



Assembly Meeting

To be held at 9.00 am to 16.00 pm on Wednesday 20th November 2024

Agenda - Open Business

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

2. Items for Noting **9.00 – 9.05**

Members are advised that no discussion will be held on these items at the meeting unless a member notifies the President 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 16th/17th July (to note and approve)
- d) National Pharmacy Board Reports
- e) President's Report
- f) Treasurer's Report
- g) 2024 Education & Standards Committee Annual Report and minutes of Committee 18th October
- h) 2024 Science & Research Committee Annual Report & minutes of Committee 3rd July
- i) 2024 Panel of Fellows Annual Report
- j) 2024 Membership Committee Annual Report
- k) 2024 CPA Annual Report
- l) 2024 Health & Safety Annual Report
- m) Inclusion & Diversity update
- n) Scottish Parliament Lobbying Register Report
- o) EDI Action Plan

3. Matters arising from the Open Business minutes not specifically included elsewhere in the agenda **9.05**

None

4. UKPPLAB **9.05 – 9.20**

To receive a verbal update
Chief Executive/President

5. Constitution & Governance Review **9.20 – 9.50**

- a) To receive a verbal update on roadshows etc
- b) To confirm Special Resolution Vote by ballot
- c) To note and adopt SRV Scheme
- d) To receive a verbal update on 2025 NPB elections
CEO/Deputy CEO

Assembly Meeting Wednesday 20th November 2024 OPEN BUSINESS

6. Any other business

Any other items of business to be notified to the President 48 hours before the meeting

a) Posthumous Fellowships 9.50 – 10.00

To note and approve clarification of criteria for Posthumous Fellowship

7. International (NB this item will be held between 11.30 – 12.30 to allow for external speaker to attend)

a) FIP

To receive an update on FIP Congress

To receive an update on FIP Ex Co

President/Prof Tracey Thornley

b) To receive an update on CPA

CPA Chief Executive

8. Date of next meeting 10.00

To note the date of the Assembly Working Day 25th March and Assembly Meeting 26th March 2025

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 November 2024****DECLARATION OF INTERESTS****Adebayo Adegbite**

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of CPA
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

Claire Anderson

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

Danny Bartlett

- Founder and Managing Director Primary Care Clinical Excellence Ltd. (PCCE)
- Clinical Lead for the KSS Primary Care School, NHS England
- Coach for Sussex Training Hub
- Member PCPA
- HEE Interprofessional and Education Fellow
- Contributor Pharmaceutical Journal
- Contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Adhoc guest clinical speaker Besins, Daiichi Sankyo, Amarin, CPPE, Bayer, NHSE (GP training) and others
- Member PDA
- Adhoc consultancy and clinical services
- Member of PM Healthcare Editorial Board

Jonathan Burton

- Community Pharmacist & co-owner, Right Medicine Pharmacy – 2000 onwards
- Previous SPB Board Member, RPS, (incl. terms as Chair and Vice-Chair) – 2012-2021
- Previous Assembly Member, Royal Pharmaceutical Society – 2019-2021
- Member, Pharmacy Magazine Editorial Advisory Panel - 2023 –
- Member, Scottish Pharmacy Board – 2024
- Co-Editor of Pharmaceutical Press textbook 'Pharmacy management of Long Term Medical Conditions'

- Assist on sessional basis with workshops & OSCE assessment for Univ. of Strathclyde Independent Prescribing course

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

Brendon Jiang

- Senior Clinical Pharmacist, NORA PCN
- Superintendent pharmacist, Wychwood Pharmacy
- Medicines and Prescribing Associate, NICE
- Committee member, Primary Care Pharmacy Association
- Consultancy work for Haleon

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
- Member of Commonwealth Pharmacists Association
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Member of NHS Assembly
- Member of PM Healthcare Editorial Board
- Brother works at Astra Zeneca PLC
- Ad hoc consultancy & speaker events

Matthew Prior

- Deputy Director of Pharmacy – University Hospitals Coventry & Warwickshire
- Deputy Chair of RPS Hospital Expert Advisory Group – until taking position with the RPS EPB
- Committee member – Coventry & Warwickshire Area Prescribing Committee
- Wife works for Boots as a category manager within healthcare retail
- Member of the PDA

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB
- Executive Board Member: Pharmacy Delivering a Healthier Wales
- Board Member: All Wales Medicines Strategy Group
- Member of All Wales Medicines Strategy Group Steering Committee
- Member of the Welsh Pharmacy Board
- Employer: NHS Wales Joint Commissioning Committee – Formerly WHSSC
- Member of the Guild of Healthcare Pharmacists

Lynne Smith

- Royal College of Anaesthetics: Lay Member of Anaesthesia Clinical Services Accreditation Team and lay member of committees and groups including the Intercollegiate Advisory Committee in Dentistry
- Health Care Professions Council: lay member of Fitness to Practice Panels
- Volunteer and mentor for schools programme for an international development charity

Audrey Thompson

- Member NHSGGC pharmacy practices committee 2024
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership Group 2015 – 2023
- Member of Unite

Minutes of Assembly Induction Day held on 16th July 2024 at 66 East Smithfield

Present: Claire Anderson (CA) - Chair, Adebayo Adegbite (AA), Danny Bartlett (DB), Jonathan Burton (JB), Ciara Duffy (CD), Ruth Edwards (RE), Brendan Jiang (BJ), Geraldine McCaffrey (GMc), Gino Martini (GM), Matt Prior (MP), Eleri Schiavone (ES) – Item 03 only, Lynne Smith (LS), Audrey Thompson (AT)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Avril Chester (ACh), Rick Russell (RR), James Davies (JD), Laura Wilson (LS), Elen Jones (EJ), Alison Douglas (AD), Liz North (LN), Corrinne Burns (CB)

Apologies: Tase Oputu (TO)

Observers: 4 observers joined the meeting on-line

Item	Paper	Notes and actions	Action by
Item 01 Welcome		CA welcomed all to the meeting, especially those members who were joining Assembly for the first time and members and staff briefly introduced themselves.	
Item 02 Apologies		Apologies were received from Tase Oputu.	
Item 03 Election of Treasurer		CA informed members that as ES's train had been delayed it would not be possible to hold the vote for the election of Treasurer until she arrived. She therefore advised observers that this item would now be taken at 1.30pm and invited them to dial back in at that time should they wish to.	

Item 04 Confirmation of Posts	<p>PB took the chair for this item and Assembly members were invited to confirm the following:</p> <p>i) the second year of office of the current President. As per Regulation 5.1.1: <i>Confirmation of the second year of office shall be automatic unless a vote of no confidence in the President is passed by the Assembly</i></p> <p>Unanimously confirmed.</p> <p>ii) the second year in office of the current Pharmaceutical Scientist member. As per Regulation 6.2 this follows the process set out for the Officers of the Society and therefore: <i>Confirmation of the second year of office shall be automatic unless a vote of no confidence... is passed by the Assembly</i></p> <p>Unanimously confirmed.</p> <p>iii) the final year in officer of the current Lay member. As per Regulation 6.1 this follows the process set out for the Officers of the Society and therefore: <i>Confirmation of the second year of office shall be automatic unless a vote of no confidence... is passed by the Assembly</i></p> <p>Unanimously confirmed.</p> <p>iv) Academic Member</p> <p>Noted that Ruth Edwards will continue in post at present as the Academic member for a second term of office. As per Regulation 6.3: <i>The academic or Pharmacy School Council member on the Assembly is selected by the Pharmacy School Council from amongst their number taking account of the criteria that their representative should be a pharmacist and either a current or ex-head of a Pharmacy School</i>.</p>	
Item 03 Election of Treasurer	<p>CA confirmed that, by the deadline of 12 noon on 5th July, two valid nomination for the post of Treasurer had been received:</p> <p>BRENDON JIANG nominated by Geraldine McCaffrey, seconded by Jonathan Burton</p>	

AFTERNOON SESSION	<p>ELERI SCHIAVONE nominated by Geraldine McCaffrey, seconded by Gino Martini</p> <p>The addresses from both candidates were circulated to Assembly members on 8th July.</p> <p>Both candidates were then asked to confirm they have nothing to add to their declarations of interest as per the paper for the main meeting.</p> <p>BJ noted that the following roles should be deleted from the current listing:</p> <ul style="list-style-type: none"> • Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS • Member of the Guild of Healthcare Pharmacists • Consultancy on pharmacy development– Oxfordshire Training Hub. • Member Unite Union <p>ES noted that the following roles should be added to the current listing:</p> <ul style="list-style-type: none"> • Employer: NHS Wales Joint Commissioning Committee – Formerly WHSSC • Member of the Guild of Healthcare Pharmacists <p>Members were reminded that the use of laptops and mobile devices is not permitted during the voting process and were then invited to write the name of the candidate they wished to vote for on the ballot slip that was handed out.</p> <p>CA confirmed that, as set out in the Regulations, TO had submitted her proxy votes to PB before the required deadline and he would therefore be voting on her behalf.</p> <p>Following the first round of voting Brendon Jiang was elected to the post.</p> <p>He thanked members for voting for him and ES for standing for election. Full details of the address submitted by BJ are include at Appendix A for information.</p>	
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TREASURER ADDRESS

I am honoured to announce my candidacy for the position of Treasurer of the Royal Pharmaceutical Society. I bring to this role a profound commitment to transparency, strategic financial management, and an unwavering dedication to serving our esteemed membership.

As Treasurer, my primary focus will be to ensure the robust financial health of our Society, thereby enabling us to continue our mission to put pharmacy at the forefront of healthcare. To achieve this, I will work in partnership with Assembly and the Finance and Investment Committee to prioritise the following areas:

Allocation of Resources Against Strategic Priorities: Our Society's strategic priorities are the pillars on which our mission is built. I will ensure that our financial resources are allocated efficiently and effectively, directly supporting these priorities. This will involve rigorous analysis and a commitment to funding initiatives that align with our long-term goals and vision.

Financial Performance Against Budget: Financial discipline is key to the sustainability of any organisation. I will diligently monitor our financial performance against the budget, ensuring we meet our fiscal targets and identify areas for improvement. Transparency in reporting is paramount, and I will provide regular updates to keep our membership informed.

Asset Strategy: Our assets are vital to our operations and growth. I will develop and oversee a comprehensive asset strategy that maximizes their value and ensures alignment with our strategic objectives.

Reserves and Investment Policies: Maintaining a healthy reserve and a sound investment policy is essential for our Society's stability and future planning. I will implement investment strategies in alignment with our environmental, social and corporate governance principles that balance risk and return, ensuring our reserves are used prudently to support our mission while safeguarding our financial future.

My professional experience in finance, business and strategic planning, coupled with my passion for the profession, uniquely positions me to serve as your Treasurer. I am committed to working collaboratively with Assembly, the exec and our members to strengthen the culture of financial excellence and accountability engendered by past treasurers.

Together, we can ensure that the Royal Pharmaceutical Society not only thrives but continues to lead and innovate within our profession. I humbly ask for your support and vote in this election.

