



## Assembly Meeting

To be held at 9.00 am to 16.20 pm on 12th July at 66 East Smithfield

### Agenda - Open Business

#### 1. Welcome to Assembly members & apologies for absence **9.00**

#### 2. Items for Noting **9.00 – 9.05**

*Assembly Members are advised that no discussion will be held on these items at the meeting unless a member of Assembly notifies the Chief Executive 48 hours in advance of the meeting of any point they wish to raise*

- a) Code of Conduct & Remit of Assembly and COG
- b) Declarations of interest
- c) Minutes of the Open Business Assembly Meeting 29<sup>th</sup> March (for noting & approval)
- d) National Pharmacy Board Reports
- e) President's Report
- f) Treasurer's Report
- g) Science & Research update & minutes of the Science & Research Committee 5th June
- h) Education update & minutes of Education & Standards Committee May (paper to follow)
- i) PMED update (paper to follow)
- j) Inclusion & Diversity update
- k) Schedule of Assembly meetings 2024
- l) Panel of Fellows list of Fellows appointed in May

#### 3. Matters arising from the Open Business minutes not specifically included elsewhere on the agenda **9.05 – 10.05**

##### a) EDI Strategy & Action Plan

To receive an update

*Chief Operating Officer*

##### b) Oral Presentations at 2023 Conference

To receive an update

*Chief Education & Membership Officer*

#### 4. CEO's Update **10.05 – 10.20**

To receive a verbal update

*Chief Executive*

#### 5. Professional Leadership Commission **10.20 – 10.50**

To receive a verbal update

*President/Chief Executive*

**BREAK 10.50 – 11.00**

## Assembly Meeting 12<sup>th</sup> July 2023 - OPEN BUSINESS

### 6. **2023 AGM 11.00 – 12.00**

To discuss motions passed at the 2023 AGM:  
*President/Chief Executive*

### 7. **Constitution & Governance review 12.00 – 12.15**

To receive a verbal update  
*President/Chief Executive*

### 8. **Supervision 12.15 – 12.45**

To receive a verbal update  
*President/Chief Executive*

### **LUNCH 12.45 – 13.15**

### 9. **International 13.15 – 13.35**

RPS representation on FIP ExCo  
*Chief Executive*

### 10. **Any other business 13.35 – 13.45**

*Any other items of business to be notified to the Chief Executive 48 hours before the meeting*

#### **a) Expert Advisory Groups**

To consider obtaining annual declaration of interests of EAG members

### 11. **Date of next meeting 13.45**

To note the dates of the Assembly Working Day and Meeting, 15<sup>th</sup> & 16<sup>th</sup> November – meeting to be held via Zoom

### **BREAK 13.45 – 13.55**



**Assembly Meeting 12<sup>th</sup> July 2023**

**23/07/ASB/02a – Open**

<b>Title</b>	<b>Code of Conduct &amp; Remit of Assembly</b>
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Alison Douglas <a href="mailto:alison.douglas@rpharms.com">alison.douglas@rpharms.com</a>
<b>Position</b>	Governance Manager
<b>Director responsible</b>	Paul Bennett
<b>Purpose of item</b> (for noting/discussion/ decision/approval)	For noting
<b>Item Summary</b>	Members are reminded of the Code of Conduct for Members of the Society  Members are also reminded of the remit and powers of the Assembly.
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	2 – We will be the professional voice of pharmacy
<b>Actions/decisions required of the Assembly</b>	To note

## **ROLE OF ASSEMBLY**

### **(Regulations)**

#### **4.0 ASSEMBLY**

##### **4.1 Function**

The Assembly is the governing body of the Society. Its overarching purpose is to ensure that the Society is led and governed effectively in pursuit of its Charter objectives, and to provide full fiduciary oversight and budgetary control. It maintains the overall strategic direction on all GB-wide issues and is responsible for the sound financial management of the Society.

Its main tasks are to:

- agree the values, tone and ethos of the Society
- enhance and protect the reputation of the Society and the profession
- agree the overall strategic direction and top level objectives of the Society, including European and other international dimensions
- allocate resources
- delegate authority to other governance bodies
- appoint, direct and set broad objectives for the Chief Executive
- monitor performance of Chief Executive and ensure conformance
- account to the membership
- oversee membership critical issues

## **ROLE OF CHAIRS & OFFICERS' GROUP**

### **(Regulations Appendix H)**

The Chairs' and Officers' Group (COG) exists to provide a mechanism for making decisions on major issues on behalf of the Assembly that require urgent action and that do not fall within the delegated authorities of other governance bodies with appropriate meeting dates and cannot wait for a decision at the next Assembly meeting.

COG is authorised by Assembly to:

- appoint the Chair and members of the Audit and Risk Committee
- deal with issues arising which require an urgent response that do not fall within the delegated authorities of other governance bodies. Where this concerns new policy, actions would be subsequently ratified by the Assembly as appropriate
- deal with any specific matters delegated by the Assembly

Any actions/decisions agreed by COG should be communicated immediately to the members of the Assembly, unless precluded from doing so by confidentiality. Minutes of meetings will be included in the confidential business of the next Assembly meeting and any decisions that need to be ratified by Assembly members will be done so at that time.

**CODE OF CONDUCT FOR MEMBERS OF THE SOCIETY**  
**(Regulations)**

**APPENDIX A - CODE OF CONDUCT**

Assembly may create, and from time to time amend or rescind, a Code of Conduct to be observed by all members of the Society. Breaches of the Code may, upon proper investigation under the process set out in the appropriate Regulations, lead to a Disciplinary Panel hearing which may, in turn, depending on the nature of the breach, ultimately lead to expulsion from the Society.

**a) All Members**

Being a member of the RPS is a mark of professionalism and members, as ambassadors of the Society, should do nothing that might detract from the high standing of the profession. This includes any aspect of a member's personal conduct which could have a negative impact upon the profession. On admission to, and annually on renewal of membership, all members must therefore:

- be in good standing professionally, including with the Society and any other professional body or regulator of which they are a member or registrant
- conduct themselves in a manner that upholds and enhances the reputation of the Society
- further the interests of and maintain the dignity and welfare of the Society and the profession
- exercise their professional skills and judgement to the best of their ability, discharge their professional responsibilities with integrity and do all in their power to ensure that their professional activities do not put the health and safety of others at risk
- when called upon to give a professional opinion, do so with objectivity and reliability
- be truthful and honest in dealings with clients, colleagues, other professionals and all they come into contact with in the course of their duties
- never engage in any activity that will impair the dignity, reputation or welfare of the Society, fellow members or their profession
- never knowingly engage in any corrupt or unethical practice
- not implicate the Society, through direct reference or use of membership status, in any statement that may be construed as defamatory, discriminatory, libellous, offensive, slanderous, subversive or otherwise damaging to the Society
- if convicted of a criminal or civil offence anywhere in the world inform the Society promptly, and provide such information concerning the conviction as the Institution may require. NB- this does not include Fixed Penalty Notice offences.
- observe the Policies of the Society
- comply with the Society's Regulations and all applicable laws

### **Conduct**

If a member generally becomes aware of, or has reasonable grounds for believing, that another member is engaged in or has engaged in conduct which is in breach of the Regulations and/or Code of Conduct of the Society, they shall inform the Society in writing of that belief, but shall not maliciously or recklessly injure or attempt to injure, directly or indirectly, the reputation, practice, employment or livelihood of another member.

Complaints about the professional practice, performance or conduct of a member should be referred to the General Pharmaceutical Council, and any action by the Society may be postponed until the outcome of the Council's proceedings is known.

If the complaint is summarily dismissed by the General Pharmaceutical Council, the procedures set out in the Conduct Scheme for Members will be followed.

If the complaint is the subject of proceedings before a court or other regulatory authority, any action by the Society shall be postponed until the outcome of those proceedings is known, but is not obliged to do so. The Society is entitled to conduct its own investigations and implement its own decisions in accordance with the Society's Regulations and conduct procedures independently from the General Pharmaceutical Council, courts or any other authority.

In exceptional circumstances, the Society may take action in advance of a decision of a court or regulatory authority, in which case the complaint shall be referred to the Chairman of the Membership Committee, and the procedures set out in the Conduct Scheme for Members will be followed.

### **Bullying or harassment**

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

Bullying, harassment, or victimisation of any will not be tolerated.

Bullying is offensive, intimidating, malicious or insulting behaviour, and/or misuse or an abuse or misuse of power that is meant to undermine, humiliate or injure the person on the receiving end.

Harassment is any unwanted physical, verbal or non-verbal conduct which has the purpose of violating another person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for another person, or is reasonably considered by that person to have the effect of violating their dignity or creating such an environment, even if this effect was not intended by the person responsible for the conduct. 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.

Any of these behaviours will always be viewed extremely seriously and may result in disciplinary action being taken including, or where appropriate, summary dismissal, removal from office, termination of a contract to provide services or membership of the Society.

**b) Additional Code for Governance Body Members**

In addition to observing the Code of Conduct for Members of the Society, members elected or appointed to the Assembly, National Pharmacy Boards or any other governance body reporting to the Assembly shall:

- observe the Code of Conduct for Governance Body Members
- act collectively in discharging the functions of the relevant governance body, abiding by and supporting any decisions made
- respect the skills, roles and dignity of staff and other members participating in governance
- not exploit their position as a member of a governance body for personal or business gain, financial or otherwise

**Duties**

All Assembly/Board members and other governance body members are expected to perform their duties (whether statutory, fiduciary or common law) faithfully, diligently and to a standard commensurate with the functions of the role and their knowledge, skills and experience. They shall also have regard to the general duties of directors including the duty to act, in good faith, in such a way that promotes the success of the Society for the benefit of its members as a whole.

Governance body members shall take due note of any legal advice provided to the Society. Although the ultimate decision in a matter will rest with the relevant governance body or post holder, such a decision should be informed by the legal advice provided to the Society and not taken unilaterally.

Assembly and Board Members are not authorised on behalf of the Society to enter into any legal agreements or other commitments or contracts on behalf of the Society. Only in exceptional circumstances should an elected member be specifically authorised to sign an agreement on the Society's behalf, and in those circumstances instructions should be provided by the Chief Executive to the Society's Legal team.

**Collegiality**

Any governance body member, whether they dissent, abstain or are absent from the making of a decision by the relevant governance body, accepts the majority decision and is bound by it.

Decisions taken collectively by any committee/group/governing body of which the member is a part must be fully respected and the principle of "collective responsibility" for such decisions observed. A governance body member can require their dissent to be recorded, but this does not absolve them from collective responsibility.

Although governance body members may legitimately disagree with the Society leadership, direction, policy and decision-making, any comments made about such policies/decisions should be made in a way which makes it clear that they are the member's personal views and not be made in such a manner as to bring the reputation of the Society into disrepute.

If, after weighing carefully the potential effects on the Society's wider objectives and reputation, a governance body member considers that a matter is of such importance that they feel compelled publicly to oppose a decision of the particular governance body, the member should if possible inform the relevant Chair, or in the case of a Board Chair, the President, in advance. If this is not possible the relevant Chair, or in the case of a Board Chair, the President, should be informed as soon as possible after. The governance body member may then express their personal views on the

matter but, in so doing, must first explain the relevant governance body's policy and the reason(s) for the governance body arriving at this policy.

It is acceptable for a member to dissent from a governance body decision from a moral/conscience perspective but they should fully explain the reasons for doing so to the Assembly.

### **Confidentiality**

Governance 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 and to use their best endeavours to prevent the use or disclosure of it by any other person. This restriction will cease to apply to information which becomes public knowledge otherwise than through any unauthorised disclosure or other breach.

Governance 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 Society and its activities and all copies and extracts of them made or acquired in the course of their appointment will be:

- the Society's property
- used for the Society's purpose only
- returned to the Society at any time on demand
- returned to the Society or destroyed without demand upon the termination of your appointment

The Society makes no claim to personal journals or diaries, however members agree to safeguard, using reasonable security measures, any personal journal or diary that contains sensitive or confidential Society information. Members further guarantee that upon the termination of their appointment, they will redact any highly sensitive data that may be recorded in any personal journal or diary. The Society accepts this personal guarantee on an honour basis, made in good faith, and will not seek at any time to see an individual's personal journal or diary.

'Confidential Information' means information (in whatever form and howsoever held) relating to the business, products, affairs and finances of the Society or of any Group Company or joint venture for the time being confidential to it or to them, and trade secrets (including, without limitation, technical data and know-how) relating to the business of the Society or of any Group Company or joint venture or of any of its or their suppliers, clients or customers including in particular (by way of example only and without limitation):

- terms of business with clients/customers and prices charged
- the identity of the Society or any Group Company's clients/customers and members
- the subscriber database
- specific contact details and terms of business with clients, customers, their requirements and prices charged
- draft publications and publications
- business plans, strategies (including pricing strategies) marketing plans and sales forecasts
- confidential management and financial information and data, results and forecasts (including draft, provisional and final figures), including dividend information, turnover and stock levels, profits and profit margins

- confidential financial information and data relating to the Society's and any Group Company's clients/customers
- information relating to industry knowledge and research, research activities, inventions, secret processes, designs, formulae and product lines
- any information which is treated as confidential or which you are told or ought reasonably to know is confidential
- any information which has been given to the Society or any Group Company in confidence by members, customers, clients, suppliers or other persons, or that you created, developed, received or obtained in connection with your providing the services, whether or not such information (if in anything other than oral form) is marked confidential

This shall not prevent any individual from disclosing information which they are entitled to disclose under the Public Interest Disclosure Act 1998, provided that the disclosure is made in accordance with the provisions of that Act.

### **Intellectual Property**

Governance Members agree to promptly disclose to the Society all work and all Intellectual Property arising from any Work provided by them.

Governance Members agree to assign (by way of present and future assignment) with full title guarantee all Intellectual Property in any Work to the Society (or any Group Company designated by the Society) including (with effect from their creation) all future rights and waive such rights (including moral rights) as are not capable of being assigned.

Governance Members will at the request and reasonable expense of the Society:

- supply all information, data, drawings, software or other materials and assistance as may be required to enable the Society (or any Group Company) to fully exploit any Intellectual Property and Work to its best advantage as determined by the Society
- execute all documents and do all things necessary or desirable to vest ownership of Intellectual Property in any Work or otherwise belonging to the Society in the Society (or any Group Company) and/or to obtain patent or other protection for the Intellectual Property in such parts of the world as the Society (or any Group Company) may specify.

'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 this Agreement or any duties assigned to you by the Society (or any Group Company).

### **Return of RPS Property**

At the end of their term of office, however arising, or at any time at the Society's request, governance members shall immediately return to the Society or destroy all documents, records, papers or other property belonging to the Society or any Group Company which may be in their possession or under their control, and which relate in any way to the Society's or of any Group Company or joint venture or any of its associations business affairs 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 members warrant to keep secure in exchange for reasonable personal use. Members may be asked to certify in writing that they have complied with these requirements.

### **Conduct**

A member of a governance body must inform the Chief Executive if he/she is subject to proceedings (but excluding any preliminary investigations) before a regulatory or licensing body, or has been charged with any criminal offence.

Where a member is subject to such proceedings or has been charged with any criminal offence the Chief Executive will put to the Assembly a resolution calling for the suspension of that member from office and from any governance body pending the outcome of the proceedings against the member under the relevant procedures in the Regulations and Conduct Scheme for Members. If the conclusion/outcome of the proceedings is that the member is not guilty of charges against him a resolution will be put to the Assembly for the suspension from office or governance to be lifted with immediate effect.

Where a member has been convicted of an offence which may be relevant to his membership of a governance body, then the matter will be referred to the Assembly who will deal with the matter in accordance with the relevant procedures as set out in the Regulations.



