

National Pharmacy Advisory Councils meeting 4 June 2026

OPEN BUSINESS

This meeting will be held in person at Royal College of Pharmacy Offices, 66 East

Smithfield, London, E1W A1W OPEN BUSINESS AGENDA 4 June at 9.00am

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Chair/or lead person
1 (09:00)	Welcome	For noting	No paper/Verbal address	Welcome and introductions	SPAC Chair
	Apologies	For noting	No paper/Verbal address	To note apologies EPAC: Ciara Duffy WPAC: Eleri Schiavone	SPAC Chair
2	Declarations of Interests	For noting	26.06.NPAC.02 (E/S/W)	To note the declarations of interest for Council members for England/Scotland/Wales	SPAC Chair
3	Minutes and matters arising	For decision	26.06.NPAC.03 (E/S/W)	To approve the minutes of the National Pharmacy Board meetings held on in February for England, Scotland and Wales and to discuss matters arising from these minutes	SPAC Chair

4 (09:30)	Code of Conduct	For noting	26.06.NPAC.04	For Council Members to note the Code of Conduct of the Royal College as approved by the Trustee Board	SPAC Chair
5.(9:45)	Lobbying Policy	For noting	26.06.NPAC.05	For Council Members to note the new Lobbying Policy of the Royal College as approved by the Trustee Board	SPAC Chair
6. (10.00)	Aesthetics – draft position statement	For discussion	26.06.NPAC.06	For Council Members to receive an update and to review the draft position statement	EPAC Chair
7. (10.15)	GPhC Consultation response on International Education and Training	For discussion	26.06.NPAC.07	For Council Members to discuss the College response on the GPhC Consultation on International Education and Training and to help in the drafting of a response	EPAC Chair Heidi Wright/Fiona McIntyre
11.10 Refreshment break (10 mins)					
8 (11.20)	Papers for noting	For noting	26.02.NPB.08 (i), (ii), (iii), (iv)	For the National Pharmacy Advisory Councils to note the following papers: (i)Implementing Country Visions (ii)Professional Issues (iii)Workforce (iv)Strengthening Pharmacy Governance	EPAC Chair
9. (11.25)	Any other business	For noting	verbal	National Pharmacy Advisory Council Members should inform their respective Chair, National Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	EPAC Chair

10. (11.30)	Key points for reporting to Royal College members – standing item	Discussion	Verbal	To highlight the key points from the meeting to be reported back to members	EPAC Chair												
11. (11.35)	Dates of next meeting	For noting		Dates of meetings below in 2026. Meeting dates for 2027 are still to be arranged	EPAC Chair												
				<table border="1"> <thead> <tr> <th>England</th> <th>Scotland</th> <th>Wales</th> <th></th> </tr> </thead> <tbody> <tr> <td>22 & 23 September</td> <td>16 & 17 September</td> <td>24 September</td> <td></td> </tr> <tr> <td>5 November (joint meeting)</td> <td>5 November (joint meeting)</td> <td>5 November (joint meeting)</td> <td></td> </tr> </tbody> </table>	England	Scotland	Wales		22 & 23 September	16 & 17 September	24 September		5 November (joint meeting)	5 November (joint meeting)	5 November (joint meeting)		
England	Scotland	Wales															
22 & 23 September	16 & 17 September	24 September															
5 November (joint meeting)	5 November (joint meeting)	5 November (joint meeting)															
Close of open business – 11.35																	
Royal College of Pharmacy observers requested to leave the meeting																	
Confidential business commences at 11.35																	

English Pharmacy Advisory Council –2026

Declaration of Interests

Claire Anderson

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

Sarah Baig

Employment:

- The University of Birmingham, School of Pharmacy
- Dudley Group NHS Trust – Primary Place Division

Honoraria:

- Novo Nordisk, Astra Zeneca, Eli Lilly, Recordati, BI, Daichii Sankyo, Novartis, Bayer, Menarini

Association/Board Memberships:

- UK Clinical Pharmacists Association – Diabetes and Endocrine Committee
- Primary Care Pharmacists Association – Academy Academic Lead
- Morph – Neighbourhood Education Lead – NEL
- Pharmacists Defence Association – Member

Personal:

- Shamma Baig – sister – Pharmacy Technician (Dudley)
- Ruby Shoffa – sister – Pharmacist and GP (Leamington)

Aisling Considine

- Member of the British Hepatology Pharmacy Association
- Co-Chair of NHSE London Emergency Planning Pharmacy Interest Group
- Honorary Lecturer Kings College London (undergraduates)
- Member of the Guild of Healthcare Pharmacists

Ciara Marie Duffy

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

Mildred Johnson

- Pharmacy Clinical Director and Professional Lead at Maidstone and Tunbridge Wells NHS Trust
- Trustee and member of Borden Grammar School Academy Trust Board (Sittingbourne, Kent)
- Member of PM Healthcare & Editorial Board
- Advisor to Beckton Dickinson and Company (BD)- Connected Medication Management (CMM) technologies.

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
- Specialist Project Director with UHS Pharmacy Ltd

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 PM Healthcare Editorial Board
- Associate, Global Policy Network
- Associate - Global Policy Network
- ad hoc speaker events

Claire Nevinson

- Honorary Associate Professor of Pharmacy Practice, Uni of Nottm
- Member of FiP

Mahendra Patel

Academic Appointments and Distinctions

- Director, Centre for Research Equity, Nuffield Department of Primary Care Health Sciences, University of Oxford.
- Adjunct Professor of Pharmacy, Wilkes University USA.
- Visiting Professor of Pharmacy, Birmingham City University.
- Honorary Doctor of Health and Global Ambassador, University of Bradford.
- Honorary Visiting Professor, University of Bradford.

Professional and Advisory Roles

- Professional Advisor on inclusive pharmacy practice to the Chief Pharmaceutical Officer NHS England.
- Board member of Inclusive Pharmacy Practice, led by NHS England and Co-chair of Improving Pharmacy Engagement Group (IPEG).
- Independent Member of the Professional Advisory Committee, Guild of Healthcare Pharmacists (GHP)
- Pharmacy Lead for British Association of Physicians of Indian origin (BAPIO)
- No membership of trade unions.

Academic, Professional Memberships, Recognition and Honours

- Fellow, Royal College Of Pharmacy (RCPharm)
- Honorary Fellow, Royal College of General Practitioners (RCGP)
- Honorary Member, Association of Pharmacy Technicians UK (APTUK)
- Fellow of the Higher Education Academy (FHEA)
- Alumni Fellow, National Institute for Health and Care Excellence (NICE).
- International Fellow, Indian Pharmaceutical Association (IPA).
- Fellow, International Institute of Organisational Psychological Medicine (FIIOPM).
- Member, Scientific Committee, Institute for Evidence-Based Healthcare, (ISBE), Faculty of Medicine University of Lisbon, Portugal.
- Patron, Commonwealth Pharmacists Association.

Trusteeships and Charitable Roles

- Trustee, Mouth Cancer Foundation – providing online information and support for individuals at risk of or affected by mouth cancer.
- Chair of Trustees, Yorkshire Indian Society Charitable Trust – supporting fundraising for charitable causes in Yorkshire and India.

Governance and Public Appointments

- Governor Sheffield Girls' High School, Sheffield.

Other Relevant Interests

- Immediate family members in clinical practice (GPs; and liver cancer surgeon).

Katherine Pearson

- Employed by NHS Professionals staff bank
- Worcestershire Acute Hospitals NHS Trust
- Assistant Professor in Clinical Pharmacy at the University of Birmingham
- Member of the Steering Group Committee for the Pharmacy Education Conference
- Member of the PDA
- Fellow of Advance HE

Bruce Warner

- Non-Executive Director – PrescQIPP
- Non-Executive Director Birmingham Children’s Hospital (Pharmacy)
- Chair of the Board of Trustees – Rotherham Hospice
- Visiting Professor of Pharmacy Practice – University of Huddersfield
- Honorary Professor of Pharmacy Policy and Practice – University of Huddersfield

Joseph Williams

Employment:

- The Christie NHS Foundation Trust / The University of Manchester

Honoraria:

- Pfizer, Teva, Roche, Merck, Ipsen, BMS, Gilead, Servier, Nordic Pharma, BI

Conference Sponsorship:

- BOPA, ESMO, EBMT, ISOPP, ASCO, NCODA

Association/Board Memberships:

- BOPA Vice Chair | Past Chair (2022 – 2025)
- UK PPL Board Member
- ISOPP E&T Subcommittee Vice Chair
- UK SACT Board Member (Co-Chair 2025)

OPEN and CONFIDENTIAL BUSINESS

JUNE 2026

Welsh Pharmacy Advisory Council Declarations of Interest

Aled Roberts

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

Dylan Jones

- HOW Pharm Ltd
- Jones Pharm 2 Ltd
- DL & CV Jones Agricultural Business
- RPS Wales Council 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 Advisory Council
- 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.

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

Claire Clement

- Cardiff and Vale University Health Board (employer)

Amy Jayham

- Swansea Bay University Health Board

Liz Hallett

- Aneurin Bevan University Health Board (ABUHB) - employer
- Deputy Member of Welsh Pharmaceutical Committee for ABUHB
- PCPA Primary Care Association Member
- NPCHF National Pharmacy Care Home Faculty Member
- AWPAG All Wales Prescribing Advisory Group Member
- All Wales Prison Pharmacist group
- All Wales Care Home
- Husband a Pharmacist National Informatics Lead for Pharmacy Community

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
- Paid webinar session provided for Celtic Conference by PM (Pharmacy management) October 2024

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

Cardiff University to provide cardiology teaching sessions 2008 until 2019

- Swansea University – assisting with undergraduate OSCEs, voluntary position
- Cwm Taf Morgannwg University Health Board Representative for AWPAG
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- Member of the Guild of Healthcare Pharmacists
- Member of the UKCPA
- Member of the PCPA

Sarah Brown

- Cardiff Metropolitan University (Research grant funding provided through the Cystic Fibrosis Trust)
- General Pharmaceutical Council
- Community pharmacy locum – no fixed employer

ENGLISH PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Wednesday 25th February 2026, at RPS offices at East Smithfield London E1W 1WA

English Pharmacy Board:

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

Apologies

Ewan Maule (EM)

In attendance:

Asra Ahmed (AAh) Acting Head of Engagement, Paul Bennett (PB) (Chief Executive), Corrine Burns (CB) (PJ Correspondent) (online), Helen Chang (HG), Associate Director for Education and Professional Development, Melissa Dear (MD), Campaign and Corporate Communications Manager, Yvonne Dennington (YD) (Business Manager England), Amandeep Doll (AD) (Director for England), Sheetal Ladva (SL) (CPhO Clinical Fellow), John Lunny (JL) (Public Affairs England), Liz North (LN), Director of Strategic Communications, Heidi Wright (WR) (Practice and Policy Lead England).

RPS Member observers – One RPS member observer attended

26.02.EPB.01	The Chair welcomed everyone to the meeting saying that this will be the last meeting of the English Pharmacy Board ahead of transitioning into a Royal College and the English Pharmacy Advisory Council. Everyone introduced themselves and said how they were feeling today and looking forward to achieving in the meeting. Apologies were received from Ewan Maule (EM)	EPB Chair
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<p>26.02.EPB.02</p>	<p>Declarations of Interests and Board Members' Functions and Duties <i>Led by: EPB Chair</i></p> <p><u>26.02.EPB.02 - Declarations of interest</u> Board members noted paper 25.09/EPB/02(a).</p> <p>Action 1: YD to update declarations of interest received from MP, AP and BJ</p> <p><u>26.92.EPB.02(b) – Board Members' Functions and Duties</u> Board members noted the Board Members' Functions and Duties paper</p>	<p>EPB Chair</p>
<p>26.02.EPB.03</p>	<p>Minutes and Matters arising <i>Led by: EPB Chair</i></p> <p><u>Minutes</u></p> <p>The English Pharmacy Board approved the minutes of the National Pharmacy Board meeting, held on 6 November 2025. (item: 25.09/NPB/03)</p> <p>Proposed by: Claire Anderson and seconded by: Adebayo Adegbite</p> <p><u>Actions and Matters arising:</u> Action 1 – closed Action 2 – closed Action 3 – closed Action 4 – closed Action 5 – closed</p> <p>There were no matters arising from the previous minutes.</p>	<p>EPB Chair</p>

26.02.EPB.04	<p>GB Workplan</p> <p>It was agreed by the EPB at their working day (260224) that they would prioritise three areas from the GB workplan:-</p> <ul style="list-style-type: none"> • Workforce • Prescribing • Neighbourhood Health <p>With the agreement of the 3 focus areas on the GB workplan, the team will be taking these forward.</p> <p>Team England will look at how the RPS can offer support to newly qualified pharmacists.</p> <p>The EPB will advocate for pharmacists to be included into Neighbourhood Teams and will collaborate with the BMA and RCGP regarding the multi-disciplinary perspective. Regarding workforce the EPB is already doing a substantial amount of work in this area and will bring together the various elements into a more strategic approach.</p> <p>The EPB said there had been a good discussion at their working day and that they were happy with the focused approach. There was an acknowledgement that these priorities will need to fit with the overarching strategy of the Royal College.</p> <p>Action 2: AD will work with the team and bring a plan of action to the next meeting in June</p>	EPB Chair/Director for England
26.02.EPB.05	<p>Constitution and Governance Update</p> <p>PB said he was pleased to report that all was still on track for the new Royal College to be inaugurated on 15 April 2026 subject to Privy Council approval. Confirmation has been received from the Charity Commission in England/Wales which is minded to approve our application subject to Privy Council Approval. Correspondence with the Privy Council office indicates it is optimistic that they will be able to consider the</p>	Chair/Paul Bennett/Liz North

	<p>application in sufficient time. However, there is a contingency plan in the event of delay.</p> <p>The Election process is underway and there has been a significant number of candidates. Elections are being held in England and Wales. No election in Scotland and they received the exact number of candidates for the places available. The voting period has begun from 23 February until 11 March. Results will be announced on 13 March.</p> <p>If all goes to plan current board members will stand down from office at midnight on 14th April and new members will take up their positions on the Councils on 15th April. If there are delays board members will stay in place until 30 June.</p> <p>The process for elections of President and Chairs is detailed in the new regulations and will take place in March.</p> <p>Assembly agreed to a Shadow Board which is chaired by Joe Irvin (the Chair elect of the new Trustee Board and currently lay member of the Assembly) along with the current President and 3 board chairs and three other members who are:- Jacob Lant, Katherine Henderson, and Richard Cryer.</p> <p>The RPS is currently recruiting for three Trustee Board places.</p> <p>Discussions at UKPPLAB continue at pace and are extremely productive and collaborative with the leadership bodies and special interest groups.</p> <p>New branding and tone of voice have been agreed for the new Royal College and thanks goes to the Assembly and Boards for helping with this.</p> <p>The AGM will be held on 7 April which will include some celebration, more details on this are to follow.</p>	
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	<p>LN said that the hard work is about to begin and we must seize the opportunity that lies before us, starting a new chapter as the Royal College of Pharmacy.</p> <p>Some questions were posed by the board:-</p> <ul style="list-style-type: none">• How will the transition to the new Executive take place. PB replied that all is in progress with the Director of Finance and Technology in place along with the Director of Education and Director of Shared Services and the Director of the PJ and publishing. Interviews have been conducted for the Director of Pharmacy, so transition is happening at pace.• If there are delays and board members remain in office until 30 June – are there plans for this eventuality? PB said that a communication will go out to Board members regarding this if the situation of a delay arises.• Post nominals for Royal College – PB responded saying this will all be set out in the new regulations.• How will we transition into new Councils – PB responded saying this will be an element of focus at the induction day in March in the spirit of what we are trying to achieve as a Royal College. PB added that he senses a real commitment from those standing for election to make this work.• It was suggested that the annual conference will be the place to celebrate the launch of the Royal College and also use the regional conferences – LN responded that there is a significant amount of work going on in the background, looking at lots of branded touchpoints and working on getting the balance right.• What are we planning to do to integrate with other Royal Colleges? PB that the President already has lots of interactions with the other Royal Colleges and this work will continue.• Is there a strategy for communicating with the public – LN responded saying they are looking at all channels of communication – currently doing a lot of media outreach. We already work with patient groups – we will be looking at how we get the message out through them. Joe Irvin, Chair of the Trustees, is very keen on how we will be working with the public. We will grow our	
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	<p>information for the public – we have already started promoting our work to the public ie. sun screens, nasal decongestants.</p> <p>LN added that at the AGM on 7 April there will be acknowledgement of the achievements of the RPS – this is currently being worked on. There will be a programme of engagement for the new organisation. The real work will begin when we become the Royal College of Pharmacy looking at what the future looks like, building on engagement and building a strategic map for the future. There will be celebration and members will notice a visible difference.</p> <p>There was some discussion about using the pharmacy media to get the message out about our transition to a Royal College. LN responded saying currently the RPS has a good relationship with the pharmacy media and is happy with the quality of output. PB added that we are proud of the professionalism of the PJ as the professional journal of the RPS, and the quality and integrity of the PJ will continue. The preservation of editorial independence is essential with the right to report freely and we look forward to that continuing.</p> <p>The Chair said that she would like to extend the thanks of the board for all the hard work that has gone on behind the scenes and thanked Karen Baxter, in her absence, for the tremendous amount of work she has undertaken. She added that it has been a turbulent time and the board have critiqued from the place of representing the membership, and she gave thanks for that opportunity. Hopefully in the future the Councils will be able to contribute to practice and policy without the distraction of governance. Thank you for getting us to this position and we are happy we will be working in this new way.</p>	
26.02.EPB.06	<p>Undergraduate Numbers</p> <p>HW explained that the issue of undergraduate numbers in England, Scotland and Wales had been discussed in some detail at the EPB working day (260224). The EPB had agreed that this issue needs to be explored in more detail and the findings brought</p>	EPB Chair

	<p>back to a future board meeting where the way forward for what the RPS can do will be agreed.</p> <p>Action 3: Country Teams to do some more work in this area and bring a paper back to the next meeting.</p>	
26.02.EPB.07	<p>GPhC Consultation</p> <p>HW introduced this item giving background on the methods taken in preparation for the RPS response to this public consultation. Two webinars with members have been held seeking their contributions and HW has met with other organisations to discuss their input.</p> <p>HW recapped on the forthcoming legislative changes which have prompted this consultation.</p> <p>Legislation will come into force at the end of this year to allow Pharmacy Technicians to perform certain tasks. The RPS will be producing guidance around authorisation.</p> <p>The standards are enabling and not mandatory, for example, Pharmacy Technicians will be able to refuse authorisation. The RPS will develop guidance to support these decisions.</p> <p>HW took the Board members through the consultation questions seeking their views and adding the relevant comments to the questions in the draft consultation response. There was a lengthy debate around the questions and HW confirmed that she had received the information she needed to develop the draft response.</p> <p>Action 4: A draft consultation response will now be prepared and shared with Board members for further comments ahead of the submission date 25 March 2026.</p>	Heidi Wright

26.02.EPB.08	<p>Papers for noting (item: 26.02.EPB.08 (i-vi)) <i>Led by: EPB Chair</i></p> <p>English Pharmacy 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
26.02.EPB.09	<p>Any other business <i>Led by: EPB Chair</i></p> <p>There was no other business to discuss.</p>	EPB Chair
26.02.EPB.10	<p>Dates of next meeting <i>Led by: EPB Chair</i></p> <p>Pharmacy Advisory Council (PAC) joint meetings: 24th March (Induction), 3 and 4th June (Induction and Council meeting), at 66-68 East Smithfield.</p>	EPB Chair

Action list:

Item No	Action	By who	Open/Closed/Comments
26.02.EPB.02	Action 1: update declarations of interest received from MP, AP and BJ	YD	Closed
26.02.EPB.04	Action 2: GB Plan 3 priorities. AD will work with the team and bring a plan of action to the next meeting in June	Team England	Open
26.02.EPB.06	Action 3: Country Teams to do some more work in this area (Foundation numbers) and bring a paper back to the next meeting.	Country Teams	Open
26.02.EPB.07	Action 4: A draft GPhC consultation response will now be prepared and shared with Board members for further comments ahead of the submission date 25 March 2026.	HW	Open

NATIONAL PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Friday 27 February 2026, 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:

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, Carolyn Rattray (CR), Business Manager – Scotland and Laura Wilson (LW), Director for Scotland

RPS Member observers – There were no RPS member observers.

