

### 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.

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

	<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. 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>PB thanked Elen Jones for her contribution to pharmacy in Wales over the past 10 years, in her many roles. He said her enthusiasm and commitment would be missed. GMc and the WPB wished Elen well in her new role as Pharmacy Dean at HEIW. Elen said that she has thoroughly enjoyed working in RPS.</p>	<b>WPB Chair</b>
<b>25.09.NPB.08</b>	<p><b>Dates of next meeting</b>  <i>Led by: wPB Chair</i></p> <p><b>NPB meeting:</b> 6 November 2025, at 66-68 East Smithfield.</p>	<b>WPB Chair</b>

**Action list:**

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>