## Assembly Meeting July 2023

### DECLARATION OF INTERESTS

#### **Claire Anderson**

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

#### **Andrew Carruthers**

- Clinical Quality Lead, Scottish Ambulance Service
- Chair, RPS Scottish Pharmacy Board
- RPS CPCS Chair
- Self-employed, community locum pharmacist

#### **Ciara Duffy**

- Quality Manager/Qualified Person at Novartis
- Directorship - Duffy Quality Pharma Consulting
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Unipharm

#### **Ruth Edwards**

- University of Wolverhampton – substantive employment
- Associate & Accreditation Team Leader – GPhC
- Pharmaceutical Press Author
- Royal College of Surgeons, Ireland – external examiner
- PDA member

#### **Thorrunk Govind**

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrun Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media - press/tv
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society
- Adviser at iEthico

### **Brendon Jiang**

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Superintendent pharmacist of Wychwood Pharmacy.
- Consultancy on pharmacy development– Oxfordshire Training Hub.
- Member Unite Union
- Consultancy work for Haleon

### **Alisdair Jones**

- Employee of Kent Community Health NHS Foundation Trust
- Locum Pharmacist (Various)
- Treasurer, PDA Union
- Member, PCPA
- Partner works for Kent & Medway NHS Partnership Trust

### **Sorbi Khattak**

- Sister - Doctor - Obstetrics and gynecology SpR, PhD
- Sister - Doctor - Cardiology SpR
- Brother in Law - Anesthetics SpR
- Brother in Law - GP & Sports Medicine SpR
- Ambassador - Business & Dreams UK/Sweden
- Hourly-paid teaching fellow - University of Portsmouth
- Early careers group advisor - University College London
- Skincare scientists - co-founder (blog and non-profit consultancy)
- Limited company locum/aesthetic pharmacist director - Sorbi London Ltd
- BySorbiClinic - aesthetic pharmacist clinic (future business under Sorbi London Ltd)
- NovaTalent - Member
- Ad-hoc consultancy
- Mentor - Girls' Day School Trust (GDST)
- Personal Blog(s) - ad-hoc (partnerships and non-profit)

### **Geraldine McCaffrey**

- Principal Pharmacist at Betsi Cadwaladr University Health Board
- Member of the Delivery Board for Pharmacy: Delivering a Healthier Wales
- Vice Chair, Pharmacy Research Wales Group
- Member, National Pharmacogenomics Group (Wales)
- Member of Unite/Guild of Hospital Pharmacists
- Member of UKCPA

### **Gino Martini**

- PHTA Ltd – main employer
- GPhC – Team Member Accreditation Programme
- Leucillin Advisor – stabilised hypochlorous acid provider
- Director, PHTA Ltd
- Director, Lakes Biosciences Ltd
- Director, Lupa Medical Ltd
- Visiting Professor at King's College London, Anglia Ruskin, Reading and Bradford
- Honorary Professor at University of Birmingham
- Court Member of the Worshipful Society of Apothecaries
- was on the working group for the UK Commission for the Profession of Pharmacy

### **Erutase Oputu**

- NHS Kent & Medway ICB
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Brother works at Astra Zeneca PLC

### **Lynne Smith**

- Lay Committee member, Royal College of Anaesthetists
- Health Care Professions Council: lay member of Fitness to Practice Panels

### **Audrey Thompson**

- NHS Greater Glasgow & Clyde
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadershipgroup 2015 - present
- Member of Unite

### **Cheryl Way**

- International Pharmaceutical Federation
- Guild of Healthcare Pharmacists
- UK Faculty of Clinical Informatics
- Member Pharmacy: Delivering a Healthier Wales Delivery Board
- Digital Health & Care Wales
- Member, Hayes Point Right To Manage Company Board



## Minutes of Assembly Meeting Open Business held on 29<sup>th</sup> March 2023 via VC

Present: Claire Anderson (CA) - Chair, Martin Astbury (MA), Sibby Buckle (SB), Andrew Carruthers (AC), Ruth Evans (RE), Thorrun Govind (TG), Mike Hannay (MH), Alisdair Jones (AJ), Geraldine McCaffrey (GMC), Lynne Smith (LS), Audrey Thompson (AT), Cheryl Way (CW), Geraldine McCaffrey (GMC)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Neville Carter (NC), Rick Russell (RR), James Davies (JD), Elen Jones (EJ), Laura Wilson (LW), Alison Douglas (AD), Corrinne Burns (CB), Emer Bellis (EB) – Item 03b only, Jon Jarrett (JJ) -Item 07 only

Observers: 7 observer members attended the meeting

Apologies: Mary Evans (ME), Avril Chester (ACh)

Item	Paper	Notes and actions	Action by
<b>Item 01 Welcome &amp; Apologies</b>		CA welcomed everyone to the meeting and explained that the open business session would be recorded for members to view on the website. The recording would be posted at the same time as the draft minutes were made available, shortly after the Easter break, and would remain on the site until the next meeting.  Apologies were received from Mary Evans. Noted that RE would be attending from 10am.	
<b>Item 02 Items for Noting</b>	23/03/ASB/02	The following items were noted:  a) Code of Conduct & Remit of Assembly and COG b) Declarations of interest c) Minutes of the Open Business Assembly Meeting 19 <sup>th</sup> /20 <sup>th</sup> July – noted and approved. d) National Pharmacy Board Reports e) President's Report - CA has been attending FIP meetings and speaking (remotely via Zoom) at a number of international events and noted that the RPS was leading the way with its visions and support for	

		<p>pharmacy services and many overseas organisations are keen to learn from us.</p> <p>f) Treasurer's Report - [Secretary's Note: As the Treasurer had been on annual leave the report was circulated to Assembly members on 28<sup>th</sup> March]</p> <p>g) Education &amp; Standards Committee minutes of Committee 6<sup>th</sup> February and amended Terms of Reference – noted and approved</p> <p>h) Science &amp; Research Committee minutes of the Committee 7<sup>th</sup> February and amended Terms of Reference – noted and approved</p> <p>i) Inclusion &amp; Diversity update</p> <p>j) 2023 Events</p> <p>k) FIP ExCo CPS meeting report</p>	
<b>Item 03</b> <b>Matters Arising</b>		<p><b>a) Pharmacy Charity Donations</b></p> <p>RR was pleased to report that the option for members to donate to Pharmacy Support had been implemented and individuals were now able to donate as part of their renewal process. The team will be reviewing how effective this is with Pharmacy Support later in the year before considering whether to widen out the process to other pharmacy related charities.</p> <p>ACTION - RR</p> <p><b>b) Diversity Targets</b></p> <p>RR outlined that the RPS is very open and transparent about its I&amp;D data, over and above what is legally required of an organisation of its size. Three years into formally reporting on its programme of work to meet various targets in this area, there have been many improvements in processes across the organisation but these have not always translated into improved figures. The team has therefore been reviewing its processes with external partners to help improve further.</p> <p>EB joined the meeting for this item and ran through some of the main details provided in the paper for this item, including:</p> <p>Current broad strategic aims</p> <ul style="list-style-type: none"> <li>• Existing staff and potential employees/applicants feel RPS is a fair and inclusive place to work</li> <li>• Members feel RPS reflects them</li> </ul>	RR

	<ul style="list-style-type: none"><li>• Assembly and other governance members can be confident that the Society is embedding the same levels of good practise within the Society as it advocates for its members externally</li></ul> <p>She explained that a number of targets had been set in 2020, which included reducing the then 14.7% gender pay gap to 7% by 2025 and the then 10.7% ethnicity pay gap similarly to 7% by 2025. However she noted that the team had since realised that these targets were very ambitious and unlikely to be realistically achievable.</p> <p>At the same time a target was set of having at least 50% women and 13% ethnic minority staff in the upper pay quartile, figures which were representative of the general population, but noted that the target for ethnic minority staff had recently been raised to 18% to align with the latest 2021 census information.</p> <p>Softer targets were similarly set for high scores within the internal staff Workbuzz surveys by inclusion of I&amp;D related questions such as:</p> <ul style="list-style-type: none"><li>• I believe the RPS values the diversity of its employees</li><li>• I'm treated fairly and with respect</li><li>• I can be myself at work</li></ul> <p>with the survey results being able to be broken down by age, gender, department and ethnicity and EB noted that the Society scored above the overall Workbuzz average benchmarks on these.</p> <p>When the pay gaps were last calculated in April 2022, the Society had 66% female and 30% ethnic minority staff overall, however only 46% female and 12% ethnic minority staff were in the top pay quartile. Women were equally represented across the top three grades within the organisation but over-represented in the lower grades and ethnic minorities were particularly under-represented in the top two grades and over represented on the lower grades, with more detail being provided in the paper.</p> <p>EB explained that a lot of the Society's workforce is recruited from both pharmacy and publishing disciplines which, although predominantly female, are both areas where women and ethnic minorities are under-represented at the higher levels. The society also employs a number of staff in the technology area which again was a sector with a high paid but predominantly male workforce generally. She noted that pay gaps in the larger, member facing teams, showed better results, with a negative pay gap for ethnicity and a lower gender pay gap than the rest of the organisation.</p>	
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	<p>Actions being taken to help address these and other I&amp;D aspects include:</p> <ul style="list-style-type: none"> <li>• moved to blind recruitment</li> <li>• diverse short lists</li> <li>• gender neutral advertising</li> <li>• working with specialist recruitment agencies for senior level posts</li> <li>• talent mapping &amp; succession planning</li> <li>• support for staff on lower grades</li> <li>• increased focussed on training (eg disability, neurodiversity, menopause, unconscious bias)</li> <li>• worked to gain Disability Confident employer status</li> <li>• awareness raising and celebratory activities</li> <li>• social media posts about decolonizing museum collection</li> <li>• new applicant tracking system introduced which enables better data gathering</li> </ul> <p>EB noted that as part of the recruitment process for five roles at SMT level over the last 12 months, a specialist recruitment agency had been used for three of the role to help ensure greater diversity of applicants with one of the roles being re-advertised as the first round of recruitment had not yielded a diverse enough pool of candidates. Three women and two men had been recruited, with two of the five being from ethnic minorities.</p> <p>EB was thanked for her work in this area and for providing such a detailed and comprehensive paper.</p> <p>AJ asked if it would be possible to calculate the gender and ethnicity pay gaps by specific grade as well as by pay quartiles. EB confirmed that would be possible and the team will therefore look to include this information for the July meeting.</p> <p><b>ACTION – EB</b></p> <p>EB noted that the organisation had used an external consultant to help restructure the overall strategy for this area and had presented their findings in a report to the team in December.</p> <p>EB was asked if qualitative data existed for the Workbuzz responses which might bring greater insight into why members might have scored some of these questions relatively on the low side. Whilst this didn't exist per se EB noted that the overall results were discussed by the internal I&amp;D group and the team may also</p>	EB
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	<p>look to revisit this by establishing a new Focus Group for ethnic minority women who might want to get involved further.</p> <p>TO thanked EB for providing such a detailed report as she has been seeking to get this level of detail since joining Assembly. She welcomed the review of the strategic goals and encouraged the team to be brave and courageous, particularly when it came to setting targets. She noted that ethnic minorities were not a homogenous group but that disparities within this group also existed. She noted that inclusion as a topic is wide, however racial equality impacts many areas and if that is done right it will benefit many other areas.</p> <p>Whilst the internal I&amp;D group and creation of a wider diversity network were good to have, TO asked where the overall accountability in this area, outside of the Assembly, lay. PB confirmed that, as Chief Executive, he was ultimately accountable and that, as well as producing reports for Assembly, the team also produced regular reports for the Executive team which were discussed on a frequent basis. He felt the internal I&amp;D group was a good sounding board and endeavoured to attend the group meetings personally whenever possible, with at least one Executive team member being present at every meeting.</p> <p>EB acknowledged that the work to bring the pay gaps down had been more challenging than expected but the team were fully committed to finding the most productive actions to tackle this. Overall the team felt that some positive progress had been made but the Society was still not quite where it would want to be and she noted that unfortunately pay gaps were moving in the wrong direction despite the measures taken to address this. Diversity at the most senior levels within the organisation was also still not as high as the would be wanted.</p> <p>PB added that, having been directly involved in the recruitment of all of the Senior staff cited in the paper, he had definitely seen an increase in the diversity of applicants and felt the changes the team had made in this area were beginning to make a difference. He remained, however, dissatisfied with the rate of progress and felt there was clearly still some significant work to do.</p> <p>EB agreed there clearly was more work to do against such aspirational targets which would need to be done in more gradual stages. To best achieve this, the People team will review and refocus the strategic action plan with Exec, and bring a revised strategy, with clear measurable timelines and outcomes, back to Assembly in July.</p> <p>ACTION – RR/EB</p>	RR/EB
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		<p>c) FIP Member Offer</p> <p>Following the decision at the November Assembly meeting, the Society's application to re-join FIP had been considered and approved by FIP Council in December. RPS has therefore now fully re-joined membership and is already increasing its work with FIP in a number of areas including sustainability.</p> <p>PB explained that discussions within FIP are currently on-going as to what their enhanced member offer for all member organisations might look like but that final details would not be approved by FIP Council until September. PB confirmed Assembly members would be given sight of, and be able to comment on, any further information in this area once it was available.</p>	
<b>Item 04</b> <b>CEO's Report</b>		<p>PB noted that the end of year accounts for 2022 were now finalised and he was very pleased to report a fourth consecutive year of surplus, despite a challenging global financial backdrop. The formal financial statements will be published in advance of the AGM which would be held on 24<sup>th</sup> May and he noted that the process to submit motions for the AGM was being streamlined this year to assist with member participation.</p> <p>Nominations for the National Pharmacy Board elections in England and Wales were now open, although there were no places up for election in Scotland. Full details were available on the website and PB encouraged members to consider standing.</p> <p>2023 had already been a very busy year in terms of media opportunities, most recently with the withdrawal of Pholcodine, which saw CA making a number of statement and TG make an appearance on TV, as well as leading to a large number of enquiries with the support team. TG in particular was thanked for being available at short notice to cover a number of media requests.</p> <p>Noted that prescription prices had again increased in England which the Society had condemned as unacceptable.</p> <p>JD is now leading a piece of work to tackle addictive medicines, and is working in collaboration with GPs on this.</p> <p>PB and EJ met with members of the Welsh Senedd to highlight the role of prescribing pharmacists and Board Members have been promoting the call for every pharmacist to be an IP by 2030.</p> <p>PB confirmed the Society has now fully divested from fossil fuel investments and, as will be seen in Item 07, is now working to make the RPS office at 66ES carbon neutral. RPS attended a roundtable meeting with</p>	

		<p>RCGP Scotland on sustainable prescribing and RPS is increasing advocacy in this area as part of its membership of the UK Health Alliance on Climate Change.</p> <p>PB and the Exec team had the pleasure of attending a Fellows' event in Scotland earlier in March to hear their views on the SPB work plan and see Jonathan Burton presented with the 2022 Charter Award.</p> <p>RE joined the meeting.</p>	
<b>Item 05 Constitutional and Governance Review</b>		<p>PB noted the Society had now issued an Invitation to Tender for a full review of its constitution and governance. This would be a significant and very important piece of work and would, ultimately, allow Assembly and members of the Society to decide what the best way forward for the organisation might be in terms of corporate structure and overall governance.</p> <p>PB and KB have also been meeting with a number of similar organisations to get a clearer idea of what potential alternative structures might look like.</p> <p>Questions within the ITT to be answered by the review included:</p> <ul style="list-style-type: none"> <li>• what structures would be needed to welcome other professional groups that might wish to join us</li> <li>• how to make patient insight integral to our governance</li> <li>• clear pathways for delivery of assessment, credentialing and education services</li> <li>• implications of moving to charitable status or some other legal structure</li> </ul> <p>PB stressed that this piece of work was not in response to the recent Co-Chairs' Commission Report and had, in fact, been under consideration since before the pandemic but had been put on hold during that period.</p> <p>The deadline for tender submissions had now been extended to 31<sup>st</sup> March but over 20 providers had been identified across a range of governance and legal organisations. PB envisaged it would be necessary to work with more than one provider but informed members that assessment of responses would be carried out as quickly as possible. He would hope work could commence in May and would like to have something to bring to Assembly in July.</p> <p>More details will be shared with Assembly, Boards and members once the team have had chance to assess the tender submissions and PB confirmed any final decisions on changes to structure etc would be for Assembly and, ultimately, members to agree and approve by Special Resolution vote.</p>	

	<p>MA stressed that any substantive outcomes from the review would need to be driven by the membership and cautioned that elected members would need to remain in the majority under any future governance structure.</p> <p>SB asked how governance members and members of the Society more widely might be able to input into the review and noted that PB hadn't specifically referenced looking at Royal College status when outlining the questions included in the ITT.</p> <p>PB believed it would be very important to hear from the selected provider(s) how best to illicit the views of members and this formed part of the tender process. He noted that whether the Society might ultimately go on to become a Royal College was a matter that could only be determined by the members but confirmed this question would inevitably be part of what was looked at under the review.</p> <p>AJ stressed it would be important to ensure any provider was given sufficient time to meet with Exec, Boards and Assembly etc and felt there would be a need to schedule in additional sessions to do this properly rather than shoehorn into existing meeting agendas. He observed that last time a governance review had been held nothing substantive had changed within the organisation, and he therefore encouraged Assembly to think about potentially establishing a Working Group to help implement any new recommendations.</p> <p>PB agreed that the speed of the review should not prevent it being carried out at an adequate depth but, at the same time, it was important to ensure momentum on this was not lost and felt it was right to set an ambitious time frame for completion.</p>	
<b>Item 06</b> <b>Co-Chairs'</b> <b>Commission</b> <b>Report</b>	<p>PB reminded members that the Commission Report had been published on 6<sup>th</sup> February, at which point the Society had published its initial response. Since then a webinar had been held by the CPhOs, attended by around 200 people predominantly from a senior NHS background or who had been involved in the work of the Commission. PB observed that there had sadly been a lack of grass roots pharmacists, pharmacy technicians or non-registered pharmacists in attendance.</p> <p>The Society's Science &amp; Research team had been monitoring commentary on the report and Assembly had held an additional session on 20<sup>th</sup> February to discuss the report recommendations. The session had made clear that it would be important to continue to listen to our members on this matter but also to engage</p>	