Apologies: There were no apologies.

26.02.SPB.01	Welcome and Apologies <i>Led by SPB Chair</i> The Chair (JB) welcomed Board members and staff to this, the last meeting of the Scottish Pharmacy Board. JB extended a particular welcome to the RPS President, Claire Anderson (CA), Paul Bennett (PB), Lucy Dixon (LD), joining online, Elspeth Boxall (EB), Scottish Clinical Leadership Fellow (SCLF), who were present in the	SPB Chair
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	<p>room. Also, welcomed to the meeting online were Corrinne Burns (CB) and Liz North (LN)</p> <p>There were no apologies.</p>	
26.02.SPB.02	<p>Declarations of Interests and Board Members' Functions and Duties <i>Led by: SPB Chair</i></p> <p><u>Declarations of interest</u> Board members noted paper 26.02.SPB.02(a). Board members were asked to forward any changes to declarations of interest to Carolyn Rattray (CR).</p> <p>Action 1: CR to update declarations of interest.</p> <p><u>Board Members' Functions and Duties</u> Board members noted the Board Members' Functions and Duties paper 26.02.SPB.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>	SPB Chair
26.02.SPB.03	<p>Minutes and Matters arising <i>Led by: SPB Chair</i></p> <p><u>Minutes</u></p> <ul style="list-style-type: none"> The Scottish Pharmacy Board approved the minutes of the National Pharmacy Board meeting, held on 6 November 2025. (item: 26.02.NPB.03) <p><u>Amendments</u> There were no amendments.</p>	SPB Chair

	<p>Proposed by: Audrey Thompson and seconded by: Josh Miller</p> <p><u>Matters arising:</u> Action 5: Recruiting volunteers for national and regional events. It was confirmed that Amina Slimani-Fersia (AS-F) had been supporting the Scottish national event (21 August 2026, in Glasgow); her input has been invaluable.</p>	
26.02.NPB.04	<p>Papers for noting (item: 26.02.NPB.04 (i-vi)) <i>Led by: SPB 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 <p>The Chair (JB) took the opportunity to thank staff members who have contributed so much to the meetings with papers, presentations, etc., recognising the ‘massive amount of work that goes into the Board meetings’.</p>	SPB Chair
26.02.NPB.05	<p>GB workplan update <i>Led by Jonathan Burton (JB) and Laura Wilson (LW)</i></p> <p>Laura Wilson (LW) summarised the discussion at the working day, about what should be removed, items that are still relevant, those that should be added and the main focuses. It was noted that some of the current RPS policies need to be reviewed one, in particular, the Drug Harms policy. With a changing landscape in Scotland, both from a political perspective and also since a Drug Harms Task Force has been established,</p>	SPB Chair/Director for Scotland

	<p>there is a need to update this policy to include alcohol; this will ensure its relevance and allow RPS to lobby effectively. Also considered were other areas of interest, some of which are GB and others country specific and also whether the work plan should be a one or continue as a two-year plan.</p> <p>Areas to keep focus on:</p> <ul style="list-style-type: none">• AI and Digital Capabilities• Access to shared records• Pharmacogenomics – this is going to become part of life and pharmacy, and the Royal College (RC), will potentially have an opportunity to lead in this area.• Patient safety – this needs to be a clear focus for the RC and our policies will need to reflect this. <p>Areas to become BAU (responsive to requests, but not proactive):</p> <ul style="list-style-type: none">• Medicines shortages• Women's health• Gender incongruence• Safe supply of P Medicines <p>Hot topics:</p> <ul style="list-style-type: none">• If refreshing the DPP framework, is there a need for guidance for the supervising pharmacist. Two distinct roles and there should be guidance for both. There has been a request that they are linked to FTY whilst still recognising that there will be pharmacists undertaking training to become a prescriber at a later date as part of the legacy workforce.• Respond to specific requests from organisations, e.g. DHSC, GPhC or other stakeholders.• Realistic medicines, e.g. using the Drugs policy to weave pharmacy into the Scottish Government (SG) drugs work.	
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	<p>BMs have been asked to consider any other areas that should be a focus and to feed them back to the Scottish RPS team.</p> <p>Once elected, it is expected that the new SG will have a 100-day plan; the RCPHarm in Scotland will look to reflect and influence legislation in respect to health.</p> <p>As we move towards being an RCPHarm, will be looking to collaborate with UKPPLAB and some of its constituent organisations.</p> <p>There followed a discussion:</p> <ul style="list-style-type: none">• Struck by the amount of overlap of some of the themes; could some of the themes be linked together to reduce the 'sheer volume of work', e.g. linking pharmacogenomics with AI and Digital and, ultimately, patient safety.• A patient safety focus needs to be woven into all activities.• There are overlaps between medicines safety and the patient safety focus.• As we move towards the RCPHarm, it will be important to set our direction but not lose sight of our USP; don't duplicate work that other organisations are doing.• Normalisation of technology – how we accept it, recognising that there are opportunities that outweigh the risks, whilst ensuring patient safety.• Patient safety and quality 'go hand in hand'; there is a need for a quality management system.• There is a lot of fragmentation within technology, moving between systems. Could there be a 'once for Scotland' campaign?• Protected Learning Time (PLT) - how it overlaps with credentialing.• AI tools – matching this with access to records – note taking. Preparation for Members to be able to do this.• Using the EAGs for the benefit of what the Boards have been highlighting. Could we look to the EAGs for support with AI and Digital. <p>Next steps:</p>	
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	Country teams, led by CDs, will rework GB plan taking into account the discussions at all three country boards. A new GB work plan will be required when the NPACs take office.	
26.02.SPB.06	<p>GPhC Consultation Standards for Superintendent Pharmacists (SP) Standards and Rules for Responsible Pharmacists (RP) <i>Led by: Jonathan Burton (JB) & Fiona McIntyre (FMCI)</i></p> <p>FMCI introduced and provided a summary of the GPhC Draft Standards for Superintendent Pharmacists, Draft Standards for RPs, and a draft annexe to the Standards for Pharmacy Professionals.</p> <p>Actions taken to date:</p> <ul style="list-style-type: none"> • Has been shared with Board members and RPS members • Two webinars – approximately 15 members at each event • Liaising with stakeholders and gathering views from different sectors of pharmacy practice. <p>BMs were presented with the consensus responses from stakeholders before asking to consider.</p> <p>1. Do you think we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist?</p> <ul style="list-style-type: none"> • Would need to be a specified period of time after which a permanent replacement would need to be in post, e.g. less than 3 months. • Better to have nobody than someone who isn't competent to do the role. Needs clarification. • The College (RC) could develop guidance and standards based on principles to support the GPhC Standards. 	SPB Chair/Scottish Practice & Policy Lead

	<ul style="list-style-type: none"> • The pharmacy profession is the most regulated of the healthcare professions; wouldn't want to stifle innovation, or act as a deterrent, where it is not required. • Consider existing minimum standards and whether there is a need to change them. There shouldn't be a reduction in standards for interim SPs. <p>2. When an SP leaves their role or is unable to perform their legal and professional responsibilities, it is reasonable for the GPhC to require pharmacy owners to appoint a new permanent or interim superintendent immediately?</p> <p>Response: Yes.</p> <ul style="list-style-type: none"> • The concept of their being a 'gap' is troubling; it would put patient safety at risk. • A framework, with examples, would be very helpful. • The skills and accountability that is required to be a patient-facing pharmacist is very similar to the SP role. It all comes back to credentialing. Regulation is one aspect but there is also a role for the RC to provide a 'micro-credentialing' model. Would like to see some form of high-quality bench-marking; evidence for revalidation. • Need to understand what 'minimum' means as wouldn't want to stifle innovation. <p>Overall feedback is that the standards would strengthen patient safety.</p> <ul style="list-style-type: none"> • The proposed Superintendent Pharmacist standards are similar to the Chief Pharmacists (CP) standards and the roles can be compared, therefore the proposed standards are reasonable; they will support patient safety and professional development. • 'Wellbeing' should not be included in any minimum standards as very subjective. The final bullet point should not be included: <i>Make sure the</i> 	
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	<p><i>pharmacy environment and premises safeguard the health, safety and wellbeing of patients and the public’.</i></p> <ul style="list-style-type: none"> • SP Standards should align with the CP standards; wellbeing should not be included as not included in the CP standards. • Wellbeing should be covered by workforce development rather than a standard. • How would you provide evidence re. wellbeing. <p>Responsible Pharmacist consultation</p> <ol style="list-style-type: none"> 1. Do you think we should set minimum requirements for a pharmacist to become an RP? <ul style="list-style-type: none"> • No, that is purpose of Initial Education and Training (IET) and Foundation Trainee Year (FTY); it would stifle innovation and development. 2. What records do you think are the responsibility of the RP? <ul style="list-style-type: none"> • Patient records, training records, CPD entries, etc. • Should be described in guidance rather than standards. 3. In the interests of patient and staff safety, do you think the standards will Strengthen the day to day running of the pharmacy? <ul style="list-style-type: none"> • Safety goes hand in hand with quality and there is no mention of quality. Quality is mentioned in the underpinning standards; it is inferred within the descriptions. • Shouldn't be in the GPhC standards; should be a part of guidance. • Authorisation is one part of the governance to deliver safe patient services; it could be covered by other standards. 4. Do you agree with the proposal to continue with the present ‘one pharmacy’ rule? <ul style="list-style-type: none"> • Yes, this needs to be protected. 5. Do you agree with our proposal to continue with the current two-hour rule? 	
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	<ul style="list-style-type: none"> • Two hours is 'arbitrary' and doesn't work in reality, in Remote and Rural (R&R) areas. If you put in alternatives, people will start using them. There are unintended consequences; as long as there are mitigations in place, exceptions should be acceptable. Comes back to health inequalities. • The 2 hours means that times don't slip. • What is the risk when there are clear lines of responsibility? The way that care is delivered is different regionally and can change over time. Pharmacists are bound by many standards so there is no need to specify 'two hours'. • The GPhC shouldn't be regulating on the basis of a professional providing a service on behalf of the population. • Issues are the exceptions and shouldn't become the rule. • Need to preserve the importance of the pharmacist being present in the pharmacy to provide services for the benefit of patients and the public. There might be 'bad actors' but that is for the regulator to address <p>FMCI summarised the discussion, noting that a draft will be shared with NPB members; Policy Leads are seeking feedback and views.</p> <p>Standards for Pharmacy Professionals.</p> <p>1. Do you agree with our proposal to publish an annexe to the standards for pharmacy professionals to cover authorisation?</p> <ul style="list-style-type: none"> • It was agreed that annexing standards is not within the remit of the regulator and is for the RPS/RCPharms to do. • It would be confusing as standards are intended to be enabling; it is a professional responsibility rather than a regulatory responsibility. • Keen to maintain our narrative; we are the professional leadership body; why has this been included. Should RPS be offering support in this area that is ours? • An analogy would be bagged and checked guidance which was requested by DH and GPhC. 	
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	<ul style="list-style-type: none"> • Balance of saying its not the GPhC’s responsibility but can’t do all guidance so will require a risk-based approach from SPs and RPs – proportionality is required. <p>The consultation closes on the 25 March. The response is being develop and it is hoped that the draft response will be shared the week before.</p> <p>Action 2: BMs to respond to the draft response.</p>	
<p>26.02.NPB.07</p>	<p>Constitution & Governance update <i>Led by: Paul Bennett (PB) and Liz North (LN)</i></p> <p>Progress continues ‘on track’ to launch the new Royal College on 15 April, subject to approvals by the Privy Council (PC) and regulators.</p> <p>The RPS has been in constant correspondence with the PC office; and there is optimism that the application to the PC will be considered at the meeting in March meeting. Plans are in place for a potential delay which would allow the Boards and Assembly to run on. The election process is ongoing; there have been 38 nominations. There was no requirement for an election in Scotland as there were five nominations for five places. Voting opened on 23 February and closes on 11 March.</p> <p>The process for electing the President of RCPHarm will be different and is detailed in the transition regulations. The induction for new NPAC members takes place on 24 March.</p> <p>In 2024, Assembly agreed to create a Shadow Board, Chair of which is Joe Irvin OBE. Also on the Shadow Board are the President, three Board Chairs, and three lay expert members.</p> <p>Currently inviting applicants for three expert places on the new Trustee Board. More than 50 expressions of interest have been received</p>	<p>RPS Chief Executive</p>

	<p>Work on UKPPLAB continues at pace. Review of EAGs, etc is ongoing.</p> <p>Thanks to the Assembly and National Pharmacy Boards, the tone of voice and branding of the new RCPPharm has been agreed. The crest has been retained and is being reunited with the name. In addition to the AGM, a celebration of the RPS and the new RCPPharm is progressing. There much still to do to ensure that the RCPPharm is effective; it will build on the heritage of the RPS. PB thanked everybody for their support and input to make this happen.</p> <p>The event will mark the contribution of members to this point and find ways to thank people for their contribution. The RCPPharm is the next step forward rather than an end to the RPS.</p> <p>BMs were asked for their comments:</p> <ul style="list-style-type: none"> • Recognition of the huge amount of work. Reflecting on UKPPLAB and that they are discussing the future of the RCPPharm. They do say that any changes to the RCPPharm is up to the members of the individual bodies. Could be a perception that the UKPPLAB is telling us what to do. As we move into the RCPPharm: 'we need to take charge of our destiny as a professional leadership body'. • It is a time of change and UKPPLAB has enabled the ability for RPS, APTUK and PSNI to work more collegiately and collaboratively for patient and public benefit. • Encouragement of those seated around the UKPPLAB table. There is a forum where aspirations and challenges can be discussed openly and positively. • Although the creation of the RCPPharm, was at the behest of RPS, the members of UKPPLAB has helped to shape how it will develop. <p>JB thanked PB and LN for the C&G update.</p>	
26.02.SPB.08	<p>Public Affairs update <i>Led by: Ross Barrow (RB), Head of External Affairs</i></p>	<p>Head of External Relations - Scotland</p>

	<p>RB provided an update of activity in the run-up to the Scottish Parliamentary elections, taking place in May.</p> <p>Current polling and election activity</p> <p>The SNP has been leading in the polls and continue to do so but there has been a significant shift with the other political parties with Reform currently polling second; this is a massive change. It is the same for the regional vote. The predicted outcome of the Scottish election is that the SNP will achieve a slight majority; the reason for this is, it is thought, that some of the labour voters might vote tactically to stop Reform taking power at Holyrood; it is an ever-changing landscape.</p> <p>YouGov produced a survey asking the Scottish electorate what the most important issues are to them; it was found that the second most important issue was health. This provides an opportunity for the RPS/RC to make an impact; our manifesto 'asks' are particularly pertinent. The RPS team has been involved in a lot of election activity including:</p> <ul style="list-style-type: none">• 1to1 manifesto meetings• RPS manifesto webinars• Parliamentary event (exhibition – Dec 2025)• Party manifestos published• Ad-hoc contact – emails to MSPs• Pharmacy pre-election visits <p>It is likely that Party manifestos will be published in March/April and it is hoped that, at least, some RPS 'asks' will be included.</p> <p>MSP Survey results</p> <p>The MSP survey is an annual analysis of the level of awareness and regards that MSPs have for RPS.</p>	
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	<p>MSP survey results show:</p> <ul style="list-style-type: none">• 5% know very well• 12% heard of but know nothing about• 27% know a fair amount• 56% know just a little• Almost all members of the Health Committee are familiar with the Society.• Those MSPs standing down next year• More than half of MSPs think favourably of the RPS• The vast majority of members of the Health Committee and Health spokespersons are supportive of the RPS (look at the slide deck). The Health Committee is our main focus.• Level of awareness – ‘sat in the middle’ (a good place); RPS has maintained awareness and regard over the last year.• A third of MSPs recall satisfactory contact with the RPSS in the past year.• Recall of meaningful engagement, particularly from the Health & Sport Committee. Medicines shortages was the most meaningful engagement. <p>Health and Climate manifesto update <u>RPS Environmental Sustainability Exhibition</u></p> <p>One of the tangible outcomes from the Health & Climate Sustainability Exhibition was a discussion with Carol Mochan. On 18 March, Carol Mochan is to sponsor a round table with other health & care stakeholders. Demonstrate, not only the support and engagement of MSPs but also the ability of RPS to bring together key stakeholders on an issue of vital importance.</p> <p>Introducing the Royal College of Pharmacy Scottish Parliamentary event</p> <p>The RPS team has been engaging with MSPs to ensure awareness of the transition from RPS to the RCPharm and that all of the positive work, achieved to date, remains at the forefront. One of the ways to do this is to hold an event in the Scottish Parliament: ‘Introducing the Royal College of Pharmacy’. Plans for this event are</p>	
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	<p>progressing but a date won't be set until after the elections; it will probably take place towards the end of 2026 or beginning of 2027.</p> <p>Board member comments and questions:</p> <ul style="list-style-type: none"> • Very insightful to see all that is going on but how will engagement and awareness be maintained and increased? Not all MSPs have health as a priority and so it is challenging to reach them all. Organisations are also limited in the number of events that they can hold in the Parliament. <p>Feedback from the survey is that the RPS is doing as much as it can feasibly do in terms of engagement and are level with other RCs. The challenge will be to maintain and increase awareness and regard - a fine balance.</p> <p>Action 3: RB to keep SPB updated on the elections and parties standing. Action 4: RB to share poll results with JL and IH to see what is happening across the countries.</p>	
<p>26.02.SPB.09</p>	<p>Psychological Safety – standing item <i>Led by: Jonathan Burton</i></p> <p>JB provided a brief summary of the purpose of this agenda item, to reflect on today's meeting and, also, to create a good environment for all meetings. Psychological Safety is a standing agenda item, to support working in a collegiate and respectful environment.</p> <p>At the training, in September 2025, the SPB made 11 team commitments these were amended according to previous discussions. The SPB considered refining the commitments to five priorities but, in the end, decided that all were equally important. The SPB will work with the other Boards/Councils (PACs) and staff going forward to ensure that the commitments are lived.</p> <p>The Team Commitments, as amended:</p>	<p>SPB Chair</p>

	<ul style="list-style-type: none"> • Informal chats outside Board; getting to know each other – phone, WhatsApp • Teams,etc • Improving connection between Board and Team; between other National Boards • Admitting when something has gone wrong – using the medical model for learning • Openly discussing challenges and ensuring we know what’s happened • Identify if we’ve missed opportunities • Being a part of the learning journey over the next 12-24 months • Thinking of quieter members of the team; silence is not a sign of agreeor competence • Actively listening, not interrupting and abiding by meeting etiquette • Being vulnerable and asking good questions • Respect what we all bring to the table – non-judgemental <p>The SPB has worked hard to have nurture good relationships around the table. As we move forward into the new structure, need to keep focus on the 10 commitments. Not only how we demonstrate this amongst ourselves, but also with the membership.</p> <p>Board member feedback:</p> <ul style="list-style-type: none"> • Moving into the new organisation, ensuring that we get messages out to the members finding channels to allow for Members to speak to BMs. Key points are an excellent way to get messages out to the membership. • Going forward into the new model, proportional representation will enable a strong Scottish voice. • The induction day will be an opportunity to remind each other and ensure that the commitments continue to be ‘lived’. • Really helpful to be reminded of the commitments, might be helpful in securing candidates for future elections. 	
<p>26.02.SPB.10</p>	<p>Any other business <i>Led by: Jonathan Burton</i></p>	<p>SPB Chair</p>

	Team Scotland, on behalf of the wider RPS, thanked Board members who are leaving and also JB, as Chair, for their support and contributions during their tenures as Board members. AS-F thanked staff and SPB for being so welcomed and for providing a psychologically safe space for everyone.	
26.02.SP.B.11	<p>Key points for reporting to RPS members – standing item <i>Led by: Jonathan Burton</i></p> <ul style="list-style-type: none"> • GPhC consultation – detailed input and discussion at Board level. • An opportunity to highlight the rich discussion about the roles and responsibilities of the Royal College. • Information re: MSPs re RPS – awareness and regard, particularly as we move into the election period. • The Manifesto - grateful to members who contributed to webinars and events • Workplan – the breadth of work – priorities. 	SPB Chair
26.02SPB.12	<p>Dates of next meetings <i>Led by: SPB Chair</i></p> <p>NPAC induction meeting – 24 March 2026 (London) NPAC days – 3 and 4 June 2026 (London)</p>	SPB Chair
25.09/SPB/13	<p>Close of Open Business</p> <p>The meeting concluded at 11:52 and observers were requested to leave the meeting.</p>	

Action list:

Item	Action	By whom	Open/Closed/Comments
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26.02.SPB.02	Action 1 – Declarations of interest BMs to share Declarations of interest with CR and CR to update.	BMs/CR	Ongoing
26.02.SPB.03	GPhC Consultation Standards for Superintendent Pharmacists (SP), Standards and Rules for Responsible Pharmacists (RP) Action 2: BMs to respond to draft response	BMs/FMcl	18 March 2026
26.02.SPB.08	Public Affairs update Action 3: RB to keep SPB/SPAC updated on the elections and parties standing. Action 4: RB to share poll results with JL and IH to see what is happening across the countries.	RB RB	May 2026 March

DRAFT

WELSH PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Wednesday 11 February 2026, at RPS offices at Cardiff Office, 2 Ash Tree Court, Woodsy close, Cardiff, CF14 9BW

Welsh Pharmacy Board:

Aled Roberts (AR), Gareth Hughes (GH), Rhian Lloyd Evans (RLE), Lowri Puw (LP), Dylan Jones (DJ), Helen Davies (HD)
Liz Hallett (LH)(Chair) Rafia Jamil (RJ) Eleri Schiavone (ES)

Apologies

Richard Evans

In attendance:

Paul Bennett (PB) (Chief Executive), Clare Anderson (CA) (President) Corrine Burns (CB) (PJ Correspondent), Geraldine McCaffrey (GM) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead Wales, Iwan Hughes (IH) Head of External Relations Wales, Cath Ward (CW) Business Manager Wales.

