> • What high risk medicines are locked away? • SB declared an interest as she works for a large pharmacy chain that is trialling the facilitated sale of P meds and said that codeine products, laxatives and Viagra and some other medicines are locked away. • Congratulations and thanks were given on the systematic review. • The point was raised that if the number of people tested and the number of evidence is low, is the call for evidence viable – are the Boards therefore in a situation where they cannot come to a solution? • Was the audit submitted by an individual carried out in pharmacies that were trialling facilitated-selection? – DAO said she would look at the evidence and report back. <p>Action 2:– DAO to review the evidence submitted regarding an individual audit across 3 pharmacies to see if they were trialling facilitated-selection and provide further information in the report</p> <ul style="list-style-type: none"> • If there is very little evidence coming through is there an opportunity to commission further work to broaden the evidence? • One board member responded that isn't this call for further evidence irrelevant as the facilitated sale of P medicines is already happening. It is now for the Boards to decide if they would like to change the RPS policy. • SB said the world around us is changing and people are self selecting medicines online. The people model being used to support facilitated-selection is very good, healthcare advisers are well trained. Pharmacy staff are also positive about the change being trialled. This new practice is now well embedded and has been in place for the past year. 	
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	<ul style="list-style-type: none"> • There is no evidence proving that this is safe practice. The company that is providing evidence is the company that is making the changes. This trial could lead to staff levels being cut and safeguarding mechanisms disappearing – this could lead to pharmacy losing the PMed category and medicines becoming GSL or POM to P switches. It could be a backward step. • Is there evidence to support that staff do not think it is safe? <p>Action 3: DAO asked that the board share any previous or outstanding evidence re Open Sale of P Meds with the Science & Research committee.</p> <ul style="list-style-type: none"> • The RPS is an evidence-based leadership body and needs to make decisions based on firm evidence not anecdotal evidence. • Patient safety needs to be protected taking a risk management approach. • Pharmacy First services are very close to having facilitated sales. • Facilitated selection will improve access to care in line with the inequalities agenda <p>PB added his thanks to the S&R team and said that there was a disappointing amount of evidence submitted, and a number of questions and opinions voiced by the Boards. He said there is a need for a wider piece of evidence and asked who is best placed to provide this and how long it will take.</p> <p>DAO and AG were thanked again for attending and left the Board meeting to attend the S&R Committee meeting. The Chair said the Board will have further discussion and report back to the S&R team.</p> <p>The Chair opened up further discussion with the Boards on this item and some of the points raised were:-</p> <ul style="list-style-type: none"> • There is a clear need to discuss this further with the GPhC and understand what evidence they have available. It is about easing the patient safety concerns. Some observations research may be needed – mystery shopper type research 	
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	<ul style="list-style-type: none">• Will further research help or hinder?• The Boards' work plan is busy – should the Boards be allocating their time to future work rather than spending so much time on facilitated-selection. It is important that a decision is made.• Facilitated selection is out there; the process that is being used is recognised by the regulator. It is our obligation to review our position and ensure that it is the safest for patients.• As far as the GPhC is concerned, this isn't a risk, and so emphasis should be on supporting staff to do it well. Look at what is helping elsewhere, e.g. Australia.• The Boards cannot come to a decision today; need to consider the evidence. There could be unintended consequences i.e. status of P Meds and how this might evolve over time. There is a need to focus on patient safety and patient harm. <p>Action 4: EJ and the team are to continue working with the GPhC and will share the evidence report once final and will discuss next steps to help pharmacists protect patients and discuss the need for additional observational evidence. EJ to report back to the Boards in February.</p> <p>EJ highlighted that before any guidance could be developed the Boards would need to take a decision on the RPS policy position.</p> <p>It was also suggested that consideration be given to issuing an interim statement to members to offer support in the changing landscape of facilitated selection.</p> <p>The Chair thanked the Boards for their input and discussion and obtained consensus for the suggested way forward.</p>	
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24.11.NPB.05	<p>Engagement approach <i>Led by: Neal Patel and Amandeep Doll</i></p> <p>The Chair welcomed NP and AD to the meeting saying the amount of engagement work that has taken place has been impressive with limited resource.</p> <p>The engagement team has recently had confirmation that the team will now be permanent and not on fixed term contracts. AD will share with the Boards the learnings over the past year and identify where Board member support is required. An engagement strategy is being developed.</p> <p>AD explained that the team has only been in post since February 2024 and initially a reactive approach was taken. Team members have engaged with 19 of the 29 Schools of Pharmacy to date and have strengthened the RPS relationship with the BPSA and have spoken to over 1000 students. Team members have attended most of the foundation trainee events and have held a few regional events, ably assisted by the Ambassadors. New Schools of Pharmacy are opening, and members of the team have been invited to speak at their events.</p> <p>The purpose of member engagement is to demonstrate the value of RPS membership and a sense of belonging. It is noted that if people feel part of something they are much more likely to volunteer.</p> <p>NP added that he is pleased that the team is now permanent and the work they will be doing will have an impact on retention of members. He added that he was keen to develop relationships with other organisations similar to that of BPSA.</p> <p>AD added that it is important for Board members to be visible at events, familiarity helps with connectivity.</p> <p>Board members were asked for their comments:-</p> <ul style="list-style-type: none"> • Taking part in career fairs at universities is an area where board members can help and add value 	WPB Chair
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	<ul style="list-style-type: none"> • Board members would like to know who the Ambassadors are and which areas they represent <p>Action 5: AD to include an informative slide about the Ambassadors in the weekly board email.</p> <ul style="list-style-type: none"> • There will be an engagement stand at the RPS Conference – Board members can meet some of the Ambassadors there. • Board members asked for an “elevator pitch” of key points to give to pharmacists on the benefits of being a member of the RPS. <p>Action 6: AD to work with LN on the “elevator pitch” of the benefits of being a member of the RPS</p> <ul style="list-style-type: none"> • Supportive of attending career fairs – it is important to encourage pharmacy as a career choice • Need a “heat map” of where board members are in relation to the areas they may cover as part of the engagement programme – this should form part of the board member induction. AD responded saying work on this has commenced and agreed that putting it into the induction programme would be helpful. • Increase sharing of stands at events to enable attendance at as many events as possible • Work with the devolved nations to think creatively about reaching people in rural areas. • Is the inclusion and diversity work being diluted? AD said that there are two big roles to cover – engagement and I&D. There is a capacity issue but now that the strategy is set for Engagement and the work moves into operational mode it will leave a little more time for I&D. NP added that it is all about resource, but it is hoped that by developing more volunteers to cover engagement alongside the team that there will be more time for AD to focus on I&D. TO added that she did not want to see I&D diluted. There was support from other members of the Boards for I&D. <p>AD added that the RPS is in the process of collecting EDI data on its members which will give a better understanding of the demographics of RPS membership.</p>	
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	Questions were raised about the digital strategy and having a RPS App. PB replied that a big conversation was taking place internally on the digital strategy and investment programme.	
24.11.NPB.06	<p>Medicines shortages <i>Led by: James Davies and Alwyn Fortune</i></p> <p>AF gave a brief overview of the project, saying that medicines shortages had been identified as a priority area for the Boards across GB. This had come about from member and patient feedback and media interest in the subject. During the course of the project, over the past year, interest has not diminished and remains in the media headlines. Medicines shortages is the key topic for the RPS in responding to media enquiries with RPS spokespeople appearing on TV and in radio interviews. Increases in the number of medicines shortages reported continue. Other organisations have also produced reports during the year including the Nuffield Trust.</p> <p>AF reminded board members that they had all received the draft report and had been invited to comment. The project is on track for the report to be launched at the House of Commons on 27th November. There will also be drop in events at Holyrood House (Scotland) on 28th November and in the Senedd (Wales) on 4th December.</p> <p>JD continued with explanations about the structure of the report into 5 chapters, along with a foreword, executive summary and a list of 20 recommendations. JD gave an explanation of the recommendations. JD said that the report recommends that the Advisory Group reconvenes in 12 months' time.</p> <p>JD then asked the Boards for their "sign off" of the report and recommendations, following which the report could be sent to the designer and printers in time for the launches.</p> <p>There were a number of comments from Board members which included:-</p> <ul style="list-style-type: none"> • Report is comprehensive and the SPS tool is great but the information is out of date. • Need to ensure there is strong support to take the recommendations forward. 	WPB Chair