	<p>with other professional bodies and to seek a meeting with the CPhOs to explore the report further and get a better understanding of the details before it would be possible to give them proper consideration and gain an understanding of what RPS members might think.</p> <p>PB noted that there had been little or no real engagement from members at all with the report and few responses had been received at the dedicated email addresses provided by the Society. Members felt it was understandably proving challenging to get any real grass roots engagement with the report as it is was not immediate for people's day to day roles when they were under significant pressure at work and had little time to spare but stressed it would be vital for the Society to hear what its members, and also non-members, did think of the report.</p> <p>Members did however think that the other PLBs and SPGs were likely to have similarly low levels of engagement from their members and felt it was crucial to see what the Society could do to help increase member engagement.</p> <p>PB acknowledged that change was necessary for the profession, particularly in terms of increasing engagement between the different leadership bodies, the SPGs and other pharmacy profession stakeholders. He saw some similarity with the Society looking to review it's own structures, but noted that whilst the RPS review would be a vertical one, the Commission had been a horizontal review.</p> <p>MA observed that there were over 200 organisations involved in pharmacy but, although since its creation in 2010, RPS had always been intended to be <i>the</i> professional leadership body for pharmacy and pharmacists (with PFNI acting as this in Ireland and APTUK acting as this for technicians). He therefore felt that if government had not heard what they wanted from RPS they themselves had chosen to go to other organisations knowing that they couldn't be said to speak for the profession as a whole in the same way as RPS could.</p> <p>He also observed that, historically, CPhOs had sometimes hand-picked members for various bodies (eg Rebalancing Board) specifically because they held the same views as themselves and dismissed what the professional leadership bodies had to say and cautioned that hand-picked groups can not represent or provide a voice for the profession as a whole.</p> <p>Members agreed that any form of government control of the profession, or even government input into composition of any new Council and appointment of its chair, was completely unacceptable.</p>	
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		<p>AJ felt there appeared to be a move by the CPhOs to attempt to draw a line between the pharmacy PLBs and Trade Unions but he believed unions should not be excluded from the process as their remit was, in reality, wider than purely trade union activities. He felt it would be helpful if the Society could work to find some elements of common ground with them.</p> <p>All agreed it was vital for RPS to step forward and show leadership in its response to the report and its attempts to unite the other pharmacy organisations together to speak with one voice in addressing the recommendations.</p>	
<b>Item 07</b> <b>Smart Building Technology</b>		<p>JJ attended the meeting for this item and gave a presentation on proposed plans to introduce smart building technology into the RPS office at 66 East Smithfield.</p> <p>AJ asked if, with the increase in automation of many of the functions, any loss of network connectivity might cause potential problems. JJ confirmed this would not be an issue as manual operations for the systems would still be possible in such instances.</p> <p>CW asked if the technology was being used in other offices and what kind of reduction in operating costs they might have seen where it was in use. JJ explained that this exact form of platform technology was unique and hadn't yet been trialled in any other buildings but that 66ES would be the flag ship site. This had enabled the Society to obtain a heavily discounted price from Incentive for installation etc.</p> <p>Although once in operation savings in cleaning and energy costs will begin to be realised the team were not expecting this to be an immediate return on investment. JJ did however highlight that the entire capex element of the project had already been funded by accrued savings within the existing contract with Incentive and the team had worked up projected costs savings going forward once the technology was in place.</p> <p>This was an exciting and pioneering project for the Society as part of its sustainability journey and whilst it might be somewhat of a leap of faith it was definitely the right thing to do set against only a very small element of risk. It demonstrated the Society had the same level of commitment to climate change and the environment as it was advocating for the profession as a whole and represented a very exciting opportunity.</p>	

		<p>SB asked if the new system would offer any increased building security measures. JJ noted it didn't but that, as part of a separate project, new cctv cameras and access controls were being installed.</p> <p>GMC asked if there might be any similar opportunities for the offices in Scotland and Wales. JJ explained that the team would wait and see how successful the pilot was at 66ES before looking to see if it might be possible to roll out to the other offices.</p> <p>TG asked if the system might be a useful selling point when it came to renting out office space. JJ felt it might potentially be but noted that, other than the communal spaces, the system would not be installed on the 1<sup>st</sup> and 2<sup>nd</sup> floors. Ingeus might want to consider the system being extended to their office spaces but would have to cover the costs for this themselves.</p>	
<b>Item 08</b> <b>2023 Conference</b>		<p>NC outlined plans to hold the 2023 RPS conference on 10<sup>th</sup> November at the same venue in London as 2022. The team were currently exploring options to have greater space at the site as this would also allow for increased opportunity to have informal meetings, a multi-faith prayer room, breakout workshops etc. The conference would utilise appropriate technology to provide an app and would again be a hybrid face to face and remote event.</p> <p>The team will be liaising with the three National Boards to get Board Member input and will also be considering the agendas for 2024 and 2025, as 2023 is not being run in isolation but rather as part of a 'golden thread' of events across the next few years. TG felt it was vital the Boards were brought into the process in the next 6-8 weeks and suggested a member from each Country could be designated as a champion for this project.</p> <p>NC was conscious of the London-centric nature of the Annual Conference and stressed the team were looking at having a number of events within the overall calendar at other cities around the country. He would be very keen to explore alternative venues, including potentially at universities but was mindful that any venue would need to have easily accessible transport options for members from across the country.</p> <p>CA asked if it might be possible to include oral presentations as well as posters. NC confirmed the team would like to do this but that consideration would need to be given as to whether it was possible logistically and will discuss with CA outside the meeting.</p>	NC/CA

		<p>TO asked if there would also be a Science &amp; Research Conference in 2023. NC confirmed that this would be confirmed shortly.</p> <p>SB requested that some form of information which highlighted Assembly and Board members, including their names and photos, be prominently available to allow members to know who their elected representatives were and help them be accountable to their constituents. A 'meet the Board' area would also be desirable.</p> <p>It was suggested that inviting a prominent politician or leader of a different pharmacy organisation to be speakers at the event might be beneficial. NC was broadly supportive of this idea but cautioned that inviting politicians can sometimes become problematic.</p> <p>Noted that the conference was a showcase for the benefits of being a member of the Society and it was suggested it might therefore be sensible to include elements that focussed on students and early career pharmacists to highlight what the RPS could do for them, possibly by working with BPSA on this. NC agreed this might be a good option to pursue but reminded members that the event was only over a single day so couldn't focus specifically on too large a number of areas.</p>	
<b>Item 09</b> <b>Any Other Business</b>		There were no other items of business	
<b>Item 10</b> <b>Date of Next Meeting</b>		Induction Day 11 <sup>th</sup> July and Assembly Meeting 12 <sup>th</sup> July.	

ACTION SHEET –Working Day 15<sup>th</sup> November

Item	Action	Who by	When
Item 03a Pharmacy Charity Donation	Review effectiveness of option for donations to Pharmacy Support	RR	July meeting
Item 03b Pay Gaps	Pay gaps data by grade to be provided	EB	July meeting
Item 08 2023 Conference	Oral presentations to be considered	NC/CA	As soon as practical

# ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 12<sup>th</sup> July 2023      23/07/ASB/02(d) - Open

Title of item	Update from National Boards
<b>Open, confidential or restricted status</b>	Open
<b>Authors of paper</b>	Elen Jones, James Davies, Laura Wilson
<b>Positions in organisation</b>	Country Directors <a href="mailto:elen.jones@rpharms.com">elen.jones@rpharms.com</a>
<b>E-mail</b>	<a href="mailto:James.Davies@rpharms.com">James.Davies@rpharms.com</a> Laura.Wilson@rpharms.com
<b>Purpose of item</b>	To update Assembly on the work of the National Boards for the period March 2023 – June 2023
<b>Item summary</b>	This paper provides an update on the work of the country teams in relation to policy and advocacy.
<b>Risk register items</b>	n/a
<b>RPS strategy links</b>	All
<b>Actions/decisions required of Assembly</b>	For noting

## GB activity

- We have published our [Protected Learning Time policy](#) supported with examples of good practice and a blog
- We have made a submission to the Health and Social Care Select Committee Expert Panel pharmacy evaluation and board members have provided oral evidence
- We are discussing the issue of access to NHS mail for locum pharmacists with DPEAG and other interested parties to see how improvements can be made
- We facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.
- The RPS will continue to engage with a range of stakeholders on the role of the profession to support patient care.

## Activity in England

- We have developed a [Vision for Pharmacy Practice in England](#) and a [best practice hub](#) under the themes in the vision. We will focus on implementation of the vision in 2023
- Taiwo Owatemi MP, Health Select Committee member and Pharmacy APPG Chair, hosted a Women in Pharmacy reception in the House of Commons, on behalf of the RPS and the Pharmaceutical Journal's 'Women to Watch'.
- Members of the English Pharmacy Board and Expert Advisory Groups attended two virtual roundtables to inform a Health and Social Care Select Committee 'Expert Panel' evaluation of pharmacy services in England. The RPS has also submitted written information to the Committee.
- An English Pharmacy Board member gave evidence to the Lords Select Committee on the Integration of Primary and Community Care.
- We continue to support the work of the Pharmacy APPG, including briefing sessions for MPs and Peers on the latest policy developments, the primary care recovery plan, and steps to support the pharmacy workforce. The RPS joined MPs and other pharmacy bodies for a letter hand-in to Number Ten, calling for greater support for pharmacy.
- The English Pharmacy Board Chair and an RPS Fellow gave evidence to the Times Health Commission.
- We supported the publication of a new Prescription Charges Coalition [report](#) which showed that nearly 10% of patients in England do not collect prescriptions due to cost.
- We briefed MPs ahead of a Westminster Hall debate on prescription charges for people aged 60 or over. The Government is yet to publish its response following the 2021 consultation on lowering the age exemption to 60.
- The RPS spoke at a Policy Exchange panel event on vaccines.
- We responded to the Labour Policy Forum consultation on health.

## Activity in Scotland

- We are continuing to work to promote our new [Pharmacy 2030](#) vision in Scotland, we highlighted this at an NHS Scotland event, reaching the whole of the NHS
- Discussed sustainable prescribing on a podcast with Jason Leitch, Scotland's National Clinical Director.
- Held a Primary Care Clinical Professions Group Meeting at Royal Pharmaceutical Society's home in Edinburgh.
- Co-hosted a round table with Royal College of GPs on greener prescribing, which was attended by many health professional bodies representing prescribers, and Scottish Government's Chief Medical Officer, Gregor Smith.
- Met with the new Women's Health Champion for Scottish Government, Professor Anna Glasier, and discussed our Women's Health policy.
- We were invited onto a Scottish Government working group on Women's Health, to discuss long-acting reversible contraception chaired by the Women's Health Champion, Professor Anna Glasier.
- Met with Willie Rennie MSP to discuss the critical role of hospital pharmacists in the discharge process.
- Met with the new Minister for Drugs and Alcohol Policy, Elena Whitham MSP and discussed our policy on pharmacy's role in reducing harm and preventing drug deaths.
- Attended Asthma and Lung UK's Scottish Parliamentary Reception to hear about the Respiratory Care Action Plan two years on, and how pharmacists are supporting.
- Spoke at the International Forum on Quality and Safety in Healthcare in Copenhagen, alongside Jason Leitch, National Clinical Director, Stuart Duncan, Scottish Government and Clare Morrison, Healthcare Improvement Scotland.

## Activity in Wales

- We are now four years into our vision work in Wales and have reviewed the 2022 goals and set the new 2025 goals to keep on track for the 2030 [vision for pharmacy in Wales Pharmacy; Delivering a Healthier Wales](#). We are leading on driving forward the work of the delivery board for implementation on behalf of Welsh Government. The Delivery board has been established with a new chair, Chris Martin (Chairman of the Life Sciences Hub Wales), with a focus on the four key themes of the vision, quarterly meetings take place and progress tracked towards achieving our goals.
- RPS Wales have been commissioned to undertake an [independent review of clinical pharmacy services in Hospitals in Wales](#) on behalf of Welsh Government. A first draft has been submitted to Welsh Government, and we continue to work closely with Welsh Government and the Expert Steering Group as we finalise the document ready for submission.

- Activity in Wales Ahead of the launch of the new RPS/Marie Curie Daffodil Standards on end-of-life care for community pharmacies, we hosted a drop in session at the Senedd. In all 23 Members of the Senedd attended and were able to hear from RPS staff and members with palliative care expertise about the intentions of the standards and how they can support our work. Previous recommendations from the RPS Wales palliative care policy were also promoted.
- We responded to the Senedd's Health Committee's consultation on chronic conditions. Another Senedd drop-in event is scheduled for September to highlight pharmacy's role across all setting for patients with chronic conditions.
- A hospital pharmacy visit for Ogmore MS, Huw Iranca Davies was held at the Princess of Wales Hospital, Cwm Taf. The Clinical Director of Pharmacy and Medicines Management for Cwm Taf and the pharmacy team at the Princess of Wales showcased a wide range of services and activities undertaken by the whole team.
- We met with the ITV Wales Health Editor which led to a TV news item where we were able to outline the calls made in our protected learning time policy and showcase the great work of community pharmacy members.
- As part of our membership of the Wales Royal Collages Mental Health Group, we've taken part in two teleconferences with the Deputy Minister for Mental Health to promote pharmacists' role in this area.
- We met with Marie Curie's team in Wales to discuss joint work on the Daffodil Standards and our palliative care policy.
- RPS staff/board members attended the dinners of the Welsh Labour and Plaid Cymru party conferences and were able to discuss key pharamcy issues with a number of MS's.
- We've met with Canopi (mental health support for NHS and social care staff across Wales) to establish pharmacy take up and promotional opportunities.
- Together with other royal collages, we've contributed to a document on the needs of the health workforce that will be published in July.

### **Consultations**

During the period January 2023 to May 2023, we have responded to 19 consultations. These can also be found on our website [here](#)

The RPS will be responding to the following upcoming consultations

- GPhC consultation on fees
- Covid Inquiry Module 3
- Major Conditions Strategy call for evidence
- Supporting people with Chronic Conditions

Tase Oputu, Chair, English Pharmacy Board

Andrew Carruthers, Chair, Scottish Pharmacy Board

Geraldine McCaffrey, Chair, Welsh Pharmacy Board

**Claire Anderson - President's report April – June 2023**

**External events**

Paul Bennett and I have had regular collaborative meetings with APTUK and PFNI. We have also met with the 4 NHS chief pharmacists, both regular meetings with David Webb and larger meetings about the output from the independent commission. We also met regularly with Mark Lyonette (CEO) and Andrew Lane (Chair) from NPA. I met Gisela Abas Chair of GPhC.

I have attended several meetings of the Pharmacy Supervision Practice Group.

I spoke about pharmacy in the UK at a virtual event for Canadian pharmacists in Toronto, at an award ceremony in Utrecht and to Maltese pharmacists. I also did the opening talk at the Berkshire, Buckinghamshire and Oxfordshire ICS pharmacy conference.

I attended BPSA conference and dinner in Portsmouth and presented an award.

I spoke about professional leadership at the Clinical Pharmacy Congress and at the Pharmacy School's meeting at Keele University.

I attended the Pharmabiz conference at Wembley

I represented RPS at the launch of Oxford University Centre for Research Equity.

I gave evidence to the Lord's health committee.

**Internal meetings and events**

Internal meetings have included board meetings, including joint meetings, and EPB. I chaired the RPS AGM. I chaired Appointments Committee and Remuneration Committee and attended Finance and Investment Committee, Audit and Risk Committee, Education Standards Committee, Science and Research Committee and Pharmaceutical Press Board. I attended CPEAG, HEAG and IPAG.

I was involved in the appointment of the company who will carry out the constitution and governance review. I was on the panel for the appointment of the scientist member of Assembly.

I went to the Edinburgh office for the RPS Scotland Fellow's event and a reception where I presented the Charter Award to Jonathan Burton and certificates to new Fellows.

I attended the annual Fellow's dinner on HMS Belfast in London and gave out fellowship certificates.

I spoke in parliament at the PJ Woman to Watch event.

I have tried to attend RPS webinars and focus groups wherever possible including those on ABCD, wellbeing, workforce and the England vision, prescribing.

I have regular meetings with Paul Bennett and the three country directors. I have meetings with the Parastou Donyai and Neville Carter.

Claire Anderson  
**President**  
**June 2023**

## RPS Treasurer Report

**Sibby Buckle FRPharmS**

**27/06/2023**

Having had the honour to serve as RPS Treasurer since September 2022, over these last 10 months we have made great strides in further securing a viable and sustainable future for the RPS.

I have also had the privilege of sitting on the Finance and Investment committee for the last few years, during which time we have established and formalised our Operating Reserves, Investment and Treasury Policies. This is in no small part down to the two excellent lay members, Richard Cryer and Kevin Corrigan, who in bringing their deep and extensive financial experience and acumen to the organisation, further strengthened our amazing finance team, led by Rick Russell.

It was a pleasure to report on our finances at the recent AGM, where we were able to share a strong financial performance, with three consecutive years of operating surplus, 2020, 2021 and 2022. We have since had a strong initial performance over the first 4 months of this year 2023, in part due to the last of the revenue from CPCS, vacancies and savings on the defined RPSGB pension scheme contributions.

However, we are seeing a small deficit in May for the first time, primarily due to commitment to much needed investments in technology to ensure the RPS and PhP are fit for the future, such as the PhP Janus transformation, the onboarding of the new content sets, the investment in Clinical Decision Support, and extensions of Salesforce. So no further significant gains are expected over the course of the year from core budgeted activities, but the end-of-year position is still anticipated to meet budget.

However Education and Membership continues to present a challenge. Although member fee income is currently slightly ahead of budget, we continue to see year-on-year member attrition, with recruitment of early years pharmacists a particular challenge. It does concern me that while membership accounts for only around 25% of total RPS turnover, it utilises very significant staffing costs. Our profitable publishing arm, generating 75% of RPS turnover, accounts for a proportionately smaller percentage of the total. Of course quantifying the membership value proposition and the cost of advocacy for our members is less quantifiable than the more commercial publishing arm, but nonetheless this is an area of concern and important for me to flag at this stage.

On a more positive note, we do have a unique opportunity with Independent Prescribing just over the horizon, and this, as discussed at the boards, could and should be the golden nugget

for the RPS over these next few years. Taking the lead and developing a credentialling pathway for the legacy workforce, and facilitating DMP/DPP networks for our members are opportunities we must grasp.

There are a number of key strategic projects (either underway or in the pipeline) which will require ongoing financial support through the remainder of the year such as the Constitutional / governance review, the work around the future of pharmacy from the CPhOs' Report and amendments to the membership value proposition in addition to the investments in Pharmaceutical Press noted above.