Thank you for your consideration.

Sincerely,

Brendon Jiang

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

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

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

Apologies: Tase Oputu (TO)

Observers: 5 observers joined the meeting on-line

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

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

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

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

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

ACTION SHEET – Assembly Meeting

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

DRAFT

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 20th November 2024

24/11/ASB/02d - Open

Title of item	Update from National Boards
Open, confidential or restricted status	Open
Authors of paper	Elen Jones, James Davies, Laura Wilson
Positions in organisation	Country Directors elen.jones@rpharms.com James.Davies@rpharms.com Laura.Wilson@rpharms.com
Purpose of item	To update Assembly on the work of the National Boards for the period July - November 2024
Item summary	This paper provides an update on the work of the country teams in relation to policy and advocacy.
Risk register items	n/a
RPS strategy links	All
Actions/decisions required of Assembly	For noting

GB activity

- Ongoing conversations with stakeholders about the current challenges around DPP's and the varying situations in each country. There was an joint report published following the RPS/NPA roundtable held in June published alongside RPS position statement in August. A subsequent meeting in October continued to explore the challenges with DPP numbers.
- The Medicines Shortages Advisory group held its second meeting in June. The group have had significant engagement. This includes two RPS members webinars attended by 48 people, two roundtables the first with specialist pharmacy groups and the second with community pharmacy organisations, attendance at and feedback from RPS expert advisory group, one-to-one interviews with advisory group members and other stakeholders, patient engagement in partnership with National Voices. The final advisory group meeting has been held, and a copy of the report circulated to the boards. We have launch events planned in each of the countries, the first taking place in Westminster on 27th November. We have continued our media presence on shortages, speaking on BBC, ITV and Channel 4 about GLP1 shortages.
- A position statement outlining the RPS response to the Cass Review was published in July. RPS engaging regularly with Department of Health as a key stakeholder in monitoring the impact of the emergency legislation to ban the supply of puberty blockers to children and young people. RPS responded to a targeted consultation on a permanent ban on puberty blockers in children and young people in October.
- Work on developing a Greener Pharmacy Toolkit for Community and Hospital pharmacy in order to implement RPS sustainability policies continues.
- We met with European Association of Hospital Pharmacists, along with GHP to discuss collaboration in UK
- We met with our FIP CPS Ex Co to begin planning their mid year meeting which is being hosted at RPS in London
- We are continuing to develop the support we offer to prescribing pharmacists which has shown great results with regard to retention of members. The project work is now considered business as usual.
- We submitted our response to consultations on Proposed changes to the availability of puberty blockers, controlled drug regulations implementation, National Care Service in Scotland, and GPhC standards for pharmacy services provided at a distance
- Continue to develop position statement on Artificial Intelligence in pharmacy with feedback from EAGs and stakeholders with proposed publishing date of January 2025
- Digital Capabilities policy published in September
- Rapid review of Assisted Dying policy and published update October
- I&D - working with the NIHR Architecture in Pharmacy group to help promote the project to pharmacy stakeholders. Hosted a successful International Women's Day event in collaboration with APTUK, BPSA, FPLN, GHP, PToC and UKBPA. Working towards embedding equality impact assessments as BAU across membership products.

- We have responded to many media requests covering topics such as coughs and colds, pharmacogenomics, winter health, NHSE Community pharmacy workforce survey results and private prescriptions
- We have published blogs on attendance at FIP, speaking at a conference in Iceland and what is means to be a DPP.
- Presented at an online FIP event on Empowering pharmacists to support tobacco cessation – sharing perspectives from Scotland
- Ongoing contribution and engagement with FSRH on the Hatfield Vision with a focus on a nationally commissioned community pharmacy EHC service and debate surrounding P to GSL switch for EHC products.

Activity in England

- Following the election we have begun further engagement with ministers and the new government. We have meetings lined up with Health ministers in November to share RPS policy positions.
- We attended the Labour party conference, speaking on several fringe events covering medicines shortages, selfcare and access to vaccines. This provided an opportunity to speak to ministers and MPs about the potential of pharmacy.
- The Pharmacy APPG is now up and running again with the election of a new chair. The secretariat is working through the plan for next year, but future meetings are likely to include discussions on medicines shortages
- We continue to lobby for the abolishment of prescription charges working closely with the Prescription Charges Coalition supporting calls for the new government to take action.
- We continue to meet with ICB leaders across the country to understand the issues facing pharmacy systems. Ongoing financial pressures are a significant concern which is limiting opportunities to develop the pharmacy services.
- The recent announcement of the 10 Year Plan listening exercise has begun. We have met with civil servants around the launch of the event and will be publishing a survey to members to ensure we have a robust response to this consultation.

Activity in Scotland

- We are continuing our work to lobby for access to shared patient data for all pharmacists. We have completed a FOI request to establish the current state of play and have consulted with members about what this would mean to them. We have now submitted a briefing document for SG and MSPs to report this information and are looking at other ways to make this data public.
- We have joined a Scottish Government Remote and Rural workforce planning group to look at how the issues faced by these communities can be addressed
- We have been asked to provide oral evidence to the SG Health, Social Care and Sport Committee on 19th November on assisted dying..
- We have planned a medicines shortages drop in event for 28th November sponsored by an MSP who has personal experience of this.
- We held a very successful celebratory event in the office following the Board day in September.

- We are working with NES to offer a series of events to promote research among pharmacists and support pharmacists to start research projects which will in turn support engagement with credentialing as this is seen as one of the main barriers.
- We organised and ran a webinar in collaboration with the Lyme Resource Centre to support pharmacists to identify and treat Lyme disease.
- We published a thought leadership column in Holyrood magazine considering the need for healthcare professionals to conscientiously object to participating in any part of the assisted dying process
https://www.holyrood.com/comment/view_associate-feature-the-ability-of-pharmacists-to-conscientiously-object-to-assisted-dying-is-essential
- In July, a blog from RPS Scotland was published by Reform Scotland, presenting the perspectives of the pharmacy profession on the future of the NHS in their series #NHS2048 <https://www.reformscotland.com/nhs2048/pharmacists-must-be-fully-integrated-into-the-nhs-fiona-mcintyre/>
- We welcomed a new engagement lead for Scotland and North of England.
- Presented our advocacy and leadership activities to Pharmacy Specialist Interest Groups in Scotland across the year reaching over 100 pharmacists
- We attended an NPA round table to discuss hot topics with other pharmacy organisations.
- We wrote to an MSP asking for a Parliamentary Question to be tabled to determine when the Medicines Homecare Review will be published. The answer from SG suggests this will be published shortly, after review by CPhO.
- Scottish Parliament's Health Committee published our evidence to the remote and rural healthcare inquiry in their final report, highlighting the critical importance on ensuring access to training opportunities for staff in remote and rural areas.
- We welcomed Alexa Wall, Principal Pharmaceutical Officer (Workforce) and colleagues to present on the Scottish Government Pharmacy Workforce Forum at our SPB September meeting

Activity in Wales

- Hosted the second annual Pharmacy: Delivering a Healthier Wales (PDAHW) Conference in Cardiff, which aligns with our 2030 vision for pharmacy in Wales. Nearly 200 pharmacy team members attended for a day featuring an inspiring keynote speech, four talks on strategic developments within Wales, best practice examples from across Wales and reflections from the CPhO.
- Following the conference, we also hosted a recognition event to celebrate the success and achievements of pharmacy team members in Wales.
- RPS Wales will once again take the lead in developing updated three-year goals to help pharmacy in Wales achieve its 2030 vision.
- PDAHW engagement events have continued across Wales, with over 250 pharmacy professionals signed up as champions.
- Continued to provide secretariat support for the quarterly PDAHW Delivery Board and its four thematic sub-groups
- Worked with Pharmaceutical Press on the award of a new contract from NHS Wales, granting health professionals across Wales access to Medicines Complete.
- Hosted a parliamentary briefing event with CPW to promote the work of community pharmacy teams and highlight current pressures on the sector.

- Planning is underway for a joint MDT parliamentary event on mental health and a standalone RPS event on medicines shortages in November and December.
- Held an introductory meeting with the new Shadow Minister for Health.
- Participated in a main-stage panel focused on mental health at the Plaid Cymru Autumn Conference.
- Welcomed a new Engagement Lead for Wales and the West of England.
- Together with the engagement team, hosted a successful North Wales regional event with 20+ attendees.
- Pharmacy visits have been arranged for three Members of the Senedd and one MP in November/December, with more planned ahead of the 2026 Senedd election.
- Work on updating the RPS Wales webpages is ongoing and will be published in Q4.
- Worked with the Museum Officer to establish a historical pharmacy collection at RPS Wales.
- Arranged two visits for our Presidents to meet with pharmacy teams at the St Mary's Pharmaceutical Unit in Cardiff and the Grange Hospital within Aneurin Bevan UHB.
- Continue to liaise with and support the Head of School of Bangor University ahead of 2025 first intake of pharmacy undergraduates.
- Continued to support and attend the IP training events hosted in collaboration with HEIW.
- Supported and presented at the Public health Wales Greener primary care toolkit event aimed at Community pharmacy.
- Elen Jones presented at the Icelandic Association of Pharmacists conference, highlighting Wales' progress with the Common Ailment and Prescribing services, and shared ideas on sustainability and deprescribing.
- Continued participation in regular meetings of various groups/boards: Primary Care Electronic Prescribing Service Programme Board, Royal College Mental Health Expert Advisory Group Wales, Welsh Royal Colleges Child Health Collaborative, Welsh Royal Colleges and Professional Bodies Advisory Group, National network steering group for pain, the Welsh Pharmaceutical Committee, Welsh Pharmacy Partnership, PHW World AMR Awareness Week Planning Group, and the HEIW Stakeholder Reference Group.

Consultations

- 15 consultations responded to during the period July to November 2024. All our responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2024-consultation-responses>
- RPS will be responding to upcoming consultations on:
 - Palliative Care Matters for All: Strategy Consultation Scottish Government
 - HIV Pre-exposure Prophylaxis: BASHH

Tase Oputu, Chair, English Pharmacy Board
Jonathan Burton, Chair, Scottish Pharmacy Board
Geraldine McCaffrey, Chair, Welsh Pharmacy Board

President's report: August – November 2024

External events

August was a quiet month due to holidays, but it's been a busy time ever since with lots of travel for the constitution and governance roadshow, external events and meetings. It has been great to be out and about around GB and beyond to meet pharmacy colleagues.

I attended the FIP World Pharmacy Congress in Cape Town, representing RPS at FIP Council meetings and speaking and being on a panel about prescribing and Pharmacy First. Paul Bennett and I attended a meeting to share what we were focussing on that as hosted by the American Pharmacy Association. We had a meeting with our Ghanaian members. I represented RPS at a WHO Europe FIP meeting in Copenhagen about pharmacy services.