RPS Member observers – There were no RPS member observers.

26.02.WPB.01	The Chair welcomed everyone to the meeting. Apologies were received from Richard Evans noting that Rafia Jamil and Eleri Schiavone would be joining the meeting later.	WPB Chair
26.02.WPB.02	Declarations of Interests and Board Members' Functions and Duties <i>Led by: WPB Chair</i> <u>26.02.WPB.02 - Declarations of interest</u>	WPB Chair

	<p>Board members noted paper 25.09/WPB/02(a).</p> <p>Amendments were noted from LH.</p> <p>Action 1: CW to update declarations of interest.</p> <p><u>26.92.WPB.02(b) – Board Members’ Functions and Duties</u></p> <p>Board members noted the Board Members’ Functions and Duties paper.</p>	
26.02.WPB.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 Welsh Pharmacy Board approved the minutes of the National Pharmacy Board meeting, held on 6 November 2025. (item: 25.09/NPB/03) <p>Proposed by: Helen Davies and seconded by: Dylan Jones</p> <p><u>Matters arising:</u></p> <p>WPB noted that all actions were closed apart from <i>Action 5 – To arrange for 1-2 volunteers from each NPB to support regional events</i> – This will be covered with conference agenda item, therefore agreed this would also be closed.</p>	WPB Chair
26.02.WPB.04	<p>GB Workplan <i>Led by WPB Chair</i></p> <p>The Chair noted the rich discussion held by the board covering the GB workplan at the WPB meeting the previous day. WPB noted the scale of the GB workplan and the need to prioritise areas.</p> <p>The board discussed areas that could potentially be deprioritised from the GB work plan and agreed the following areas: -</p>	WPB Chair

	<ul style="list-style-type: none"> • Agreed that the valuable work on women’s health focussing on menopause had been completed, given the wider workplan no additional work will be actively sought in this area at this time • Access to medicines (to be brought in under policy refresh) • Gender incongruence – the current work in this is complete and has moved into BAU. <p>Workplan going forward</p> <p>The board discussed the 2-year GB workplan that had been trialled in place of the 1-year workplan. They were in support of developing a longer term 3 – year GB workplan, which would be detailed for the first 12 months, and less detailed for the following years. The 3-year plan would be reviewed and updated every 12-month, with emerging and longer priorities in the pharmacy landscape considered.</p> <p><i>Action 2 – Request this is taken to the agenda for National Board Chairs forum for discussion.</i></p> <p>Annual report – takes added importance as charity as we’ll have to report against the charter.</p> <p>Certain topics will naturally remain priority, for example workforce.</p> <p>A discussion was held regarding those independent prescribers – newly qualified pharmacist prescribers’ cohort in 2026. The board felt that additional support needs to be in place for these new prescribers, they discussed the value of defining scope of prescribing practice for the 3 main sectors for this cohort.</p>	
<p>26.02.WPB.05</p>	<p>Senedd Update <i>Led by Iwan Hughes – Head of External Relations Wales</i></p>	

	<p>In the current context IH advised that the Election taking place in May will see the number of MSs increasing from 60 to 96. A very high number of MSs have announced they won't stand at the next election and half of the Labour group are standing down. This will see a big turnover in May elections.</p> <p>If current polls are accurate, they reveal that increasingly it appears likely it that either Plaid Cymru or Reform will be the largest party, and that a minority or coalition government likely. Whatever the results, between 70-80% of MSs post-election will be newly elected.</p> <p>Next Steps</p> <ul style="list-style-type: none">• Candidate email addresses are now available – briefing to be sent.• Possible attendance at Welsh Reform Conference.• Slot booked at first 'Senedd Marketplace' event to meet new MSs in June.• Re-establish core key messages to constantly re-enforce with new Council.• Invitation to the new Minister to our conference.• In autumn, set up meetings with new health spokespeople and H&SC Committee Members.• If possible, book a room for a 'drop in'. If not, explore alternatives – e.g. receptions, more activity with cross party groups.• Be prepared for consultations on new Government initiatives. <p>WPB noteworthy comments: -</p> <ul style="list-style-type: none">• The political landscape is challenging.• As a board there is a need to engage with special cross-party groups – see what new groups have been established – and there is a need to work with CPW to make this happen.• We should look to pull together breakfast meetings, and a meeting with the WPB.• There is a need to capitalise collaborating with other Royal Colleges	
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	<ul style="list-style-type: none"> Keen to conduct another MS survey in 12 -18 months to ascertain the level of understanding of pharmacy in Wales. 	
26.02.WPB.06	<p>Conference Update <i>Led by Geraldine McCaffrey – Director for Wales</i></p> <p>GM advised that from the feedback provided at last year’s conference was very positive and the TED-style trailblazer talks were very well received.</p> <p>The proposal is to hold this year’s event at the same venue, The Parkgate Hotel, Cardiff.</p> <p>GM also advised there had been dialogue about other organisations wanting to collaborate with RPS to hold a larger event and this may be an option for 2027.</p> <p>WPB were asked for their views on what they thought the mix of style, trailblazer talks and strategic sessions could look like. They were also asked to get involved with the content planning of the conference format later and to send suggestions for Keynote speakers to the team.</p> <p><i>Action 3 - Board Members to contact the team if they want to be more involved with conference planning or have suggestions for speakers.</i></p> <p>WPB in discussion made the following suggestions: -</p> <ul style="list-style-type: none"> - The board recognised the reality that all Health Board across Wales have financial constraints, and this is affecting all sectors across Pharmacy. - It was noted that across NHS Wales there could be changes in health boards and this will mean that they will be busier than ever before and filtering down this is a problem for other professionals. 	

	<ul style="list-style-type: none">- Some board members expressed a view that the trailblazer talks needed refreshing to include team successes rather than individual success.- The board noted that there is a need to see what recommendations from the Review of Primary Care Professionals working in General Practice brings, and timelines for this report could mean that this would work from a Welsh Government perspective to launch at the conference.- The board expressed that they would like to see more on strategy and examples of teams and systems of change.- The Board were mindful of the challenges across the system, increasing demand, and the impacts of funding constraints on service provision. There was a discussion about whether these issues can be surfaced at the conference to reflect the reality on the ground, whilst retaining the positive atmosphere of the event.- A session around the transition to a Royal College, together with strengthening the voice of the organisation would be appropriate.- Release of staff from services to attend the conference was flagged as an issue. It was discussed that in previous years, targeted funding was made available via Welsh Pharmaceutical Committee to support travel to the event for those members in geographically distant areas. It was confirmed that RPS would be in support of WPhC taking the same approach.- RPS will plan to provide access to a recording and make this available to those unable to attend, but there is no plan to hold a hybrid as this is not feasible for the event in Wales but will be available for the main RPS conference.- The board noted that World pharmacist day is (25th Sep) the provisional date for the conference.- Digital infrastructure, digital modelling could be a session.- Session about novice prescribers could be a session The Board noted that patients are increasingly accessing private healthcare, for example access to weight management services. There was a discussion about whether there would be value in running a patient story session on this, as this is the reality and	
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	<p>patients often have a positive experience. This could be via patient stories, possibly regarding wider access and care closer to home. Perspectives that our values often align to patients being able to access all services via the NHS, whilst also supporting self-care and the rights of the public to access care privately to enable them to do this.</p>	
<p>26.02.WPB.07</p>	<p>Constitution and Governance Update <i>Update provided by Paul Bennett CEO</i></p> <p>PB advised that everything is on track for the transition to a Royal College in April. The Charity Commission are inclined to approving this change subject to Privy Council approval who will be formally considering the change of charter and name in a meeting in March. If this meeting does not happen there is an opportunity to consider in April. RPS have gazetted the transition regulations to accommodate for any delay.</p> <p>PB also advised that RPS is in the process of holding inaugural elections for the future Royal College of Pharmacy for the three National Pharmacy Advisory Councils (currently called National Pharmacy Boards) in England, Scotland and Wales, which are pivotal part of the new governance structure. A total of 38 nominations have been received. Voting opens on Monday 23rd February and closes on Wednesday 11th March, with results will be announced on Friday 13th March.</p> <p>There is a process for electing the president which will be held with elected members of all three National Pharmacy Advisory Councils.</p> <p>Following the appointment Joe Irwin OBE as Chair of the Trustee Board and who will take up the position of Chair at the time of the formal creation of the College, planned for spring 2026, a new 'shadow board' has been set up by RPS' governing body the Assembly with delegated powers to support the transition. The shadow board comprises the President and the three chairs of the National Pharmacy Boards, the Chair of Trustees Designate and three co-opted members who bring charity expertise to the process.</p>	<p>Paul Bennett CEO</p>

	<p>PB thanked the Boards and Assembly for agreeing the new Royal College branding and tone of voice with the retained crest.</p> <p>The final RPS AGM is scheduled 7th April which will be followed by a celebration of RPS 185 years as a very important mark in the history of the organisation.</p> <p>The board commented that it would be useful if a blog to members could be written to understand the structures and board of trustees. This will allow members to connect.</p>	
26.02.WPB.08	<p>GPhC Consultation <i>Item led by Alwyn Fortune</i></p> <p>AF provided a background to the GPhC consultation on the draft standards for Superintendent and Responsible Pharmacists.;</p> <p><i>Action 4 - Comments will be shared with the three country boards for the RPS response. This response will come back to boards for comments.</i></p> <p>Some of the noteworthy consultation questions and WPB comments and thoughts have been noted below: -</p> <p><i>Do you think we should set additional minimum requirements for a pharmacist to become a Superintendent Pharmacist?</i></p> <ul style="list-style-type: none"> • Requirements should ensure the SI can exert their authority over matters of governance within a company/body corporate and has clear regulatory accountability. It could be helpful to specify within the regulations that SI has clear accountability and powers – helps SI in situations where there may be pressure from corporate functions within an organisation. • Strong regulation is needed to support SI decisions, e.g. closing an unsafe pharmacy even if a corporate board disagrees. 	<p>Alwyn Fortune Engagement and Policy Lead Wales</p>

	<ul style="list-style-type: none"> Structures have changed – there is no longer a regulatory ‘right’ for the SI to sit on the board of a body corporate. A credentialing framework was considered unnecessary, as it could become restrictive. Requirements should balance safety with flexibility; being SI of one pharmacy is very different from overseeing many. <p><i>When a Superintendent Pharmacist leaves their role or is unable to perform their legal and professional responsibilities, for example, due to an extended period of absence, do you think it is reasonable for the GPhC to require pharmacy owners to appoint a new permanent or interim Superintendent immediately?</i></p> <ul style="list-style-type: none"> GPhC needs to define what an “extended period” means; otherwise, people will interpret it differently. Appointing someone “immediately” is unrealistic, especially for independents and small multiples who won’t necessarily have a structure with a deputy SIs. Large multiples may be able to cope more easily because they often have established larger structures. “Away from the business” is unclear — e.g., someone on maternity leave might still occasionally come in. Important GPhC define this so it's not interpreted in different ways. The question appears to mix two different scenarios and should be answered as two separate questions. There is no legal title of “interim SI” — a pharmacist is either the SI or not. <p>In the interests of patient and staff safety, do you think the standards will:</p> <ul style="list-style-type: none"> strengthen the safe and effective running of a pharmacy business? <ul style="list-style-type: none"> The five proposals seem reasonable, but there was a question about how different they are from the previous standards. Key requirement is ensuring robust SOPs are in place. 	
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	<ul style="list-style-type: none"> • How is leadership is demonstrated in practice? Examples included business plans, appraisals, and documented conversations with managers. • There was significant debate about operational vs strategic leadership. <p>Clarify the role of the Superintendent Pharmacist, making their accountabilities and responsibilities clear?</p> <ul style="list-style-type: none"> • Examples of good practice around accountabilities and responsibilities could be something the RPS could develop as part of future supporting guidance. • Standards themselves are broad; it is the guidance that falls out which will add clarity (developed by the RPS) <p><i>The Superintendent Pharmacist has a key leadership role in the pharmacy and is responsible for securing the safe and effective running of the pharmacy business. Are there any other standards you think should be in place for Superintendent Pharmacists if they are to meet the requirements of this role?</i></p> <ul style="list-style-type: none"> • Felt they are sufficiently broad. <p><i>Do you think we should set minimum requirements for a pharmacist to become a Responsible Pharmacist?</i></p> <ul style="list-style-type: none"> • Must meet the GPhC standards to practice and this should be sufficient. • It would make it incredibly difficult if there were additional requirements in place, potentially diluting the pool of potential candidates, and put delivery of services at risk. <p><i>What records do you think are the responsibility of the Responsible Pharmacist?</i></p> <ul style="list-style-type: none"> • This question didn't feel clear and the board felt that the question should clarify the sorts of records the GPhC were alluding to. • Anything needed to discharge the safe supply of medicines 	
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	<p><i>We propose to continue with the present rule that allows the Responsible Pharmacist to be absent from the pharmacy for up to two hours. If there is more than one Responsible Pharmacist scheduled during the pharmacy's business hours, the two-hour limit applies to the total time when any of them is absent.</i></p> <ul style="list-style-type: none"> • Broad agreement, if an RP leaves for longer, there would be a switch to a different RP. • Figure does feel arbitrary but can see very few reasons why it would need to be longer. • If the figure was increased, you could find situations of pharmacies with pharmacist for long periods. • Apart from absolute emergencies, the need for an RP to be absent should be able to be accomplished within 2 hours. • Noted that the question doesn't pin down, "2 hours in a trading day". 	
<p>26.02.WPB.09</p>	<p>Papers for noting (item: 26.02.WPB.09 (i-vi)) <i>Led by: WPB Chair</i></p> <p>Welsh Pharmacy 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 	<p>WPB Chair</p>
<p>26.02.EPB.09</p>	<p>Any other business <i>Led by: WPB Chair</i></p> <p>There was no other business to discuss.</p>	<p>WPB Chair</p>

26.02.WPB.10	Dates of next meeting <i>Led by: WPB Chair</i> PAC joint meetings: 24 th March (Induction), at 66-68 East Smithfield 3rd and 4 th June (Induction and Council meeting), at 66-68 East Smithfield.	WPB Chair
26.02.WPB.11	Chairs and Directors Remarks The chair thanked Paul Bennett and Claire Anderson for their support and insights to the WPB over the past few years. Noting that this was the last as this would be their last WPB meeting. The chair also thanked Rhian Lloyd Evans, Lowri Puw for the expertise and insights that they had provided during their time on the WPB as they were not standing for re-election. A special tribute of thanks was sent to Richard Evans, who will also stand down from the WPB for his many years of commitment to promoting the work of pharmacists and for his role in patient care across the Welsh media. He was quoted as “always willing to step forward, always well prepared, and always a trusted voice for our profession.”	WPB Chair

Action list:

26.02.WPB.02 Decs of Interest	<i>Action1 CW to update declarations of interest</i>	CW	Open
26.02.WPB.04 GB Workplan	<i>Action 2 – Take this view to other boards to discuss and to NCBF.</i>	AF	Closed
26.02.WPB.06 Conference	<i>Action 3 - Board Members to contact the team if they want to be more involved with conference planning or have suggestions for speakers.</i>	BMs	Open
26.02.WPB. 08	<i>Action 4 - Comments will be shared with the three country boards for the RPS response. This response will come back to boards for comments.</i>	AF	Closed

Code of Conduct for College Governance Members

Introduction

The **Royal College of Pharmacy** (“**RCPharm**” or “the **College**”) is the professional leadership body for pharmacists and pharmaceutical scientists in the **United Kingdom**. The **College** promotes the safe and effective use of medicines and supports the profession for the benefit of patients and the public. **College Governance Body Members (as defined in the College governing documents and including charity Trustees)** play a key role in upholding this mission, both through their work for the **College** and through their professional and personal conduct, which can impact the reputation of the **College** and the wider profession.

This **Code of Conduct** (“the **Code**”) sets out the standards of behaviour expected of all **College Governance Body Members**, at all times. Adherence to the **Code** is a condition of holding a governance position within the **College**. Failure to comply may result in **sanctions**, including removal from **office**, in accordance with this **Code** and the **College’s** wider governance framework.

Serving as a College **Governance Body Member** of **RCPharm** is a privilege that carries significant responsibility. **College Governance Body Members** are entrusted with contributing to the strategic leadership and effective governance of the **College** and are expected to uphold the obligations associated with their **role** in accordance with this **Code**.

2. Purpose of the Code

The purpose of this **Code** is to promote the highest standards of governance, integrity and accountability across all aspects of the **College’s** work. It establishes a clear and coherent framework for the conduct expected of **College Governance Body Members**, ensuring that all decision-making is transparent and aligned with the **College’s** charitable and strategic objectives.

3. College Values

3.1. At the heart of the **College’s** culture are five core Values which guide the behaviour, judgement and decision-making of all **College Governance Body Members**. These Values form part of the ethical and professional framework within which **College Governance Body Members** are expected to operate and should be demonstrated consistently in the performance of their duties.

- Focus

- Agility
- Quality
- Collaboration
- Respect

4. Core Principles of Conduct

4.1. In performing their duties, **College Governance Body Members** are required to observe and promote the Seven Nolan Principles of Public Life, namely:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

4.2. These principles form the ethical foundation for all conduct expected of **College Governance Body Members** and underpin the specific duties and behavioural standards set out in this **Code** and expected by the **College**.