However FIC has requested that provision is made for these projects in future budgets, and that a more strategic 5 year budgeting process is undertaken and reviewed on an annual basis.

Finally on investments, the Ruffer fund, in which the majority of the RPS investment portfolio sits, has taken a serious hit over the last few months. Fortunately, following a robust review of our investments earlier this year, FIC selected a more equities-focused investment house in the form of CCLA, into which £1m was invested in June 2023. It was unanimously agreed at the June FIC meeting that a further £1m be moved into CCLA in September 2023, with a view to reviewing the balance of the strategic asset allocation every quarter to align the investments with the Investment Policy. Alongside our cash liquidity and property portfolio, we therefore continue to sustain a viable organisation.

We are undoubtably facing challenging times with the external financial markets in a state of flux, the war in Ukraine, high inflation, rising interest rates and a cost of living crisis. Whether the UK enters a recession this year remains to be seen, but what is true, is that we have to maintain a careful scrutiny of our finances, and grasp every opportunity to improve our membership.

Thank you and all the best to the next Treasurer.

S. I. Buckle FRPharmS

27/06/2023



**Assembly Meeting 12<sup>th</sup> July 2023**

**23/07/ASB/02(g) - Open**

<b>Title</b>	Science and Research update to Assembly
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Professor Parastou Donyai Chief Scientist <a href="mailto:Parastou.Donyai@rpharms.com">Parastou.Donyai@rpharms.com</a> +44 (0) 20 7572 2275
<b>Position</b>	
<b>Purpose of item</b>	For noting
<b>Item Summary</b>	The paper summarises activities of the Science and Research Team
Related Risk Register item (where applicable)	NA
Related RPS Strategy item (where applicable)	NA
<b>Actions/decisions required of the Assembly</b>	The Assembly is to note the update.

## 1. Background

The purpose of the Science and Research programme is to:

- increase the profile of science and research in pharmacy
- develop and build research capacity and capability in pharmacy
- support the workforce with governance, regulation and ethical aspects of the profession
- drive innovation and build the evidence base.

*This paper outlines Science and Research activities undertaken from January 2023 to present.*

## 2. Summary of activity

### 2.1. Recognition

- **Harrison and Hanbury Awards** – Timeline for 2024 Harrison award updated. Completed review of Harrison award eligibility criteria and nomination process and set up review panel. First planning meeting took place on 30 March. Nominations now open. New [RPS awards webpage](#) developed in collaboration with communications team.
- **Outstanding Pharmacy Early-Career Research Awards' (OPERA)** – Launched on 30 November 2022 in collaboration with the Pharmaceutical Journal. The deadline was extended to 14 February. Supported the setup of the nomination panel and development of judging criteria. Nominations, currently, under review.

### 2.2. Research Support Services

The team provides planned and *ad hoc* support to other RPS teams and workstreams, along with external research support.

- **Community Pharmacy Consultation Service** – We continued supporting the evaluation of HEE commissioned NHS CPCS Courses, including the evaluation of learners' feedback. Developed final contract delivery report, including data from all courses delivered between 2022 and 2023.
- **Inclusion and Diversity** – Developed I&D evaluation plan, objectives, and timeline. The 2023 I&D survey, a follow up to the 2019 I&D survey, was developed and launched on 23 May. The survey was open for 4 weeks and result are currently being analysed. Also, commenced "Sense of Belonging" literature review as part of the evaluation.
- **Independent Commission on the future of pharmacy leadership intelligence gathering** – Set up process to gather relevant intelligence. Completed weekly and final reports.
- **Repeat prescription systems** – Completed evidence review on existing guidance and evidence around repeat dispensing and prescribing systems.
- **IV Multivitamin Therapy** – Conducted an evidence review to determine the benefits and/or risks of recreational use of IV multivitamin therapy.
- **Workforce wellbeing** – SRT will support the 2023 Workforce Wellbeing survey. The survey is, currently, being updated for launch in October 2023.

- **RPS Annual conference abstract submission process 2023** – Supported the education team developing the call for abstracts, including updating abstract submission documents.
- **Mock Interviews** – Organised and delivered mock interviews, including:
  - Two NIHR advanced fellowship mock interviews
  - Two PhD mock vivas
  - One mock interview for a PhD position.
- **Support services** – We have continued to provide high quality research support services to RPS members, including drafting research support letters, responding to research enquiries, reviewing research funding applications, surveys, reports, articles, etc.

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

- In support of the nine short (45 mins) NIHR research e-learning modules, we have continued the review and update of our research and evaluation guides. We have recently published [guidance](#) on (1) *sampling methods*, (2) *journal publications*, (3) *research conferences*, (4) *applying for research funding and developing research proposals*, (5) *patient and public involvement and engagement in research*.
- In response to demand, we have also initiated development of guidance on (6) *quality improvement* and (7) *service evaluation*, scheduled for publication in June/July 2023.

### **2.4. Other**

- **Evidence review on the safety and risks of pharmacological treatment of menopause** – Completed review of literature.
- **Aquiette POM to P response** – SRT reviewed additional evidence submitted by Maxwellia against RPS' original response to consultation.
- **Media enquiries**
  - Developed a media communications strategy with Chief Scientist and the Press Office.
  - Continued to respond to media queries on a range of topics, including Ozempic supply, changes in painkillers compositions since the 1960s, SARMS, when to use generic vs. branded medications, biosimilars and what to consider when they are prescribed, the “Benadryl TikTok challenge”, and codeine linctus’ efficacy and risks, etc.
- **Pharmaceutical Science webpage** – [Content](#) has been reviewed and updated.
- **Chief Scientist Research Opinion** – Monthly blog, providing commentary on selected articles from RPS journals. The most recent article is titled “Understanding the pharmacy workforce” and can be found [here](#).

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

**Science and Research Committee** – Meetings held on 7 Feb and 5 June. TORs were reviewed and updated, SRC's priorities were discussed, including working groups and SRC refresh.

**Antimicrobial Expert Advisory Group** – Meetings held on 16 Jan and 25 May 2023. Supported the development of an AMR case study for FIP.

**Industrial Pharmacy Advisory Group** – Meetings held on 8 Mar and 6 Jun 2023.

Meeting minutes can be found [here](#).

## **Agenda for RPS Science and Research Committee**

**Monday 5<sup>th</sup> June 2023, 14.00 – 16.00**

Held via [Zoom](#) platform

**Present:**

SRC Members:

Barrie Kellam (BK), Christine Bond (CB), Cathy Edgeworth (CE), Andy Fox (AF), Amira Guirguis (AG), Gill Hawksworth (GH), Yogini Jani (YJ), Oisin Kavanagh (OK), Jayne Lawrence (JL), Simon White (SW)

Invited guests:

Agnieszka Topolska (AP), RPS PhP

RPS Staff:

Claire Anderson (CA), Paul Bennett (PB) (from 3pm), Anna Domin (AD), Lauren Ross (LR)

**Apologies:**

Mike Hannay, Andrew Teasdale, Neville Carter, Parastou Donyai

No new Declarations of Interests were noted for the meeting.

### **1: Recognition**

<b>Title</b>	<b>Item 1. Introductions, apologies, declarations of interest and Developments (Chair)</b>	<b>Time of item: 14:00</b>
Description	Introduction to the meeting and matters arising/developments since the last meeting	
Purpose	To review significant developments since the last meeting	
Outcomes	<p>The NIHR incubator bid, led by the Science and Research Team, was unsuccessful with feedback received from reviewers.</p> <p>Minutes from the previous meeting were accepted as true record of the meeting.</p> <p>No matters arising were notes from the last meeting that would not be covered by the items on the agenda.</p>	

### **2: Relevance**

<b>Title</b>	<b>Item 2. RPS Annual Conference, Beth Ward</b>	<b>Time of item: 14:10</b>
Description	An update on the preparations for the RPS' Annual Conference	
Purpose	<p>To discuss:</p> <ul style="list-style-type: none"><li>• The progress made to date</li><li>• The abstract and innovations in clinical practice submission process</li><li>• How the SRC can support the RPS' preparations</li></ul>	
Outcomes	<ul style="list-style-type: none"><li>• Taking place on the 10<sup>th</sup> of November and it will be a hybrid event again</li><li>• Same venue as 2022</li></ul>	

	<ul style="list-style-type: none"> <li>• Theme: 'Working Together: empowering the Workforce to Transform Patient Care'</li> <li>• 4 key content streams: <ul style="list-style-type: none"> <li>○ Working with industry and research partnerships</li> <li>○ Work with patients</li> <li>○ Collaborative working: pharmacy and the wide MDT</li> <li>○ International collaborators</li> </ul> </li> <li>• Over 120 abstracts submitted to date and 50 for innovative practice</li> <li>• Side workshops: Research, Credentialling</li> <li>• Content collaborators include: <ul style="list-style-type: none"> <li>○ UKCPA, BOPA, PCPA, HIVPA and others</li> </ul> </li> <li>• Keynote speaker is being finalised</li> <li>• CPhOs panel discussion will take place</li> <li>• Research partnership: planned 1h 45min <ul style="list-style-type: none"> <li>○ Panel discussion: pragmatic trials – trials in the basis of a clinical setting</li> <li>○ Presentations and panel discussion: working together to embed research into every practice <ul style="list-style-type: none"> <li>▪ NIHR</li> <li>▪ Consultant pharmacists</li> <li>▪ Lord O'Shaughnessy report on pharmacy research was suggested</li> <li>▪ Experience of PhD research pharmacists from Cathy's contacts was also suggested and writing a grant application – CE to pick up with BW directly post meeting</li> <li>▪ YJ also offered help around research for consultant pharmacist's journey</li> <li>▪ Work at Manchester university with local hospital upscaling their pharmacists – JL to pick up with BW post meeting</li> <li>▪ CB has examples of people at all stages interns, predoctoral, doctoral, post-doctoral</li> <li>▪ Expert mentors for the research domain helping pharmacists who are hoping to become consultants</li> </ul> </li> <li>○ HOLD: Opera award winner</li> </ul> </li> </ul>
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Title	Item 3. RPS' Honours & Awards (SRT)	Time of item: 14:20
Description	An update on the ongoing selection process for the OPERA and Harrison Memorial Medal.	
Purpose	To relay updates on pharmaceutical science awards and engage the wider network/impact from SRC to encourage Harrison nominations.	
Outcomes	<p>Harrison Award:</p> <ul style="list-style-type: none"> <li>• Nomination call is now open</li> <li>• Panel put together to review the nominations</li> <li>• Information is now live on the website and will also be shared post meeting</li> <li>• Next step: scoring and selection criteria work with the panel</li> <li>• Nominations close in November</li> </ul> <p>Opera awards:</p> <ul style="list-style-type: none"> <li>• Presentations at the RPS Annual Conference</li> <li>• Received around 20 nominations</li> <li>• Winner to be announced very shortly</li> </ul>	

Title	Item 4. SRC Working Groups & Projects (Chair)	Time of item: 14:30
Description	<p>SRC to discuss the scope, members, and Chairs of the two SRC working groups (Safer Medicines and Safer Medicines Usage, and New Medicines and Emerging Technologies). SRC should consider which previously agreed upon priority areas fit into the scope of either group. The priority areas and suggested projects are:</p> <ul style="list-style-type: none"> <li>• New Medicines, Better Medicines – Position paper update</li> <li>• Pharmacogenomics – Education &amp; training or Position statement around the consumer testing via pharmacies; equity of access and false positive results</li> <li>• Medicines via online sources – Campaign to raise public awareness of dangers</li> <li>• Drugs shortages &amp; sustainability – Campaign (undefined end goal)</li> <li>• Environmental harm – Policy calling for action or highlighting the extent of and impact of unsafe manufacturing practices on AMR</li> </ul>	
Purpose	<p>To confirm the members of the two working groups, confirm a chair for either group, and decide on next steps for the groups' priority projects.</p>	
Outcomes	<p>Key thematic areas have been identified:  SRC were asked to step up to become the overarching chair for each thematic area:</p> <p style="text-align: center;"><b>Key Thematic Areas</b></p>  <ul style="list-style-type: none"> <li>• Safer Medicines and Safer Medicines Usage: Andy and Yogini would be happy to continue being joint chair with YJ focusing on the working with Research and Andy focusing on Meds safety</li> <li>• Research across Profession: group would be focusing mainly on synergy with the ESC: CB and CE agreed to co-chair</li> <li>• New Medicines and Emerging Technologies – OK agreed to chair</li> </ul> <p>SLWG were asked to suggest key people who could be co-opted into the groups, with the following noted for the table below:</p> <ol style="list-style-type: none"> <li>1. Jayne, Amira, Oisin, Christine and Gill</li> <li>2. Cathy and Sophie</li> <li>3. Jayne, Amira, Andy, Oisin, Simon</li> <li>4. Cathy, Andy</li> <li>5. Mike, Yogini and Sharon Pledger (co-opt)</li> </ol> <p><b>Action:</b> Andy Teasdale would be contacted by Barrie post meeting</p>	

		<p>Following discussions at the meeting of the 07/02/23, the table below highlights &amp; summarises the initial short life working groups (SLWGs) that the SRC identified as key to pursuing under the newly established ToR.</p> <table border="1"> <thead> <tr> <th></th><th>Brief description of issue / Impetus to prioritise</th><th>Who has identified this as a potential priority</th><th>Who within the RPS or affiliated networks is working in this area / might have expertise to lend</th><th>Suggested output (e.g., Policy; campaign; guidance; event; webinars; toolkit; research paper; position paper)</th><th>Please indicate your interest in working in this area by joining a SLWG</th></tr> </thead> <tbody> <tr> <td rowspan="5"> <b>Safer Medicines and Safer Medicines Usage</b>   <b>New Medicines and Emerging Technologies</b>   <b>Research Across the Profession</b> </td><td><b>New Medicines, Better Medicines</b></td><td>SRC highlighted the need to update the New Medicines, Better Medicines position paper (now a decade old)</td><td> <ul style="list-style-type: none"> <li>• SRC Members</li> <li>• JPAG</li> </ul> </td><td><b>Paper:</b> New Medicines, Better Medicine</td><td>Names</td></tr> <tr> <td><b>Pharmacogenomics</b></td><td>SRC highlighted the need to support this critically important area of development within the profession</td><td> <ul style="list-style-type: none"> <li>• SRC Members</li> <li>• Sophie Harding</li> <li>• JPAG</li> <li>• AmEAG</li> <li>• Director of England</li> </ul> </td><td>Representation on relevant genomics committees <b>Education &amp; Training</b> Position statement around the consumer testing via pharmacies; equity of access and false positive results</td><td>Names</td></tr> <tr> <td><b>Medicines via online sources (including some legitimate pharmacies)</b></td><td>Dangers include receiving fake medicines; self-diagnosis; misuse of medicines; records not linked with GP/NHS (no real ID needed); form filling falsification</td><td> <ul style="list-style-type: none"> <li>• SRC members</li> <li>• JPAG</li> <li>• IPAG</li> <li>• AmEAG (antimicrobials)</li> <li>• PJ – TikTok investigation</li> </ul> </td><td>Campaign to raise public awareness of dangers. 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Early thoughts on the deliverables were noted:

1. Update on the New Medicines, Better medicines
2. Pharmacogenomics:
  - a. Education and Training – link with ESC?
  - b. Webinar programme run by the Education team
  - c. genome sequencing/antimicrobial resistance
3. Medicines via online resources:
  - a. Self-diagnosis issue – patient point of view, paper, podcast for health professionals, understanding legal markets, raise awareness of buying veterinary meds online
  - b. differentiating legal vs illegal online supplies of medicines
4. Drug shortages & Sustainability:
  - a. Campaign – identify gaps with IPAG and community sector

**Action:** Barrie to finalise the document and share post meeting.

Title	Item 5. SRC membership & recruitment (Chair)	Time of item: 15:10
Description	SRC to discuss the breadth of the committee's scientific knowledge, what has been lost from recent membership reviews, and the priorities for recruitment.	
Purpose	To identify the gaps in the committee's scientific knowledge and decide on next steps for member recruitment.	
Outcomes	Current terms of Office were confirmed as per below table:	

### SRC Committee Membership & Terms of Office

	Term of Office	Advertise
Christine Bond	2023-2026	2026
Catherine Edgeworth	2023-2026	2026
Andrew Fox	2023-2026	2026
Amira Guirguis	2023-2026	2026
Mike Hannay	2023-2024	2024
Gillian Hawksworth	2023-2026	2026
Yogini Jani	2023-2026	2026
Oisín Kavanagh	2023-2026	2026
Barrie Kellam (Chair)	2023-2024	2024
Jayne Lawrence	2023-2025/6	2025/6
Andrew Teasdale	2023-2025	2025
Simon White (Deputy Chair)	2023-2024/5/6	?
Parastou Donyai	-	-
Duncan Craig		Now
Elspeth Gray		Now
Richard Guy		Now

Further suggestions for the SRC members expertise to include:

- MHRA representative
- Data science representative (Brian McKenna was suggested)
- Consultant pharmacist representative (linking with Independent prescribing)
- Clinical trials pharmacist or Pharm Tech representative
- PPIE representative
- An experienced professor/senior academic in research
- Trainee research/early career research pharmacist
- CarT/ATMP pharmacist

PB stepped in to inform the SRC about a Constitution and Governance review commissioned by the RPS which is looking at the corporate structure of the RPS. This will then follow the governance structure. RPS might be in the territory of a potential charter change and what the Committee looks like and its future. Early timelines are planned for 2025 onwards.

