

Minutes of Assembly Meeting held on 17th July 2024 at 66 East Smithfield

Present: Claire Anderson (CA) - Chair, Adebayo Adegbite (AA), Danny Bartlett (DB), Jonathan Burton (JB), Ciara Duffy (CD), Ruth Edwards (RE), Brendan Jiang (BJ), Geraldine McCaffrey (GMc), Gino Martini (GM), Matt Prior (MP), Eleri Schiavone (ES), Lynne Smith (LS), Audrey Thompson (AT)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Avril Chester (ACh), Rick Russell (RR), James Davies (JD), Laura Wilson (LS), Elen Jones (EJ), Alison Douglas (AD), Liz North (LN), Corrinne Burns (CB), Melissa Dear (MD), Sir Hugh Taylor (SHT) – Item 04 only, Danielle Hunt (DH) – Item 07 only

Apologies: Tase Oputu (TO)

Observers: 5 observers joined the meeting on-line

Item	Paper	Notes and actions	Action by
Item 01 Welcome and Apologies		CA welcomed all to the meeting. Apologies were received from Tase Oputu.	
Item 02 Items for noting		The following items were noted: a) Code of Conduct & Remit of Assembly and COG b) Declarations of interest Noted that updates had been received from BJ, ES and DB c) Minutes of the Open Business Assembly Meeting 27 th March Noted and approved d) National Pharmacy Board Reports	

		<p>e) President's Report</p> <p>f) Treasurer's Report</p> <p>g) Science & Research minutes of the Science & Research Committee 15th April</p> <p>h) Education & Standards minutes of the Education & Standards Committee 22nd May</p> <p>i) Education & Membership update</p> <p>j) Inclusion & Diversity update</p> <p>k) Schedule of Assembly meetings 2025</p> <p>l) Panel of Fellows list of Fellows appointed in May</p>	
Item 03 Matters Arising		None	
Item 04 UKPPLAB		<p>Sir Hugh Taylor was welcomed to the meeting and gave a brief history of his recent career before giving an update on the work of the UKPPLAB to date.</p> <p>He informed members that the Board will be looking to RPS for support on the progression of its agenda, in collaboration with others, and that he in turn stands ready to support the Society as part of what is a really big opportunity for pharmacy at a time when he believed the voice of the profession could and should be much stronger within the NHS than it is at present.</p> <p>DP asked SHT how he saw the Board improving comms streams with the new Government. SHT felt that there would clearly be opportunities to do this but cautioned for a need to be realistic as pharmacy would not be the number one priority for the government, particularly at a time when public sector pay issues would be higher up the agenda. He has, though, already written to the new Secretary of State and offered to meet with them. It will also be key to identify which minister will lead on pharmacy and make connections there. He added that a strong voice in pharmacy could come not just via government, but by increasing and strengthening collaboration via ICBs/NHSE/integrated care generally etc.</p> <p>Members asked if there would be an opportunity to take learnings from this on board in terms of RPS's work/role. SHT felt that this would certainly be possible and the Board would help enable the professional bodies to better cascade things out into the wider practices</p> <p>ES agreed that the pharmacy voice was currently not very strong compared to other professions such as nursing etc and felt that without a united voice the profession would always be a minority. She asked, with regards to devolved nations, whether elements affecting the separate countries would be taken into account by the Board. SHT noted that the Board did include at least one representative from each of the nations and it was already clear that interesting things were happening in all four countries which could be</p>	