	<ul style="list-style-type: none"> • Need to give the press concrete examples to demand change – garner support from those in the House of Lords and the Health and Social Care Select Committee. • Not enough in the recommendations about reimbursement (JD responded that the recommendations do highlight reviewing the Community Pharmacy contract and there is more about reimbursement in the body of the report) • How do we spread the pockets of good practice nationally? It will be the role of the leadership organisations to make more of the case studies in the report. • Scotland is already ahead on some of the recommendations – need to be mindful of this in the media campaign. <p>The Chair received consensus for sign off of the report in the room and also agreement for a review by the Advisory Group in one year's time to reflect on progress.</p>	
24.11.NPB.07	<p>Assessment and Credentialing (item: 24.11/NPB/07) <i>Led by: Joseph Oakley</i></p> <p>The Boards noted paper 24.11.NPB.07</p> <p>JO reminded the board that they had received his paper in advance of the meeting and said he was happy to take further questions on the paper by email.</p> <p>Some of the comments received by Board members included:-</p> <ul style="list-style-type: none"> • There is a gap in identifying the “so what” for community pharmacists. (JO replied that the first community pharmacist had just gone through the credentialing process – this demonstrates that it can be done but did agree that this was the exception rather than the rule.) • Feedback question from members from the Constitution and Governance roadshows is why fees for credentialing are the same for members and non-members. JO replied that a strategic decision was taken at the start of the process for a single professional fee as it is a profession wide model. Member benefits come from support/education materials/mentoring. This will continually 	WPB Chair