I attended the Independent Community Pharmacy Awards lunch in Parliament, the Pharmacy Business awards dinner, BOPA conference and awards dinner, the Royal College of Physicians Harveian Oration and dinner. All were excellent networking opportunities with colleagues and other leaders from across the health professions.

Paul and I met with Sir Hugh Taylor. I attended meetings of the UKPPLAB and presented our Royal College plans to the board. I also UKPPLAB working group on communication.

I was a guest at a parliamentary reception for the Terrence Higgins Trust who continue to lobby me about PrEP being supplied via pharmacy.

Paul Bennett and I have had regular meetings with the Chief Pharmacist David Webb.

I presented details of Pharmacy First (Scotland and England) and Choose Pharmacy (Wales) to a webinar for the Finnish Pharmacy Association and a recorded talk for the Papua New Guinea Society arranged by CPA.

I visited Ade Williams in his pharmacy in Bristol and enjoyed seeing Pharmacy First in action. I visited The St Mary's pharmaceutical Unit in Cardiff and saw sterile and non-sterile manufacturing. I visited The Grange a new hospital in Cwmbran, Wales and met many of the staff who were highly valued by the rest of their teams.

Internal meetings and events

Internal meetings have included board meetings in all three countries. I chaired Committee, and Remuneration Committee and attended Finance and Investment Committee, Audit and Risk Committee, and Pharmaceutical Press Board.

I have regular meetings with Paul Bennett and the three country directors.

I attended a lunch for previous RPS presidents to discuss the proposed Royal College.

I presented awards and fellowship certificates at the recognition events in Edinburgh and Cardiff.

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

I have attended most of the Royal College roadshow events and enjoyed presenting the proposals and chatting to members.

I took part in the annual conference, speaking and meeting members as well as chairing the opening session.

Claire Anderson

November 2024

ROYAL PHARMACEUTICAL SOCIETY

Treasurer's Report – October 2024

Dear colleagues,

This is my October 2024 Treasurer's statement to the Assembly, covering financial performance up to and including September 2024. I would like to begin by thanking the Operations and Finance teams for their continued diligence and support in ensuring the stability of our organisation. Special thanks also go to the Finance and Investment Committee (FIC), whose ongoing commitment to good financial governance ensures we remain in a solid position during these challenging times.

Overview

The global economic landscape remains volatile, influenced by geopolitical tensions, the outcome of the U.S. election, and market uncertainties. With the Bank of England signalling a potential reduction in interest rates, we may see some relief from the high borrowing costs impacting both individuals and businesses. However, the overall economic environment remains uncertain.

Despite these challenges, I am pleased to report that careful management of resources has allowed us to maintain a solid financial position. Our financial resilience will be crucial as we transition into a Royal College, a significant milestone that brings both opportunities and challenges.

Operating Performance

Perhaps foreshadowing a shift toward digital, slower BNF print sales have been offset by the strong performance of other key streams, including Medicines Complete and licensing, which exceeded expectations. Controlled expenses have contributed to a stronger-than-expected operating surplus, underscoring the importance of fiscal discipline.

Transition to a Royal College

The transition to becoming a Royal College presents an exciting opportunity, but it is not without financial and operational challenges. As we prepare for this shift, we must be mindful of the costs associated with rebranding, structural adjustments, and the expansion of our professional offerings. These investments are necessary but require careful stewardship to manage costs without impacting our financial health.

We are fortunate to enter this period from a position of strength, with reserves and an operational surplus providing a cushion against unforeseen challenges. However, we must remain agile and responsive to economic headwinds that could arise during this transition.

Investments

Following recent changes in the Ruffer fund that no longer aligned with our ESG policy, FIC agreed in July to liquidate this investment. We are now working with CCLA to build a growth-oriented portfolio that better matches our appetite for risk. This strategic shift, coupled with interest income from treasury deposits, enhances our long-term financial outlook.

Projects

Investment in the Janus project continues, and we are well-positioned to fund the Constitution and Governance review due to favourable in-year performance. Looking ahead, we will address other technology needs, such as upgrading our digital infrastructure to support the Royal College transition and expanding our educational offerings.

ROYAL PHARMACEUTICAL SOCIETY

Summary

Through a combination of prudent cost management and strategic growth initiatives, RPS is on a solid financial foundation, prepared to meet the demands and opportunities that lie ahead. The transition to a Royal College represents an exciting new chapter for RPS, and with prudent financial management, we are well-prepared to make this transition successfully, continuing to serve our members, the profession, and the public as we move forward.

Best regards,

Brendon Jiang

Treasurer, RPS

October 2024

Assembly Meeting 20th November 2024

24/11/ASB/02g - Open

Title of item	RPS Education & Standards Committee annual activity report
Open, confidential or restricted	Open
Author of paper	Anthony Cox
Position in organisation	RPS Education and Standards Committee Chair
Telephone	
E-mail	a.r.cox@bham.ac.uk
Purpose of item (for decision or noting)	For noting
Item Summary	The paper summarises activities of the RPS Education & Standards Committee in 2024
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Resource implications (where applicable)	n/a
Actions/decisions required of the Assembly	To note RPS Education & Standards Committee report

Background

This paper outlines the main activities of the RPS Education & Standards Committee undertaken from January 2024 to present.

The RPS Education & Standards Committee has met three times in 2024 on: 14th February 2024, 22nd May 2024 & 16th October 2024. Prof Anthony Cox continues as chair of the Committee in a second term until July 2025. A rolling renewal of the committee began 2024 to balance the introduction of fresh perspectives with institutional memory and expertise, introducing three new members to the committee:

- Dr Lindsay Morgan, University of East Anglia
- Dr Gemma Quinn, University of Bradford
- Debbie Wright, Consultant pharmacist

The Committee has continued to carry out its function of advising the RPS on educational and professional development matters and providing strategic and expert advice relating to workforce development and assurance through this period. Additionally, it has continued to fulfil its role of quality assuring RPS assessment and credentialing activity.

All meetings have been quorate, with good engagement of committee members. The following summaries the main topics of discussion and decisions made in each meeting, with more detailed comments in each of the meeting reports for reference. Each meeting also involved the detailed review and discussion of the credentialing results from the previous reporting window.

February 2024

- Approval of governance and operational infrastructure to support post-registration Foundation credentialing.
- Approval of the RPS credentialing report 2023 for publication.
- Endorsement of the A&C team's 2024 business activities.

May 2024

- Approval of two pioneer specialist curricula for publication post-consultation.
- Input into the RPS response to GPhC proposals on changes to the quality assurance of education providers.

October 2024

- Approval of a revised APCL policy for RPS credentialing.
- Endorsement of the policy to manage concerns with practice noted in RPS credentialing assessments.
- Approval of amendments to the FPAP terms of reference.
- Endorsement for the 2025 areas of focus for the A&C team.

RPS Education & Standards Committee meeting report

Wednesday 16th October 2024, 11am – 3pm

Venue: Royal Pharmaceutical Society, 66-68 E Smithfield, London, E1W 1AW

Attended	Apologies
<u>ESC Board members:</u>	Debra Roberts (DR)
Charlotte Richardson (CR)	Anthony Cox (AC)
Debbie Wright (DW)	Fiona Hughes (FH)
Ailsa MacDonald (AM)	Claire Anderson (CA)
Matthew Shaw (MS)	
Susan Roberts (SR)	
Lindsay Morgan (LM)	
Gemma Quinn (GQ)	
Raminder Sihota (RS)	
Amareen Kamboh (AK)	
Heather Smith (HS) (virtually for part of the meeting)	
<u>RPS Staff members:</u>	
Joseph Oakley (JO)	
Patsy Edwards (PE)	
Anna Davies-Muir (ADM)	
Carys Nelson (CN)	
Paul Bennett (PB)	

1. Housekeeping & action tracker review

MS welcomed all to the meeting as acting chair, as AC was unable to attend the meeting.

Introductions were made for the benefit of newer members. Apologies were shared with the committee.

2. RPS credentialing activity report

ADM shared some of the key findings from the standing report.

Post-registration Foundation credentialing

- There is an early differential pass rate between Wales and Scotland; this is, however, very early in the process after assessment of the initial cohorts where there has been learning for and dialogue with providers.
- There is more engagement with the programme from non-members than members at this career stage.
- Domain 5 (Research) has a higher pass rate relative to the other non-clinical domains which is positive and reflects the work that training providers have done with the workforce to prepare for this domain.

Core Advanced credentialing

- Pass rate increases for resubmissions, suggesting candidate feedback is supporting success on reassessment.
- In the most recent window, a community pharmacist from Scotland was successfully credentialed; this was positive as we now have a credentialed pharmacist in each main sector of pharmacy practice.

Consultant credentialing

- For 2024, we have seen a drop in the pass rate
- As for Core Advanced, the resubmission pass rate is higher.
- Leadership and Management domains seems to be more difficult to pass as the candidates go through the different credentialing levels.

Consultant post approval

- Process is currently under review, as there has been issues of team capacity but also assessor availability.
- The A&C team have already implemented new tools for the process and are currently updating and expanding the current pool of assessors.

Other

- Two appeals for consultant portfolio outcomes were received in this reporting window and considered by the Assessment Regulatory Committee (ARC). Both were refused by the committee based on there being no grounds for appeal in line with the assessment regulations.
- Two complaints were received in this reporting window: a Core Advanced candidate made a complaint to the Associate Director: Assessment & Credentialing relating to technical issues on the e-portfolio where assessors were not able to open attachments. A free resit has been granted to the candidate. A second complaint was received via social media from a previous assessor claiming that they had not been paid for their work. The team was able to confirm the payment to this assessor and the assessor then apologised on the social media platform.

ESC member comments:

- Consultant candidates coming from hospitals are going to be more clinically focused as they have limited opportunity to be able to gain experience to support the Leadership and Management domains.
- Pharmacists are having to make a decision between clinical and leadership; this is not conducive to four pillar working.
- The opportunities to develop system leadership are lacking and something that needs to be addressed to be able to progress the profession.
- Lack of job planning not helping address these trends: when is there the time to be able to do this?
- ESC has previously highlighted to the RPS the importance of having high quality feedback so it is great to see that work coming to fruition in the higher pass rates for resitting candidates.
- There is work still to be done to commission more clinically advanced services into community pharmacy in England so pharmacists are able to engage with core advanced credentialing.
- The complaint regarding assessors not being able to access evidence should not have gotten to the point that it did, and it should have been picked up earlier in the assessment process.
 - *JO agreed and confirmed that a communication needs to go out to assessors to remind them of the protocol if links in portfolios do not work.*
- Are there any plans to update the consultant e-portfolio in the future? As the current format is clunky for all involved (candidates, supervisors, assessors etc)
 - *JO explained that we are aware of a number of improvements needed across our e-portfolios to enhance user experience. However, as e-portfolio development is currently financed through our membership, we need to be judicious in funding improvements for this free-at-point of access product for all. It would be easier to finance such improvements with increased engagement in the credentialing assessments which would provide revenue to finance technology improvements. Equally, funding opportunities to improve the e-portfolio would also be helpful.*
 - *PB added that the RPS is concurrently developing a strategy and supportive business case to improve our technology across the organisation.*
- Could the A&C team look at adding trends to the cumulative data for all programmes as it would support getting an understanding of what trends are forming?
 - *ADM confirmed this may be possible but suggested that this may be something we want to do for our annual report to mitigate administrative burden.*
- The panel wanted to thank the A&C team for the detailed report and the work that has gone into creating it for the meeting.