	<p>shared, adding that the Board was very sensitive to this and conscious that conversations were usually dominated by England.</p> <p>GMC asked if the Board was getting feedback yet on what patients might want to see in terms of pharmacy care for the future. SHT noted that the Board was looking at ways to broaden out the voice of the public within its work and that, whilst it does place emphasis on listening to patients/public, this is often harder to do in reality and so he was also interested in hearing ideas about how leadership bodies in pharmacy more generally could help engage with the public.</p> <p>RE asked if SHT had any key message for people entering the profession. SHT replied that he would be nervous to give any lectures or tips but his main advice would be to stress the importance of keeping in touch with emerging research and new ways of working. He would like to see a stronger emphasis in pharmacy leadership given to research, horizon scanning etc which present challenges to everyone to keep abreast of and believed the key would be to have a proper strategy in place to ensure pharmacy was at forefront of this.</p> <p>CD asked how the Board would consider the work of Industrial pharmacists and bring them into the discussion. SHT however asked what the current pharmacy leadership bodies were doing in this area. He noted that although there were currently lots of different interest groups, this often meant the voice of the profession gets fragmented and he therefore felt there was a need for some form of corporate ownership and shared learning, supported by RPS, to create central resources, best practice etc.</p> <p>BJ noted that, whilst he felt the work of the Independent Commission and then the UKPPLAB was commendable in attempting to bring voices across the profession together, he was interested in the timescale of the Board given its lack of funding etc, and asked what the cost of this work might be on the members of the group given that many of the organisations involved have very little funds themselves.</p> <p>SHT's instinct was that the Board was a temporary arrangement to help the professional bodies think about how they would want to work together in future, rather than dictate this, but mindful that partnership working is inherently difficult. The alternative would be to move to a single organisation that has sufficient breadth to cover everything but this would also be very difficult and consequently there were no easy answers.</p> <p>In terms of direct costs, he noted that running the Board was actually relatively cheap, but acknowledged that the amount of resources for organisations was really minimal which did represent an issue. He acknowledged that how any leadership body raised sufficient income was always an issue but didn't think enough thought was currently going into how best to resource an independent professional body. He was</p>	
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	<p>doubtful that membership numbers would be sufficient to fund this in a post-de-merger world and so this remained a big unresolved question.</p> <p>AT brought SHT back to the question of the devolved nations and noted that, looking at the latest publications on the various working groups of the Board, it would appear that just one Scottish person was represented which she felt wasn't sufficient to cover all aspect of devolved work. She therefore asked how SHT ensured the Board got to hear about everything that's going on in Scotland. SHT noted that, to a greater extent, the Board was dependent on the professional bodies to bring some of this information but that he also encouraged English members to listen to voices from Scotland and Wales. He did however also note that the Board had not been inundated with applications from these areas.</p> <p>MP asked, with regards to the profile of pharmacy in secondary care, why Chief Pharmacists were not at the level of Chief Nurses etc and how it might be possible to change this given each trust had their own pathway.</p> <p>SHT felt that on one level this shouldn't really matter and noted it was not peculiar to pharmacy as other professions within healthcare had the same issue. He felt it was possible to worry too much about representation on the boards and that the more important point was whether the boards were actually hearing from pharmacists. He noted that in good organisations they would be but felt sometimes pharmacists were too reticent and should put themselves forward more. He believed the status of pharmacists was confusing to most people within trusts who were unsure what a consultant pharmacist was exactly, what happens post reg and how this works in practice etc. He therefore felt pharmacy needed to push more and there was work to do in supporting 'professionalisation' beyond registration.</p> <p>PB asked how RPS could best help SHT and the Board succeed. SHT replied by bringing knowledge and expertise to the table, as well as capacity/resource, but noted that the Board couldn't really move forward unless it heard from the RPS experts, in addition to CA in her capacity as RPS President, so there was a need to devise ways for the Society to feed into the agendas without this becoming too 'big brother-ish'.</p> <p>He acknowledged there were still some sensitivities in regards to the two professions. As the Board looked towards a more sustainable structure for pharmacy leadership going forward, SHT acknowledged that RPS would be a key player in this but would also face reluctance from other groups and it would therefore be important to ensure people felt like 'equal partners' in a wider more collaborative system although he acknowledge this would be more difficult than it might sound and the Society would face a degree of suspicion. He and the Board were therefore looking to RPS for thought leadership, sensitivity and openness to listen to others/treat others as equal but that how it did this was very much up to the Society, and that the Board's job was to help support this as much as possible.</p>	
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Item 05 C&G Review	<p>PB gave a brief update on progress to date on the work with Firetail, the external consultants engaged to undertake the review. Assembly had now had the opportunity to consider a number of options for the future, including both the constitutional aspects and the way in which the structure of the organisation is governed to get the most optimal outcome that will better help the Society be able to deliver the RPS mission/vision/strategy etc going forward.</p> <p>Assembly Members were currently looking at what the best governance structure might be and still need to consider a large degree of detail on this before being in a position to discuss more widely. The team were, though, looking to engage as much as possible with the NPBs and any significant changes would of course need to be shared with the wider membership for consideration. He noted that the current aim would be to complete the next steps as soon as possible to enable this wider communication/engagement to be undertaken within a matter of weeks.</p>	
Item 06 International	<p>i) International Strategy</p> <p>LW introduced a presentation on the international work of the organisation including:</p> <ul style="list-style-type: none"> • outlining strategic goals <ul style="list-style-type: none"> - connection & collaboration - learning & development - promote safe & effective use of medicines - internal awareness - inclusion & diversity • collaboration with FIP & CPA, EAHP, EIPC, ESCP and others • PHP International & Medicines Complete • hosting delegations from abroad • future plans <ul style="list-style-type: none"> - webpage - hosting FIP ExCo in March - attending FIP Congress 2025 in Copenhagen - CPA & Global Health Fellowship - EAHP presence - EIPG General Assembly 	