	<p>be reviewed. Currently RPS members subsidise credentialing. RPS would like to move to a position in the future whereby credentialing pays for itself. Our current fees for credentialing are considered to be low amongst other professions.</p> <ul style="list-style-type: none"> • Huge opportunity in the future for the RPS to bid on national contracts and integrate pathways. JO said the RPS sets and assures standards defining post-registration levels of practice and this function sits separately; assurance mechanisms cannot be conflicted. <p>PB declared an interest as he sits on the CPPE Operations and Advisory Board. He said he was aware of the possible tender opportunity. He said he attended an engagement event in March for interested parties but has heard no more about the tender process. He said that strategically it is of interest to the RPS as the RPS works closely with CPPE.</p> <p>In England, Multi-professional funding for advanced credentialing was cut for 24/25 and currently other ways to get funding are being explored. The RPS is currently developing a collaborative strategy with PhSC to set out how RPS could work collaboratively with HEIs to improve support for those working towards advanced practice, especially in the education and research domains.</p>	
24.11.NPB.08	<p>Business Plan (item: 24.11/NPB/08) <i>Led by: Country Directors</i></p> <p>The Boards noted paper 24.11/NPB.08.</p> <p>EJ explained that the GB workplan is a 2-year plan (24 and 25) and would bring in the expertise from the other PLB teams, ie. Education, Science and Research and Support and Guidance. EJ explained the different areas of the plan in more detail.</p> <p>AG was invited to talk about the e-cigarettes policy and said that in response to the new information from ASH the RPS policy remains the same but does need to have a statement included to clarify the RPS position recommending that vapes are not used</p>	EPB Chair