Separately it was noted the advert for an Interim Chief Scientist role closed yesterday and interviews are to be held starting next week.

### 3: Any Other Business

Title	AOB	Time of item: 15:50
Description	Any other business beyond the agenda for wider discussion	
Purpose	An opportunity for SRC members to raise items for discussion not included in the agenda.	

Outcomes	<ol style="list-style-type: none"> <li>1. OK enquired about the SRC meeting to be in person. It was initially agreed for the Feb 2024 meeting to be in person (it might be brought forward into the autumn 2023)</li> <li>2. GH asked when the conference registrations open. BW confirmed in the next few weeks.</li> <li>3. CE asked if the SRC should get involved in the vaping issue that was recently in the media. GH has been on the MHRA committee. CB confirmed the RPS Policy still stands on wider indications of toxicity in vapes. AG added there is enough evidence it's harmful for children (she was recently involved in the ITV documentary)</li> <li>4. CE enquired if Medicines complete presentation by Kiri would be rescheduled? BW is talking to Pharm Press colleagues.</li> <li>5. BW noted the RPS safer use of medicines group with other Royal Colleges is going through a refresh of their ToR and the scope will be brought back into the SRC</li> <li>6. AG: has mentioned she also has connections with MHRA regarding a potential replacement for Elspeth</li> <li>7. BK on behalf of the committee thanked Anna for all her support on the SRC in the last few years on her last meeting and penultimate day at the RPS.</li> </ol>
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**Assembly meeting 12<sup>th</sup> July 2023**

**23/07/ASB/02(h) - Open**

<b>Title of item</b>	Education and Professional Development Jan - June 2023 activities update to Assembly
<b>Open, confidential or restricted</b>	Open
<b>Authors of paper</b>	Beth Ward, Associate Director of Education & Professional Development (interim) <a href="mailto:Elizabeth.Ward@rpharms.com">Elizabeth.Ward@rpharms.com</a>
<b>Position in organisation</b>	
<b>Telephone</b>	Helen Chang, Head of Professional Development <a href="mailto:Helen.Chang@rpharms.com">Helen.Chang@rpharms.com</a>
<b>E-mail</b>	Joseph Oakley, Associate Director of Education & Professional Development (interim) <a href="mailto:Joseph.Oakley@rpharms.com">Joseph.Oakley@rpharms.com</a>
<b>Headline summary of paper</b>	Education and Professional Development activities report January to June 2023
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	n/a
<b>Resource implications</b>	n/a

## 1. Background

Following the executive level restructure, the Education & Professional Development (EPD) and Pharmacy & Member Experience (PMEX) directorates have now merged to form the Professional Membership & Education (PMED) directorate.

The directorate is supported by an interim leadership and management team comprising four interim associate directors and two heads of department. The education and professional development roles within this are:

- Beth Ward, Associate Director of Education & Professional Development (responsible for Education delivery)
- Joseph Oakley, Associate Director of Education & Professional Development (responsible for Assessment & Credentialing).
- Helen Chang, Head of Professional Development (responsible for student/Foundation trainees, mentoring and e-portfolio development and delivery)

The interim leadership and management team have been working to unify the existing Education and Membership strategies in line with this structural change.

Educational activity for 2023 will be largely focussed on developing a compelling educational and professional development value proposition to support membership growth in our target segment: pharmacist prescribers. We will also be focussing on scaling our credentialing activities at the advanced level of practice following the release of the RPS Core Advanced curriculum.

## 2. Summary of activity /achievements to date

### 2.1. Students

- We have worked closely with NHSE, NES, HEIW and BPSA to co-develop and deliver a series of webinars to support third year MPharm students prepare for the national foundation training recruitment scheme (Oriel) 2024/25. Over 300 students registered for the first webinar which focussed on the application recruitment process. The second session which will summarise approaches to preferencing, will take place in June.
- We attended the BPSA annual conference in April and delivered four workshops on the following topics a) Preparing for job applications; b) Ethical dilemmas in Pharmacy; and c) Inclusion & Diversity in Pharmacy. The workshops were received overwhelmingly positive feedback from both students and the entire BPSA executive team.

### 2.2. Foundation training

- We continued to deliver our new foundation trainee membership programme (launched in October 2022). The final webinar for this 22/23 cohort took place in March.
  - Feedback shows that trainee pharmacists would highly recommend the programme of webinars to peers: 98% on average.

Title of webinar	Number of registrations	% Learners who would recommend to a colleague
Key Milestones for the Foundation Training Year: Insights from Designated Supervisors and Training Leads	306	100%
Law & Ethics: The Medicines, Ethics and Practice as an Essential Resource	407	100%

Focus on clinical conditions: using SmPCs, PILs, the BNF and clinical resources to support your revision	294	94%
Focus on your wellbeing: managing priorities, work, and revision	261	96%
Revising for the GPhC registration assessment	300	99%

- We commenced delivery of our 2023 Revision Course programme in March. A total of 15 Live webinar dates (5 sessions, each repeated three times) have been delivered, which have been positively received.
- We continued to develop the HEE Foundation Trainee Pharmacist E-Portfolio and have agreed a plan for phased improvements for 2023 based on HEE's user evaluation survey. The first phase of developments was completed in March and the second will be launched in late July.

### 2.3 Early Careers

- The Early Careers Pharmacist Advisory Group (ECPAG) met in January and May and discussed the outcomes of the independent commission, the role of advisory groups and took part in a focus group about support for newly qualified pharmacist.
- National board members representatives now have formal places on the ECPAG, providing a link between the group and boards, which is hoped to improve collaboration and policy formation processes across the organisation.

### 2.4. Mentoring

- We continue to see good engagement on the mentoring platform. At the end of May 2023, we had 1995 registered users on our mentoring platform. 1655 mentees (1405 are active), 581 mentors (458 are active). 2527 mentoring requests have been made (711 are in progress and 537 marked as already completed). We are currently exploring new streams of work with our mentoring advisory group, and will look to expand the scope of the group so that can support us with supervision, and communities of practice.
- We delivered a webinar sharing our experience of developing a national programme with members of FIP in June. This was an opportunity to showcase our work to an international audience, alongside other international organisations similar to RPS.

### 2.5. Courses and programmes

- We reviewed remaining NIHR E-learning for Pharmacists and Pharmacy Technicians modules to ensure that the quality and learning experience adheres to our education quality standards. All 9 modules will be available by the end of the quarter.

### 2.6. RPS Live

- In Jan to June we developed and delivered 5 webinars

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
March	Pharmacogenomics: Looking to the Future with Professor Sir Munir Pirmohamed	119	95%
March	NHS CPCS Clinical webinar: Common Childhood Skin Conditions	268	99%
April	Dermatology Terminology and Q&A with Dr Stephanie Gallard	154	100%

April	Strep A: Symptoms, self-care and when to seek help	122	100%
May	RPS and NICE series: Depression in adults	137	96%

## 2.7. Annual conference

The Education Team have remit over content planning for the Annual Conference Programme. Planning continues, with activity as follows:

### MARCH:

- Stakeholder engagement phase 1:
- Invitations sent to CPhOs, APTUK, NHSE/I Senior Professional Advisor Pharmacy Technician Practice
- Initial engagement with potential conference collaborators and sponsors
- Confirmation of support from SRC and Pharmacy Practice Research Committee for abstract process
- Engagement with technology provider
- Content planning meeting 1 held 22nd March
- Mix of members from across sectors, countries and stages of practice
- Jill Swan (SPB), Rafia Jamil (WPB), Brendon Jiang (EPB) are supporting this group

### APRIL:

- Call for abstracts and call for innovations opened
- Content planning meeting 2 held 21st April: topic areas refined, speaker recommendations
- Stakeholder engagement phase 2 – organisations supporting content development include:
  - APTUK
  - Commonwealth Pharmacists Association
  - Pharmacist Support
  - UKCPA
  - BOPA
  - PCPA
  - CMHP
  - NPPG
  - FIP
- Scoping keynote speakers

### MAY:

- Programme development and refinement with partner organisations
- Keynote speaker invitations sent out

## 2.8. CPCS

Our contract with HEE for the delivery of clinical consultation and assessment skills training for community pharmacists in England came to an end in April 2023.

Over the course of this £2.7m contract, delivered over 2 phases between 6th October 2020 and 27th April 2023 we have:

- Established an excellent working relationship with RCGP
- Built our brand and reputation in the education delivery space, in particular for community pharmacy, nationally
- Delivered 764 online events
- Received 16,933 bookings, had over 12,676 session attendances, training 10,026 unique pharmacists and trainee pharmacists
- Engaged 1,741 MPharm students
- Across phase 1 and 2, received an average **overall quality rating of 99%**, in terms of survey respondents' rating of the **overall course experience** as '**good or very good**'.
- Following the CPCS+ sessions (phase 2), **91%** of respondents felt **more confident** identifying red flags in patient consultations, to enable safe, effective, clinical management

and/or referral of the individual after the training, **compared to before** attending our training.

- Created content across 6 clinical areas, including 40 complex clinical case studies, 100 exam questions, 30 quiz questions, and video content
- Received some incredible feedback from the learners:
  - "I NEVER usually enjoy training... but this was different, I actually found myself looking forward to part 2. If I could sign up to the skin session right now I would! Thanks for changing my negative views on CPD :)"
  - Absolutely excellent session. I found the specialist and real-life information very applicable, and this will definitely improve my practice."
  - The facilitators were the best I have come across. Excellent information and a good CPD opportunity"
- Examples of **impact of the learning on practice**:
- 'As a result of this training':
  - I confidently diagnosed bacterial conjunctivitis, provided appropriate advice and treatment recommendation.
  - I was able to identify appropriately a red flag situation (cellulitis) and refer on appropriately. Patient was very grateful.
  - I can identify the difference between bacterial, allergic and viral conjunctivitis and therefore reduce antibiotic dependence.
  - I used the red flags part of the training – identified a corneal ulcer and urgently referred the patient to the hospital ophthalmology department.
  - I now frequently conduct automated blood pressure monitoring confidently.
  - When I ask patients questions about pain, I use the learning to understand the type of pain, how severe and any red flags.

## 2.9. LMS

- We have designed and launched five LMS learning modules for learning who completed the CPCS Training Programme. The modules include Ophthalmology, Dermatology, Respiratory Conditions, Paediatrics, and Women's Health.
- The Clinical Skills module is being finalised and will be launched in late June.

## 2.10. Advanced and Consultant Practice

- **Core Advanced**
  - There are currently 640 users registered onto the Core Advanced e-portfolio
  - The submission and assessor area of the Core Advanced e-portfolio are currently being built and are due to launch in early August 2023.
  - The first window for portfolio submissions will close on 20<sup>th</sup> August 2023 and outcomes will be released on 3<sup>rd</sup> October 2023.
- **Consultant Pharmacist post approval**
  - In 2023, the RPS has received 6 post approval applications.
  - 3 applications were granted provisional approval and 1 was approved. There are currently 2 outstanding outcomes which will be released next month.
- **Consultant Pharmacist credentialing**
  - There are currently 1027 users registered onto the consultant pharmacist e-portfolio: 734 are members and 293 are non-members.
  - **6** portfolios were submitted to undergo the credentialing assessment in the 2023/1 assessment diet. **18** portfolios have been received for the 2023/2 diet and are currently undergoing assessment through Consultant Pharmacist Competency Committees (CPCCs).



Assembly Meeting 12<sup>th</sup> July 2023

23/07/ASB/05(j) - Open

<b>Title</b>	Inclusion and Diversity update
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Amandeep Doll <a href="mailto:amandeep.doll@rpharms.com">amandeep.doll@rpharms.com</a> 0207 572 2353
<b>Position</b>	Head of Professional Belonging
<b>Purpose of item</b>	Inclusion and Diversity update to Assembly to ensure accountability of delivery.
<b>Item Summary</b>	This paper provides an update on the Inclusion and Diversity Strategy and programme delivery workstream to date and upcoming activity for 2023
<b>Related Risk Register item (where applicable)</b>	<ul style="list-style-type: none"><li>• RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy</li><li>• Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge</li><li>• Staff absence and sickness</li></ul> All risks have been mitigated against
<b>Related RPS Strategy item (where applicable)</b>	All
<b>Actions/decisions required of the Assembly</b>	None

## **Inclusion and Diversity Update**

### **Background**

[RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession.

We are committed to continue to deliver against our strategy and ensure there is an improved sense of belonging across the profession. We must have a fair profession where everyone feels they belong for us to best deliver on all our professional responsibilities.

### **Summary of activity /achievements to date**

#### **1. Address Black students' awarding gap at both undergraduate and post graduate level.**

A summary report to establish the current picture is currently being put together, considering how things have changed since the initial [2016 GPhC report](#) and what the RPS can do to support the differential attainment gap at both a postgraduate and undergraduate level.

As part of the Inclusive Professional Practice collaboration, we have met with NHS England, GPhC, Pharmacy Schools Council and key stakeholders to discuss how the experience of black trainee pharmacists can be improved as part of the initiative to increase the diversity in senior leader roles across pharmacy organisations. This is currently being reviewed to decide on next steps forward.

We are currently scoping interest in putting together a Guest Diverse Lecturer network, a database for universities to access diverse guest lecturers. From speaking to a range of pharmacy undergraduate students we have been informed of the value of being taught by a diverse range of people. Bringing in diversity of experiences across different sectors, diversity of cultural, background and outlooks. It also supports representation and visibility, students will be exposed to people who they relate with and view as role models.

#### **2. Parents and Carers Campaign**

Since the launch of the parents and carers campaign on 26<sup>th</sup> September 2022 we have undertaken a range of activities, including hosting webinars and sharing blogs of lived experiences.

We recently hosted a webinar with Aabilities, focusing on how we can support parents and carers of children and adults with neurodiversity.

For the remainder of the campaign we will be scoping and launching the following:

- Inclusive leader guide with a section on how to support parents and carers
- Updating the return to work guidance with specific examples for people returning to work after maternity leave and extended period of caring leave.
- Guidance on being a carer at work
- Webinars and live streams to raise awareness on different topics and challenges

### 3. Health Inequalities

**Inclusive Pharmacy Practice - Health Inequalities** RPS, NHSE/I & APTUK [Joint National Plan for Inclusive Pharmacy Professional Practice](#). We are working collaboratively to deliver actions under each of the themes and evaluate progress. We have delivered the following activity with NHSE/I and APTUK:

- Attendance at Improving Pharmacy Practice and Engagement Group (IPEG) and the IPP Board Meetings
- Working with the RPS professional development team to consider a funded proposal of supporting a reciprocal mentoring pilot for the NHSE pharmacy senior advisory team, including training sessions and an action learning set for mentors and mentees.
- Contributing to the quarterly IPP newsletter, our early career Scottish and English board members have written a blog on how joining the RPS Early Careers Group has enabled them to stand for RPS national boards.

### 4. Inclusion and Diversity Programme Review

The RPS Science and Research team have been commissioned to conduct a review of the Inclusion and Diversity programme to determine its impact on the pharmacy workforce and to evaluate how effective the programme has been in meeting its original aims and objectives.

The data and insights gathered will be used to produce a final report that will outline the extent to which the programme is fit for purpose and make recommendations on how the programme could be improved going forward. With the aim to launch the final review at the RPS Annual Conference in November.

The programme review is being undertaken in 2 workstreams:

- **Workstream 1** a profession wide inclusion and diversity survey, a literature review and focus groups will be conducted to explore in more depth individuals views and opinions of inclusion and diversity in the profession.

The survey was open to all pharmacy professionals, we liaised with APTUK and PTOC to ensure it is inclusive of pharmacy technicians and happy to share it with their members.

- **Workstream 2** through completion of the [Diversity and Inclusion Progression Framework 2.0](#) created by the Royal Academy of Engineering and the British Science Council we will assess how well I&D has been embedded internally across our products and internal governance structures to identify what we are doing well and how we can improve.

### 5. Mapping the I&D across the GPhC Initial Education Training Standards (IETS)

A key action identified at the February ABCD meeting was the importance of embedding LGBT+ topics into the undergraduate programme, pharmacy academic believe this is an area that requires additional support.

Working with volunteers from the ABCD group we have formed a working group to work on developing a reference which maps LGBT+ issues across each learning outcome, identifying different ways to embed this into the undergraduate programme and identify resources available.

The aim is to do map across different protected characteristics to the GPhC IETs to help HEIs deliver I&D as part of the Pharmacy course.

## 6. Accessibility of our communications

The RPS digital marketing and communications team have reviewed key elements of our communications to ensure they are fully accessible to our users. They have been working to check and improve aspects of:

- Website
- Search engine optimisation guidance
- Social media content
- Ensure images we use on website and social have descriptions
- Hyperlinks used are usefully described
- Videos are subtitled
- Podcasts have transcripts
- Design meets accessibility needs for example use of colours, font etc.

## 7. Professional Collaboration

a. **British Islamic Medical Association (BIMA):** We have collaborated with BIMA on two events to increase Ramadan Awareness:

1. Co-badged by PCPA an event focusing on supporting patients and their medications who are fasting for pharmacy professionals working in primary care. We had 124 delegates registered to attend.
2. A live stream for individuals observing Ramadan focusing on what and how to ask for flexible working requests and additional considerations to support pharmacy professionals fasting to practice safely.

b. **FIP joint event:** with members of the FiPwise and Equity Rx team we're scoping ideas of how we can work together on different topics where there is overlap across international audiences. We're currently looking at hosting a joint online webinar on gender equity.