ACTION: A&C team to send a reminder to assessors that, if they have any technical issues (especially relating to the accessibility of evidence), they should contact the credentialing mailbox.

ACTION: A&C team to explore including trend information to the cumulative data in the annual credentialing report from 2025.

3. Accreditation of Prior Learning (APCL) policy

JO explained that, earlier this year, the Advanced Pharmacist Assessment Panel (APAP), requested a paper and discussion on current RPS APCL policy. It became clear from the discussions that panel members were spending a lot of time reviewing/validating APCL applications with, often, very limited exemptions granted to candidates. There was a feeling that the current policy was not effective or proportionate. The panel considered a number of policy options to remedy this: the panel's preference was either to discontinue individual APCL applications or discontinue APCL completely. They requested these options be considered by ESC.

ESC members comments:

- Having an organisational APCL arrangements may encourage potential candidates onto the e-portfolio route once they have completed that qualification.
- It is important that credentialing assessments are authentic and at 'does' level to assure capability.
- The cost of APCL continuing to be met by RPS and its members should be reviewed.
 - *JO confirmed that any administrative fee added for APCL reviews would be transparently calculated for organisations.*
- We should ensure we align to the policies of other healthcare royal colleges.
- There would be significant inconvenience and organisational risk should the RPS rescind prior agreements with NES and NHSE relating to APCL for independent prescribing and ACP qualifications.
- GQ confirmed that this topic was discussed, as requested by APAP, at the post-graduate subcommittee meeting of the Pharmacy Schools Council. The consensus view from this meeting was that HEI qualifications and assessments should align with the credentialing to encourage progression; without APCL, this incentive could be taken away.
- Could the RPS consider only exempting GPhC accredited Independent Prescribing courses or an NHSE Centre of Advancing Practice accredited ACP courses?
 - *It was considered that this may be inequitable and inconsistent as a policy, especially to other HEI providers.*
- APCL requests should reduce in the future as provision aligns to RPS curricula and credentialing becomes integrated.
- Could removing APCL as a policy be a future ambition for the RPS as it moves towards becoming a Royal College?

DECISION: Option 4 of the supportive paper was agreed by the committee.

ACTION: A&C team to action the next steps to introduce the policy through 2024.

4. Raising concerns about candidate practice policy

During AOB in the May 24 ESC meeting, JO made the committee aware that the RPS was managing an escalated concern from an APCC chair regarding a candidate's scope of practice evidenced in their portfolio.

When this issue was raised, it became evident that there is a gap in our assessment regulations regarding how we manage escalated practice concerns; existing regulations focussed mainly on academic misconduct. Therefore, an interim process was devised in collaboration with the RPS executive and chair of APAP to deal with the matter at hand in a timely and proportionate manner.

This has now been drafted into a formal policy and process, as described in ENC3, to inform how we will manage similar concerns in the future. The RPS are looking for endorsement of this draft from ESC with final approval from the RPS executive prior to implementation into RPS regulations. This will ens

ESC member comments:

- There is no mention in the draft policy of contacting the candidate's employer or asking for further information directly from the candidate.
 - *JO commented that the data relationship sits directly with the candidate and there is no data sharing agreement in place to share the candidate's data with third parties such as the employer. Of course, if there were patient safety concerns, then we would share these with the regulator through their fitness to practise process.*
- It is important that the RPS does not start to stray into the regulator's role by investigating potential fitness to practise concerns directly.

- Cases where there may be potential risk that needs further exploration but where the fitness to practise burden has not been met, could be the most difficult.
- It is not the role of the RPS to limit the scope of practice for the profession.
- It is positive that this issue has happened in the early stages of credentialing, as there is now going to be a robust process in place.
- The ethics of the employer come into play; the candidate may not have had much choice or may feel pressured to be practising at the edges of their scope.
- It is important that whatever we put in place is scalable.
- If somebody is raising concerns but the portfolio has still passed, should this portfolio still pass? RPS position on this should be explicit within the policy.
- It should be made clear that if there were something within the portfolio that would cause concern from the panel that the RPS have the right to report this to the appropriate organisations.
- There should be some additional guidance for the assessors to be able to understand the definitions within the policy.
- It should be about the scope of practice within the curriculum rather than scope of practice as a pharmacist, is this clear within the policy?
- It needs to be clearer for the medium risks that the candidate will be informed that they are undergoing this investigation.
- There is currently nothing in the policy regarding timescales.

PB commented that the main principles of the policy need to focus on patient safety and the relationship between the RPS and candidate.

JO clarified that, if candidates are not members, then they will not be able to access RPS member benefits, such as access to guidance or mentoring services.

DECISION: Committee endorses the policy on the basis that the additional points above are integrated.

ACTION: A&C team to update policy and forward to RPS executive for review and final approval.

5. FPAP terms of reference update

FPAP have requested an amendment to their terms of reference to expand their membership to 12 members to ensure adequate representation.

ESC member comments:

- Happy for the additional members to be added to the panel
- Could the same extension of members be offered to APAP also?
- How do panel members know that they are beyond post-registration foundation level?

JO commented that we could add 'or equivalent' to ensure inclusivity for legacy workforce.

DECISION: Committee approves change to terms of reference.

ACTION: A&C team to review APAP terms of reference to ensure consistency across panels.

6. Becoming a Royal College: RPS proposal for change

PB presented a truncated version of the presentation currently being used across the UK at RPS roadshows about our proposals for change.

PB explained that the pharmacy landscape in the UK is changing rapidly with parallel rapid development in the complexity of medicines. UKPPLAB has set a challenge that the RPS is unable to

ignore, and these proposals aim to position the RPS into a stronger leadership space within the profession.

Following an externally commissioned governance review, it is being proposed that the RPS becomes a registered charity and seeks to become a Royal College ('Royal College of Pharmacy'). This is subject to legal advice, membership vote, cabinet office, privy council and charity regulators' approval.

A key pillar of these changes will be further embedding credentialing into the profession.

An FAQ document is currently being developed from the roadshows.

ESC member comments:

- The presentation to the committee is appreciated and members are supportive of the direction of travel.
- Where do pharmacy technicians fit into this change?
 - *PB commented that the proposed changes at this stage to not have membership categories, including the inclusion of pharmacy technicians, within their scope. APTUK are already in place as the professional leadership body for pharmacy technicians; the RPS will continue to work closely with APTUK and are hopeful for continued dialogue.*
- If this is going to effect change for the charter, why not increase the scope to be able to include pharmacy technicians?
 - *PB commented that the RPS want to change the charter so that it is less prescriptive about specific membership categories to enable greater flexibility in the future.*
- There is a worry about if the RPS were to become a Royal College then members would have to credential to be become a member.
 - *JO confirmed that there would be no such entrance examination, and that the registration assessment will remain with the GPhC. We hope that becoming a royal college will increase the understanding and value though of our post-registration credentials.*
- How are the RPS staff feeling about this change?
 - *PB commented that the feedback from staff had been positive; although this is a significant change organisationally, it will have limited impact on the everyday work of most teams in the professional leadership body, including the A&C team. It was recognised that this change would likely have more of an impact on central services teams (e.g. IT services and People team).*
- If the Publishing team was to become a limited company and then make profit, where will that money go?
 - *PB confirmed that the RPS would be the sole shareholder of the limited company and that any profits would be passed to the overarching charity.*

7. RPS credentialing: 2025 priorities

PE shared her team's area of focus: review of the RPS post-registration foundation curriculum.

We are aiming to launch the updated curriculum in October 2025 at the RPS workforce summit 2025.

ESC member comments:

- RPS's engagement with employers and the service will be critical to get this right.
- It will be important to capture and mitigate the risk of the new pharmacist prescriber for patients.
- This is a hugely ambitious timeline and there are concerns this is not realistic.
- The curriculum will hopefully improve system understanding of advanced practice.
- It will need to make a difference to the candidate's career for them to engage in credentialing. The credential needs to be linked to progression.

Post-meeting note: the proposed timescale has been extended based on the committee's comments.

ADM shared her team's areas of focus. Alongside delivering ongoing BAU activities, there are three key areas:

- **Technology:** Reporting function improvements, feedback integration into e-portfolio, improving automated processes and general e-portfolio functionality.
- **Stakeholder experience:** Improved candidate, assessor and training provider communications and information accessibility.
- **Process review and improvements:** SOP review and GDPR compliance.

ESC member comments:

- Expanding the pool of assessors also important to allow credentialing to scale.
 - *JO explained that assessors pay will never be likely to be the most powerful incentive to support assessing and that a wider assessor value proposition is needed.*
- Could credentialing candidates use assessment experience as evidence for their own credentialing?
- An improved technology experience would make people more likely to become assessors?
- The current technology is clunky for assessors, clunky for learners and probably difficult for internal staff which could cause major issues in the future.
- Assurance of assessor training and assessor standardisation important.

8. AOB

Meeting dates for 2025 will be circulated with the committee by the end of the year.

ACTION: A&C team to circulate 2025 meeting dates by the end of the year.

Assembly Meeting 20th November 2024

24/11/ASB/02h - Open

Title	Science and Research Committee Report to Assembly
Open, confidential or restricted	Open
Author (include email/phone)	Parastou Donyai RPS Chief Scientist
Position	Tel: 0207 572 2275 parastou.donyai@rpharms.com
Purpose of item	For noting
Item Summary	The paper summarises activities of the Science and Research Committee
Related Risk Register item (where applicable)	NA
Related RPS Strategy item (where applicable)	NA
Actions/decisions required of the Assembly	The Assembly is to note the update.

SCIENCE AND RESEARCH COMMITTEE UPDATE TO ASSEMBLY

1. Background

This paper outlines Science and Research Committee activities undertaken since November 2023 to present.