5. General Principles

5.1. **College Governance Body Members** shall, at all times, uphold the highest standards of personal and professional conduct. **College Governance Body Members** must act responsibly, ethically and in full compliance with all legal, regulatory, fiduciary and constitutional obligations arising from their role within the **College**.

5.2. **College Governance Body Members** shall not engage in any conduct, whether in their professional or personal life, that is unlawful, unethical, dishonest, or that may reasonably be considered likely to bring the **College** or the pharmacy profession into disrepute.

5.3. Without limitation to the above, **College Governance Body Members** shall:

- Support, uphold and actively advance the **College's** vision, mission, charitable purposes and strategic objectives.
- Act in good faith, exercising honesty, integrity, diligence and professionalism in all matters relating to the **College**.
- Protect and enhance the reputation of the **College** and the pharmacy profession, ensuring that their conduct reflects the dignity and responsibilities of their position.
- Treat all individuals fairly, respectfully and without discrimination, and conduct themselves in a manner consistent with the **College's** commitments to equality, diversity and inclusion.
- Promote an environment of collaboration and mutual respect, fostering a constructive and inclusive culture within all **College** forums.

- Challenge, and where appropriate report misconduct, inappropriate behaviour or breaches of this **Code**, ensuring concerns are escalated through proper channels and without malice.

6. College Governance Body **Members** Duties and Responsibilities

Members' specific duties and responsibilities include:

- Maintaining good professional standing, including with the **College** and with any regulatory or professional body of which they are a registrant or **member**.
- Acting in a manner that protects and enhances the reputation, dignity and welfare of the **College** and the profession, and refraining from conduct that may reasonably be considered prejudicial to either.
- Exercising their professional skills, knowledge and judgement diligently and competently, and ensuring that their professional activities do not put the health and safety of others at risk.
- Providing opinions, advice or representations relating to their professional expertise objectively, honestly and with appropriate care.
- Being truthful and honest in all interactions with clients, colleagues, professionals and any individual they encounter in the course of their duties.
- Refraining from conduct that impairs, or could be perceived as impairing, the dignity, reputation or effective functioning of the **College** or its **membership**.
- Not engaging in corrupt, fraudulent or unethical practices, nor facilitating or tolerating such conduct.
- Avoiding making statements that could improperly associate the **College** with material that is defamatory, discriminatory, offensive, libellous, slanderous or otherwise injurious to the **College**.
- Notifying the **College** promptly of any criminal or civil conviction (excluding fixed-penalty notices) and providing any information reasonably required to assess its implications.
- Complying with all **College Regulations, Policies** and applicable laws, and ensuring they understand their ongoing obligations as **College Governance Body Members**.
- Reporting concerns in good faith where they have reasonable grounds to believe another **College Governance Body Members** has breached the **College's Regulations** or this **Code**, provided they do not act maliciously or recklessly to damage another **College Governance Body Members** reputation, employment or livelihood.

7. Conflicts of Interest

College Governance Body Members shall comply with all provisions in the College governing documents or policies in relation to conflicts of interest and in particular:

- Declare any actual, potential or perceived conflicts of interest promptly and fully.

- Withdraw from discussions or decisions where such a conflict exists or may be perceived to exist.
- Decline gifts, hospitality or benefits that could compromise, or be seen to compromise, their independence or impartiality.
- Maintain an accurate and up-to-date entry in the **College's Register of Interests**.

8. Transparency and Accountability

College Governance Body Members shall:

- Support governance processes that are open, transparent and consistent with good governance practice.
- Ensure decisions are properly documented, minuted and evidence based.
- Participate in governance training, performance reviews and ongoing development.
- Respect collective responsibility and uphold the decisions of the governing body, even when there is a personal disagreement during deliberations.

9. Compliance, Breaches and Sanctions

9.1. **College Governance Body Members** shall report:

- Misconduct by another **College Governance Body Members**.
- Suspected or actual breaches of this **Code**.
- Conduct by **College Governance Body Members** that may harm the **College**, its beneficiaries or its reputation.

9.2. Alleged breaches will be managed as set out in this **Code of Conduct**. Sanctions imposed by the College may include:

- A formal warning or.
- Removal as a **College Governance Body Member**.

Process to address complaints about breaches of this Code

9.3. A complaint about a breach of this Code should be submitted to the College Governance Team in the first instance or discussed with the Chair of the Board of Trustees (except where such complaint relates to the **Chair of the Board of Trustees** in which case it should be discussed with the CEO). The College has powers to carry out its own investigations into certain types of alleged behaviours related to the terms and conditions of **membership** of the **College** and breach of this **Code of Conduct and to be the complainant in any complaint**. Complaints should initially be assessed to determine whether they are suitable for consideration under this Code and whether there is any obligation to make a notification to relevant external bodies or regulators.

9.4. In ordinary circumstances, **College Governance Body Members** will have the opportunity to present their version of events, which will be judged by a **committee**

convened by the **Board of Trustees** or by **Senate** (as deemed most appropriate by the **Chair of the Board of Trustees**). Following consideration of the complaint and any response from the relevant College Governance Body Member, such Committee will determine, on balance of probabilities, whether there is any breach of this Code, and if there is such breach, what the appropriate sanction listed in clause 9.2 should be.

9.4.1. If the **College Governance Body Members** is found to be in breach of this Code and the appropriate sanction imposed is removal as a **College Governance Body Member**, they will be removed from their position immediately, and they can no longer fulfil their role as a **College Governance Body Member and a Vacancy will arise to be filled in accordance with the College Regulations and Standing Orders**. As set out in the College Regulations, this will not affect their membership of the **College**, but it may affect their ability to stand for a role as a **College Governance Body Member in the future**.

Complaints about Elected College Governance Body Members

9.5. Complaints about the professional practice, performance or conduct of an **Elected College Governance Body Members** should be referred to the **General Pharmaceutical Council**, and any action taken by the **College** may be postponed until the outcome of these proceedings (for example, if the regulator is likely to impose a **Sanction** that will result in an **Elected College Governance Body Member** being ineligible to be an **Elected College Governance Body Member** then the **College** may elect to wait until such a decision is made rather than to progress a complaint under this Code of Conduct).

9.6. The **College** is entitled to conduct its own investigations and implement its own decisions in accordance with its **Regulations and Standing Orders** and conduct procedures, independently from the **General Pharmaceutical Council**, courts or any other authority. The **College** may take actions in advance of a decision of a court or regulatory authority, in which case the complaint shall be referred to the **Chairman** of the relevant **Committee** convened by the **Board of Trustees** and the focus of any consideration of the complaint should only be on breach of this Code and not on any other alleged behaviour or conduct.

Complaints about social media use

9.7. Complaints about the opinions expressed by a **College Governance Body Members** or content shared by a **College Governance Body Members** publicly on a social media platform should be reported to the social media platform directly or, where relevant, to the police. **RCPharm** will not routinely take action to undermine any **College Governance Body Members'** right to challenge and/or criticise any action of the **College** unless this is a breach of the provisions of clause 5.3 and 6 of this **Code**.

9.8. **RCPharm** will only consider complaints about such content where the **College Governance Body Member** is holding themselves out as a representative of the **College** on such a platform, or where at the reasonable discretion of the **CEO**, the content may

infringe common standards of decency or place an individual at risk of harm, in which case the complaint may be dealt with in accordance with clause 9.4 above.

9.9. A **College Governance Body Members** must inform the **Chief Executive** if he/she is subject to proceedings before a regulatory or licensing body or has been charged with any criminal offence or is likely to become ineligible to be a College Governance Body Member for any such reason within the next two years.

9.9.1. Where a **College Governance Body Member** is subject to such proceedings or has been charged with any criminal offence, the **Chair of the Board of Trustees shall put to the Board of Trustees a resolution** calling for the suspension of that **College Governance Body Members** from **their role** and from any **governance body** pending the outcome of the proceedings against the **College Governance Body Member** as set out in clause 9.4

9.9.2. If the conclusion/outcome of the proceedings is that the **College Governance Body Member** is not guilty of charges against him/her, a **resolution** will be put to the **Board of Trustees** for his/her suspension from their role as a **College Governance Body Member** to be lifted with immediate effect.

9.10. Where a **College Governance Body Member** has been convicted of an offence which may be relevant to his/her **role as a College Governance Body Member**, then the matter will be referred to the **Board of Trustees** who will deal with it as set out in clause 9.4

10. Bullying or Harassment

10.1. The **College** aims to create an environment which respects the dignity of individuals, including but not limited to individuals who are **College Governance Body Members** or employees, those who provide services to the **College** or conduct business on behalf of the **College**, or those who come into contact with anyone connected to the **College**.

10.2. Bullying, harassment or victimisation of any kind will not be tolerated by the **College**.

- Bullying is offensive, intimidating, malicious or insulting behaviour and/or misuse or an abuse of power that is meant to undermine, humiliate or injure the person on the receiving end.
- Harassment, including sexual harassment, is any unwanted physical, verbal or non-verbal conduct that has the purpose or effect of violating another person's dignity, or of creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Conduct may constitute harassment even if the perpetrator did not intend that effect, provided it is reasonable for the behaviour to be regarded as having that impact.
- Sexual harassment includes unwanted conduct of a sexual nature, whether physical, verbal or non-verbal, that has the purpose or effect described above.

10.3. A single incident or a pattern of multiple incidents of this type of behaviour can amount to harassment and/or bullying. It also includes treating someone less favourably because they have submitted or refused to submit to such behaviour in the past.

10.4. Any of these behaviours will always be viewed extremely seriously and may result in disciplinary action being taken including summary dismissal, removal from role as a **College Governance Body Member** or **termination** of a contract.

11. Confidentiality

11.1. **College Governance Body Members** agree to keep all **Confidential Information** confidential and not to use or disclose it or make any statement which might risk the disclosure of **confidential information**, except as authorised or required in connection with their appointment. **College Governance Body Members** must use their best endeavours to prevent the use or disclosure of this information by any other person.

11.2. This restriction shall not apply to information that becomes publicly available, provided such availability is not the result of an unauthorised disclosure or other breach.

11.3. **College Governance Body Members** accept that, with the exception of personal journals or diaries, all confidential records in any medium (whether written, computer readable or otherwise) including accounts, documents, drawings, and private notes about the **College** and its activities and all copies and extracts of them or acquired in the course of their appointment will be:

- The **College's** property.
- Used for the **College's** purpose only.
- Returned to the **College** at any time on demand.
- Returned to the **College** or destroyed without demand upon the termination of a **College Governance Body Members** Term of Office.

12. Intellectual Property

12.1. **College Governance Body Members** agree to promptly disclose to the **College** all work and all **Intellectual Property** ("IP") arising from any **Work** provided by them.

12.2. **College Governance Body Members** agree to assign (by way of present and future assignments) with full title guarantee all **IP** in any **Work** to the **College** (or any Group Company designated by the **College**), including all future rights, and waive such rights that are not capable of being assigned.

12.3. '**Intellectual Property**' means copyright, rights in inventions, patents, know-how, trade secrets, trademarks and trade names, service marks, design rights, rights in get-up, database rights and rights in data, semiconductor chip topography rights, mask works, utility models, domain names and all similar rights and, in each case: (i) whether registered or not, (ii) including any applications to protect or register such rights, (iii)

including all renewals and extensions of such rights or applications, (iv) whether vested, contingent or future and (v) wherever existing; ‘**Work**’ means any information, data, drawings, software or other materials or work created or provided by you (either alone or jointly with others) arising from any duties assigned by the **College** (or any Group Company).

12.4. At the end of their **Term of Office**, however arising, or at any time at the **College’s** request, **College Governance Body Members** shall immediately return to the **College** or destroy all documents, records, papers or other property belonging to the **College** or any Group Company which may be in their possession or under their control, and which relate in any way to the **College’s** or of any Group Company or joint venture and shall not retain any copies thereof. This requirement shall not apply to a single copy of **confidential information** kept for legal, accounting or professional purposes which **College Governance Body Members** warrant to keep secure in exchange for reasonable personal use.

13. Data Protection and Ethical Use of Technology and Artificial Intelligence (“AI”)

College Governance Body Members shall:

- Protect any data that is shared during the course of carrying out their duties, ensuring compliance with all applicable data protection legislation, including the GDPR.
- Ensure any personal data accessed or processed in the course of their duties is handled lawfully and only for legitimate purposes.
- Take reasonable steps to safeguard personal data against unauthorised access, disclosure or loss.
- Immediately report any actual or suspected personal data breach through the **College’s designated reporting procedures**.
- Use AI-enabled and digital tools responsibly, transparently and in accordance with the **College’s cybersecurity and data protection policies**.
- Avoid relying on AI for decisions requiring professional judgment, regulatory interpretation or the handling of confidential or sensitive information.
- Ensure all digital conduct complies with data protection, confidentiality and cybersecurity obligations.

14. Dispute resolution between College Governance Body Members

Where any dispute arises between College Governance Body Members it may or may not be appropriate for it to be managed as a complaint regarding a breach of this Code. Therefore, College Governance Body Members are expected to follow the process outlined in this clause 14 in respect of disputes between themselves and only escalate a dispute as a breach of the Code after Stage 2.

Stage 1 – Informal Resolution

- **Approach:** College Governance Body Members should attempt to resolve issues with other College Governance Body Members directly through open conversation.
- **Facilitation:** A neutral Trustee or the Chair should facilitate a discussion to understand the root causes.

Stage 2 – Formal Internal Procedure

- **Step A: Structured Meeting.** A dedicated meeting to discuss the dispute between the College Governance Body Members, possibly using a professional facilitator or consultant to explore different perspectives.
- **Step B: Formal Vote.** A vote at the relevant College Governance Body that the College Governance Body Members in dispute are members of to establish a clear decision. Minutes will clearly record the decision and dissenting views, and a quorate decision should be reached in accordance with the provisions of the College Regulations. All College Governance Body Members should respect such a decision.
- **Step C: Mediation.** If the relevant College Governance Body is deadlocked and a casting vote cannot be used or is inappropriate given the interpersonal issues at play within the dispute, an external, accredited mediator may be appointed.

Stage 3 – Final Escalation

It is not in the College's best interests that College Governance Members are in dispute with each other.

- **Removal of College Governance Body Members:** If one or more College Governance Body Member refuses to act in the College's best interests by remaining in dispute with other College Governance Body Members, they may be removed in accordance following the process set out in the Standing Orders.
- **Charity Commission:** In extreme cases, if the dispute threatens the charity, a report may be made to the Charity Commission, although the commission prefers, and may require, internal mediation to be tried first.

Campaigns and Political Activity Policy

ADHERENCE TO THIS POLICY

We are all responsible for adherence to this policy. You should ensure that you take the time to read and understand the policy, should you have any questions about its content or application, contact the People Team. For details of overall accountability, monitoring and review of this policy please refer to the policy library found [here](#).

ABOUT THIS POLICY

The Royal College of Pharmacy (RCPharm or the College) we recognise that campaigning and political activity can be legitimate and an effective tool to further our charitable purposes. RCPharm conducts lobbying relating to pharmacy, pharmaceutical science, and the profession. This policy sets out the legal and regulatory framework within which campaigning and political activities may be conducted and provides procedures to ensure compliance

DEFINITIONS

Campaigning: Activities intended to raise awareness or influence public attitudes and behaviour to further the charities aims.

Political Activity: Actions aimed at securing or opposing changes in law or policy at local, national, or international level.

Party Political Activity: Activity that explicitly supports or opposes a political party or candidate.

THE POLICY

The purpose of this policy is to:

- Ensure that all campaigning and political activity is lawful and in line with our charitable objectives.
- Ensure that all campaigning and political activity promotes the advances the charitable objectives of RCPharm in a way that benefits patients, the public and the safe and effective practice of pharmacy.
- Ensure that activities are not undertaken primarily to advance professional, commercial or sectoral interests but are aligned with the patient and public benefit the College seeks to achieve.
- Provide clear guidance to trustees, staff, and volunteers.
- Uphold the charity's independence and reputation.

- Complies with associated policies and procedures, including but not limited to, Anti-Bribery and Corruption, Dignity and Respect at Work, Equal Opportunities and EDI, Data Protection and Social Media Policy
- Ensure compliance with the Charity Commission guidance (CC9), the [Code of Conduct for persons lobbying MSPs](#), the Lobbying (Scotland) Act 2016, The Charities Act 2011, Electoral Commissions Regulations (where applicable) and any other codes of conduct applicable to the individual carrying out the lobbying activities

RCPharm must:

- Always act in pursuit of its charitable objects
- Remain politically neutral and independent.
- Not give support to any political party or candidate
- Ensure all activities are proportionate and evidence based and that political activity remains ancillary and supportive of the charitable objects.

The following roles have overall responsibility for lobbying activities taken forward by RCPharm and its representatives and must be contacted in the first instance before any contact is made with members of parliament in their respective countries (MPs, MSP's and MSs)

- Public Affairs Manager (England)
- Head of External Relations (Scotland)
- Head of External Relations (Wales)

TYPES OF PERMISSABLE ACTIVITY

RCPharm may undertake the following activities if they align with its charitable purposes:

- Educating the public or stakeholders on issues relevant to its work
- Lobbying government or public bodies on relevant policy or legislative changes
- Public campaigns to raise awareness or influence public opinion.
- Responding to public consultations or inquiries
- Trustees must ensure that these activities do not become the dominant focus of the charity.

APPROVAL AND OVERSIGHT

All political or campaigning activities must be approved in advance in accordance with the Schedule of Delegation and any associated internal processes.

- A risk assessment should be conducted for major campaigns and for any activity capable of being regulated under electoral law.
- Activities must be documented and reviewed for compliance and effectiveness.
- Activities during regulated election periods should have specific permission from the Executive Team in addition to any general delegation.

- Significant or novel campaigning or political activities require minuted approval by the Board of Trustees.

COMMUNICATIONS AND BRANDING

- Public statements must reflect the charity's neutral and evidence-based stance.
- Branding and messaging should be clear, accurate, and non-partisan and must align with brand guidelines/policy.
- Trustees and staff must not express political opinions on behalf of RCPHarm.

POLICY COALITIONS

RCPHarm may join coalition with other organisations provided:

- Reasonable due diligence is undertaken on the proposed other organisations
- The goals align with the charity's objects.
- Political neutrality is maintained. RCPHarm's role and independence are clearly defined and RCPHarm retains independence of judgment and a veto over any messaging.
- RCPHarm may withdraw from the coalition if the activity becomes party political or otherwise inconsistent with the College's charitable objectives.

KEEPING RECORDS OF ALL LOBBYING ACTIVITIES

Anyone who meets with a person who is in a position of power or responsibility, whether the purpose of that meeting is direct lobbying, 'regulated lobbying' or otherwise should email the Head of External Relations in the relevant nation within 5 working days of the meeting to confirm the following details.

- Location where person was lobbied or met with.
- Description of meeting, event, or other circumstances
- Face to face or video meeting
- Name of individual(s) who conducted the meeting or lobbying from the College and purpose of the lobbying or meeting.
- Whether the activity would constitute 'regulated lobbying' in which case the provisions of the clause below must also be complied with.

The Country Directors shall collectively ensure that an annual report of all lobbying activities is provided to the College Governance Bodies.

REGULATED LOBBYING

The Lobbying (Scotland) Act 2016 regulates certain lobbying activities. RCPPharm has a legal duty to register instances of this 'regulated lobbying' activity in the 'Lobbying Register'. The law aims to increase the level of public transparency in relation to direct, face-to-face contacts made between certain individuals or organisations and the Scottish Parliament or Scottish Government ('regulated lobbying').