## 8. Women to Watch Pharmacy Reception

Working with colleagues at the Pharmaceutical Journal, Team England and the Country Directors an event at the House of Commons hosted by Taiwo Owatemi was held to celebrate 3 years of successfully nominated Women to Watch in Pharmacy.

The successful women to watch were invited along with a range of key stakeholders. There was a panel session with the women to watch chaired by RPS English Pharmacy Board Chair Thorrun Govind.

A really successful event, with a lot of positivity and support for the PJs initiative and for furthering gender equality within the profession.

This years Women to Watch campaign is now live, you can nominate individuals [now](#).

## 9. Drumbeat Events and Celebrations

The most recent celebrations have been:

- **International Women's Day**

Throughout the month of March we:

- Publicised existing gender and ageism microaggressions references.
- Held a live stream discussing the lack women of colour as pharmacy contractors
- Shared a blog from a HIV pharmacist to raise awareness of the considerations of HIV and menopause treatments
- We ran a building confidence event, where we focused on the importance of building confidence and looking at why confidence may be negatively affected and what we can do to empower ourselves. We heard from a range from different perspectives. We also held three workshops focusing on coaching yourself, imposter syndrome and how to build yourself back up if you have low confidence.

The event was really successful with 100 people registered to attend and 60 people attending. The feedback from the event has been very positive.

- **Pride Month:** the RPS attended Edinburgh Pride, walking in the march on 24<sup>th</sup> June, We walked with 25 people altogether, including the Scottish country team, other RPS colleagues and RPS members. It was also a really good opportunity to walk with APTUK and Guild of Healthcare Pharmacists (GHP) as the presidents for both organisations reside in Scotland.
- **Windrush:** We will be celebrating 75 years of Windrush this year with a quiz on our social media channels.
- **Joint ABCD and Wellbeing Workforce Action Group (WWAG)**  
We hosted a joint ABCD and WWAG group meeting, considering the impact of bullying and discrimination on an individuals mental health and wellbeing. Individuals shared their experiences and Harpreet Channa hosted a workshop on how to deal with bullying and discrimination in the workplace.

## 10. Upcoming activity

- **South Asian Heritage Month**

Working in collaboration with Pharmacy Technicians of Colour (PTOC), APTUK, GHP, Superdrug, Female Pharmacy Leaders Network and other interested individuals in hosting a profession wide celebration of South Asian Heritage Month.

The RPS will be co-hosting a face to face in August to celebrate the contributions of South Asian communities in Pharmacy. We will also be showcasing individuals on our social media channels throughout the month.

- **Joint APTUK and ABCD Meeting**

We will be hosting a joint APTUK and ABCD meeting focusing on women's health. We have also invited NAWP to participate in this event too. We're hoping this may result in a joint webinar series focusing on different women's health conditions.

# ROYAL PHARMACEUTICAL SOCIETY

## ASSEMBLY MEETINGS 2024

Assembly Working Day      26<sup>th</sup> March  
Assembly Meeting      27<sup>th</sup> March

Assembly Induction Day      16<sup>th</sup> July  
Assembly Meeting      17<sup>th</sup> July

Assembly Working Day      19<sup>th</sup> November  
Assembly Meeting      20<sup>th</sup> November

# ROYAL PHARMACEUTICAL SOCIETY

23/07/02(I) - Open

## List of Fellows Appointed in May 2023

Darrell Baker  
Timothy Elliott Banner  
Pinkie Chambers  
Robin John Conibere  
Michele Cossey  
Robert Mark Pigott Duncombe  
Ian Mark Stuart Findlay  
Nigel Mark Gooding  
Clair Louise Huckerby  
Fariba Koosha  
Richard Lowrie  
Karen Joan Macgregor  
Efthymia (Efi) Mantzourani  
Pamela Margaret Mason  
Alice McCloskey  
Peter Morgan  
Lynn Grant Morrison  
Sherifat Omowumi Muhammad Kamal  
Roisin O'Hare  
Minesh Harjivan Parbat  
Darren Anthony Powell  
Alison Jane Pyle  
Victoria Ruszala  
Heather Smith  
Catherine Jane Spittle  
Deborah Ann Steven  
Mark Campbell Stuart  
Audrey Marjorie Thompson  
Nkiruka Umaru  
Sneha Varia  
Hayley Jayne Wickens  
Hannah Louise Wilton

<b>Title</b>	<b>EDI Strategy Update</b>
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Emer Bellis <a href="mailto:Emer.bells@rpharms.com">Emer.bells@rpharms.com</a>
<b>Position</b>	People Business Partner
<b>Purpose of item</b> (for noting/discussion/ decision/approval)	For noting
<b>Item Summary</b>	This paper provides an update of progress over the last three months on the equality, diversity and inclusion actions presented to Assembly in March 2023
<b>Actions/decisions required of the Remuneration Committee</b>	For noting only

The purpose of this update is to ensure that Assembly has a clear picture of RPS internal EDI goals, activity and progress, to support with this and hold us to account.

### **Key points from March 2023 ID report**

The review of the RPS EDI strategy and action programme presented to Assembly in March 2023 focussed particularly on the gender and ethnicity elements of the programme, covering the following areas:

- Overview of strategic aims
- Key numerical targets for race and gender equality
- Understanding and taking action on our gender and ethnicity pay gaps
- Increasing diversity in senior leadership roles
- Soft targets for RPS culture: our employees feeling they are treated fairly, and that RPS is an inclusive organisation
- Evaluation of progress to date in these areas
- Next steps to review, refocus and develop the diversity and inclusion action plan

We set out our aim to develop a focussed and prioritised action plan with clear and measurable timelines and outcomes against each target.

## Action plan update

The action plan is being developed by the RPS Exec team, with the Chief Education and Membership Officer now acting as the senior leadership programme sponsor. In late 2022, the Exec team committed to more active involvement in the internal ID programme, including attending bi-monthly meetings of the employee EDI group on a rota basis. While this has enabled some fruitful sharing of ideas and support, it has felt fragmented for those involved so far. Having a main Exec sponsor with experience of supporting EDI will help to provide focus, continuity, and ownership of outcomes.

The EDI action plan is led by the Exec sponsor, supported by the People Team EDI lead and with the engagement of the employee ID group and other internal stakeholders. We aim to align our internal and external EDI strategies and timelines, so we are working more in unison across the business.

The underpinning actions outlined in the March 2023 report are set out below, with a summary of progress to date under each heading.

### 1. Use reports, metrics and feedback from Assembly, employees and ID groups

Our April 2023 employee survey included a focus on inclusion and diversity, with two open text response options, the first for any employees who gave a neutral or negative rating to the statement 'people of all cultures and backgrounds have the same opportunities here'.

April 2023 Workbuzz Survey (177 participants)

Question	Impact on Engagement	Feedback	Score	Change	Vs Benchmark
I am treated fairly, equally and with respect	Very High	<div style="width: 87%;">87%</div>	87	↓ 4	↓ 2
I feel comfortable voicing my opinion, even when it is...	Very High	<div style="width: 84%;">84%</div>	84	-	-
People of all cultures and backgrounds have the sam...	Medium	<div style="width: 79%;">79%</div>	79	-	-

In the graphic above, the 'change' score indicates the percentage difference in positive score since the last time the question was asked. The 'Vs benchmark' score is present when this question has been asked by a sufficiently large group of external comparators within the relevant time period.

The question 'I am treated fairly, equally and with respect' was last asked in October 2021, with slightly different wording, referring to fairness and respect but no mention of equality.

There was also a general question for all employees; 'What should RPS focus on to become a more inclusive and diverse organisation?'. There were 13 comments in response to the obstacles question, and 50+ in response to the focus question. Responses have been grouped into themes including:

- communication and meetings
- diversity at senior level
- pay and benefits/pay gaps
- action v words
- career path/employee development/recruitment process
- approach to racism and consideration of linguistic racism

A summary of the survey response on EDI topics was discussed at the Employee ID group May 2023 meeting, with an English Board member attending the meeting as a guest to take part in the discussion. The breakdown of responses has also been shared with the Exec team as part of the survey follow-up action and will be discussed further at a focussed EDI planning session to take place in early July.

On 18 May 2023, we held a small drop-in session run by and for women of colour looking at why some aspects of our employee survey responses are less positive for this group. Outputs from this discussion and suggestions have been shared with the People Team, will be discussed at the Exec EDI planning session on 3 July and brought back as an agenda item to the ID group July meeting.

One change that we have already decided on in response to the above feedback is to make our organisational EDI updates a more regular part of our whole company team briefing, rather than a yearly opt-in session hosted by the internal ID group. This will help raise the profile of EDI internally as an important element of our overall organisational strategy, as well as increasing transparency and giving employees a stronger voice in what we do. We will also be setting up racial awareness training and expect to make this available to employees before the end of 2023.

**2. Pull together the current diverse strands of work and information sources into a co-ordinated, resourced, and prioritised activity plan**

This work is in progress, with an infographic, attached with this paper, looking back on our EDI activity and progress over the last 5 years and how this links to our action programme for members, together with an initial assessment of areas for action or improvement which has been discussed at Exec. The latter will be built on further in the Exec EDI planning session to take place on 3 July 2023.

**3. Look at best practice, particularly from similar professional bodies who are, like RPS, working with limited resources and small employee numbers**

We will begin this work with a self-assessment using the Institution of Engineering and Technology Self-assessment tool (Initial assessment by People Business Partner, to be completed by end June 2023).

**4. Re-evaluate our targets to ensure these are realistic and achievable in the timeframes we have set – aiming for incremental improvement.**

To be covered in Exec planning session, 3 July 2023.

**5. Explore and assess specific evidence-based actions that we can undertake to move us in the right direction, so that we have some clear mechanisms in place to effect change.**

This will be covered in part at the Exec planning session on 3 July 2023, , but rather than being a separate action stream will be an element in the planning for all of them.

**6. Ensure our action plan clearly sets out the ‘who, when and how’**

While the whole Exec will agree and support the EDI strategy and action plan, this will now be led by the CEMO as the senior leadership sponsor. We will set out priority, timelines and ownership for each of the actions agreed in the programme.

**7. Consider seeking additional guidance from specialist inclusion and diversity organisations such as the Employers Network for Equality and Inclusion.**

We commissioned a high-level review of our EDI strategy and pay gap action plan by a specialist equality and diversity consultancy, Global Diversity, which reported in December 2022. We have taken the findings of this report into account in our action planning for this year, and will consider budgeting for a further review in 2024.

Emer Bellis  
**People Business Partner**  
**June 2023**



**Assembly Meeting 12<sup>th</sup> July 2023**

<b>Title</b>	<b>2023 Annual General Meeting Motions</b>
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Alison Douglas – Governance Manager Paul Bennett – Chief Executive
<b>Position</b>	
<b>Director responsible</b>	Chief Executive
<b>Purpose of item</b> (for noting/discussion/ decision/approval)	For discussion and decision
<b>Item Summary</b>	Summary of items submitted as motions for 2023 AGM
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
<b>Actions/decisions required of the Assembly</b>	Assembly members are asked to decide a course of action in response to the AGM motion, having reviewed the information provided.

**Annual General Meeting Motions**

**Background**

Five motion submissions were received for the 2023 Annual General Meeting. Two submissions were taken forward as formal motions to the meeting. Three were dealt with separately, as detailed below.

**a) Submissions not taken to AGM**

**i) Free Prescriptions**

All patients across the UK should have access to free prescription and should not be only limited to Scotland, Wales and Northern Ireland.

Proposer: Behrad Soleimani

This submission was not included on the agenda for debate at the meeting as it is already RPS policy to call for the abolition of prescription charges in England. The Society continues to be part of the prescription charges coalition (<http://www.prescriptionchargescoalition.co.uk/>) and actively advocate for the removal of these charges.

A recent example of work in this area is an RPS survey on the impact of prescription charges published earlier this year which was taken to politicians and the media.

The Chair of the English Pharmacy Board has supported our campaign for the removal of prescription charges with appearances on BBC Breakfast, The Today Programme and ITV News in February this year. (<https://www.rpharms.com/about-us/news/details/catch-up-with-prescription-charges-in-the-media->).

**ii) Hospital Discharge**

Much is done to ensure timely and accurate information is transferred with a Patient upon discharge from Hospital to community but there is no assurance that the recipient receives the information and acts on it with the risks of re-admission or Patient ran out of their new medication because they may have had only 7 days supply and not seen by the GP within the 7 days. What can be done to ensure the effort made by the Hospital discharge team is followed up in a timely manner?

Secondly, can the Hospital Pharmacy be funded for Discharge medicines Service?

Proposer: Ejiro Igue Nwoka

This submission was not included on the agenda as the RPS already advocates and supports collaboration across the sectors.

We fully recognise that the transfer of care from one sector to another is vitally important and, to ensure the timely and effective discharge of patients from hospital, we continue to advocate for an improvement of electronic discharge systems with appropriate interoperability.

As members of the Community Pharmacy IT Group (<https://psnc.org.uk/digital-and-technology/community-pharmacy-it-group-cpitg/>) we discuss with NHS England the digital developments required. The Discharge

# ROYAL PHARMACEUTICAL SOCIETY

Medicines Service is an area the Society has already raised in this group as requiring greater digital interoperability.

Unfortunately, any questions related to funding for DMS falls outside of the remit of the Society and is, rather, a matter for NHS England directly.

### iii) Pharmacy Technicians

In October 2022, in response to the UK Commission on Pharmacy Professional Leadership, the RPS communicated to members and the wider profession that the RPS should represent both pharmacists and pharmacy technicians.

This motion proposes that the RPS to publish the number of assembly board members, national board members, members and fellows that were consulted regarding the RPS representing technicians.

Proposer: Nahim Khan

This submission was not included on the agenda but was addressed via a formal response from the Chief Executive to the proposer as follows:

In May 2021 Assembly published the current [RPS Strategy 2021-2026](#). The strategy provides a five-year roadmap for the organisation and our services and contains seven goals. The strategy also reflects the established vision and mission of the organisation. Regarding membership of the Society, the Assembly stated the following.

***'It is important that the profession of pharmacy has a strong leadership body to keep pharmacy at the forefront of healthcare. This is our mission and pharmacists need us more than ever. We also know that our pharmacist members value their teams. Only by working as part of skilled and supported teams will our profession be able to deliver what society needs of it in the future. We will work to widen our Associate membership so more people involved in the use of medicines can support us in improving their safe and effective use.'***

It is the intent of RPS to explore the methodology by which membership may be widened in the future.

In August 2022 we also published a [statement](#) in support of our submission to the Independent Commission into Pharmacy Professional Leadership and our [submission](#) itself was published in October 2022 (as you have referenced). The submission was agreed by Assembly and shared with three National Pharmacy Boards prior to publication. It was also informed by comments from members that we had received about the work of the Commission.

In the submission we stated.

***'To achieve professional transformation of this scale, we believe all of pharmacy needs to come together: in particular, pharmacists and pharmacy technicians should be represented in the future by a single leadership body comprised of professional faculties. This will achieve a more unified approach to pharmacy leadership, while retaining distinct professional voices. Coming together within a single body will amplify pharmacy's collective professional voice to employers, other professions, and governments, as well as providing a common approach and infrastructure for education and professional development.'***

# ROYAL PHARMACEUTICAL SOCIETY

We went on to state.

***'We recognise, however, that the professional leadership body we describe would be a significant evolution of the current RPS. This would require consulting with members on any future changes needed, including to our name and Royal Charter and we are open to this.'***

As you know, RPS is governed by its [Royal Charter](#) and by its Regulations. Section 5.(1) of the Charter describes the membership of the Society as being persons registered as pharmacists in Great Britain and persons formerly registered as such and makes provision for other categories of membership as may be described by Special Resolution. Section 2.1 of our Regulations lists categories of membership that currently exist, amongst which is the category of Associate Member, the term used in our submission to the Commission. Currently, to be eligible for Associate Membership an individual must hold a degree in pharmacy or be undertaking their pre-registration (now called foundation) placement. Therefore, any widening of the category to include Registered Pharmacy Technicians would require a change to Regulations or if a more substantive change in the membership categories themselves were to be preferable, by a change established by Special Resolution of the RPS membership.

In February we communicated our intent to undertake a [Constitution and Governance Review](#). This review is seeking to answer the following question amongst others.

***'Given that we want, in the future, to be able to provide a home for other professions and associated disciplines that want to work closely with us, how do we structure ourselves to create transparency, accessibility and a sense of belonging, respecting the independent professional identities of other professions?'***

We have yet to appoint an organisation to support us with this review as we go through responses to our Invitation to Tender (ITT) but expect to do so soon.

Members will naturally be consulted during the review process and before Assembly makes any decision. As previously mentioned, any far-reaching change in governance (such as addition of further membership categories) would require agreement of our membership by Special Resolution.

We would not want to pre-empt in any way the finding of the Constitution and Governance Review and therefore have not reached any conclusion as to how Pharmacy Technicians might or might not be incorporated into membership. We are therefore not yet able to put any proposal on this matter to Assembly or the wider membership for consultation.

## **b) Motions taken to AGM**

### **i) CPhO's Pharmacy Professional Leadership Commission**

Proposer: Mike Hannay

The recent commission on pharmacy professional leadership proposes a non-elected, government appointed pharmacy leadership council ending 182 years of professional independence for pharmacy. A required "duty to collaborate" is likely to prevent the RPS from challenging current and future government policy. The nature of an unelected government body representing the pharmacy profession puts at significant risk our ability to work with other health professionals. It is unlikely that the recently signed statement of strategic intent between the RPS and the Academy of Medical Royal Colleges will survive the transition of pharmacy from an independent profession to a government appointed quango.