2. Science and Research Committee (SRC) Update

- **Science and Research Team updates.** A new Science & Research Officer (0.6 FTE), Leah Burton, joined the Science & Research Team in February 2024 on a fixed-term 12-month contract. The Deputy Chief Scientist (interim), Dr Diane Ashiru-Oredope, appointment extended until December 2024 (0.2 FTE). Following the departure of the Senior Research Manager, Dr Chris Martin, the Chief Scientist, has increased their RPS commitment to three days a week (0.6 FTE).
- **SRC – Meetings held on:**
 - 05 February 2024
 - 15 April 2024
 - 03 July 2024
 - 07 November 2024
- **SRC Chair –** In January 2024, Professor Amira Guirguis began her term as the Chair of SRC for the 2024-2026 period, inclusive.
- **SRC Terms of Reference** –Terms of Reference have not been updated since the previous February 2023 review but new proposals have been tabled for consideration at the 7 Nov SRC 2024 meeting.
- **RPS Annual Conference 2024** – To be held on 08 Nov 2024, with the theme “Working across boundaries: Embracing new opportunities and empowering excellence”. As in 2023, both research abstracts and innovative practice examples have been accepted for presentation at the conference. The abstracts and innovations were independently reviewed by our abstract review panel led by SRC members Professor Simon White, Professor Christine Bond, and Professor Catherine Mackenzie. The 76 successful research abstracts are due to be published in the International Journal of Pharmacy Practice and presented at the RPS Annual Conference. The 86 successful innovative practice examples will be presented as posters in the Innovation Zone at the RPS Annual Conference. The all-day Science & Research stream at this year’s conference was developed with the help of SRC, and includes five oral abstract presentations, a presentation by the OPERA24 awardee, and a presentation by the Harrison 2024 awardee.
- **Outstanding Pharmacy Early-Career Researcher Award (OPERA) 2024** – In its second year of running, 9 nominations were received, and 5 nominees shortlisted. Dr Sion Scott, a lecturer in behavioural medicine and lead postgraduate research tutor at the University of Leicester won the 2024 ‘Outstanding Pharmacy Early-Career Researcher Award’ (OPERA). This was announced on the [RPS' website](#) on 24 June 2024. All shortlisted nominees were featured in the [Pharmaceutical Journal](#).
- **Harrison Medal Award** – The nomination call for the 2024 Harrison Award was opened on 15 May with a closing date of 15 November 2023. The Award panel subsequently reviewed the 5 submissions received and selected Professor Ryan Donnelley as the 2024 awardee. This announcement was published on the [RPS website](#) on 15 May 2024.

- **SRC Working Group priorities**– The three new SRC working groups, listed below, have continued to develop their plans and to deliver on the SRC Project Priorities, some with new Chair arrangements:
 - Research Across the Profession (Professor Christine Bond & Dr Catherine Mackenzie Co-Chairs)
 - Definition for research active pharmacist under development; Support for SRT in creating a [web resource](#) on research funding sources; Reviewed 160 abstracts for RPS conference including oral presentations in afternoon session; Plan to publish a guide to funding sources for pharmacists in the PJ; Create a Community of Practice to support pharmacy researchers
 - Safer Medicines and Safer Medicines Usage (Dr Andy Fox Chair)
 - Planning closer working with the new RPS Patient Safety Manager to ensure synergy of effort; Identified need for a resource for RPS members providing them with practical reliable and pragmatic information about medicines procured illegally online by the public from unregistered sources; Identified need to address the increasing burden of pregnancy prevention programmes on members navigating complex healthcare system (e.g. valproate, topiramate)
 - New Medicines and Emerging Technologies (Dr Ka-Wai Wan and Dr Rachel Palmer Co-Chairs)
 - Identified themes of interest for this year: mRNA technologies, cancer immunotherapy and nanomedicines; Planned CPD article in PJ on cancer immunotherapy and mRNA technologies; Planned science programme and sought expert speakers for the RPS Annual Conference morning session; Planned a position statement on 'Reuse of Medicines' for the new year
- **SRC members also provide support to other RPS projects**, including government consultations, RPS policy updates, RPS media enquiries, SRT support sessions, RPS educational events, etc. as these arose.
- **NIHR Research E-learning modules** – Following RPS's success in securing funding from the National Institute for Health Research (NIHR) to produce e-learning modules to develop research awareness and capability in the pharmacy profession, all nine modules have been developed and released. In spring 2024, the SRT undertook an evaluation of the NIHR eLearning module feedback surveys. The results were written up as an abstract and were successfully accepted for presentation at this year's RPS Annual Conference.
- **Antimicrobial Expert Advisory Group** – a meeting was held on 26 March 2024. The AmEAG Chair, Professor Mark Gilchrist announced his intention to stand down from the position and will continue in his role to end of 2024. AmEAG worked with the SRT to produce a blog exploring the implementation of science in the day-to-day practice of pharmacists published on the [RPS website](#) on 19 July 2024.
- **Industrial Pharmacists Expert Advisory Group** – a meeting took place on 22 April 2024 where updates were shared, and input sought on bespoke RPS projects (Careers in industry event and Medicines shortages project).

Agenda for RPS Science and Research Committee

Wednesday 03rd July 2024 at 11.00am – 1.00pm

Held via MS Teams

[Click here to join the meeting](#)

Attendance

Amira Guirguis (Chair), Andrew Teasdale (AT), Andy Fox (AF), Barrie Kellam (BK), Cathrine McKenzie (CM), Delyth James (DJ), Gillian Hawksworth (GH), Jayne Lawrence (JL), Ka-Wai Wan (KWW), Mar Estupian (ME), Oisín Kavanagh (OK), Olaolu Oloyede (OO), Rachel Palmer (RP), Simon White (SW)

Anna Pielach (AP), Diane Ashiru-Oredope (DAO), Parastou Donyai (PD), Paul Bennett (PB), Rebecca Braybrooks (RB)

Apologies

Hend Abdelhakim,

Claire Anderson

Mark Gilchrist (AmEAG Chair), Sunayana Shah (IPAG Chair)

1: Recognition

Title	Item 1. Introductions, apologies, declarations of interest and Developments (Chair)	Time of item: 11:00
Description	Introduction to the meeting and matters arising/developments since the last meeting	
Purpose	To review significant developments since the last meeting Welcome to all members Apologies Agree minutes/ notes from the previous meeting Updated ToR and clarification of voting rights (review and approval before submission to Assembly)	
Outcomes	To be agreed and completed at the meeting as a record	
	<p>The Chair welcomed SRC members and apologies were noted for the meeting. The previous meeting report was agreed as a correct record of the meeting with no further comments.</p> <p>The Chair went on to discuss the newly drafted Terms of Reference (TOR) for the group that was shared in the meeting pack.</p> <p>Numerous points were heard regarding the draft TOR and included:</p> <ul style="list-style-type: none">• Quorate numbers for SRC meetings, what are these and could these be added to the new TOR.	

	<ul style="list-style-type: none"> Sharing the draft with the amended sections highlighted would be good when it comes to final versions and sharing with a wider audience. Attendance of meetings, can the wording on this section be reviewed as attendance can be difficult with meetings held during the day and busy schedules. Final version will be shared before going to Assembly for agreement.
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2: Relevance

Title	Item 2. Science & Research Update (Chief Scientist)	Time of item: 11:15
Description	An update from the Chief Scientist – Parastou Donyai	
Purpose	<p>To relay an update on the</p> <ul style="list-style-type: none"> 2024 RPS Science and Research stream at Annual RPS Conference (PD) Abstract review (SW) OPERA award updates (PD) 	
Outcomes	To be discussed and any actions agreed at the meeting	
	<p>PD shared a slide which outlined the RPS conference Science and Research stream draft plan. Planning is going well</p> <div style="border: 1px solid black; padding: 10px; background-color: #f9f9f9;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Science & Research Stream</p> <p>Morning session (90 mins):</p> <p>mRNA technology in immunotherapy and its relevance to pharmacy <i>Robert Jones, Consultant Hepatobiliary Surgeon at Liverpool University Hospitals NHS Foundation Trust, Associate Professor, University of Liverpool and Chief Investigator for BioNTech mRNA personalised tumour vaccine</i></p> <p>The Pharmacogenetics Roll Out – Gauging Response to Service (PROGRESS) project and its relevance to pharmacy <i>Jessica Keen, Pharmacy Lead, NHS North West Genomic Medicine Service Alliance</i></p> <p>Combating the illegal trade in medicines <i>Andy Morling, Deputy Director of Criminal Enforcement Unit, Medicines and Healthcare Products Regulatory Agency (MHRA)</i></p> </div> <div style="width: 45%;"> <p>Afternoon session (105 mins):</p> <p>Oral presentations (45 mins)</p> <ul style="list-style-type: none"> Presenter 1 (9 mins) Presenter 2 (9 mins) Presenter 3 (9 mins) Presenter 4 (9 mins) Presenter 5 (9 mins) <p>OPERA Award winner (30 mins) <i>Sian Scott, Lecturer in Behavioural Medicine University of Leicester</i></p> <p>Harrison Award winner (30 mins) <i>Professor Ryan Donnelly, Chair in Pharmaceutical Technology at Queen's University Belfast's School of Pharmacy and Director of Research</i></p> </div> </div> </div>	
	<p>PD outlined the OPERA process and outcome for 2024.</p> <p>The winner for 2024 is Sian Scott.</p> <p>Discussion was heard with the following points being made:</p> <ul style="list-style-type: none"> Review the criteria to be more encouraging? Use the group Research across the profession Review the application criteria – academic / non academic Prize is 30mins presentation, certificate/ trophy, featured in PJ Awareness across industry would be good Need to showcase and promote the Award further It is still in its infancy so will continually review in the future 	

	<p>PB – RPS hosted the BPSA Executive for a training day at 66ES, they're a very enthusiastic group. Would be good to promote the Award through BPSA.</p> <p>ABSTRACTS – SW</p> <p>177 abstracts received, following a late call out it is great to be reaching these numbers. Having more than previous years is a good problem to have - currently reviewing all abstracts. Great promotion of research.</p> <p>Provided a lot of assistance to those submitting abstracts, and try to help those that aren't quite up to standard.</p> <p>Panel of reviewers by 8th July, clear guidance/ marking criteria. Reviewing capacity. It's a good problem to have and it will be managed to include as many as possible.</p> <p>PD shared slide with details -</p> <p>Abstracts</p> <p>We have received:</p> <ul style="list-style-type: none"> • 177 research abstracts • 73 innovation abstracts <p>We currently have budget for:</p> <ul style="list-style-type: none"> • 70 research abstracts published in IJPP • 140 posters in the venue (i.e. 70 research posters and 70 innovation posters) <p>Could accommodate:</p> <ul style="list-style-type: none"> • 130 research abstracts (need additional budget for boards and publishing) • 80 innovation posters • Grand total = 210 posters <p>Other options:</p> <ol style="list-style-type: none"> 1. Another option is to have Research posters displayed at the venue, online and published in IJPP but the Innovation Zone posters showcased via the conference App only – we will still need to secure <u>additional budget</u> to allow all research abstracts to be published in IJPP 2. *To fit within the existing budget, we can accommodate 150 (70 published) posters in total at the venue, but SRC team could come up with additional tier where for example the 50-70 bottom posters will be displayed on the conference app only. (i.e. not published) <p>+</p> <p>DAO – innovation abstracts have been told in person presentations which should have encouraged more submissions.</p> <p>AG – there will be direct impact on attendance with rejected abstracts</p> <p>PB – plea for sponsors for the conference</p> <p>DAO – research funding, industry can be focussed and made clear what is given on return</p> <p>SW- recommendation innovation zone to happen as planned, top 70 research abstracts display at conference and rest online</p>
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Title	Item 3. SRC Update from Working Groups & Projects (Chair)	Time of item: 11:45
Description	SRC to hear from working group Chairs and ratify decisions	
Purpose	To hear an update from all 3 working groups – General (Amira Guirguis 5 min)	<ul style="list-style-type: none"> • New Medicines and Emerging Technologies WG (Rachel Palmer 15 min)