The Lobbying (Scotland) Act also makes provision in relation to 'regulated lobbying' which are "oral" communications in relation to Scottish Government or parliamentary functions, made in person face-to-face, or made using equipment such as video-conferencing where parties can see and hear each other when the communication is being made to:

- [a Member of the Scottish Parliament](#) (MSP)
- [a member of the Scottish Government](#) Cabinet Secretary)
- [a junior Scottish Minister](#) (Minister)
- [a Special Adviser](#) (SPAD)
- [the Permanent Secretary of the Scottish Government](#)
-

In certain circumstances this could also apply to lobbying activities undertaken in England and Wales where representatives from the Scottish Parliament or Scottish Government are in attendance.

Before attending any face-to-face meetings, events, conferences or video-conferencing, RCPPharm representatives should conduct research to identify whether a Member of the Scottish Parliament, a member of the Scottish Government, a junior Scottish Minister or a Special Advisor or Permanent Secretary of the Scottish Government is likely to be in attendance.

Anyone likely to be in a situation where any of the above mentioned may be in attendance and you may end up speaking to any of them (including if you are the speaker at a conference or sitting on a panel), you must consult with the Head of External Relations (Scotland) in plenty of time ahead of the event who will advise on required action(s) and requirements.

Anyone ending up in a scenario where you engage unexpectedly or inadvertently with any of the above (for example, meeting them on public transport, in a restaurant or shop) must also follow the process below.

- Speak to the Head of External Relations in Scotland in the first instance.
- Email the Head of External Relations in Scotland within 5 working days of the meeting to confirm the following details. The information provided will form the basis of what is entered into the lobbying register, so has to be factually accurate.
 - Location where person was lobbied.
 - Description of meeting, event, or other circumstances

- Face to face or video meeting
- Name of individual(s) who conducted the lobbying from your Organisation and purpose of the lobbying.

It is the responsibility of the Director for Scotland and Head of External Relations Scotland that staff and Board members are aware of the need for them to comply with the above.

LOBBYING REGISTRAR

The RCPHarm is registered with the Lobbying Register and has a duty to file returns in relation to regulated lobbying each six months based on the commencement date of their first return. Responsibility for making returns timeously on behalf of RCPHarm is that of the Head of External Relations (Scotland).

SUBMISSION OF LOBBYING RETURNS

The Head of External Relations (Scotland) will collate all Lobbying Register Meeting Reports and is responsible for completing the appropriate Lobbying Register returns timeously on a six-monthly basis.

The draft Lobbying Register Return will be prepared and submitted by the Head of External Relations (Scotland). The details of submissions can be provided to RCPHarm staff and Board Members if requested. Please be aware, the lobbying register is public.

SENIOR OVERSIGHT OF COMPLIANCE WITH THE LOBBYING (SCOTLAND) ACT

The Lobbying Register is public and all those undertaking lobbying activities are expected to have due regard to their responsibilities to conduct lobbying in a way which will reflect the College's values and charitable objectives in the published register. Ultimately the responsibility for submission of the Lobbying Register returns sits with the Board of Trustees as delegated under this Policy. The Director of Scotland has authority to authorise submission of the Return(s) on behalf of the College.

CONSEQUENCES OF FAILING TO COMPLY

The College takes compliance with this policy very seriously. Failure to comply with the provisions of the Lobbying (Scotland) Act 2016 carries the risk of being convicted of a criminal offence with a fine of up to £1,000. There is also the possibility of an investigation by the Commissioner for Ethical Standards in Public Life in Scotland, which can result in a criminal conviction and a fine of up to £5,000. There is also the risk of public censure and other negative publicity for the College.

National Pharmacy Advisory Council meeting – June

Title of item	Updated Position Statement on Aesthetic Practice and Pharmacy for the Royal College of Pharmacy
Author of paper	Elspeth Boxall
Position in organisation	Scottish Pharmacy Clinical Leadership Fellow
Telephone	
E-mail	Elspeth.Boxall@rcpharm.org
Item to be led at the meeting by	Elspeth Boxall
Headline summary of paper	Pre-reading ahead of council meeting
Purpose of item (decision / discussion)	The purpose of the item is to seek views and feedback from Council members to inform the final draft of the position statement on aesthetic practice and pharmacy. During the item the author will describe the reasons why this position statement update has been prioritised, the methodology used to draft the updated position statement and the main recommendations proposed. The author will seek feedback on the drafted position statement through discussion at the meeting.
For consideration	<ul style="list-style-type: none"> • Does the council agree with the key recommendations in the draft position statement • Does the council see any issue in our recommendation that pharmacists should consider joining the voluntary registers held by JCCP or Save Face. • Does the council feel this position statement gives pharmacists enough information to offer safe aesthetic procedures to the public
Risk implications	Risk of damage to reputation of RCPharm if first position statement published since change from

	RPS does not demonstrate a clear commitment to medicines and patient safety.
Resource implications	Nil

**Draft for discussion
Royal College of Pharmacy Position Statement
Aesthetic Practice and Pharmacy**

Contents

1. Recommendations
2. Introduction
3. Considerations for Aesthetic Practice and Pharmacy
 - Legislation
 - Education and training
 - Patient Safety
 - Complications management
 - Product safety
 - Premises
 - Record Keeping
 - Insurance
4. Conclusions
5. References

Recommendations

The Royal College of Pharmacy (RCPharm) recommends that pharmacists who wish to expand their scope of practice to include aesthetic procedures must be familiar with and adhere to relevant legislation and regulatory standards and follow good prescribing practice. Medicines safety and the principals of person-centred care, where patients have all the information to make an informed decision, must be central to aesthetic practice.

- Pharmacists must identify and undertake additional training alongside supervised practice with an appropriately qualified practitioner to ensure they are competent in the procedures they will offer. This will allow them to evidence their competence to practice and to assure the public.
- We recommend that pharmacists practicing in aesthetics join one of the voluntary registers held by JCCP or Save Face as these organisations offer pathways to assurance of competence to practice.

- The Joint Council for Cosmetic Practitioners (JCCP) offers a competency framework¹ which we recommend pharmacists use as a basis for assessing competence in aesthetic practice and identifying training needs.
- Save Face is an organisation registered with the Professional Standards Agency which can offer accreditation to health professionals working in aesthetic practice and this accreditation can be used as a basis for assessing training needs.
- Pharmacists must follow the General Pharmaceutical Council (GPhC) In practice: Guidance for pharmacist prescribers² and RCPHarm Competency Framework for all Prescribers³ when prescribing prescription only medication in aesthetic practice. Particular attention should be paid to the rules around delegation and restrictions on remote prescribing.
- Pharmacists must be aware of the risks and potential for complications, which could arise from the procedures they are performing. Pharmacists must be trained to identify and manage complications of aesthetic practice including emergency situations with a plan in place for escalation should this be required.
- Pharmacists must ensure that the clinical environment that they are practicing in is fit for purpose and meets legal requirements as detailed in government legislation and professional requirements as set out by the GPhC. This includes having the necessary equipment to manage emergency situations including anaphylaxis.
- Pharmacists must be able to assure that the products they are using in their practice meet all relevant medicines legislation requirements.

Introduction

This position statement has been developed to support pharmacists by ensuring they have clear direction around the legislation and guidelines they need to follow when practicing in aesthetics alongside the professional responsibilities they must adhere to when delivering care.

Aesthetic medicine is defined by British Association of Cosmetic Nurses as a clinical speciality distinct from plastic surgery providing minimally invasive medical treatments carried out with the primary objective to enhance patients satisfaction with their physical appearance⁴ This position statement does not cover treatments offered as part of Wellness practice, but pharmacists working in this field should consider that many of the principles discussed here around responsibilities in prescribing will apply to this field too. The Aesthetics industry has expanded rapidly in recent years. A 2025 survey found that 26% of women and 11% of men in the UK had had a cosmetic procedure⁵, thus showing that aesthetic practice is important for a significant population in the UK. The growth of this industry in recent years is also demonstrated in the annual report from the British Beauty Council, The Value of Beauty 2025⁶ states that the beauty industry contributed £30.4 billion to the UK GDP in 2024 - an increase of 9% compared to 2023. This indicates that the proportion of the population in the UK using beauty treatments continues to grow. As this industry grows and demand from the public for aesthetic procedures increases it is anticipated that that the number of pharmacists wishing to practice in this area will also increase. As medicines experts, pharmacists who have completed appropriate additional training and can demonstrate competence as described by JCCP or Save Face are well placed to practice in aesthetics. This position statement aims to support pharmacists to

offer high quality aesthetic services by providing clear guidance on the standard of care their clients should expect to receive.

The Royal College of Pharmacy recently commissioned a survey of pharmacists across all sectors of pharmacy to better understand what would best support pharmacists in aesthetic practice. Survey results showed that 50% of respondents did not feel that current professional guidance in aesthetic practice for pharmacists was clear enough. When asked about how clear regulatory requirements were 53% of respondents indicated that they were not clear enough currently. When asked what the College could do to support pharmacists in aesthetic practice the top three cited responses were professional guidance, professional standards and competency frameworks.

Government Legislation

Pharmacists must be aware of and adhere to relevant government legislation around non-surgical cosmetic procedures. Legislation can vary across the four UK nations and pharmacists practicing in aesthetics must ensure their practice is in line with the legislation for the nation in which they are practicing.

The Bill regulating non-surgical cosmetic procedures in Scotland can be found here

[Non-surgical Procedures and Functions of Medical Reviewers \(Scotland\) Bill](#)

This Bill

- Restricts non-surgical cosmetic procedures to a defined group of health professionals
- Prevents those under the age of 18 years accessing non-surgical cosmetic procedures
- Regulates the premises where non-surgical cosmetic procedures are carried out.

Details on the proposed review of legislation in England by the UK government in Westminster can be found here.

[UK Government consultation on Non-surgical procedures](#)

This consultation proposals included:

- Introduction of risk-based classification of procedures and corresponding restrictions on these
- Licensing of practitioners and premises
- Age restrictions on who can access non-surgical cosmetic procedures
- Regulation of products and prescribing
- Accreditation of education providers

Aesthetic practice in Wales is not covered by either of these processes but there is an expectation that Wales specific legislation on non-surgical procedures will be introduced in due course.

Regulatory and Professional Standards

Pharmacists must adhere to professional standards in patient care and prescribing. The GPhC standards for pharmacy professionals include prescribing guidance² which is clear on the expectations of pharmacists working in aesthetic practice.

- Pharmacists must have appropriate training and experience in the non-surgical cosmetic procedures they are undertaking

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- Remote prescribing is not permitted. The prescriber must have a face-to-face consultation with the person and by prescribing takes responsibility for the safety of that person during the procedure and for any after care. This means that the prescriber must be fully competent in the procedure they are prescribing for.
- If delegation of any part of the procedure is undertaken, then the delegation must be to a registered health care professional, and the prescriber remains responsible for the person's care.
- It is recommended that if delegating administration to another health care professional then the prescriber should clearly document the procedure, they intend the prescription to be used for.

Pharmacists prescribing in aesthetics must follow the RCPHarm Prescribing competency framework³ as would be expected in other clinical areas. Following this competency framework will allow the pharmacist to ensure that they are prescribing within their competence, using appropriate consultation skills to present relevant information and options to people and to minimise the risks associated with prescribing.

The RCPHarm competency Framework can be accessed here: [A Competency Framework for all Prescribers - Royal College of Pharmacy](#)

Education and Training

Pharmacists should be aware that the training currently available for Aesthetic practice is not standardised. JCCP accredit training courses which are presented to them for assessment and align with the JCCP competency framework. Many courses however are not presented to JCCP for assessment. RCPHarm cannot recommend a specific training course which will meet the requirements of all pharmacists working in aesthetics.

- We recommend that pharmacists use the JCCP Competency Framework as a reference point to plan their training needs. The Framework can be accessed here [JCCP Competency Framework](#)
- We recommend that training to practice in Aesthetics must involve supervised practice in addition to training courses.
- We recommend that in addition to practical clinical skills, pharmacists consider the consultation skills that they will require to undertake safe and effective consultations, including psychological assessment.
- We recommend that before starting in aesthetic practice pharmacists have previous experience of prescribing in another clinical area to develop the required consultation skills to work independently.

Complications Management

Complications can occur in Aesthetics as they can with any clinical procedure, but complications management is not always covered in training for aesthetic practitioners. The Australian Health Practitioner Regulatory Authority (AHPRA) Guidelines for registered health practitioners who perform non-surgical cosmetic procedures⁷ clearly states that practitioners must be able to recognise and manage complications or emergencies arising

from aesthetic practice. The RCPHarm, while recognising this is not UK guidance, agree this should be a requirement for UK practitioners and aligns with the advice in the RCPHarm Competency Framework for all Prescribers Section 4.1 which states pharmacists must understand the potential for adverse effects and takes steps to recognise and manage them while minimising risk.³

Responsible sourcing of products used in Aesthetic practice

Pharmacists working in aesthetic practice are responsible for ensuring that the products they are using are sourced from a reputable supplier and that the required legal checks and medicine ordering rules are in place. If a product is being used off-label or unlicensed then the appropriate checks need to be put in place and the person receiving the product informed that the product is being used either off-label or unlicensed. The reasons for selecting a particular product, any licensed alternatives and the risks must be discussed and documented along with informed consent. Pharmacists must be aware of the additional responsibilities associated with prescribing off label medications.⁸

There are reports of products in aesthetics being used which are not regulated by MHRA as they are not being promoted as having medicinal value. We would not recommend pharmacists use these products in their practice. Pharmacists should consider their professional responsibilities in ensuring that the products they are using are safe for the people they are using them for and consider how they can ensure this if the product is not licensed or regulated by MHRA.

Any adverse reactions to products used in aesthetic practice must be reported to the Yellow Card Scheme.⁹

Standards for premises where Aesthetic practice is undertaken

There are differences in how premises are regulated between the three nations of Great Britain. Where aesthetic practice is undertaken in a pharmacy the premises will be regulated by GPhC standards for pharmacy premises. However where pharmacists are undertaking aesthetic practice in a premises such as a private clinic which is not a registered pharmacy this will be regulated differently. In Scotland the premises will be regulated by Health Improvement Scotland (HIS) in England the legislation around private clinics is still under review. However, independent of practice location, a pharmacist should be aware that they should be working in line with the RCPHarm Competency Framework for all Prescribers³ which states that the consultation should be undertaken in an appropriate setting and consider dignity, capacity, consent and confidentiality. Additionally, a pharmacist should follow the GPhC [In practice: Guidance for pharmacist prescribers](#)² which states that they must make sure any procedures are carried out in an appropriate and professional way, and in an environment which is safe and appropriate for the procedures being carried out. Where there may be some legal ambiguity around the rules for premises used for aesthetic procedures the professional expectation for pharmacists is clear.

Record Keeping

The Competency Framework for all Prescribers³ clearly advises in Section 1 that during consultation with a patient a pharmacist must clearly document as described below:

Section 1.6

Take and document an appropriate medical, psychosocial and medication history including allergies and intolerances

Section 1.7

Undertake and document an appropriate clinical assessment

This applies to a consultation for aesthetic practice as it would in any other clinical setting. In addition there should be evidence of a cooling off period where there is time for the service user to consider the information given in the initial consultation before going ahead. It is recommended that pharmacists offering aesthetic services have in place Standard Operating Procedures (SOPs) for their service which would include at a minimum risk assessments and SOPs for conducting a consultation, adverse events, infection control and maintenance of equipment.

Insurance

Pharmacists working in aesthetic practice must ensure that they are adequately insured for the procedures that they are undertaking.

Conclusions

Pharmacists entering aesthetic practice must recognise that this is a specialist field and carries the same professional, legal and clinical responsibilities as any other area of patient care. The position statement emphasises that safe and ethical practice depends on a solid understanding of current legislation, adherence to prescribing standards, and a commitment to patient safety.

To practise safely, pharmacists must undertake appropriate training, develop competence through supervised experience, and ensure that both the products they use and the premises they work in meet legal and professional requirements.

In conclusion pharmacists can play a valuable role in aesthetic medicine when they work to the professional standards of pharmacy practice.

References

1. JCCP Competency Framework accessed 12/04/26 [JCCP competency Framework](#)
2. GPhC In practice guidelines for pharmacist prescribers accessed 12/4/26 [In practice: Guidance for pharmacist prescribers](#)
3. Royal College of Pharmacy A Competency Framework for all Prescribers accessed 12/4/26 [A Competency Framework for all Prescribers - Royal College of Pharmacy](#)
4. British Association of Cosmetic Nurses [British Association of Cosmetic Nurses definition of aesthetic practice](#) [accessed 12/4/26]
5. Cosmetic treatments in Britain: From curiosity to confidence YouGov survey accessed 12/4/26 [Cosmetic treatments YouGov survey](#)

6. The Value of Beauty British Beauty Council report 2025 accessed 12/4/26 [The Value of Beauty Report 2025](#)
7. Guidelines for registered health practitioners who perform non surgical cosmetic procedures [Australian Health Practitioner Regulation Agency - Performing non-surgical cosmetic procedures](#) [accessed 12/4/26]
8. Prescribing unlicensed and off label medications. Pharmaceutical Journal February 2026 Lek et al [Accessed 14/4/26] [Pharmaceutical Journal](#)
9. MHRA Yellow card scheme [Yellow card scheme](#)

National Pharmacy Advisory Council meeting – June

Title of item	GPhC Consultation on draft standards for the education and training of internationally-qualified pharmacists wanting to register in Great Britain
Author of paper	Fiona B McIntyre FRCPharm
Position in organisation	Policy & Practice Lead, Scotland
Telephone	+44 (0) 207 572 2226
E-mail	Fiona.mcintyre@rcpharm.org
Item to be led at the meeting by	Heidi Wright, Alwyn Fortune and Fiona McIntyre
Headline summary of paper	Pre-reading ahead of Council meeting
Purpose of item (decision / discussion)	<p>The purpose of the item is to seek views and feedback from Council members to inform the RCPPharm response to the above GPhC consultation.</p> <p>During the item, the policy leads will present a high level summary of the proposals and seek feedback through discussion in the meeting.</p> <p><u>Feedback on the proposed learning outcomes and the equality impact assessment will be gathered via email.</u></p> <p>Policy Leads will also outline the approach to stakeholder engagement to augment the RCPPharm response.</p>
For consideration	<p>Do Council members agree with the proposals to:</p> <ul style="list-style-type: none"> • keep the GPhC verification of eligibility, • replace the current 2-year model with a single year of integrated academic learning and learning in practice, • recognise prior experience to shorten the training period,

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	<ul style="list-style-type: none">• incorporate independent prescribing in line with initial education & training standards for pharmacists in Great Britain and,• keep the Common Registration Assessment?
Risk implications	Risk of damage to reputation of RCPHarm if response to first GPhC consultation since change from RPS does not demonstrate inclusive, equitable, transparent approach.
Resource implications	None

Consultation on draft standards for the education and training of internationally- qualified pharmacists wanting to register in Great Britain

April 2026



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About the GPhC

Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

What we do

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. Our main work includes:

- setting standards for pharmacy professionals and pharmacies to enter and remain on our register
- asking pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies
- acting to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Overview

Introduction

The GPhC's [Vision 2030](#) is for safe and effective pharmacy care at the heart of healthier communities. We want to empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care. A vital part of this is setting and maintaining the standards for education and training needed to register and practise as a pharmacist or pharmacy technician in Great Britain.

We are reviewing the route to registration in Great Britain for pharmacists who have qualified outside the European Economic Area (EEA), the European Free Trade Association (EFTA) countries and Switzerland. This includes reviewing the standards that education and training providers must meet and the learning outcomes internationally-qualified pharmacists must demonstrate if they are to register as a pharmacist in Great Britain.