# ROYAL PHARMACEUTICAL SOCIETY

This motion requires the RPS to refrain from joining the proposed pharmacy leadership council whilst that council is unelected and government appointed. Furthermore the RPS must not commit any resources to the works of the proposed pharmacy leadership council until it is democratically elected by individual members of the RPS and other professional leadership bodies.

Proposer: Mike Hannay

For: 33% (17 votes)

Against: 56% (29 votes)

Abstain: 12% (6 votes)

This motion was not passed.

## ii) Pharmaceutical Journal

The Pharmaceutical Journal is a vital major asset of the RPS, used by members and non-members, and acts as a tool for membership engagement. However there is widespread dissatisfaction amongst RPS members about the current format and presentation of the Pharmaceutical Journal. It is proposed that there should be a wide-ranging review of the PJ by an independent outside consultancy engaging with RPS members and PJ staff to recommend fully costed alternatives which would increase active readership and support and, in due course, potential RPS membership.

Proposer: Mary Tompkins (on behalf of the Retired Pharmacists Group)

For: 72% (38 votes)

Against: 17% (9 votes)

Abstain: 11% (6 votes)

As this motion was passed at the meeting, Assembly are now asked to consider the proposal in more detail.

### Background

Following the recent AGM motion we thought it would be helpful to provide Assembly members with a reminder of the journey we have been on with digital PJ, comprising how we reached the decision to go paperless, the actions taken in developing the new site, delivery against the business case, responses to user feedback received to date, and plans we have to continue the development and engagement in future. The motion stated:

*The Pharmaceutical Journal is a vital major asset of the RPS, used by members and non-members, and acts as a tool for membership engagement. However there is widespread dissatisfaction amongst RPS members about the current format and presentation of the Pharmaceutical Journal. It is proposed that there should be a wide-ranging review of the PJ by an independent outside consultancy engaging with RPS members and PJ staff to recommend fully costed alternatives which would increase active readership and support and, in due course, potential RPS membership.*

### The Pharmaceutical Journal

The Pharmaceutical Journal (PJ) is the official publication of the Royal Pharmaceutical Society (RPS) and the flagship title of a portfolio of peer-reviewed journals aiming to put impactful research on medicines before pharmacy professionals and pharmaceutical scientists. It provides information and analysis on the latest

advance in any branch of pharmacy practice and pharmaceutical science alongside primary and secondary research on the science of medicines.

The PJ conforms to international best practice in the publishing of research, including the committee on publishing ethics (COPE) and is operated editorially independently of the RPS policy teams. We adhere to the guidelines of the Association of British Pharmaceutical Industry, and PAGB.

It is typical for learned organisations to produce a publication for the benefit of members and provide access to non-members to reach wider audiences, promote the interests of the organisation and achieve a greater impact than that of a closed circulation member magazine.

The Pharmaceutical Journal is therefore first and foremost a journal produced for the benefit of Members of the RPS. It has various sources of revenue, including advertising, both digital display and content marketing, supported content or 'sponsorship', institutional and personal subscriptions and content licensing. These various sources of revenue subsidize the costs of running a journal and make it as cost effective as possible as part of the overall membership offer.

#### **How are decisions made about the Pharmaceutical Journal**

The operational aspects of the running of the Pharmaceutical Journal are under the oversight of an experienced journals publisher and a team comprising investigative journalists, production specialists and product specialists.

Whilst the content is editorially independent, significant decisions regarding the strategic approach to the PJ are initially discussed with the PhP Board, a group comprised of publishing industry experts, Assembly members and the RPS Executive team. Proposals are assessed for their commercial and publishing validity before being escalated to Assembly for a review within the context of the membership offer and the overall strategy of the RPS.

#### **The path to deciding to retire PJ in print**

The delivery of all RPS products and services are routinely reviewed including usage, user feedback/user surveys and market conditions alongside internal factors. In January 2019 it was recognised that the PJ platform was end of life and the current supplier was pushing for us to adopt the next phase platform. As it was unclear that this was the most cost-effective route for the platform or the best way to disseminate the content, in discussion with PhP Board, it was decided to issue a request for proposals for a new platform provider and the issue was added to the publishing risk register.

Across 2019 issues of cost, the sustainability of print journals and future delivery mechanisms were discussed, with the PhP Board advocating long-term planning and caution when changing a key member benefit. The team were asked to report back with a considered view on PJ's longer term digital future. During 2019 print PJ was used as part of an exploration in to how to win back lapsed members. Of 300 lapsed members sent a PJ with accompanying membership information only 6 individuals re-joined; however, 16 members engaged with the RPS digitally.

Across 2020 explorations into future options for print PJ continued to be discussed with PhP Board focussing on the increasing cost base of the offer; the potential impacts of changing member benefits; market intelligence that other organisations were retiring their print offer, making it a premium member benefit for extra cost or actively considering such approaches; and the strategic direction of the RPS.

A formal options appraisal was subsequently developed and discussed, initially with PhP Board and then subsequently with Assembly. Three options were presented for review:

1. Retaining print with the acknowledgement that this would not be possible without further financial investment and would likely compromise the quality of the content and the development of digital features cited as desirable in member surveys and/or consume resource otherwise used to deliver other membership benefits and advocacy;
2. Reducing the frequency of print to quarterly or on demand, with some of the above constraints still applicable;
3. Moving to a future-facing digital only offer, sustaining a quality approach to content and supporting the development of a multi-media offering (as requested in member surveys) and a more joined up experience across the RPS digital estate.

Discussions were wide-ranging, covering the impacts on different groups of members and the overall member offer, the sustainability of the various options, the benefits of personalisation, multi-media content and an ability to understand more about what users are reading and accessing through analytics. The need for print alongside the ethical argument regarding ceasing print was strongly debated.

Option 1 was deemed to be unsustainable, with Options 2 or 3 preferred, with a recognition that quarterly approach in Option 2 was probably just a step on the journey towards Option 3 and so should be considered carefully. This digital direction was supported by PhP Board, with questions over speed of approach and exact deliverables – the right option was not to create a less frequent print offer but look at what the overall offer gave membership.

The proposal was therefore tabled with Assembly and discussed in the context of the increasing uptake of digital services occurring due to the ongoing pandemic. At that time Assembly were not supportive of the direction of travel to digital-only, citing concerns about the effect on membership, particularly members who were not digital natives and asked for further consideration to be given to the options and additional discussions to take place with the Membership Team.

After further working of the proposals during 2020, with iterations taken through the PhP Board and Assembly, demonstrations of the potential for a future digital PJ and further discussions about the sustainability and ethical approach of continuing with print, **in November 2020 Assembly unanimously approved the proposal for a digital PJ with an ad hoc print option and decided on the timeline for the final regular print PJ.**

The decision was therefore taken over a period of two years, with input from a range of stakeholders, including industry experts, and user surveys.

#### **Member COST-Benefit considerations**

As part of the review into the future of the PJ the approach of a number of other comparator organisations and related products was considered. It was noted that several organisations had made a move to digital-only and many were actively considering it, with one key example being the successful migration of the Health Service Journal to digital only. The membership costings of other organisations providing print journals were also reviewed. Many Royal Colleges only supply access to *online* learned journals as part of membership. Some charged a premium membership to receive a print journal (circa £100 pa) but only where there was a strong non-member print subscriber base to make this cost-effective. **Where access to a print journal was included within membership, the cost of membership was significantly greater than RPS membership (at circa £500 pa).**

It was noted that those organisations with a digital offering often included online-only access to their Learned Journals at no extra cost to members and so as part of the change, this additional benefit was added to the membership offer (<https://www.rpharms.com/about-us/library/rps-e-library/journals>).

A recent further review conducted by Think Publishing has identified that other organisations continue to debate the removal of the print option, with a further 20% of member organisations who produced print journals divesting from print in the last few years. This indicates that the move away from print is growing within membership organisations.

#### **Development and launch of the new site**

Following the tender process seeking a supplier to support work on a new platform, we chose a technology partner, Box UK. Box UK have led the way in applying user-centred design practices for over a decade and has won over 25 awards for user experience (UX) work in the past 5 years, including from the MemCom, W3 and Communicator awards and have worked with the BMJ on the development of some of their technology estate.

As part of the redevelopment of the PJ website Box UK delivered an independent user-centred digital experience that drew inspiration from trusted news-led websites, such as the BBC and Guardian, which it implemented in other Society publications such as the BMJ, Royal College of Nursing, The Royal Institute of British Architects, the Royal College of Dentistry and the Welsh government. Their process included in-depth research with members to develop the user experience with a particular focus on the navigation, which was cited as difficult to use on the old site.

We have therefore used industry expertise to guide the redevelopment and member insight to ensure the development is appropriate for our users.

Towards the end of 2021 and the early months of 2022 as the launch approached, we communicated regularly with members, via the usual membership channels and via the PJ channels, informing them of the changes. Whilst feedback was received, it was minimal, and although a number of members suggested that they would withdraw from membership as a result of the decision, between 200 and 300 actually cited it as the reason for doing so, with a small number subsequently won back in to membership as the rationale for change was understood.

In support of the launch of the new digital platform, in February 2021, we created a hub of resources on how to use the new digital edition which featured prominently on the main navigation and the homepage, including a visual guide on how to use the new website. We also created guides explaining to Members how they could log in as a Member and a series of blogs explaining the rationale for the changeover and the withdrawal of the monthly print edition. These resources are still available to Members in the footer of the website under 'Support'.

## Using the new PJ



Logging in as a RPS member



How to use the new  
Pharmaceutical Journal website



New website launch as PJ looks to  
the future



Working to improve our digital  
archive



The Pharmaceutical Journal is  
moving forward into a digital  
future



The launch of our new digital  
platform is just the beginning of  
our plans for the future of PJ

## Post-launch

### User engagement

Since the move to digital-only we have worked to engage with all members via new weekly and monthly newsletters and see an average of at least 10,000 members logging into the PJ website every month. Our most recent reader survey indicates that of those responding, nearly two-thirds visit the PJ website at least monthly with the figure for members 15 years qualified or more at 62%. This demonstrates that engagement with the new site is high.

Member engagement on the site is still rising, with a 24% increase in the number of members accessing the PJ website over the last 6 months. Member engagement has been closely monitored by PhP Board across this timeframe to ensure actions are taken to support increasing engagement and uptake of the site.

Dissatisfaction levels with the PJ remain low, (9% dissatisfied or very dissatisfied in 2019 before the switch to digital-only versus 14% in 2022 after the switch), although dissatisfaction is higher with older or retired members at 15% in those members 15 years qualified or more or retired, dropping to only 5% for younger members. These figures are drawn from a survey with 970 respondents, 671 of whom responded to satisfaction questions.

In order to support retired users and those new to a digital version of the PJ we hosted three live workshops to demo the new website, gather feedback and showcase the news features and capabilities. We have engaged with the Retired Pharmacists Group on a number of occasions to present plans for development and take further feedback. Feedback via this route has been consolidated with the full range of member feedback and has been used to inform our ongoing development plan for the site.

Key features of this feedback are the need to be able to easily find all of the articles and information in any particular month, as well as the need for a new mobile app for Members to access on a digital tablet. In response to this feedback, **we have designed a new digital monthly collection to mirror the feel of a print issue and are in the process of developing a new mobile app.**

# ROYAL PHARMACEUTICAL SOCIETY

A major source of Member feedback relates to the Member sign in process, which is a single approach across all RPS member products and services. With the new Chief Technology Officer (CTO) in place, we will be starting a review of access across RPS across later this year and subsequently intend to improve matters as a result.

This indicates that we are continually listening to user feedback, through quantitative and qualitative analysis, and incrementally developing the site in response and this is monitored by our governance structures. We accept that some of those responses may not be as swift as users would like, due to the complexity of the solution.

## **Impactful content**

Part of the decision to cease print PJ considered the benefits of impactful content and ensuring resource was freed up from print production to focus in this area. This was in response to user feedback that indicated high quality impactful content, delivered in a variety of multi-media formats was important to the majority of members.

Since the launch of new digital PJ, we have had the capacity to consult on priority topics for the national boards, delivering editorial specials to showcase the latest developments. In 2021, we worked collaboratively on the Personalised Medicine special and this year we have delivered on Health Inequalities, including a call for research papers from the profession. In July 2023, the PJ team working in partnership with the Education team are hosting an expert roundtable event on the practical needs of pharmacy prescribers in preparation for 2026. The reporting of the event will generate thought leadership for the RPS and help inform policy areas for development.

The PJ was shortlisted for seven national journalism awards in 2022, including ‘Media Brand of the Year’ at the PPA awards. Two of our reporters won awards: Julia Robinson was awarded Best Writer (B2B) at the BSME talent awards and Carolyn Wickware was awarded Pharmacy Writer of the Year at the Avicenna Media Awards 2022.

The PJ’s news content was mentioned over 30 times in the national media in 2022, including on two newspaper front pages, and our journalists were asked onto BBC Radio, Channel 5 and other national broadcasters as ‘subject experts’ on national issues, such as medicines shortages and antidepressant prescribing. This activity reflects well on the overall RPS and helps reinforce its position as the Professional Leadership Body for pharmacy.

A piece of feedback from a Consultant Pharmacist member highlights how the news team’s focus on quality journalism is being recognised by Members: “I know you will defer to the brilliance of your colleagues but please pass my appreciation to them. The level and variety of journalistic output is phenomenal. Insight, rigour and depth takes a lot of effort to do but also a particular culture environment to this as a norm.”

In response to the request for more multimedia content we have been able to develop video and audio content, with the PJ Pod, a popular podcast shortlisted for ‘Podcast of the Year’ at the 2023 Medical Journalists’ Association Awards. We have also adopted a new tool for interactive graphics that enables us to present our infographics in a far more intuitive, interesting and beautiful way than previously designed in a print-first way. Recent examples include a feature on the [rising price of antipsychotics](#), a [visual guide to monkeypox](#) and an article on the increase in [people being prescribed antidepressants](#). In the most recent

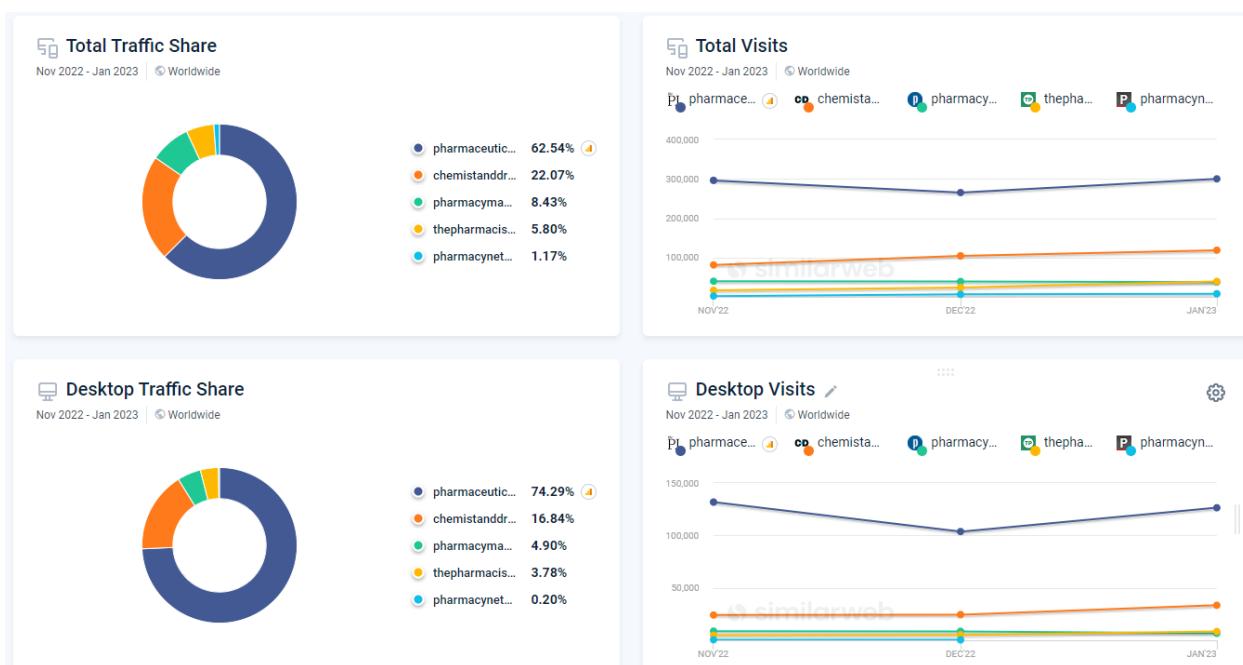
# ROYAL PHARMACEUTICAL SOCIETY

user survey 59% of pharmacists under 15 years in practice and students/Foundation trainees rated the infographics highly, as did 45% of pharmacists with over 15 years in practice and retired.

This demonstrates that we have been able to deliver on member requests, which were reflected in the business case presented to Assembly, for both quality content and novel multi-media content.

## Pharmacy media

Following a request from PhP Board to assess how the new digital PJ compares with other commercial publications in our space (considered to be Chemist & Druggist, Pharmacy Magazine, The Pharmacist and Pharmacy Network News) we have sought independent analysis. PJ leads the market sector in overall page views, with almost three times as many as our closest competitor across mobile and desktop and has over 59% of the total market share. PJ is also ranked much higher than our competitors globally and in our sector. This reinforces the position that in developing the digital PJ offer we have taken a premier position in the marketplace, which is beneficial to the status of the RPS.