	<ul style="list-style-type: none"> • Research across the Profession WG (Cathy McKenzie and Christine Bond 15 min) • Safer Medicines and Safer Medicines Usage WG (Andy Fox 15 mins)
Outcomes	To be agreed and completed at the meeting as a record
	<p>New Medicines and Emerging Technologies WG</p> <ul style="list-style-type: none"> - Sub committee meeting in June - proposals for conference on immunotherapies - Brainstorming any other ideas - Emerging technologies other than MRNA - MRNA – education piece in PJ, Q&A article to give taster on the conference, After conference immunotherapy rather than covid vaccines. Follow on CPD article how MRNA technologies can be used further <p>Safer Medicines and Safer Medicines Usage WG</p> <ul style="list-style-type: none"> - Discussion around proposed pieces of work. - Met with Patient Safety team at RPS / Kate Ryan new staff lead - Joint meds safety committee (Andy Fox rep) – webinar series being planned out. October - Human factors, mythbusting and relevance - Procurement and use of medicines that are not registered. Patient safety element (speaker at conference) . Potential gap to RPS members, face to face interaction from a different source. FAQ / signposting / guidance. - KaWai – updated on MHRA availability <p>Research across the Profession WG</p> <ul style="list-style-type: none"> - Chairs unavailable for comment - Pharm research David Webb and Christine on group promoting research and the pharm research incubator focussed on focus groups in coming months what it is that's stopping engagement – barriers and enablers (psychological). Supporting research working collectively is moving forwards together <p>Chair thanked everyone for their contributions to the working groups, please do continue the great work.</p>

Title	Item 4. Proposal for a new working group on Substance use and diversion of medicines(AG)	Time of item: 12:35
Description	SRC to discuss emerging matters of interest	
Purpose	To consider the issues highlighted below and discuss the need for a new WG <ul style="list-style-type: none"> • Xylazine - PJ • Gabapentinoids - PJ • Pregabalin - PJ 	
Outcomes	For information and discussion	
	AG – outlined a new working group proposal It would be used to answer queries, commentary, media etc for the profession. PB - Align with board priorities now that new Boards have been formulated. Right at the heart of what should be doing. Also aligns with RPS vision. AG - animal medicine being used PD – propose area of focus, what can we propose ? allocated resource required so needs to be a priority	

	PB – SRC needs to raise the issues to Assembly/ Boards, raising as item for concern to these so resource can be allocated. Alerting the National board directors.
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3: Any Other Business

Title	AOB, Chair	Time of item: 12:45
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	To be discussed and any actions agreed at the meeting as a record	
	PD – RPS launching call for evidence on the facility sales of pharmacy medicines MEP to be reviewed for next edition, following evidence collected. Discussion – collection of evidence looking at patient safety around self selection of P-MEDS Clearly shows leadership of RPS. Australia bans vapes except for pharmacy sales, keep in mind / reflect. Date of next meeting: Thursday 7 th November	

**ROYAL
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Assembly Meeting 20th November 2024

24/11/ASB/02i - Open

Title	Panel of Fellows Annual Report
Open, confidential or restricted	Open
Author	Christine Bond
Position	Chair of the Panel of Fellows
Director responsible	Neal Patel Associate Director - Pharmacy and Membership Experience
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	Annual update on the activities of the Panel of Fellows
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	

Panel of Fellows Annual Report

This paper covers:

1. Membership of the Panel of Fellows
2. The Remit of the Panel of Fellows
3. Fellowship nominations submitted to the Panel of Fellows
4. Update on the Activities of the Panel of Fellows
5. Date of next Panel of Fellows Meeting

1. Membership of the Panel of Fellows

As previously agreed by the Appointments Committee, the Panel of Fellows currently comprises the following members:

Chair

Christine Bond FFRPS FRPharmS

Surinder Bassan FRPharmS

Alexander Daghlian FRPharmS

Mair Davies FFRPS FRPharmS

Barbara Lynn Haygarth FFRPS FRPharmS

Delyth James FRPharmS (from October 2024)

Ceinwen Mannall FFRPS FRPharmS

Martin Stephens FRPharmS

The Appointments Committee met on 27 September 2024. Five Panel members were at the end of their first three-year term and were due to either stand down or apply for another term of office. All five, Alexander Daghlian, Mair Davies, Barbara Lynn Haygarth, Ceinwen Mannall and Martin Stephens reapplied and were reappointed.

The terms of reference for the Panel of Fellows, states that it can consist of up to 8 Panel members. The Appointments Committee therefore decided to appoint one extra new member, Delyth James. This will help ensure that there are up to three experienced members sitting on the Panel, when the five reappointed members will need to stand down in three years.

2. Panel of Fellows Remit

Under Section 4 of the Society's Regulations, the Panel of Fellows is given the authority by the Assembly to designate members to be Fellows of the Society.

The Panel of Fellows was given authority to agree that the seal be affixed to Fellows Certificates by the Assembly in May 2011.

3. Fellowship nominations submitted to the Panel of Fellows

The Panel of Fellows has designated the following 37 members as Fellows of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy at their meetings on the 16 November 2023 and 16 May 2024.

November 2023

- Ifesinachi Anyamene
- Ian Ashurst
- joanne bateman
- Carl Booth

- Anna Burgess
- Tina Campbell
- Parastou Donyai
- Christine Gilmour
- Brendon Jiang
- Sallianne Kavanagh
- Deborah Malins
- Susan Mann
- Ann Mounsey
- Hemant Patel
- Shilpa Shah
- Jennifer Silverthorne
- Ann Slee
- Wendy Smith

May 2024

- Jeff Aston
- Sarah Cavanagh
- Richard Daniszewski
- Alastair Florence
- Benjamin Kelly Hannan
- Sundus Jawad
- Susan Catherine Jones
- Rupvinder Kahlon
- Emily Kennedy
- Stephen Morris
- Erutase Oputu
- Helen Porter
- Hatul Shah
- Sobha Sharma Kandel
- Mathew Smith
- Nicola Stoner
- Judith Vincent
- Joseph Williams
- Laura Wilson

The Panel designated the following as a Posthumous Fellow at their meeting on 16 May 2024:

- Moody Meng

4. Update on the Activities of the Panel of Fellows

The Panel of Fellows met on 16 November 2023 via Zoom and on 16 May 2024 at the RPS office in London.

Website

The case studies page contains case studies of some recently appointed Fellows
<https://www.rpharms.com/rps-membership/fellows/rps-fellows-case-studies>.

A new online application form has been added to the website. The form has been updated to facilitate its completion and to give clearer guidance on the level of detail required in each section, alongside further advice on completing the form, to help members to submit good

quality nominations <https://www.rpharms.com/rps-membership/fellows/fellows-nominations#form>.

Annual Dinner and Reception

The Annual Fellows dinner was held at RAF Club on 16 May 2024. 101 Fellows attended an evening of networking over drinks and dinner, which also included the award of certificates to some newly appointed Fellows.

Leslie Morgan, an RPS Fellow and a Deputy Lieutenant and member of the RAF Club gave the after-dinner speech.

Local events to celebrate and recognise new Fellows resident in Scotland or Wales, and to provide a forum for existing Fellows to meet and hear updates from a member of the Panel of Fellows have been held in Edinburgh on 18 September and Cardiff on 19 September. Some Fellows received their certificates at these events.

The remaining newly appointed Fellows, who received their designation in November 2023 and May 2024 are invited to attend the RPS Fellows Presentation Ceremony on 8 November 2024. This will be held alongside the Annual Conference. The President and CEO will attend the reception and present the Fellows with their certificates. All Fellows, attending the conference are this year, welcome to attend the celebratory event.

Fellows Newsletter

Two Fellows newsletters have been sent: one in February 2024 and one in August 2024.

The newsletters were emailed to all Fellows and included updates on newly appointed Fellows, a link to the case studies page to find out more about new Fellows and information on how Fellows can get involved in the work of the RPS. A call for nominations and information about how to improve the chances of completing a successful nomination were included, along with a link to the Inclusion and Diversity Survey for RPS Fellows.

Call for Fellowship nominations

A new call for nominations has been launched, 8 weeks prior to the next nomination deadline, on both the Pharmaceutical Journal and the RPS websites, along with targeted, sector specific emails and Tweets. All communications encouraging nominations emphasise the importance of nominating pharmacists from all sectors and all backgrounds.

5. Date of the next Panel of Fellows meeting

The next meeting of the Panel of Fellows will be held via Zoom on Thursday 14 November 2024.

Prof Christine Bond FFRPS FRPharmS
Chair of the Panel of Fellows

October 2024

Assembly Meeting 20th November 2024

24/11/ASB/02j - Open

Title	Membership Committee Annual Report
Open, confidential or restricted	Open
Author (include email/phone)	Nick Thayer Chair of the Membership Committee
Position	Neal Patel Associate Director - Pharmacy and Membership Experience
Director responsible	
Purpose of item (for noting/discussion/decision/approval)	For noting
Item Summary	Annual update on the activities of the Membership Committee
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	

Membership Committee Annual Report

This paper covers:

1. Membership of the Committee
2. Remit of the Membership Committee
3. Membership applications referred to the Membership Committee
4. Existing memberships referred to the Membership Committee
5. Non-GPhC related cases
6. Appeals

1. Membership Committee members

Chair:

Nicholas Thayer MRPharmS

Gazala Akram FRPharmS (to April 2024)
 Mohammad Raalib Amode MRPharmS (from October 2024)
 Jasvir Singh Dhillon MRPharmS (from October 2024)
 Rachael Fallon MRPharmS
 Sandra Gidley FRPharmS
 Sandra Hall MRPharmS
 Elizabeth Harries MRPharmS (from October 2024)
 Michael Keen FRPharmS
 Joanne Loague MRPharmS (to March 2024)
 Colin Minchom FRPharmS (from October 2024)
 Sarah Mitchell-Gears MRPharmS (from October 2024)
 Tin Wai Ng MRPharmS
 Parag Oza MRPharmS (to October 2024)
 Minesh Parbat MRPharmS (to October 2024)
 Ahtisham Saddick MRPharmS (from October 2024)
 Richard Strang MRPharmS
 Jessica Thompson MRPharmS (to March 2024)
 Komal Vadday MRPharmS (to March 2024)
 Barbara Wensworth FRPharmS (to October 2024)
 Ellen Williams FRPharmS
 Anthony Young MRPharmS (from October 2024)

The Membership Committee held their annual meeting via Zoom on 16 January 2024. Routine business of the Committee is carried out using Box to share documents, followed by a Zoom meeting to discuss the case.

Committee members also met on 11 June 2024 to discuss ways of working and receive an Education update from Helen Chang.