At the moment, internationally-qualified pharmacists need to complete two years of education and training in Great Britain before they can apply to register with the GPhC. This is made up of:

- a one-year postgraduate diploma (the Overseas Pharmacists' Assessment Programme, known as the OSPAP)
- one year of foundation training, and
- the GPhC's Common Registration Assessment

While these arrangements have served the profession for many years, this review gives us the opportunity to make sure the route to registration:

- stays fit for purpose, and
- enables internationally-qualified pharmacists to demonstrate they have the necessary knowledge and skills to register and practise as a pharmacist in Great Britain

Under the *Professional Qualifications Act 2022* (PQA) regulators must not put unnecessary barriers in the way of internationally-qualified professionals wanting to work in the UK. The present route is at least twice as long as most equivalent routes in other countries, and those for other regulated healthcare professionals in Great Britain. Also, the present route does not allow providers to take account of relevant prior pharmacy education, training and experience, including experience that may have been gained in Great Britain.

This review also allows us to make sure the education and training for internationally-qualified pharmacists continues to reflect up-to-date pharmacy practice and responds to the changing needs of the healthcare systems across Great Britain.

The proposals in this consultation only cover internationally-qualified pharmacists who have qualified outside the EEA/EFTA countries and Switzerland. (There are separate registration arrangements for pharmacists who have qualified in the EEA/EFTA countries or Switzerland.) There are also separate arrangements for internationally-qualified pharmacists who are forcibly displaced or 'stateless persons'.

You can find more information about registering as a pharmacist in Great Britain on [the Non-EEA-qualified international pharmacists page on our website](#).

The present route to registration in Great Britain for internationally-qualified pharmacists

The present route involves four stages, which are:

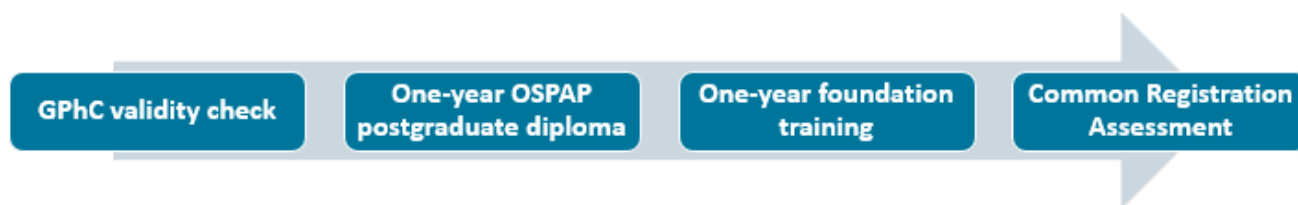


Figure 1: the present four stage route

Stage 1 – Validity check

Before someone can apply to study for the OSPAP, we will check:

- the validity of their main pharmacy qualification
- their (good) standing with their main regulator, and
- their fitness to practise

To do this, we will use the evidence we get from regulatory checks, police checks or similar. There is a fee for this service.

Stage 2 – OSPAP postgraduate diploma

OSPAP postgraduate diplomas are funded by the student fees set by providers. These fees vary between providers.

At the moment there are four GPhC-accredited providers, all based in England. They are:

- Aston University (Birmingham)
- University of Brighton
- University of Hertfordshire (Hatfield), and
- University of Sunderland

Usually there are around 400 OSPAP students each year across the four providers.

We get applications from pharmacists from a range of countries, and an OSPAP year group can be made up of 10 or more nationalities. The countries represented most often are India, Pakistan, Nigeria and Egypt, and pharmacists from these countries can account for 50% of a group.

As well as having trained internationally, at least a third of students in a group will have been living in Great Britain before beginning their training. They may have worked in a pharmacy support staff role and have completed relevant GPhC-accredited support staff training programmes. We have borne this key point in mind as we have developed our proposals.

Around 50% of OSPAP students live near the university campus they are studying at. The rest will be commuting students who live further afield.

Although not directly relevant to eligibility to study on a programme for internationally-qualified pharmacists, some applicants also have master's degrees and doctorates in clinical pharmacy or pharmaceutical science. Some of these will have been gained in Great Britain.

Stage 3 – Foundation training year

Access to foundation training in Great Britain is by way of national application systems, run by the statutory education bodies (SEBs). SEBs are accredited by the GPhC to quality manage the foundation training year. Trainees are paid a salary, and pharmacies receive a fee for hosting training places. At the moment all OSPAP students apply for the foundation training year in England.

Stage 4 – Common Registration Assessment

Just like trainee pharmacists who have completed their undergraduate degree and foundation year training in Great Britain, all OSPAP trainees must sit and pass the Common Registration Assessment before being able to apply to register with the GPhC.

The proposed revised route

The key changes to the route to registration we are consulting on are to:

- continue with the GPhC validity assessment
- replace the two-year model described above (OSPAP postgraduate diploma and foundation training year) with a single year of integrated academic learning and learning in practice. This will take the form of a postgraduate diploma (or equivalent) that is focused on pharmacy practice in Great Britain
- build in independent prescribing, in line with the 2021 initial education and training standards for pharmacists in Great Britain
- allow relevant prior learning and professional experience to be recognised
- continue with the need to sit and pass the Common Registration Assessment

These are the proposed three stages:



Figure 2: the proposed three stage process

We propose that the GPhC will continue with its role of verifying the eligibility of internationally-qualified pharmacists to apply to join the programme. We already have expertise in this area. Also, offering a single verification service for applications to all programme providers provides consistency and an economy of scale.

After verification, we propose that an applicant must begin their programme within two years. This is in line with the present requirements, and will make sure an applicant's qualifications, standing and fitness to practise are still relevant when they begin their programme.

The programme will involve a one-year postgraduate diploma of integrated academic learning and learning in practice. Its integrated nature is a key reason for shortening the training from two years to one: it allows trainees to apply their knowledge immediately and removes the risk of some learning being duplicated if there were separate academic and practical programmes.

We propose that the programme will be based on the learning outcomes in the GPhC's 2021 *Standards for the initial education and training of pharmacists*, including independent prescribing. But there will be

a specific leaning towards the needs of pharmacists who did not initially train in Great Britain. This will be highlighted in the curriculum design.

To enter the training programme pharmacists will apply direct to a university. All aspects of the programme will be designed, managed and run by a university, including learning in practice. This means it will be governed by established university procedures, regulations and practices. This includes student/trainee support and access to university services, resources, accommodation and financial advice.

Universities will be responsible for arranging and managing periods of learning in practice. Universities already have established systems and structures in place to deliver practice training placements for:

- MPharm students
- Independent Pharmacist Prescriber students, and
- students on other programmes with practical components

What we are proposing for internationally-qualified pharmacists is an expansion of these established systems.

It is proposed that providers delivering the programmes will be able to evaluate and recognise an individual's prior learning and experience. They will then work to meet the individual's education and training requirements in line with established procedures for the recognition of prior learning and experience. This could include not just recognising formal qualifications, but also recognising relevant experience that an applicant may have gained in Great Britain.

After completing the programme, all internationally-qualified pharmacists will have to sit and pass the GPhC's Common Registration Assessment, in the same way that pharmacists trained in Great Britain do.

Options we considered when developing the proposals

In developing the proposals, we considered various models used elsewhere and explored the relative advantages and disadvantages of each, including:

1. Examination only

There are examination-only conversion routes in healthcare and elsewhere that effectively assess applied knowledge. However, by their very nature, written examinations cannot assess an applicant's communication and interpersonal skills, which are essential to person-centred care. If passing an examination was the only requirement, there would also be a risk that a person might be registered without ever having worked in a pharmacy in Great Britain. We do not believe this to be in patients' or the public interest.

2. A period in practice

In some countries a mentored period in practice is required. There are benefits in this type of in-depth experience and assessment, but tutor/mentor-only assessments have been shown to be unreliable¹. Also, this route does not give individuals the basic knowledge of the principles and legal framework of pharmacy practice in Great Britain before they start their training in a pharmacy.

¹ After 147 years, the Royal Pharmaceutical Society of Great Britain suspended its national examination for 13 years between 1980 and 1993 but reinstated it for precisely that reason.

We have considered carefully these other assessment approaches but have decided in favour of the combination of:

- structured integrated learning in practice
- academic study, and
- a standardised exam

We believe this is the most appropriate approach for meeting the education and training needs of internationally-qualified pharmacists and making sure they have the knowledge and skills they will need to register and safely practise as a pharmacist in Great Britain.

Our proposals

Standards and learning outcomes

The proposed programme will be based on new standards for the education and training of internationally-qualified pharmacists.

The standards will be in two parts:

- Part 1: Learning outcomes – includes the knowledge, skills, understanding and professional behaviours an internationally-qualified pharmacist must demonstrate by the end of their programme
- Part 2: Standards for programme providers – sets out the key features of the programme through which the learning outcomes in part 1 of the standards are delivered.

You can see the draft standards in Appendix 1.

Length of study

As mentioned in the introduction, the present route to registration as a pharmacist in Great Britain for internationally-qualified pharmacists takes at least two years. We are proposing to reduce the length of training to one year, to bring it in line with other countries.

The present route is expensive, in both time and money. It is also inflexible, particularly for pharmacists with substantial prior experience.

In designing a new route, we have taken into account that applicants are already qualified pharmacists with relevant science and pharmaceutical skills and knowledge. Therefore, the emphasis in the new programme is on applying skills and knowledge in the context of pharmacy practice in Great Britain.

Recognising relevant prior experience

Applicants to programmes will be pharmacists, with pharmaceutical skills and knowledge. We know from analysing the standards and learning outcomes published by national regulators in other countries that:

- in some cases, the education and training is very similar to that of pharmacists in Great Britain. In these countries there are variations because of specific national laws, and differences in the context in which healthcare is delivered
- in other cases, there can be significant, fundamental differences, especially if the main emphasis of initial education and training is on science rather than patient-based practice

We are proposing that education and training similar to that in Great Britain should be taken into account as part of the application process for the programme. But this should be done within clear guidelines. We are also proposing that relevant experience an individual may have gained in Great Britain, such as working in a pharmacy support staff role, should be recognised. You can see the proposed criteria for recognising prior learning and experience in the Admissions standard in Appendix 1. We are proposing that programme providers can shorten the period of education and training as long as all the outcomes in the new standards can be met.

We propose to issue guidance for programme providers on shortening the period of education and training, including which learning outcomes need to be prioritised. This is to make sure there is a consistent approach and that internationally-qualified pharmacists are adequately prepared for pharmacy practice in Great Britain.

Independent prescribing

Independent prescribing is now included in the initial education and training of pharmacists in Great Britain. Pharmacists joining the GPhC register from the summer of 2026, who trained to the 2021 initial education and training standards, will be independent prescribers from when they register.

UK-trained pharmacists who joined our register before 2026 did not automatically become independent prescribers when they registered. They need to achieve a Practice Certificate in Independent Prescribing, and must successfully complete a GPhC-accredited pharmacist Independent Prescribing (IP) course. Courses must include:

- structured learning activities of at least 26 days, and
- a period of learning in practice of at least 90 hours

The present route to registration for internationally-qualified pharmacists does not include independent prescribing training. But the revised proposals do, to bring internationally-qualified pharmacists into line with pharmacists trained in Great Britain.

We propose that for internationally-qualified pharmacists the minimum number of ‘learning in practice’ hours dedicated to independent prescribing will be the same as for UK-trained pharmacists who joined the register before 2026. These hours will be built into the practical content of programmes.

Internationally-qualified pharmacists are already pharmacists and bring with them a set of pharmaceutical skills that we can verify. In some cases, this includes experience of prescribing medicines – although within a different context to pharmacists prescribing in Great Britain, and under different rules. Taking this into account, we believe that including independent prescribing in the revised programme is realistic and achievable. Also, if we do this, internationally-qualified pharmacists will not be put at a disadvantage when they register. They will be able to provide the same services and care as pharmacists who have trained in Great Britain.

Flexibility in programme provision

As students, internationally-qualified pharmacists are adult learners with specific needs. They may:

- be based in established family or other social groups, or
- have parenting or caring commitments and the financial pressures these bring

We recognise that OSPAP providers have aimed to provide flexible programme delivery that takes account of learners’ needs. For example, OSPAP programmes are not five-day-a-week residential programmes. Only 50% of OSPAP students live near the university they are studying at, and many are spending a lot of time travelling to and from campus. The revised proposals therefore encourage providers to design programmes that are as flexible as possible, to support individuals who may struggle with long periods of campus study.

Cost

The aim of this consultation is to set appropriate standards for the education and training of internationally-qualified pharmacists who want to register and practise as a pharmacist in Great Britain. We have a statutory duty to protect the public and must make sure internationally-qualified pharmacists have the knowledge and skills they need to register and safely practise as a pharmacist in Great Britain. We also have a duty to make sure our regulatory requirements are fair and proportionate.

Under the present route, internationally-qualified pharmacists:

- pay a fee to have their eligibility assessed by the GPhC
- pay a fee for their OSPAP
- receive a salary in their foundation training year, and
- pay a fee to sit the Common Registration Assessment

If we bring in the new proposals, applicants will still pay for the validity assessment and Common Registration Assessment. There will also be a fee for undertaking the programme, including the cost of training in practice. The fee will be set by programme providers.

Individuals will not receive a salary when completing their programme. But by shortening the overall education and training period from two years to one (or less), we are allowing successful graduates to register and enter the job market a year earlier.

Bringing in the changes

How we implement the new standards and learning outcomes will depend on the outcome of this consultation. Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed. Once the new standards are agreed by the GPhC's Council, providers will need time to develop new education and training programmes. These will also need to be accredited by us. Therefore, the earliest we expect new programmes to be run for the first time is the 2028–2029 academic year.

In the meantime, OSPAP providers may accept applications for existing programmes in 2026 and 2027. Students in those groups will be eligible to apply for entry to the foundation training year.

Up to now, all OSPAP students have done their foundation training in England. Foundation training applications for OSPAP students are managed by NHS England on behalf of the statutory education bodies (SEBs) in each nation. NHS England will decide how long they will continue to offer foundation training for the 2026 and 2027 OSPAP groups but will do this for groups up to and including the people wanting to join the 2028 foundation training year.

From 2028, we propose that learning in practice will be built into the programmes for internationally-qualified pharmacists. This means that a separate application for foundation training will not be needed.

This arrangement does not affect students who trained in Great Britain. They will continue to apply for foundation training through established SEB routes.

All internationally-qualified pharmacists will sit the Common Registration Assessment whatever training route they follow.

The consultation process

The consultation will run for 12 weeks and will close on 21 July 2026. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders, including providers, pharmacy professionals, pharmacy owners, patient representative bodies and other people and organisations with an interest in this area.

After the consultation, we will publish a report summarising what we heard.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed.

Our governing Council will receive the analysis and will consider the responses and the equality screening and impact assessment when approving the final standards for the education and training of internationally-qualified pharmacists.

We will publish our analysis of the responses and an explanation of the decisions we take. You will be able to see this on our website www.pharmacyregulation.org

Why we consult

Under the Pharmacy Order 2010, we must consult before we set any standards or requirements. We will also consult, when needed, to make sure we are carrying out our statutory duties effectively and proportionately to meet our main objective of protecting the public.

Responding to the consultation

How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups or individuals. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in, but if you do, it will give us useful information to check that this happens.

How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try hard to respect it. But we cannot guarantee to maintain confidentiality in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you. You may also ask us to delete your response. For more information about your rights and who to contact please read our [privacy policy](#) on our website.

How to respond

You can respond to this consultation by going to www.pharmacyregulation.org/international-registration-2026 and filling in the online questionnaire there.

We encourage everyone to use the online questionnaire. However, if you want to send a response by email, please write your response to the consultation questions and send it to us at consultations@pharmacyregulation.org.

Other formats

Please contact us at communications@pharmacyregulation.org if you would like a copy of the consultation survey in another format (for example, in larger type or in a different language).

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

feedback@pharmacyregulation.org

or post them to us at:

Governance team

General Pharmaceutical Council

Level 14, One Cabot Square

London

E14 4QJ

Please do not send consultation responses to this address.

Consultation questions

We have set out our main proposals in this document and we welcome comments on them.

In particular, we would like your views on:

- 1 The length of training we are proposing
- 2 Using the recognition of prior learning to take account of relevant experience
- 3 The inclusion of independent prescribing
- 4 The learning outcomes set (please see Appendix 1)
- 5 Standards and criteria for programme providers (please see Appendix 1)
- 6 Equality and impact

1 The length of training we are proposing

The present route to registration as a pharmacist in Great Britain for internationally-qualified pharmacists involves:

- a one-year postgraduate diploma (OSPAP)
- 52 weeks of foundation training, and
- passing the Common Registration Assessment

This takes at least two years – at least twice as long as equivalent routes used in other countries.

We are proposing to reduce the length of training to a one-year postgraduate diploma made up of integrated university study and practice-based learning. The training will be focused on the learning needs of pharmacists who have not trained in Great Britain. Candidates will still need to sit and pass the Common Registration Assessment. This length of training is in line with equivalent routes in other countries.

We considered other options, including requiring candidates to:

- only sit the Common Registration Assessment, or
- only complete a period of mentored training in practice

We decided that a year of integrated university study and practice-based learning followed by the Common Registration Assessment is the most appropriate approach to meet the education and training needs of internationally-qualified pharmacists. It will also make sure they have the knowledge and skills they need to practise as a pharmacist in Great Britain.

1.1 Should we reduce the length of training for internationally-qualified pharmacists wanting to register in Great Britain from two years to one year?

Yes

No

Don't know

1.2 Please explain your answer.

Please consider potential benefits and challenges in your answer.

1.3 Do you think we should consider an alternative route to registration for internationally-qualified pharmacists to the one-year postgraduate diploma we have proposed?

Yes
No
Don't know

1.4 If yes, please describe the alternative route and the relevant requirements.

2 Using the recognition of prior learning to take account of relevant experience

Recognising prior learning means formally evaluating the knowledge and skills an individual already has. This may allow a provider to make them exempt from parts of a programme, and so reduce the length of study. It can be used to verify that parts of a programme have been covered by prior experience. This may be the case when the education and experience of an applicant can be shown to be recent, relevant and similar to that in Great Britain.

We propose that prior relevant education and training should be recognised within the admissions process, as long as this is done using clear and consistent criteria. These criteria are set out in the Admissions Standard in Appendix 1. Programme providers would be able to shorten the period of education and training when appropriate, as long as all outcomes in the new standards are still met. We plan to produce more guidance to support a consistent approach to this.

2.1 Should the GPhC allow providers to recognise prior learning and experience to shorten the period of education and training for internationally-qualified pharmacists when they can verify that it is recent, relevant and similar to that in Great Britain?

Yes
No
Don't know

2.2 Please explain your answer.

2.3 The GPhC is proposing criteria for recognising prior learning and experience so it can be applied consistently and fairly. The criteria are:

i Providers may recognise applicants' prior learning and experience as part of the application process for their programme. This may result in a reduction in either university study and/or learning in practice.

ii Irrespective of any reduction granted, all learning outcomes must be met.

iii Acceptable evidence includes:

either

(a) a qualification based on national pharmacist education standards and learning outcomes which has been verified by the GPhC as being equivalent to its own requirements. (The GPhC will give details of verified qualifications to all programme providers)

or

(b) when, as well as an international pharmacist qualification validated by the GPhC (see 'Stage 1 – Validity check' on p3), an applicant has at least two years' full-time experience

of working in a community or hospital pharmacy in Great Britain. Equivalent part-time experience is acceptable.

iv *If (b) applies:*

- a *Employment must be in a recognised pharmacy support staff role and applicants must have taken and passed support staff programmes relevant to their role accredited or recognised by the GPhC.*
- b *Relevant support staff roles and qualifications must be patient-facing, including medicine counter assistants, pharmacy support staff diplomas, pharmacy healthcare assistants, pharmacy services assistant (apprenticeship) and Scottish Pharmacy Services SVQs.*
- c *Evidence of employment and GPhC-accredited or recognised education and training will be required and must be verified by programme providers.*
- d *Working as a pharmacy technician in Great Britain, and being registered as such with the GPhC, may be considered. The role must be patient-facing. Working as a pharmacy technician outside of Great Britain is not acceptable because it lacks the Great Britain context, which is at the heart of this proposal.*
- e *Unpaid or unverifiable work cannot be accepted.*
- f *Working in a pharmacy technician role in Great Britain but not being registered with the GPhC will not be accepted, because it is illegal.*

To what extent do you agree or disagree with the proposed criteria for recognising prior learning and experience?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

2.4 Please explain your answer.

3 The inclusion of independent prescribing

From 2026, pharmacists who trained to the 2021 initial education and training standards for pharmacists will be independent prescribers from the time they register.