	<p>by children and non-smokers and is against illicit vapes but does support the use of vapes for smoking cessation programmes.</p> <p>Action 7: RPS policy on e-cigarettes to be reviewed by the Science and Research Committee and a strengthening statement be added, but the policy position remains unchanged.</p> <p>Board members were asked for their comments on the 2 year work plan proposal, some of the comments were:-</p> <ul style="list-style-type: none"> • Supportive of the 2 year plan but have concerns about resourcing the plan and asked if difficult decisions have been taken to deprioritise work. EJ responded saying many areas of policy have already been developed leaving time to focus on new policy, the team have looked at current government priorities and have aligned the business plan with these. • Huge legislative and regulatory changes will be coming into force how will we ensure we respond appropriately? LW responded saying that the team endeavours to keep capacity for reactive work. EJ said that the country teams will need the board members help to focus and prioritise workstreams. • How will the expert advisory groups (EAGs) contribute to the workplan? LW responded say the role of the policy leads was to facilitate input from the EAGs whilst recognising that on occasions expert opinion needs to be sought from outside the EAGs. The Digital EAG played a huge role in developing the policies on AI and Digital Capabilities. • Cancer care and aseptics should be combined on the workplan, whilst access to high cost medicines should remain alone. • There should be a risk weighting and critical milestones attached to the workplan. EJ said a weighting could be added to the bottom half of the work plan and we will need to look at where time is being prioritised. PB said the organisation strategy will play into this and could be shaped by the Constitution and Governance review and the proposal to move to a Royal College, but it is assumed that business as usual will continue through 2026 into 2027. 	
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	<ul style="list-style-type: none"> • There would need to be a check point on the business plan after one year. • Concerns re workload, and managing the international elements were raised although it is recognised that there is much to be gained from working internationally, both reputationally and learning from other countries. <p>EJ said that on occasion it may be necessary to bring together short life working groups together to develop policy areas. LW added that the business plan was not set in stone and could be flexed.</p> <p>The Chair concluded that Board members were in agreement with the two year work plan and each of the new policy areas should have 2 or 3 board members associated with them.</p> <p>Action 8: Board members to email their policy area preferences through to the country directors.</p> <p><u>Presentation on Women's Health by Kellie King (CPhO Clinical Fellow, Scotland)</u></p> <p>KK was invited to present on her work to date on Women's Health and menopause. KK is looking at ways to involve pharmacists in the patient pathways and integrating women's health into the pharmacy undergraduate course.</p> <p>The Chair thanked KK for her presentation. KK said that pharmacy has been poorly represented to date in this area and it is about having a seat at the table. This is a good opportunity to focus on health inequalities.</p> <p>The Great North Pharmacy Research Collaborative Conference took place in July focusing on Women's Health and the presentations are available on line. There is a good opportunity for RPS to get involved and to own the agenda on the use of medicines in Women's Health. It was recognised that there is more the RPS can do in the area of women's health, for example guidance may be needed for over prescribing of HRT and implants.</p>	
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24.11/NPB/09 (i) (ii), (iii), (iv), (v) and (vi)	<p>Papers for noting (item: 24.11/NPB/09 (i-vi)) <i>Led by: WPB Chair</i></p> <p>Board members noted the following papers.</p> <ul style="list-style-type: none"> (i) Implementing Country Visions (ii) Professional Issues (iii) Workforce (iv) Strengthening Pharmacy Governance (v) Education (vi) Science & Research update 	EPB Chair						
24.11/NPB/10	<p>Any other business <i>Led by: EPB Chair</i></p> <p>There was no other business to discuss.</p> <p>The Chair thanked James Davies on behalf of the Boards for his work and support and wished him the best of luck in his future endeavours.</p>	EPB Chair						
24.11/NPB/11	<p>Proposed dates for future meetings <i>Led by: EPB Chair</i></p> <table border="1" data-bbox="577 1166 1818 1369"> <thead> <tr> <th data-bbox="577 1166 990 1270">England</th><th data-bbox="990 1166 1404 1270">Scotland</th><th data-bbox="1404 1166 1818 1270">Wales</th></tr> </thead> <tbody> <tr> <td data-bbox="577 1270 990 1369">25 and 26 February</td><td data-bbox="990 1270 1404 1369">27 ad 28 February</td><td data-bbox="1404 1270 1818 1369">20 and 21 February</td></tr> </tbody> </table>	England	Scotland	Wales	25 and 26 February	27 ad 28 February	20 and 21 February	EPB Chair
England	Scotland	Wales						
25 and 26 February	27 ad 28 February	20 and 21 February						

	18 and 19 June	18 and 19 June	18 and 19 June	
	23 and 24 September	17 and 18 September	25 and 26 September	
	6 Nov	6 Nov	6 Nov	

Action list:

Item	Action	By whom	Open/Closed/Comments
24.11.NPB.04	Action 1: A full report from the team will be before the next meeting in February	S&R Team	Open
24.11.NPB.04	Action 2:– DAO to review the evidence submitted regarding an individual audit across 3 pharmacies to see if they were trialling self selection and provide further information in the report	DAO	Nov/Dec
24.11.NPB.04	Action 3: DAO asked that the board share any previous or outstanding evidence re Open Sale of P Meds with the S&R committee.		Nov

24.11.EPB.04	Action 4: EJ and the team are to continue working with the GPhC and will share the evidence report once final and will discuss next steps to help pharmacists protect patients and discuss the need for additional observational evidence. EJ to report back to the Boards in February.	EJ	February 2025
24.11.NPB.05	Action 5: AD to include an informative slide about the Ambassadors in the weekly board email	AD	Nov
24.11.NPB.05	Action 6: AD to work with LN on the 3 key points of the benefits of being a member of the RPS	AD/LN	Nov/Dec
24.11.NPB.08	Action 7: RPS policy on e-cigarettes to be reviewed by the Science and Research Committee and a strengthening statement be added, but the policy position remains unchanged.	Science and Research	December
24.11.NPB.08	Action 8: Board members to email their policy area preferences through to the country directors.	All board members	December

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Outstanding actions from previous board meetings

EPB

24.06.EPB.13	Action 6: Review MEP and professional guidance subject to the review of RPS position on facilitated-selection of P Medicines in community pharmacy	Support Team/Director for England	Open – as required
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