Appointment process for vacant Committee places

The Appointments Committee met on 27 September 2024. There were 13 vacancies, and the Appointments Committee reviewed the anonymised applications at their meeting.

Rachael Fallon, Sandra Hall, Michael Keen, Tin Wai Ng, Richard Strang and Ellen Williams were selected to sit for a second three-year term.

Mohammad Raalib Amode, Jasvir Singh Dhillon, Elizabeth Harries, Colin Minchom, Sarah Mitchell-Gears, Ahtisham Saddick and Anthony Young were newly appointed to the Committee.

2. Remit of the Membership Committee

The Membership Committee was established in March 2011 to provide staff with support and guidance when reviewing non-standard membership applications as well as existing memberships. They take referrals of complaints about member conduct, hear appeals relating to membership and recommend appropriate and proportionate resolutions in accordance with Society rules.

All standard applications are reviewed and processed by the Society's membership team. Applications from people who have been suspended or removed from the GPhC register of pharmacists because of a fitness to practice issue are passed to the Membership Committee for consideration. In addition, the membership team reviews existing memberships and refers any members who have either been removed or suspended from the GPhC register to the Membership Committee for consideration. The Membership Committee can re-classify an existing membership from Fellow or Member to Associate or can deny or remove membership, where appropriate. The Membership Committee also takes referrals related to the conduct of a member of the RPS raised either by other Members or Fellows or by the RPS through the Assembly or the Chief Executive as covered in the RPS Governance Document.

While it would be unacceptable for the Society to admit or keep members who damage the reputation of the profession and its professional body there is a role for the RPS to play in providing support and guidance to individuals seeking re-admission to the register. The option to re-classify a member means that an individual can still access this support and guidance available from the RPS to enable them to do this.

There is a wider future role for the Membership Committee in supporting the Membership function of the RPS executive, providing insight and practical experience to the offer the RPS makes to its members. In particular, understanding and articulating the benefits of membership to the profession and the importance of it, as part of being a professional. This potential will continue to be explored next year.

3. Membership applications

There have been no applications for membership since October 2023 from anyone who has been suspended or removed from the GPhC register.

4. Existing members

There have been one new membership review of a member who has been suspended from the GPhC register between October 2023 and September 2024.

Background	Membership Committee Decision	What happened next?

<p>The member was suspended from the Register for six months because they didn't keep or maintain adequate patient records about their Controlled Drug Register. They also supplied methadone to a patient without a legally valid prescription and tried to conceal their error.</p>	<p>As the member had demonstrated insight and had put new procedures in place, they agreed that there was no bad intent or personal gain. The individual was still of Suitable Standing, so could remain a Member. They would benefit from using RPS resources to ensure their practise is up to date.</p>	<p>They remain an RPS Member and are currently suspended from the register on the GPhC register.</p>
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5. Non GPhC related cases

The Membership Committee did not review any non GPhC related cases between October 2022 and September 2023.

6. Appeals

There have been no appeals to reconsider a decision made by the Membership Committee since October 2022.

Nicholas Thayer MRPharmS
Chair of the Membership Committee

October 2024

Assembly Meeting 24th November 2024

24/11/ASB/02k - Open

Title of item	Report from the Commonwealth Pharmacists Association to the Royal Pharmaceutical Society Assembly, November 2024
Open, confidential or restricted	Confidential
Author of paper	Victoria Rutter Chief Executive Officer (CPA)
Position in organisation	Beth Ward Strategic Lead - Workforce Capability Building (CPA)
Telephone	07961 436154
E-mail	victoria.rutter@commonwealthpharmacy.org elizabeth.ward@commonwealthpharmacy.org
Item to be led at the meeting by	n/a
Purpose of item (for decision or noting)	<p>The Assembly is asked to:</p> <ol style="list-style-type: none"> 1. Recognise the shared vision of RPS and CPA 2. Receive an update on the CPA's key achievements and areas of alignment and collaboration during 2023/24 3. Consider future joint working opportunities aligning with the RPS international strategy.
Risk implications (where applicable)	N/A
Resource implications (where applicable)	N/A
Headline summary of paper	<p>Commonwealth Pharmacists Association:</p> <p><i>Activity update and opportunities for collaborative working for mutual benefit</i></p>

1. Purpose

The Commonwealth Pharmacists Association (CPA) provides this report to the Royal Pharmaceutical Society (RPS) to showcase the value of our continued collaboration and its impact on global pharmacy practice. With RPS' ongoing support, CPA has expanded its reach and influence, strengthening pharmacy systems across the Commonwealth. This report highlights how our joint efforts have elevated RPS' international profile and delivered significant outcomes in workforce capability building, health systems strengthening, and advocacy.

2. Background - Our Shared Vision

CPA and RPS share a deeply aligned vision that champions the global advancement of pharmacy. Both organisations are committed to positioning pharmacy as a vital force in healthcare, with RPS leading the profession in Great Britain and CPA uniting over 1 million pharmacists across the 56 Commonwealth nations, working with its members – National Pharmacy Associations (NPAs) of the Commonwealth.

The **RPS mission** is to place pharmacy at the forefront of healthcare, pioneering the safe and effective use of medicines. **CPA's mission** is to empower pharmacists to improve health and wellbeing throughout the Commonwealth. Together, these missions reinforce a common purpose: leveraging pharmacy expertise to tackle health challenges globally.

As the world faces unprecedented health demands, CPA and RPS must seize the opportunity to align their strengths. RPS' ambition to be the world leader in the safe and effective use of medicines is increasingly supported by CPA's reach and influence across rapidly evolving healthcare systems. CPA's vision of empowering and developing the pharmacy profession across the Commonwealth enhances RPS' international footprint, creating opportunities for collaboration and the exchange of best practices between high-income countries and low- and-middle income countries (LMICs).

Since its inception in 1969 under a former president of the RPS, the CPA has evolved into an independent charity that remains firmly rooted in its partnership with RPS. The collaboration is built on shared values of professionalism, innovation, and global impact. CPA's unique status as an accredited Commonwealth organisation, combined with RPS' reputation as a leader in pharmacy practice, offers a powerful platform to elevate the pharmacy profession on the global stage.

Through strategic alignment, CPA and RPS are able to unlock opportunities for pharmacists to contribute to Universal Health Coverage goals, enhancing access to quality healthcare across the Commonwealth.

3. CPA Key Achievements in 2023/24

In line with our charitable objectives, CPA's work in 2023/24 focused on three strategic priorities: workforce capability building, health systems strengthening, and advocacy. An

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overview of our key programmes, achievements, and their measurable impacts is provided in Annex A.

4. RPS/CPA Collaborative Working

Over the past 12 months, the collaboration between the CPA and RPS has continued to strengthen. This enhanced cooperation has extended RPS' international footprint and promoted RPS as a global leader in pharmacy practice and standards. The appointment of key individuals within both organisations has facilitated this closer alignment, allowing the CPA to leverage its extensive international network, strategic stakeholder engagement, and strong relationships to the mutual benefit of both organisations.

4.1 Highlights in 2024:

- **Increasing RPS International Visibility and Influence**
 - CPA has facilitated international visibility for RPS through significant speaking engagements, such as:
 - Pharmaceutical Society of Australia Conference 2024, where RPS showcased pharmacist prescribing
 - Pharmaceutical Society of Ghana AGM 2024, focusing on the Pharmacy First initiative in Great Britain.
 - Pharmaceutical Society of Papua New Guinea AGM 2024, showcasing Pharmacy First in Great Britain.
 - CPA promoted RPS to international health stakeholders, including the Singapore Ministry of Health, facilitating their in-person attendance at the RPS 2024 Conference.
 - CPA is facilitating the development of a Memorandum of Understanding between RPS and the Malaysian Pharmacists Society, strengthening RPS' influence in pharmacogenomics policy, further establishing RPS as a thought leader in emerging fields.
 - Joint efforts, such as co-curating a half-day session at the RPS 2023 Annual Conference, provided a platform to share international pharmacy practices, extending RPS' reach to pharmacists in LMICs through free virtual attendance.
- **Opportunities for RPS Members**
 - CPA has created valuable opportunities for RPS members to engage in international charitable work, including mentoring African Leadership Fellows, speaking on CPA's Commonwealth Youth Webinar Series, and contributing to the development of CPD content for pharmacists in LMICs, enriching their own professional experience whilst expanding RPS' global footprint.

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4.2 Strategic Value of CPA-RPS Collaboration

- **Enhanced Funding Opportunities**

CPA's robust stakeholder engagement and funding identification have benefitted RPS, evidenced by the joint bid for the 2025 RPS-CPA UK Global Health Fellowship Programme, which, if successful, will provide financial support while expanding RPS' global influence.

- **Leveraging Global Networks**

Through its extensive international connections, CPA has enabled RPS to play a leading role in global pharmacy mentorship. RPS was integral to CPA's African Leadership Fellowship in AMS, leading mentor/mentee training and identifying UK-based RPS members to mentor African pharmacists. This collaboration has positioned RPS as a key partner in supporting global pharmacy leadership and advancing antimicrobial stewardship efforts across the Commonwealth.

- **Driving Sustainable Growth**

CPA's rapid growth, with turnover increasing from £40k to £1.2m in just seven years, highlights the success of its collaborative strategies. This growth presents RPS with ongoing opportunities to expand its international strategy and influence, leveraging CPA's established networks and expertise.

A crucial aspect of the RPS-CPA partnership is the funding that RPS provides toward CPA's core staffing costs. This plays a vital role in enabling the charity to function and continue to resource its activities outside of specific project funding. CPA has consistently demonstrated the ability to deliver impactful programmes with limited resources, maximising the value of RPS' contribution. However, increased core funding would further enhance CPA's ability to undertake critical scoping activities and needs analyses, which are essential for identifying high-impact opportunities. By supporting CPA in these areas, RPS can extend its international footprint and facilitate initiatives that benefit both RPS members and pharmacists across Commonwealth LMICs. This increased investment would allow for a stronger collaborative role for RPS in strategic global health projects, unlocking new opportunities for RPS to lead internationally.

4.3 Recommendations for 2024/5 and Beyond

CPA recommends that RPS consider investing further in this collaboration, with a focus on:

- Enhancing RPS' international strategy, leveraging CPA's unique access to Commonwealth health ministries, national pharmacy associations, and other key stakeholders.

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- Expanding RPS' role in global leadership programmes, such as mentoring in CPA Fellowships, co-delivery of a joint Global Health Fellowship, and contributing to the development of CPD content for LMIC pharmacists
- Exploring further co-badged CPD initiatives and opportunities for RPS members to contribute to global projects.

By continuing to align strategic priorities, RPS can further extend its influence on the global stage, advancing pharmacy practice worldwide while also delivering tangible value to its members.

Annex A: CPA Key Achievements 2023/4

A.1 Workforce Capability Building

Strengthening the pharmacy workforce is central to CPA's mission, ensuring pharmacists are equipped with the skills and knowledge necessary to improve patient care and health outcomes.