The present route to registration for internationally-qualified pharmacists does not include independent prescribing training. They have to complete an additional free-standing Independent Prescribing programme once they are registered.

We are proposing to include independent prescribing in the new training programme for internationally-qualified pharmacists, to bring them into line with pharmacists trained in Great Britain.

2.2 Should independent prescribing be built into the new training programme for internationally-qualified pharmacists?

Yes

No

Don't know

3.2 Please explain your answer.

4 The learning outcomes set

Our proposal includes a set of learning outcomes focused on the needs of internationally-qualified pharmacists. They are based on our 2021 learning outcomes for the initial education and training of pharmacists in Great Britain. This is to ensure consistent standards of knowledge, skills and experience at the point of initial registration.

4.1 To what extent do you agree or disagree that the proposed new learning outcomes are the right ones for internationally-qualified pharmacists wanting to register in Great Britain?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

4.2 Are there any learning outcomes missing?

Yes

No

Don't know

4.3 Please explain your answers to the two questions above, referring to specific learning outcomes when relevant

5 The standards and criteria

The standards and criteria describe the requirements for providers of programmes.

5.1 To what extent do you agree or disagree that the proposed new standards and criteria for programme providers are the right ones for quality assuring the education and training of internationally-qualified pharmacists?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

5.2 Are there any standards/criteria missing?

Yes

No

Don't know

5.3 Please explain your answers to the above two questions, referring to specific standards/criteria when relevant.

6 Equality and impact

6.1 We want to understand whether our proposals will have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Protected characteristic	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion					
Sex					
Sexual orientation					

Figure 3: Protected characteristics

6.2 We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, internationally-qualified pharmacist students, and patients and the public. Do you think our proposals will have a positive or negative impact on each of these groups?

Group	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Pharmacy staff					
Pharmacy owners and employers					
Internationally-qualified pharmacist students					
Patients and the public					

Figure 4: groups which could be affected by the proposals

6.3 Please give your comments explaining your answer to the two questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

Receiving updates

We would like to email you to update you on the progress of this consultation as well as about the other work of the GPhC. Please tell us below if you would like to be contacted in the future.

- I would like to be contacted with updates on the consultation on draft standards for the education and training of internationally-qualified pharmacists
- I would like to be contacted with news and information about other consultations from the GPhC

Please give us an email address for updates and communications from the GPhC.

Important: you can unsubscribe from our mailing list at any time by clicking on the 'unsubscribe' option within the email.

Appendix 1: draft standards for the education and training of internationally-qualified pharmacists wanting to register in Great Britain

About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacies in England, Scotland and Wales.

The GPhC sets standards for pharmacy education and training, and accredits programmes in England, Scotland and Wales. It accredits education and training programmes jointly in Northern Ireland with the Pharmaceutical Society NI ('the Society') and shares education standards with them.

Introduction

Internationally-qualified pharmacists

These standards and learning outcomes define the education and training required for internationally-qualified pharmacists wanting to register as a pharmacist in Great Britain. 'Internationally-qualified' means pharmacists whose main pharmacy qualification was awarded outside the United Kingdom, the European Economic Area (EEA), the European Free Trade Association (EFTA) and Switzerland.

These standards recognise that students will:

- be registered or eligible to register as a pharmacist in the country where they studied and were awarded their qualification, and
- bring with them the knowledge and skills gained in that context

The purpose of these standards and learning outcomes is to build on that professional base and prepare internationally-qualified pharmacists to practise in Great Britain.

These standards and learning outcomes are based on the GPhC's *Standards for the Initial Education and Training of Pharmacists in Great Britain* (2021).

Pharmacists in Great Britain

In Great Britain, pharmacists are experts in medicines and play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing.

These standards set out the knowledge, skills, understanding and professional behaviours an internationally-qualified pharmacist must demonstrate to join the register in Great Britain. The standards also set out our requirements for organisations providing the education and training programme.

These standards are designed to produce adaptable pharmacists who will be:

- confident about, and capable of, operating in multi-professional teams across a variety of healthcare settings to meet diverse and changing patient needs

- dedicated to person-centred care, and
- proficient independent prescribers

Supporting these standards are the GPhC's *Standards for Pharmacy Professionals (2017)*, which are the professional standards internationally-qualified pharmacists must meet when they join the register.

Independent prescribing

As we have discussed above, internationally-qualified pharmacists are pharmacists in their own right and have worked as such. As practitioners they should be able to adapt to working in Great Britain and, as part of an accredited programme, will be trained as independent prescribers. On graduation they will be eligible to be annotated on our register as independent prescribers.

Accreditation

To be eligible for registration and annotation, the pharmacist must have graduated from a training programme **accredited by the GPhC**.

The structure of education and training

The programme will have a focus on pharmacy practice in Great Britain, preparing internationally-qualified pharmacists to practise there. It will be a one-academic-year programme managed and delivered by a university, in collaboration with practice partners. The programme will be made up of 50% academic study delivered by a university and 50% delivered in practice – that is, 20 weeks of each.

As well as passing the programme, students must pass the GPhC's Common Registration Assessment to be eligible for registration. This is to make sure the students are on a par with Great Britain-qualified students.

In circumstances described below, a provider may shorten the length of time needed to complete the programme, if:

- an applicant's main pharmacy qualification can be shown to be very similar to that of a pharmacist trained in Great Britain, or
- they have significant experience of working in pharmacy in Great Britain

This decision will be made by programme providers, within the criteria in the standards.

The programme must be delivered at Master's level (Level 7 in England and Wales and Level 11 in Scotland).

The structure of the standards and learning outcomes

The standards for the programme are in two parts.

Part 1: Learning outcomes – these describe what students must be able to demonstrate when they successfully complete their programme. The learning outcomes are presented in four domains:

- person-centred care and collaboration
- professional practice
- leadership and management, and

- education and research

These four domains must cover:

- the healthcare context of Great Britain
- pharmacy practice in Great Britain
- law and ethics in Great Britain, and
- pharmacist independent prescribing in Great Britain

Part 2: Standards for all organisations involved – these describe the requirements for anyone providing education and training programmes.

Part 1: Learning outcomes

Standard: On successful completion of their programme, internationally-qualified pharmacists will have achieved the learning outcomes in these standards to the required level of competence.

Describing and assessing outcomes

The outcome levels in this standard are based on an established competence and assessment hierarchy – Miller’s triangle:

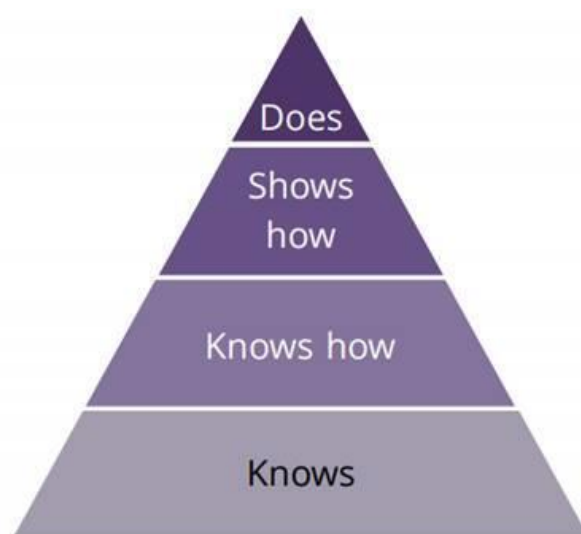


Figure 5: Miller’s triangle

Because what is being assessed at each of the four levels is different, the assessment methods needed are different too – although there will be some overlap.

Level 1 – Knows

Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).

Level 2 – Knows how

Knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.

Level 3 – Shows how

Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include:

- objective structured clinical examinations (OSCEs) and other observed assessments
- simulated patient assessments
- designing, carrying out and reporting an experiment
- dispensing tests, and
- taking a patient history

Level 4 – Does

Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a student demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably. Assessments may include OSCEs or other observed assessments.

Domains of study

The learning outcomes are presented in four domains:

- person-centred care and collaboration
- professional practice
- leadership and management, and
- education and research

All domains and learning outcomes are of equal importance.

To achieve them, the programme curricula, teaching and learning strategies, and learning in practice plans to deliver these learning outcomes will:

- focus on the role of the pharmacist as a healthcare professional in Great Britain
- provide learning by experience, and inter-professional learning, in Great Britain
- provide opportunities to engage with patients and the public, and other health and care professionals
- build the requirement for patient and public safety into all aspects of the design and delivery of education and training
- provide a period of learning in practice specifically related to prescribing, made up of at least 90 hours of supervised practice. This will consolidate students' learning and allow them to achieve an independent prescribing annotation on our register once they have completed their programme

The skills and attributes required by a prescriber are part of the learning outcomes in all four domains.

The learning outcomes are set within the context of practising in Great Britain, and this must be reflected in their delivery. Internationally-qualified pharmacists will have completed a pharmacy degree, but they may not be familiar with Great Britain-specific practice. Programme providers should therefore make sure that the Great Britain context is clearly explained and emphasised consistently throughout the programme.

Note: The numbering of learning outcomes below is mainly, but not completely, continuous – this is to keep the numbering consistent with the GPhC’s 2021 standards for pharmacists who are training and qualifying in Great Britain. This set of outcomes leaves out some that are present in the GPhC’s 2021 standards because they will have been covered in the pharmacy qualifications awarded internationally.

Domain: Person-centred care and collaboration

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
1. Demonstrate empathy and keep the person at the centre of their approach to care at all times	Does
2. Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing	Does
3. Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person	Does
4. Understand the variety of settings and adapt their communication accordingly	Does
5. Proactively support people to make safe and effective use of their medicines and devices	Does
6. Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does
7. Obtain informed consent before providing care and pharmacy services	Does
8. Assess and respond to the person’s particular health risks, taking account of individuals’ protected characteristics and background	Does
9. Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care	Does
10. Demonstrate effective consultation skills and, in partnership with the person, decide the most appropriate programme of action	Does
11. Take into consideration factors that affect people’s behaviours in relation to health and wellbeing	Does

12. Take an all-inclusive approach to ensure the most appropriate programme of action based on clinical, legal and professional considerations	Does
13. Recognise the psychological, physiological and physical impact of prescribing decisions on people	Does
14. Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care.	Does

Figure 6: learning outcomes for person-centred care and collaboration

Domain: Professional practice

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
15. Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times	Does
16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does
17. Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to	Does
18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate	Does
19. Take responsibility for all aspects of health and safety and take actions when necessary	Does
20. Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	Does
23. Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents	Does
24. Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles	Does
26. Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them	Shows how
27. Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices	Does

28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate programme of action for the person	Does
29. Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice	Does
30. Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person	Does
31. Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use of, and prescribing of, medicines, devices and services	Does
32. Accurately perform calculations	Does
33. Effectively promote healthy lifestyles using evidence-based techniques	Does
34. Apply the principles of effective monitoring and management to improve health outcomes	Does
35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance ²	Does
36. Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing	Does
37. Prescribe effectively within the relevant systems and frameworks for medicines use	Does
38. Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people	Does
39. Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Does
40. Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person	Does
41. Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities	Does

² Monitoring the effects of medicines after they have been licensed for use, especially to identify previously unreported adverse reactions.

42. Proactively participate in the promotion and protection of public health in their practice, including considerations of wider sustainability practices	Does
43. Identify misuse of medicines and implement effective strategies to deal with this	Does
44. Respond appropriately to medical emergencies, including the provision of first aid	Does

Figure 7: learning outcomes for professional practice

Domain: Leadership and management

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
45. Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Does
48. Actively take part in the management of risks and consider the impacts on people	Does
49. Use tools and techniques to avoid medication errors associated with prescribing, supply and administration	Does
50. Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Does
52. Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	Does

Figure 8: learning outcomes for leadership and management

Domain: Education and research

Although there is only one learning outcome under this heading, education and research are built into the set as a whole. Using evidence to make decisions, critically evaluating evidence, and keeping abreast of developments in pharmacy, technology and related fields are all central to the work of a pharmacist and are relevant to this domain.

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
53. Reflect upon, identify, and proactively address their learning needs	Does

Figure 9: additional learning outcome

Part 2: Standards for the education and training of internationally-qualified pharmacists

Introduction

Part 2 describes the standards that universities delivering the programme must meet and the criteria that are linked to them.

Programmes will be delivered by universities in collaboration with practice partners.

Standard 1: Selection and admission³

Standard

Students must be selected for and admitted onto the programme on the basis that they are being prepared to practise as pharmacists in Great Britain.

Precondition

Individuals wanting to apply to the programme must first apply to the GPhC so that we can verify their eligibility status and main pharmacy qualification. This is the qualification that licenses them to practise in the country they trained in.

Verification includes checking an applicant's registration status or their eligibility to register in the country they trained in. It includes:

- fitness to practise checks, including evidence of good standing from an applicant's regulator, and
- other checks, such as police checks, that apply to the country the applicant trained in

Applicants might not be accepted onto the programme if they have not been verified.

Once the GPhC has confirmed that an applicant is eligible to apply to the programme, selection and admission decisions are a matter for the provider.

The GPhC verifies a qualification, including the date of the award, but not an applicant's experience following this. Programme providers may want to go into that as part of the application process.

Criteria to meet this standard

- 1.1 The principles of equality, diversity and fairness must be built into selection processes. Selection processes must give all applicants an opportunity to demonstrate their ability and suitability, taking into account their academic and practice background.
- 1.2 Providers must identify and reduce discrimination in selection and admission processes and demonstrate how they are doing so. Demonstrating this will include, as a minimum, an analysis every year of applicant and admissions profiles by protected characteristics. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students.
- 1.3 Accurate admissions information must be provided to potential applicants, and selection processes must give applicants the guidance they need to make an informed application.

³ Please note that immigration and visa matters are not within the remit of the GPhC and the GPhC cannot offer advice on them.

- 1.4 Selection criteria must be clearly spelled out, and appropriate to the programme and the professional nature of the education and training. They must include:
- a meeting academic entry requirements
 - b meeting professional entry requirements – that is, suitability to practise as a pharmacist in Great Britain⁴
 - c meeting numeracy requirements
 - d meeting the English language requirements specified by the GPhC
 - e taking account of good-character checks
 - f taking account of health checks
 - g recognising prior learning, when that is appropriate
- 1.5 All admissions and selection processes must include an interactive component, to assess applicants' values and professional suitability.
- 1.6 Providers may recognise applicants' prior learning and experience as part of the application process for their programme. This may result in a reduction in required university study and/or learning in practice.
- 1.7 Irrespective of any reduction granted through recognition of prior learning and experience, the applicant must meet all learning outcomes before completing the programme.
- 1.8 Acceptable evidence to meet criterion 1.6 includes:
- either
- a a qualification based on national pharmacist education standards and learning outcomes which has been verified by the GPhC as meeting its requirements. (The GPhC will give details of verified qualifications to all programme providers)
- or
- b when, alongside an international pharmacist qualification validated by the GPhC (see 'Stage 1 – Validity check' on p3), an applicant has at least two years' full-time experience of working in a pharmacy setting in Great Britain in a patient-facing role. Equivalent part-time experience is acceptable
- 1.9 When 1.8b applies, providers must make sure that:
- a employment has been in a recognised pharmacy support staff role and applicants must have taken and passed support staff programmes relevant to their role, accredited or recognised by the GPhC
 - b relevant support staff roles and qualifications are patient-facing, including medicine counter assistants, pharmacy support staff diplomas, pharmacy healthcare assistants, pharmacy services assistant (apprenticeship) and Scottish Pharmacy Services SVQs
 - c evidence of employment and GPhC-accredited or recognised education and training is obtained and verified
 - d applicants who are working as pharmacy technicians in Great Britain, and are registered as such with the GPhC, work in a patient-facing role. Working as a pharmacy technician outside Great Britain is not acceptable because it lacks the Great Britain context, which is at the heart of 1.8b

⁴ As set out in ***Standards for pharmacy professionals, (2017)***

- e unpaid or unverifiable work is not accepted
 - f working in a pharmacy technician role in Great Britain **but not being registered with the GPhC** is not accepted as prior experience, because it is illegal
- 1.10 Decisions about any reduction in programme requirements by way of recognition of prior learning and experience must be made by the provider.
- 1.11 In respect of 1.10, providers must make sure that decisions are fair, consistent, transparent and clearly documented.

Standard 2: Equality, diversity and fairness

Standard

Programmes must:

- be based on, and promote, the principles of equality, diversity and fairness
- meet all relevant legal requirements, and
- be delivered in such a way that the diverse needs of all students are met.

Criteria to meet this standard

- 2.1 Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.
- 2.2 Systems and policies must be in place to allow everyone involved to understand the diversity of the student body and the implications that has for delivery.
- 2.3 Providers must demonstrate how student support has been tailored to the needs of internationally-qualified pharmacists.
- 2.4 Providers must demonstrate how they analyse the needs and performance of their students and how their findings have influenced programme design and delivery.
- 2.5 Everyone involved in programme delivery must be trained to apply the principles and legal requirements of equality, diversity and fairness in their role.
- 2.6 Providers must make sure students understand their legal responsibilities under equality and human rights legislation and proactively seek to learn about and understand communities and cultures.

Standard 3: Resources and capacity

Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards.

Criteria to meet this standard

- 3.1 There must be robust and transparent systems for securing an appropriate level of resource to deliver a sustainable programme that meets the requirement of these standards.
- 3.2 Staffing resource must be sufficient for the delivery of all parts of the programme, including delivery of learning in practice activities.
- 3.3 The staff complement must include:

- a appropriate leadership and management
 - b suitably qualified and experienced staff
 - c pharmacists who trained in Great Britain, including pharmacist independent prescribers
- 3.4 Programmes must be delivered in premises that are fit for purpose in all university and practice settings.

Standard 4: Managing, developing and evaluating the programme

Standard

The quality of the programme must be managed, developed and evaluated in a systematic way.

Criteria to meet this standard

- 4.1 There must be systems and policies in place to manage the delivery of the programme, including learning in practice activities.
- 4.2 There must be agreements in place between everyone involved in the delivery of the programme that specify the management responsibilities and lines of accountability of each organisation, including those that contribute to periods of learning in practice.
- 4.3 The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering the programme.
- 4.4 Feedback from students must be built into the monitoring, review and evaluation processes.
- 4.5 Systems and policies must be used in such a way that the programme is evaluated on the basis of evidence and that there is continuous improvement in its delivery.
- 4.6 Programmes must be revised when there are significant changes in practice, to make sure provision is relevant and current.

Standard 5: Curriculum design and delivery

Standard

The curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards.

The design and delivery of programmes must ensure that students practise safely and effectively.

The design and delivery of programmes must take into account the needs and circumstances of adult learners.

Criteria to meet this standard

- 5.1 There must be a curriculum and a teaching and learning strategy for the programme, which set out how students will achieve the learning outcomes in part 1, including the learning in practice plan.
- 5.2 The component parts of the programme must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.