## Sustainability

The decision to remove print PJ was taken in the context of sustainability: both the financial sustainability of the RPS and environmental sustainability. A pertinent comment from a user: 'the printed copy I get goes straight into the recycling unread as I've already seen it on-line'.

Following Brexit and the war in Ukraine, the financial pressure on print and distribution has grown by 20 to 30% and it is estimated that financial impact of the decision to date is circa £2m (based on the known cost saving and extrapolated using the financial pressures on print and distribution), monies available to the RPS to invest in its other membership, advocacy and professional leadership activities.

The RPS is also committed to supporting the wider healthcare community [take steps to combat the climate crisis](#) and is taking steps to reduce the environmental impact of the organisation, having [declared a climate and ecological emergency](#). By producing the Pharmaceutical Journal as a digital-only resource we are saving the equivalent of over 15 million pages of paper every year.

### **Addressing the call for print**

Given the sustainability driver for the decision to retire print our approach in response to feedback requesting a print version to be reinstated has been to focus on how we create a print-like experience on the new website. Some of this focussed around the desire to consume individual articles, such as 'I can't sit and browse a journal... on the train when it's on a website' and 'the benefit of the original hard copy was that...I could review it at leisure, pull out the articles I wanted to read/work on at a later date and recycle the remainder'. In response to this, we created the facility to download and print articles as PDFs. Other comments about portability and accessibility will feed in to the development of the app.

Another important development was the creation of a new monthly PJ newsletter for all RPS members. This monthly newsletter is designed to include all content from across the calendar month and it is hoped that members will use this email to catch up on content akin to how the print edition was previously used. This new newsletter supplements the established daily, weekly and clinical newsletters and was requested by the Retired Pharmacists Group and other important stakeholders when consulting about the cessation of print.

In May 2023, in order to address further feedback about navigating the new digital PJ, we have launched a new supplementary navigation system according to periodical structure of content published in the past month. Our monthly issue pages allow readers to access all of the content from across the month in one place. Each one opens with a visually-led online cover, and includes a table of contents as well as links to some of our most popular content including news, features, podcasts, learning, tributes and letters. We are in the process of consulting with a cross section of the Membership to identify if we can make any further improvements to this monthly collection.

We have on a number of occasions been asked about a 'page-turner' version. Historical mobile versions of the PJ have been delivered as a page turner magazine. We received consistent feedback from Members that it was difficult to discover related content outside that particular issue or navigate content according to topic with limited search functionality and it was an unpopular offering. It also would not address one of the key issues raised about the loss of print – a desire to avoid consuming content on screen, which we have addressed by implementing print PDF capabilities on the site. It is also worth noting that the costs associated with a page turner edition are typically subsidised by print advertising and supported by the existing print capabilities of an organisation delivering print.

### **Further developments**

Our approach is one of continually seeking feedback and using it to improve the site. We are continuing to engage with users to gather feedback on the site, especially those developments designed to address their concerns, such as the monthly 'hub page' described above.

The development of a new PJ app is underway and we are currently seeking members and users to join workshops to provide user feedback and improve user experience.

# ROYAL PHARMACEUTICAL SOCIETY

We are discussing the option for ad hoc print editions (as in the initial proposal) with the Membership Team. Any decision here will need to be balanced against the requirements of investment in the overall membership offer.

We are actively engaging with the review into the future organisational access management tools, which we hope will address the outstanding issue of simplifying the log-in process and improving access.

Finally, following exploratory work in the first half of 2023, and in response to member requests, we are developing a business case to support the work required to take the archive of articles published from 1999 to 2014 (15,300 documents) and create a searchable PDF archive.

## Conclusion

Decisions about the PJ are critically reviewed by independent industry professionals and development of the new site was undertaken with input from a further group of industry experts with user engagement underpinning the developments. Engagement with the site is healthy and growing and we out-perform competitors in terms of benchmarking.

We understand that at launch there were a number of issues raised by users about the utility of the site. Since launch we have listened to and collated all user feedback and iteratively developed the site in response. There remain a number of outstanding items raised:

1. The request to bring back print, or a print-like digital version

Due to significant sustainability considerations, the direction of travel of the markets (increasingly divesting from print) and historic poor user acceptance we do not believe that this is an action we should take. We believe that continued user engagement to develop our digital offerings is the more sustainable approach and has allowed an estimated £2m to be utilised in other ways to support members and the profession.

2. The development of an app, which can address a number of the portability/accessibility concerns

This is currently underway and we are at the stage of actively seeking user engagement to inform development. We anticipate releasing the app later this year, subject to user acceptance and any further development requirements.

3. The request to address the digital archive

We have undertaken the required research and discovery activities and will be putting a business case together seeking investment in 2024's budget in order to implement this next year.

4. Addressing the single sign on/access mechanisms which are currently sub par

This is a cross-organisational implementation. Our CTO plans to collect requirements for this later this year and we will be an active participant in this.

Item 4 (and to an extent 2) are responsible for the largest volume of feedback and delivery against these items will resolve almost all of the outstanding concerns members and Board representatives have raised. It is therefore hard to understand what additional benefits an external review would bring, particularly considering that the commission of an external review is likely to consume the budgetary resource that will be needed in order to address some of the outstanding items raised.

We will continue to collate user feedback, both ad hoc and as part of regular surveys, in order to inform a process of continual development, as well as reporting on progress of the delivery of the above outstanding items of user feedback.

**Assembly Action**

Assembly members are asked to decide a course of action in response to the AGM motion, having reviewed the information provided.

**Alison Douglas**  
**Governance Manager**  
**June 2023**

**Paul Bennett**  
**Chief Executive**

**Karen Baxter**  
**MD PhP**



**Assembly Meeting 12<sup>th</sup> July 2023**

**23/07/ASB/09 - Open**

<b>Title</b>	<b>RPS Nominee to FIP Community Pharmacy Section Executive Committee (CPS ExCo) &amp; attendance at FIP Congress</b>
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Paul Bennett <a href="mailto:Paul.bennett@rpharms.com">Paul.bennett@rpharms.com</a>
<b>Position</b>	CEO
<b>Director responsible</b>	CEO
<b>Purpose of item</b> (for noting/discussion/ decision/approval)	For discussion & decision
<b>Item Summary</b>	To discuss the recent email request by the President to Assembly for RPS to financially support the current RPS nominee to CPS ExCo (and ex-Board member) to attend FIP Congress & CPS meetings in September 2023
Related Risk Register item (where applicable)	Various risks associated with reputation, transparency, governance, and partner organisations.
Related RPS Strategy item (where applicable)	<ul style="list-style-type: none"><li>• Working in collaboration &amp; partnership</li><li>• Enhancing organisational effectiveness</li></ul>
<b>Actions/decisions required of the Committee</b>	Assembly is asked whether to <ul style="list-style-type: none"><li>a) continue to support the RPS nominee during their current CPS ExCo term</li><li>b) agree to the President's proposal that RPS part-funds costs of attending Congress / CPS meetings in 2023</li><li>c) to determine some other course of action</li></ul>

### **Recent Nominations to FIP CPS EXcO**

RPS has previously nominated members who have been successfully elected to the FIP Community Pharmacy Section (CPS) Executive Committee (ExCo) and at the time they have typically been serving members on one of the three National Pharmacy Boards.

In July 2020, we received an invitation from the CPS Professional Secretary calling for nominations for one of the two vacant ExCo positions arising and for which elections were to be held in September of that year. One of those two vacancies arose because our previous nominee had come to the end of his second and last term.

In August 2020, Assembly and Boards were contacted seeking to identify a suitable nominee. The duties of the ExCo member were included with the request for nominations as follows.

The Executive Committee usually meets three times annually - twice in connection with the annual FIP Congress (prior to and following the Congress) and at a two-day Midyear meeting in February/March. It is expected that the members of the Executive Committee take active part in the professional activities of the Community Pharmacy Section, in the planning and implementation of the sessions of the annual Congress, and in other educational activities as well as contributing to working groups set up by the Section. Reasonable expenses incurred in attending meetings will be covered by the Society in accordance with the current Expenses Policy.

**Please note you must already be a member of the Community Pharmacy section of the FIP to be eligible for nomination.**

A proposal to seek an exceptional extension to the two terms (of four years) was received by the RPS CEO in response to this request, but as this was not a matter RPS had control over, and the proposal did not have merit, this was not taken forward. Three nomination submissions (all from English Board members) were received and all three were considered by RPS Chairs and Officers Group (COG). A unanimous decision was reached by COG to put forward Professor Tracey Thornley and this was subsequently communicated to FIP in a letter dated 19 August 2020 from the then President. The decision was ratified by RPS Assembly at the November 2020 meeting.

It is worth noting that in email correspondence at the time between an Assembly member and the CEO relating to how the Society had historically supported members putting themselves forward, the member stated **“... unless there were exceptional circumstances we honoured support for the full term. This was even written into the governance handbook such that even if the person stopped being an elected official we did not immediately stop supporting unless there was other mitigating circumstances.”**

### **Impact of Withdrawal from FIP and Current Situation**

In September 2020 Tracey Thornley was successfully elected to the CPS ExCo for a four-year term which concludes in 2024. She would be eligible to stand for a second four-year term thereafter, subject to continued RPS support.

As a consequence of RPS withdrawing from FIP membership in 2022, a letter dated 12<sup>th</sup> January from FIP President and CEO was sent to Tracey Thornley in which she was informed of FIP's requirement that she either step down from her role as ExCo member of CPS or serve the remainder of her tenure as ExCo member either by stepping down from

the English Board ahead of the June date (when her term on EPB ended) or by stepping aside from CPS (but not down) until her term at the RPS Board finished in June, whereafter she complete her term on ExCo.

This was not dissimilar to the letter the President received regarding her own situation. This was shared with Assembly at its meeting in March 2022, the minute of which is below

b) FIP

PB confirmed that following the decision taken at Assembly in November, RPS membership of FIP had lapsed on 31<sup>st</sup> December and the Society was no longer a member. He noted that there had been some repercussions from this and that decisions taken subsequently by FIP had particularly impacted on two individuals, CA and Tracey Thornley, who had previously undertaken work with the organisation, and that information about the impacts had been circulated by CA to Assembly members earlier in the year.

Tracey Thornley chose to step aside from her position on CPS ExCo in January 2022 until she ended her position as an elected member of the English Board in June 2022. Thereafter, she was welcomed back to CPS ExCo and has since fully participated as a member of that Committee. In January 2023 RPS re-joined FIP and since her return to the ExCo Tracey has attended both virtual meetings and a more recent meeting in March (hosted by the MO in Finland) at which she was able to present on pharmacy in the UK as part of a global exposure of practice, including our journey on Independent Prescribing, and undertake various media activity promoting UK pharmacy. The cost to RPS was c£1,900.

**Recent Request by President**

On 27<sup>th</sup> April the RPS President wrote to Assembly members seeking support for the proposal that RPS provide financial support to enable Tracey Thornley, in her capacity as a sitting member of CPS ExCo to attend the FIP Congress in Brisbane Australia. There are several meetings of the FIP CPS scheduled to take place at this time.

The anticipated cost to RPS is in the region of £3k as her employer has again agreed to contribute.

As the cost of participation of RPS as an active member of FIP featured in most discussions Assembly had over the last two years, and it was specifically referenced that attendance at future FIP Congress should be restricted to President and CEO, it was felt appropriate to engage with Assembly on this matter before making any arrangements. The timing of the email was determined by a desire to secure any early booking discounts available.

'This email request resulted in some Assembly members voicing concern about the way the request was made, the potential cost and the principle of a member who is not a current governance member of RPS attending. There were also supportive views expressed. It was therefore agreed between the President and CEO that this matter should be an agenda item at the next Assembly meeting.

### **What does this mean for RPS?**

There are two prime considerations for Assembly, one of principle and another of operational practicality.

- When an RPS governance member has secured the support of the organisation to undertake a role with another body and is part way through their term of office when they cease being a member of governance (which may be for a variety of reasons), should RPS immediately withdraw its support of that individual?
- Is it realistic and appropriate to limit RPS attendance to future FIP Congress to only the President and CEO as the official representatives with no discretion to accommodate any other member even if another individual is currently performing a role that requires their attendance and for which the RPS previously provided its full support.

When considering the first of these there are obvious potential implications for reputational harm to the RPS of withdrawing support. It could be deemed 'petty' and unbecoming of a serious professional body.

In the case of the CPS ExCo, if the role required the nominee to always be a member of the MO's governance structure it would be reasonable to expect the appointing organisation to state so (which FIP does not).

There is also the impact on the individual to consider. Members, including elected members, put themselves forward for such opportunities to benefit the profession. **They are not 'representatives' of the member organisation but are required to have their support.** Should they not have confidence at the time of standing that their professional body will continue to stand by them when circumstance change and they are no longer a governance member, at least for the duration of their term? If Assembly wishes to introduce a more restrictive approach it has the potential to limit the number of suitable individuals willing to step forward in future.

It is worth noting that there is nothing currently in our own rules and regulations that require nominated members to remain a member of governance. Indeed, one Assembly member cites the old 'handbook' (see above) which apparently stated that when a member stopped being an elected official support was not removed. **It seems in this regard that precedent has already been established that if a member ceases to be a member of RPS governance that RPS support will at least continue until their term in the other organisation comes to an end.**

With regard to the second consideration above, the financial impact of having a third person in attendance at Brisbane is minimal (particularly if it would only be necessary to partly fund) and to not support attendance would also have the same reputational impact as expressed above.

It has been suggested by some that if the CPS ExCo nominee is to attend that either the President or CEO should not attend to keep the number of representatives at two. This is certainly possible but is it sensible?

RPS has just re-joined FIP after one year absence and much criticism. If the President and CEO are not in attendance it would look particularly odd and suggest that our organisation

(one that has reported strong financial surplus for four consecutive years) is not sending its senior leaders not because of financial considerations but because it has only reluctantly re-joined due to member pressure and is paying 'lip-service' to meaningful engagement, which is of course not true.

Other arguments have revolved around the environmental impact of attending a conference overseas. RPS is an environmentally conscious organisation with a commitment to sustainability and reducing its carbon footprint. It is important to take such matters seriously and if the FIP Congress were able to be joined remotely that would be an option, but it is not. It is important to meet with other organisations delegates face to face for reasons of establishing and maintaining beneficial professional and commercial relationships. Provided it is not a frequent occurrence, this would be entirely consistent with the conscientious approach to environmental impact we hold dearly.

**Recommendation**

Taking all considerations into account it is recommended that Assembly.

- a) continue to support the RPS member nominee during their current CPS ExCo term of office and
- b) agree to the President's proposal that RPS part-funds costs of the member attending Congress / CPS meetings in 2023 in order that they may be fully participative in the Community Pharmacy Section

Author: Paul Bennett  
July 2023

## Appendix One

The International Pharmaceutical Federation (FIP) is the global body representing pharmacy, pharmaceutical sciences, and pharmacy education with over 152 organisations in membership. RPS is a founding member (since 1912) and after a one-year absence in 2022 has re-joined. Assembly members will be aware of some of the consequences of their recent decisions to both exit and re-join membership.

FIP has a number of ‘Sections’ that reflect the various areas of pharmacy such as Hospital, Industrial, Military & Emergency, Health & Medicines Information etc. The Community Pharmacy Section (CPS) of FIP has several objectives according to the FIP website;

- To improve the professional standards of pharmacy and encourage realisation of the social aims of the profession as a part of public health and as a pharmaceutical service to the community;
- To plan and be responsible for the activities of the International Pharmaceutical Federation in the field of community pharmacy; in particular:
  - To provide and exchange information that assists in the coordination and improvement of the **scientific, technical and professional activities** of community pharmacists;
  - To organise meetings for members of the section during FIP congresses such as the World Congress of Pharmacy and Pharmaceutical Sciences, in accordance with approved general congress programmes;
  - To study and report on any matter of interest to community pharmacists.

CPS has an Executive Committee (ExCo) elected from amongst Sector members. The President serves for four years and cannot be re-elected but remains in office as Immediate Past President for two years. All other officers are elected for four years and may be re-elected for one further four-year term.

[The Statutes of CPS can be found here (<https://www.fip.org/files/content/pharmacy-practice/community-pharmacy/fip-cps-statutes-valid-from-2013-final.pdf>)]

**Section 5.1** of the Statutes state ‘The Executive Committee shall consist of the President, the Secretary and seven (7) additional members. The members of the Executive Committee shall be pharmacists and members of the Community Pharmacy Section and nominated by their national Member Organisations.’

**Section 5.6** states ‘The Secretary and the other seven (7) members of the Executive Committee shall be elected by the Steering Committee for 4 years terms.’

It should be noted that there is no requirement or expectation that the Member Organisations (MO) nominee be an Officer or governance member of the MO and nomination does not guarantee appointment to the CPS ExCo, this is a matter decided by the Sector.

END



## Assembly Meeting 12<sup>th</sup> July 2023

### Confidential Business (for information only)

12. Minutes of the Confidential Business of the Assembly meeting 18th March
13. Matters arising from the Confidential Business minutes not specifically included in the agenda
14. CEO Update
15. Chairs' and Officers' Group
16. Finance and Risk
  - a) Business Information Pack
  - b) Finance & Investment Committee
  - c) Audit and Risk Committee
  - d) Risk Register
  - e) Remuneration Committee
  - f) RPSGB Pensions Scheme
  - g) Expenses Policy
17. Pharmaceutical Press
18. PMED
19. Any Other Business – Confidential items
20. Close of meeting