	<p>PB noted that the RPS often talked about the importance of its international presence but that it wasn't until LW mapped all of this work that it became possible to get a full picture of all that was being done internationally with the RPS brand and how the Society can and does help others as well as learning from them too.</p> <p>He did however stress that the Society did not have unlimited resources and there was therefore a continuing need to be very careful and selective about what/where to invest in supporting workstreams, attending events/conferences etc. The Society already contributes annually to FIP (via FIP membership fees) and CPA (via an annual grant) and PB emphasised the need to make sure a return was seen on this investment too. Brining this all together would also greatly help the team identify the best people and RPS resources to target various things.</p> <p>BA declared an interest as a CPA councilor, and explained to members that CPA was a registered charity. He would therefore encouraged colleagues to join as individual member at a cost of £20 as well as also encouraging all RPS members to join. He noted that it was also possible to help the Association as a volunteer or, for an increased donation, become a patron members.</p> <p>CD noted it was good to see the mentoring work being done by the Society and asked if it might be possible to share resources for larger pieces of work such as AI. LW however explained that the RPS was currently working to get its own organisational position/policy on this finalised in first instance which would then help with any plans to go out externally/internationally and better collaborate with other organisations.</p> <p>LS asked how this mechanism worked for example in terms of prescribing etc – did the RPS put out a position statement which was then taken up and publicised by other organisations? LW confirmed this was correct but that it was also helpful for RPS to have a presence at events like FIP to present on the statements etc. Other organisations also help put the team in touch with their partner organisations where appropriate. DB volunteered that if the Society needed any advocates for Primary Care work internationally to feel free to reach out to him and to any other Board members who might be interested in helping.</p> <p>JB felt there would be a need to be mindful of overseas membership in context of the C&G review. He also felt there was a need to ensure a balance between what the Society might share for free and what might need to be monetised in the context of limited resources etc.</p> <p>GMC felt it was now much clearer how the Society's international work ran alongside the RPS mission and vision as well as how much PhP's publishing work helps in this area. She did however note a key risk around lack of resources for this in the current business plan.</p>	
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	<p>PB noted the mapping exercise had already helped the team to have a better understanding of the workload for this area and get an idea of what activities might need to be resourced/business cased going forward, but that it also helped potentially draw on other teams to ensure the right people were going to the right events.</p> <p>Members were then asked to formally approve the draft International Strategy – AGREED.</p> <p>ii) RPS Representation on FIP CPS ExCo</p> <p>PB introduced the paper outlining the proposed approach to support an RPS candidate in the forthcoming FIP CPS ExCo elections and that TT be re-appointed as the RPS nomination. AMs were asked if they would be happy to support this or, if not, what they might propose as an alternative way forward noting that any nominee from the Society needed to already be a member of FIP CPS and that a place on the Committee was not guaranteed but would be dependent on any individual being elected to the post within FIP.</p> <p>BA felt it wouldn't be realistic to find another person who would be able to do a good job in this post by the end of July and questioned why this was only being brought to Assembly at the meeting today. PB informed members that information on the 2024 process had only been issued by FIP recently.</p> <p>GMC felt it would be important to maximise the Society's ability to be able to continue with a seat on this committee and was therefore very supportive of putting TT forward but also stressed the importance of succession planning and how the team might, for example, look to get other members of RPS to become members of FIP CPS and therefore be in a position to stand as candidates in future.</p> <p>BJ would like to see a more open process for future nominations to ensure the best RPS member for the role is able to be put forward.</p> <p>AT was also supportive of the proposal but agreed there was a need to formalise the process for this going forward. She didn't feel there was any pressing need for the Society's nomination to be a Board member and that this requirement might make it more difficult to ensure continuity .</p> <p>Members agreed it would be good if TT could come to a future Assembly meeting to discuss her work with FIP. CA noted that she had been invited to the meeting today but was unfortunately unavailable and will therefore ask her to attend the next meeting if possible.</p> <p>ACTION - CA</p>	CA
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Item 07 Pharmacist Support		<p>NP introduced the item and outlined the RPS partnership with Pharmacist Support. Danielle Hunt, CEO Pharmacist Support, also joined the meeting and gave a presentation on the history and work of PS including:</p> <ul style="list-style-type: none"> • overview of PS services <ul style="list-style-type: none"> - addiction support service - counselling and peer support - financial assistance - information & enquiries - specialist advice - Wardley wellbeing service • 2023 Impact Report • current strategic priorities • importance of volunteers and partners to help support the work of the team <p>JD then gave an update on the RPS 2023 Workforce Wellbeing survey which ties in with the work of PS in championing the wellbeing of the pharmacy family, noting that the survey results showed:</p> <ul style="list-style-type: none"> • 86% at high risk of burnout • 61% not offered sufficient protected learning time • 41% experienced verbal abuse from patients • 69% believe inadequate staffing was a significant factor <p>He noted that RPS had facilitated a number of Workforce roundtables to discuss the results and look at areas of work to help address a number of the issues raised.</p> <p>NP explained the recent renewal of the collaboration between the two organisations has resulted in a refreshed partnership agreement allowing RPS and PS to align plans and work more effectively together. This will help renew the link between the profession's professional body and the profession's independent</p>	

		<p>charity and allow better promotion of each organisation to reach a wider audience through increased opportunities for joint communications on the wellbeing agenda.</p> <p>He stressed just how unique PS was in the breadth and depth of the work they carried out and the services they provided. He noted the importance of fundraising in the work of PS and, to help with this, the Society will be creating a number of direct calls to action for members as well as looking to better facilitate ways for them to be able to make donations.</p> <p>DH was thanked on behalf of all members for the continued excellent work of the organisation for the whole profession.</p>	
Item 08 Any Other Business		None.	
Item 09 Date of Next Meeting		Assembly Working Day - 19 th November, Assembly Meeting - 20 th November.	

ACTION SHEET – Assembly Meeting

Item	Action	Who by	When
Item 06 International	TT to be invited to attend future meeting	CA	Nov Meeting if possible

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