- 5.3 Everyone involved must work together to deliver the programme, including the periods of learning in practice.
- 5.4 There must be systems in place for everyone involved to communicate regularly on the progress of students, including during the periods of learning in practice.
- 5.5 The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.
- 5.6 Students must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competence to achieve the relevant learning outcomes in part 1 of these standards. This experience must be progressive and increasing in complexity as the programme progresses.
- 5.7 Academic regulations must be appropriate for a programme that is academic, practical and professional.
- 5.8 As a general principle, all assessments must be passed. This means that condonation⁵, compensation⁶, trailing⁷, extended re-sit opportunities and other remedial measures should be extremely limited and justifiable, if they are permitted at all.
- 5.9 Academic regulations may be more stringent than for other programmes. This may include higher-than-usual pass marks for assessments that demonstrate the knowledge and skills essential to safe and effective pharmacy practice.
- 5.10 Providers must have procedures to deal with concerns – including fitness to practise procedures – and must tell the GPhC about any hearing outcomes (apart from warnings or when no action was taken) imposed on students.
- 5.11 Students must not be allowed to graduate from an accredited programme if there are any outstanding fitness to practise concerns about them.
- 5.12 If a programme is closed or withdrawn, providers must have a documented process in place to manage the programme closure or withdrawal.
- 5.13 Providers must raise relevant issues proactively with the GPhC in a timely manner and be open and honest about matters affecting an accredited programme. Under the *Pharmacy Order 2010* providers must assist the GPhC in its work by providing information upon request.

Standard 6: Assessment

Standard

Providers must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards.

⁵ When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.

⁶ Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.

⁷ Being able to start the next year of study when one or more assessments from the previous year have not yet been passed.

Assessment strategies must be authentic – that is, they must reflect ‘real world’ challenges and test a student’s actual skills, knowledge, understanding and behaviours.

The assessment strategy must ensure that a student’s practice is safe.

Criteria to meet this standard

- 6.1 Providers must have an assessment plan for the programme which:
- a is coherent
 - b is fit for purpose
 - c makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment⁸
 - d takes account of the impact of the use of artificial intelligence on the authenticity and validity of assessments
- 6.2 Assessment plans for the programme must assess the outcomes in part 1 of these standards. The methods of assessment used must be:
- a appropriate to the learning outcomes
 - b in line with current and best practice, and
 - c routinely monitored, quality assured and developed
- 6.3 Assessments must be fair, authentic and carried out against clear criteria. What is expected of a student must be made clear in every assessment, including any learning in practice assessments.
- 6.4 To ensure the integrity of pass thresholds⁹, standards-setting methods must be used and applied appropriately. Providers must be specific about which standards-setting methods are used, and when, where and why they are used.
- 6.5 To ensure the integrity of assessments, it must be made clear about when, how, why and by whom artificial intelligence (AI) can be used. For more information see *The Use of Artificial Intelligence in Pharmacy Education and Training* (GPhC, 2026).
- 6.6 Patient safety must come first at all times, and everyone involved must assess whether a student pharmacist is practising safely.
- 6.7 Safe and effective practice must be built into the pass criteria for all assessments.
- 6.8 Providers are responsible for overall decisions about assessment, taking into account the assessment responsibilities of Designated Supervisors and Designated Prescribing Practitioners in Standard 9.

⁸ Diagnostic assessment is used to identify students' knowledge and skills before a module or course begins. Formative assessment monitors a student’s learning to provide ongoing feedback during a course (for example, using quizzes and discussions). Summative assessment evaluates a student’s learning at the end of an instructional unit by comparing it against a standard (for example, projects and final exams).

⁹ A pass threshold is the minimum score, mark or criteria needed to pass an assessment, exam or module.

- 6.9 Providers must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of learning in practice against each of the relevant learning outcomes.
- 6.10 Providers must support students to improve their performance by providing regular and timely feedback and by encouraging students to reflect on their practice.
- 6.11 Assessment must make use of feedback collected from a variety of sources. These should include other members of the pharmacy team, peers, patients and supervisors.
- 6.12 Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment, including during periods of learning in practice.
- 6.13 Programmes must have external examiners, who will report every year on the extent to which assessment processes:
- a are rigorous
 - b are set at the correct standard
 - c ensure equity of treatment for students
 - d have been conducted fairly
- 6.14 The responsibilities of the external examiners must be clearly documented.
- 6.15 Assessment regulations must be appropriate for a programme that leads to professional registration. They must prioritise professionalism, patient safety, and safe and effective practice.

Standard 7: Support and development for students and everyone involved in the delivery of the programme

Standard

Students must be supported in all learning and training environments to develop as learners and professionals during their programme.

Everyone involved in the delivery of the programme should be supported to develop in their professional role.

Criteria for meeting this standard

Support for students

- 7.1 There must be a range of systems in place during the programme to identify the support needed by students, and to support them to achieve the outcomes in part 1 of these standards. They must be based on a student's prior achievement and be tailored to them. Systems must include:
- a induction
 - b effective supervision
 - c an appropriate and realistic workload
 - d personal, academic and study skills support
 - e time to learn
 - f access to resources, and

g remediation, if needed¹⁰

- 7.2 Students must have support available to them covering academic, career and general welfare advice.
- 7.3 Students must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.
- 7.4 There must be clear procedures for students to raise concerns.
- 7.5 Any concerns must be dealt with promptly, with documented action taken where appropriate.

Support for everyone involved in the delivery of the programme

- 7.6 There must be a range of systems in place to support everyone involved in the delivery of the programme to develop in their professional role.
- 7.7 Training must be provided for everyone involved in the delivery of the programme.
- 7.8 Everyone involved in the delivery of the programme must have:
 - a effective supervision
 - b an appropriate and realistic workload
 - c mentoring
 - d time to learn
 - e continuing professional development opportunities, and
 - f peer support
- 7.9 There must be clear procedures for everyone involved to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on students must be actively raised with the GPhC.

Standard 8: Learning in practice

Standard

The learning in practice component of the programme must provide a coherent learning experience that allows students to demonstrate their skills and knowledge in a practice setting.

Criteria for meeting this standard

- 8.1 The learning in practice element of the programme will be at least 20 weeks long. Reduced learning in practice time, to a minimum of 10 weeks, may be agreed by the provider for a student on a case-by-case basis. To allow this, there must be appropriate and verifiable prior pharmacy experience in Great Britain (see Standard 1).
- 8.2 At least 90 hours of the learning in practice element specified in 8.1 must be focused on prescribing, and carried out in a clinical setting with direct access to patients.

¹⁰ Remediation usually involves giving a student targeted support if they are struggling to master a particular set of knowledge, skills or behaviours so they can meet the required standards.

- 8.3 Learning in practice must provide students with practical experience in Great Britain of working with patients, carers and other healthcare professionals. Students must be exposed to an appropriate breadth of patients and people in a range of environments (real-life, and simulated if this is justified by benefits to learning). This is to allow them to develop the skills and the level of competency needed to achieve the relevant learning outcomes in part 1 of these standards.
- 8.4 The requirement in 8.2 must be undertaken by all students whatever their prior learning and experience, and however long the learning in practice period.
- 8.5 Learning in practice must be integrated with the academic component of the programme.
- 8.6 The structure and design of learning in practice is the responsibility of the programme provider.
- 8.7 Learning in practice can include simulation, if it is justifiable and based on sound educational research.
- 8.8 Learning in practice must be organised and quality-assured by the programme provider and delivered through supervisors and sites approved by the provider. The programme provider is responsible for identifying, approving, and contracting with practice partners to ensure that all learning in practice meets these standards and learning outcomes.
- 8.9 The learning in practice experience must be defined in a learning in practice plan, which must describe the outcomes to be achieved, and how, when and where they are assessed and by whom.

Standard 9: Learning in practice supervision

Standard

Students must be supervised by a Designated Supervisor and a Designated Prescribing Practitioner during their learning in practice, who will support them and assess them against the learning outcomes.

Criteria to meet this standard

- 9.1 There must be clear processes in place for providers to:
 - oversee students' supervision arrangements
 - liaise with supervisors, and
 - monitor students' progress against the learning outcomes
- 9.2 Each student must have a Designated Supervisor who, working with everyone involved, is responsible for:
 - co-ordinating the student's supervision
 - overseeing the student's progress, and
 - reporting to the provider on their assessment of the student against the learning outcomes
- 9.3 The Designated Supervisor must be a pharmacist.
- 9.4 Each student must have a Designated Prescribing Practitioner who will supervise them during the 90 hours of practice dedicated to prescribing, and assess them against the relevant learning outcomes.

- 9.5 The Designated Supervisor and the Designated Prescribing Practitioner may be the same person.
- 9.6 The Designated Prescribing Practitioner must:
- a be a registered healthcare professional in Great Britain with independent prescribing rights
 - b have active prescribing competence in the areas they will be supervising
 - c have appropriate patient-facing clinical and diagnostic skills
 - d have supported or supervised other healthcare professionals, and
 - e be able to assess patient-facing clinical and diagnostic skills
- 9.7 Providers must have appropriate systems for ensuring that Designated Supervisors and Designated Prescribing Practitioners are fit to act as supervisors and meet the requirements of their role.
- 9.8 All supervisors involved in carrying out assessments of students during their learning in practice must be provided with training and be competent to carry out the role of assessment.
- 9.9 A student may be supervised by a variety of healthcare professionals during their learning in practice. But they may have only one Designated Supervisor and one Designated Prescribing Practitioner. They will take responsibility for making sure that delegated supervision is appropriate. These must be agreed systems for supervision in all practice environments to make sure safe, person-centred care is delivered at all times.
- 9.10 The Designated Prescribing Practitioner is responsible for signing off the prescribing component of learning in practice and reporting their decision to the Designated Supervisor.
- 9.11 The Designated Supervisor is responsible for signing off the period(s) in practice in total, including the prescribing component.
- 9.12 If the Designated Supervisor (DS) and the Designated Prescribing Practitioner (DPP) are the same person, a second assessor must be used to verify the DS/DPP's prescribing competence decisions. The second assessor will be appointed by the provider.
- 9.13 During learning in practice, students must only carry out tasks at which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.

References

Legislation, standards and guidance

The Pharmacy Order 2010 (Department of Health)

The use of artificial intelligence in pharmacy education and training (GPhC, 2026)

Standards for pharmacy professionals (GPhC, 2017)

Standards for the education and training of pharmacist independent prescribers (GPhC, 2019)

Standards for the initial education and training of pharmacists (GPhC, 2021)

Useful organisations

- General Pharmaceutical Council (GPhC): [pharmacyregulation.org](https://www.pharmacyregulation.org)
- British Pharmaceutical Students' Association (BPSA): [bpsa.co.uk](https://www.bpsa.co.uk)
- Royal Pharmaceutical Society (RPS) [rpharms.org](https://www.rpharms.org)



National Pharmacy Advisory Council
meeting – June 2026

26.06/NPAC/08(I)

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

Implementing Country Vision

Pharmacist Prescribing (Laura/Heidi)

Highlights

- RPS and NPA hosted a further DPP round table on 4 March

Next Steps

- Another DPP roundtable is planned for 1 July 2026

Environmental Sustainability (Iwan)

Highlights

- Continued to promote and market the greener pharmacy toolkits and responding to queries from users.
- We submitted our response to the UK Climate and Health Scorecard, covering activity across 2023–2025. The Scorecard is a sector-wide initiative designed to encourage and support health organisations to take meaningful climate action. It assesses organisations against a framework of achievable but ambitious measures, covering areas such as governance, operations, education and training, advocacy, finance, and wider organisational leadership. This round is assessing climate action between Jan 2024 and Dec 2025.

Next Steps

- Expecting the results of the UK Climate and Health Scorecard

Genomics (Geraldine/Heidi)

Highlights

- *Pharmacogenomic Resource to Support the Prescribing Competency Framework for All Prescribers* was published in March 2026.
- The resource was launched at the Pharmacogenomics Network of Excellence conference in March and has been supported with promotional comms. A webinar to support the launch of the resource in May 2026.
- Met with NHSE Deputy CPhO and Senior Clinical Lead – Genomic Unit on workforce and education

Next Steps

- Continue to engage with Genomics England on the development of the genomics in pre-emptive adult population healthcare study.
- Stakeholder engagement on the role of RCPHarm in supporting Genomics, within the wider system across the 3 nations.
- Continue to attend and contribute to the NHSE Pharmacy Workforce Group for Genomics.

Reducing Health Inequalities (Aman/Iwan)

Highlights

- Delivered three successful webinars in partnership with the NHS England Learning Disability Team
- Planning upcoming ABCD events on health inequalities and cultural competence
- Work is nearing completion on a statement setting out our focus and commitments on health inequalities as a Royal College. This work has considered where we can have the greatest impact, how our commitments can be delivered effectively, and how our approach compares with the activity of longer established Royal Colleges in this area. The statement will hopefully provide clarity and direction for our role, priorities and responsibilities, and will form the core text for a new health inequalities hub page on our website.

Next Steps

- Finalising the health inequalities statement and it to be added to the website
- Planning future ABCD meetings on health inequalities topics

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

Professional Issues (Policy Leads)

Artificial Intelligence and Digital Capabilities (Fiona/Heidi)

Highlights

- A workshop focused on the impact of AI on pharmacy practice was held on 22 April and a report from the workshop is being drafted.
- RPS ran an AI survey for pharmacists with over 140 respondents and a final report from the survey will be published on the website shortly

Next Steps

- Two further AI workshops will be held in June and September 2026, focussing on the impact of AI in Science and Research and the impact and use of AI in pharmacy education.

Palliative and End of Life Care (Ross/Geraldine)

Highlights

- Royal College of Pharmacy has been working in partnership with Marie Curie to create and promote the Daffodil Standards to support pharmacists to provide an excellent standard of palliative and end of life care.
- Over 1000 pharmacists / pharmacy teams have signed up to receive a free daffodil standards pack.

Next Steps

- We are currently reviewing our partnership agreement with Marie Curie.

Medicines Shortages (Aman/Alwyn)

Highlights

- 'Medicines Shortages: Solutions for Empty Shelves' was launched at a parliamentary event in Westminster on 27th November 2024, with further briefing events at Holyrood (28th November) and the Senedd (4th December).
- We reconvened the advisory group for an update meeting at the end of January 2026, where we explored progress made with the recommendations one year on, with the view to publishing a 'one year on' report.
- A '[one year on](#)' report was published in March 2026 with the support of the advisory group.
- We were invited to feature on the Medicines UK podcast series, 'Medicines Matter', following launch of the 'one year on' report to help promote widely. The episode can be found [here](#).

Next Steps

- Contribute and participate to government work across the nations on medicines shortages, as well as the work of the Pharmacy APPG.
- Continue to work with key stakeholders including DHSC to highlight the ongoing challenges patients and pharmacists are experiencing with medicines shortages.

- There was appetite from the advisory group to reconvene periodically to maintain the momentum of the group and to promote collaboration across the supply chain

Quality Assurance Aseptic Preparation Services (QAAPS) (Dafydd/Laura)

Highlights

- Update to Part A of the Quality Assurance of Aseptic Preparation Services (QAAPS) standards (previous edition 2015/16).
- Incorporate changes within aseptics in that time and implement the updated GMP orange guide and supervision legislation.
- Utilise expertise across technical services in the UK, 4 workstreams with 16 members each reviewing specific chapters. Lead author to edit final version.
- Working groups concluded on the 31/3/26.
- Lead Author has concluded writing a first draft. Currently with the NHS Pharmaceutical QA Committee for comments.
- Comments will be discussed at the next QA Committee meeting on the 21st of May.
- The 6th edition will not be printed as a book like previous editions however a PDF printable format will be available for users.
- The project remains on track and within agreed timeframes.

Next Steps

- Following final edits from lead author, a four-week wider public consultation will be completed, followed by a month period to incorporate comments/changes.
- A new open access webpage will be published including the standards, links to relevant guidance and promotion of RCPHarm services e.g., library.
- Final version due late August early September 2026.
- Looking at opportunities for QAAPS to be promoted at this year's annual conference.
- We will provide the keynote speaker at the NHS QA Symposium on the 4th of November to discuss QAAPS 6th Ed.

Access to Medicines (Alwyn/John)

Highlights

- We attended NHSE led meetings focusing on the Single National Formulary.
- Oral and written evidence presented to House of Lords select committee inquiry on medicines security.
- Importance of pharmacy leadership highlighted in House of Commons Health and Social Care Select Committee session on workforce and Neighbourhood Health.

Next Steps

- As part of a review of our wider policies, we will review the access to medicines policy, but is not an immediate identified priority
- We will continue to engage with NHSE discussions on proposed Single National Formulary.

- Build on discussions with key stakeholders, including around 10-Year Plan delivery and Life Sciences Sector Plan

Consultations List (Policy Leads)

Highlights

- In the period from 1st March until 31st May we responded to 9 consultations across a number of stakeholders including FIP, Welsh Government, DHSC, UK Government, NICE, GPhC, MHRA
- Consultation responses will be published on the website here [Consultation Responses - Royal College of Pharmacy](#).

Next Steps

- Continue to identify and respond to relevant consultations, horizon scanning across external stakeholders including government, regulators and others.

National Pharmacy Advisory Council
meeting – June 2026

26.06/NPAC/08(III)

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

Workforce

Workforce Wellbeing (Heidi)

Highlights

- In 2025 the WWB survey focused on pharmacy students and early career pharmacists. Due to the low response rate, a report is not being published but the results of the survey will be used to shape further work in this area.

Next Steps

- We will not be running a WWB survey in 2026
- We are meeting with pharmacy Support to discuss how we jointly support the WWB of all pharmacists

Access to DPP (Heidi/Laura)

Highlights

- RPS and NPA hosted a further DPP round table on 4 March

Next Steps

- Another DPP roundtable is planned for 1 July 2026

Workforce Hot Topics (Fiona)

Highlights

- Before the transition to RCPHarm, RPS Boards recognised that workforce (as a campaign) is a core function of the organisation
- A scoping exercise to identify existing policy suitable for repurposing and emerging issues of relevance is underway

Next Steps

- RCPHarm will engage with Members, Fellows and relevant Pharmacy Professional Groups to respond to the GPhC consultation on internationally-qualified pharmacists' education and training

I&D (Aman)

Highlights

- Delivered a successful Women in Pharmacy event in partnership with APTUK, BPSA, GHP, Pharmacy Business Magazine, PTOC, UKBPA
- Published a blog on autism from a newly qualified pharmacist perspective

- Delivered a microaggression for Newcastle University Pharmacy staff and students
- Facilitated an EQUIA workshops for the Pharmacogenomics Prescribing Framework and the new Enhanced curriculum.

Next Steps

- Planning to deliver a cultural competence session in June
- Promotion of upcoming Neurodiversity training for pharmacy teams
- Planning upcoming South Asian Heritage Month, East and South East Asian Heritage and Black History Month events.
- Delivering unconscious bias session at the upcoming APTUK Pride event
- Planning attendance at London Pride

Differential Attainment (Aman)

Highlights

- Have met with key stakeholders to take forward actions as highlighted by the oversight group to form task and finish groups to identify further updates
- Working closely with the GPhC to further establish outputs

Next Steps

- To arrange an oversight group meeting for October to bring together discussions and actions identified at the task and finish groups

National Pharmacy Advisory Council
meeting – June 2026

26.06/NPAC/08(iv)

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

Strengthening Pharmacy Governance (Aman/Laura)

Supervision (Heidi)

Highlights

- No further updates at this time

RP/SP/CP Guidance

Highlights

- Positive feedback on the bagged and checked medicine guide has been received and updates made as necessary
- Work now progressing towards 10th December launch date for further guidance required in relation to legislation change around RP/SP and authorisation
- Met with CCA to hear their comments/concerns on new legislation and guidance
- Regularly meet with GPhC to review outcomes from their consultation, discuss feedback and plan for production of aligned regulations and guidance
- Initial meetings with key stakeholders including EAG's to get feedback

Next Steps

- Continue to work towards launch date
- Continue to engage with GPhC and support with their stakeholder engagement
- Continue to engage with our stakeholders and teams to shape drafts of the guidance and get feedback