A.1.1 Strategic Stakeholder Engagement Programme - Workforce Needs Analysis

CPA's robust stakeholder engagement strategy underpins all of our workforce capability initiatives. In 2023/24, CPA conducted virtual and face-to-face engagement meetings and workshops with over 40 countries gathering essential insights into national and local pharmacy workforce needs. This network includes NPAs, government ministries, health leaders, and global organisations such as the WHO.

Survey data from circa 1,000 pharmacists using CPA's CPD platform has further informed our programme design, ensuring that we address the most pressing workforce challenges across LMICs. The intelligence gathered through this engagement allows CPA to tailor its initiatives, from leadership Fellowships to clinical skills development, to the specific needs of pharmacists across the Commonwealth.

A.1.2 CPD Platform - key achievements

- CPA's CPD platform grew by 10% in 2023/24, now supporting over 10,800 pharmacists in 22 countries.
- The platform expanded to over 35 modules across 12 topics, including AMS, Malaria, Behaviour Change, Tuberculosis Management, and Substandard and Falsified Medicines.

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- Continued funding ensures ongoing free access for pharmacists in LMICs, and planned development of 12 new modules in 2025, supported by interactive webinars to further enhance learning and patient care.

A.1.3 African Leadership Fellowship in AMS - key achievements

- This ground-breaking bespoke leadership programme, developed in response to stakeholder feedback, has enrolled 45 mid-career pharmacists from eight African countries over 2 cohorts in 2023/4.
- The programme is set to build long-term leadership capacity to tackle AMR, with over 90% of fellows on track to complete the fellowship in January 2025.

A.1.4 Critical Care Training Course - key achievements

- In collaboration with University College London Hospitals, in 2024, CPA has facilitated training of 60 pharmacists from 12 LMICs through a 12-month Certificate Pathway, equipping them to manage critically ill patients.
- Trainees from countries such as Nigeria and Uganda have already reported improved outcomes in their practice, with significant improvements in managing critical care patients.

A.1.5 PharmAid Programme - key achievements

- Through its Memorandum of Understanding with BookAid International, and collaboration with Pharmaceutical Press, CPA distributed over 5,000 pharmacy books across 10 countries, including Malawi, Uganda, Rwanda, Tanzania, Sierra Leone and Nigeria.
- These resources are directly supporting rational medicine use and improving patient care, as reflected in feedback from NPAs such as the Pharmaceutical Society of Malawi, which called the books “a valuable resource in ensuring optimal pharmaceutical care.”

A.1.6 Commonwealth Workforce Observatory - key achievements

- CPA is collaborating with WHO’s National Health Workforce Accounts (NHWA) and FIP to gather comprehensive data on the pharmacy workforce across Commonwealth countries. This data will help identify workforce shortages, maldistribution, and training needs, supporting workforce planning and advocacy efforts.

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- In June 2024, CPA launched a combined data collection form (and resultant workforce dashboard) to member organisations, aiming to capture key metrics such as workforce registration, demographics, and training requirements.
- CPA worked with RPS' Research Team to initiate the data collection process, piloting the data collection form to capture the most up-to-date UK workforce data published by the GPhC (e.g. number of registered pharmacists, geographical spread, etc.), as well as other relevant insights from the RPS (e.g. advocacy and policy priorities, education and training needs, etc.)
- The ongoing data collection will inform CPA's strategy and advocacy initiatives, working with WHO and FIP to address workforce challenges and improve pharmacy access and development across the Commonwealth.

A.2 Health Systems Strengthening

CPA's health systems strengthening work focuses on building resilient health systems by enhancing pharmacists' roles in improving access to medicines and promoting antimicrobial stewardship (AMS).

A.2.1 Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)

- Through CwPAMS, CPA implemented 24 AMS projects across eight African countries in 2023/4, directly training over 800 healthcare professionals.
- These projects have developed national AMS action plans and are actively contributing to policy integration at local and national levels, leading to safer antimicrobial use and reduced AMR risk.

A.2.2 Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building (SPARC) Programme

SPARC continues to strengthen health systems by improving AMS in LMICs. Key achievements include:

- **Prescribing Companion App:** Since launch in November 2022, over 22,000 healthcare professionals have now integrated this tool into their daily routines, leading to more informed and effective antimicrobial use in both human and animal health.
 - In 2023/4, a further 5 National antimicrobial human health guidelines from Malawi, Sierra Leone, Nigeria, Timor Leste and Nepal were uploaded, quality checked and published on the App. These efforts were entirely country-led through App champions (trained country super users) to increase ownership and customization to context.
 - Over 20 in-country App promotional activities led by App champions across 11 countries were conducted covering over 700 healthcare workers.

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- Over 3,500 new registered users through the App engagement events.
- **Malawi eMMS Pilot:** In partnership with the Malawi Government, Ministry of Health, and Pharmaceutical Society of Malawi, CPA is leading the technical development and implementation of an electronic medicines management system (eMMS) in Malawi, addressing crucial supply chain issues in the pharmaceutical sector, and facilitating real-time tracking of antimicrobials from manufacturer to patient. This pilot is set to expand in 2025, contributing to improved medicines access and health outcomes.
- **Data for Action:** Over 2024, work has begun to develop a 4-module train-the-trainer programme tailored to the needs of 5 countries. Modules include: AMS Leadership and Accountability, AMU Data collection, Data Analysis, Data use and Behavioural change.

A.2.3 Medicines Access

In collaboration with the Commonwealth Secretariat, the CPA explored the procurement and pricing landscape of medical products and evaluated how a Voluntary Price Sharing Database and/or other solutions could enhance procurement systems in Commonwealth member states. Key Achievements include:

- In collaboration with the Commonwealth Secretariat, formation of a Commonwealth Heads of Procurement Network, with over 30 member states engaging.
 - Delivery of two information sessions for the network in December 2023.
- Development and completion of scoping of medicines access proformas for eight member states: Bangladesh, Dominica, Kenya, Malaysia, Malta, Solomon Islands, South Africa, and St. Vincent and the Grenadines.

A.3 Advocacy and Global Impact

CPA continues to position pharmacists as key players in global health discussions through strategic advocacy.

A.3.1 Commonwealth Civil Society Policy Forum and Commonwealth Health Ministers Meeting (CHMM) 2024

In 2024, CPA, supported by the Commonwealth Health Professions and Partners Alliance (CHPA), convened the 2024 Commonwealth Civil Society Policy Forum, focused on "Actionable Solutions to Building Resilience in Healthcare Systems," with a special emphasis on small and vulnerable states. CPA played a key role in shaping recommendations presented at the CHMM, addressing the health impacts of climate change, strengthening health emergency capacities, leveraging workforce capabilities, and addressing the health workforce crisis. The forum's recommendations called for prioritising climate-related health

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impacts, creating preparedness plans for disaster scenarios, and fostering intergenerational health learning. A survey conducted, with 94 respondents, primarily from Sri Lanka, Uganda, and the UK, provided overwhelming agreement with the proposed recommendations, which have been integrated into ongoing advocacy efforts. CPA continues to use these recommendations to influence health system resilience strategies across the Commonwealth, ensuring that pharmacy workforce and access to medicines remain central to health policy development.

A.3.2 World AMR Awareness Week

CPA engaged over 500 young pharmacists across the Commonwealth in WAAW 2023 through webinars and social media campaigns, raising awareness about AMR and mobilising future leaders to tackle this critical issue.

A.3.3 Dissemination

During 2024, we disseminated evidence of impact through 32 conference abstracts, 18 poster presentations, 12 abstract publications, 7 talks/sessions, 4 reports and 1 peer-reviewed research publication including:

- International Pharmaceutical Federation Congress 2024 (Cape Town, South Africa) - 5 abstracts, 5 abstract publications, 5 posters, 1 session, 1 roundtable event.
- International Social Pharmacy Workshop 2024 (Banff, Canada) - 4 abstracts, 4 abstract publications, 2 talks, 1 poster.
- International Society for Infectious Diseases Congress 2024 (Cape Town, South Africa) - 5 abstracts, 2 posters, 1 talk.
- Pharmaceutical Care Network Europe Working Symposium 2024 (Basel, Switzerland) - 5 abstracts, 4 posters.
- Royal Pharmaceutical Society Conference 2024 (London, UK) - 5 abstracts, 5 posters, 3 abstract publications.
- Ecumenical Pharmaceutical Network Forum (Dar es Salaam, Tanzania) - 3 abstracts, 1 poster.
- International Congress of Health Workforce Education and Research 2024 (Barcelona, Spain) - 1 abstract, 1 talk.
- Clinical Pharmacy Congress (London, UK) - 1 abstract, 1 talk/session.
- Clinical Pharmacy Congress North 2024 (Manchester, UK) - 1 abstract.
- Climate and Health Africa Conference 2024 (Harare, Zimbabwe) - 1 abstract.
- UK Health and Safety Agency 2025 (Manchester, UK) - 1 abstract.
- 4 reports; 1 research article published in BioMed, MDPI; 1 commentary submitted to WHO Bulletin; 1 research article to be submitted to JoPPP (BMC, Springer, Nature); 1 protocol to be submitted in Implementation Science (BMC, Springer, Nature); 6 research articles currently under development.

Assembly Meeting 24th November 2024

24/11/ASB/02k - Open

We continue to work to ensure continuous communication and dissemination of our work to achieve high impact.

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 20th November 2024

24/11/ASB/02I - Open

Title	Annual Health and Safety Report
Open, confidential or restricted	Open
Author (include email/phone)	Javier Torres Javier.torres@rpharms.com 07800 912250
Position	Workplace Manager
Director responsible	Jon Jarret
Purpose of item (for noting/discussion/ decision/approval)	Noting
Item Summary	Annual Health & Safety Report
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	To note

HEALTH & SAFETY UPDATE REPORT 2024

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1. Purpose

To inform the Assembly of the status of the Health and Safety activities in 2023/2024.

2. Action required

The Assembly is asked to note this update.

3. Background

The operational responsibility for Health and Safety (H&S) sits with Workplace Account Manager led by Javier Torres after outsourcing to a specialist Facilities Management on 1st July 2021. OCS UK merged with Atalian Servest in early 2023 and finalised the merger across all sites at the end of 2023.

4. Introduction

To ensure the effective management of health and safety, it is imperative for RPS to continuously monitor and review its performance. This annual report provides a comprehensive analysis of RPS's health and safety performance from September 2023 to October 2024. Each office will be reviewed individually to identify areas of achievement and areas requiring improvement in greater detail.

5. Key areas

- a. **Updating and Reviewing Health and Safety Guidance Documentation:** Ensuring all guidelines are current and comprehensive.
- b. **Accident Statistics:** Analysing data to identify trends and areas for improvement.
- c. **Health and Safety Training:** Evaluating the effectiveness of training programs and identifying additional needs.
- d. **Progress on the Health and Safety Action Plan:** Assessing the implementation and impact of planned initiatives.
- e. **Emergency preparedness:** Update on initiatives and procedure implementation

6. LONDON

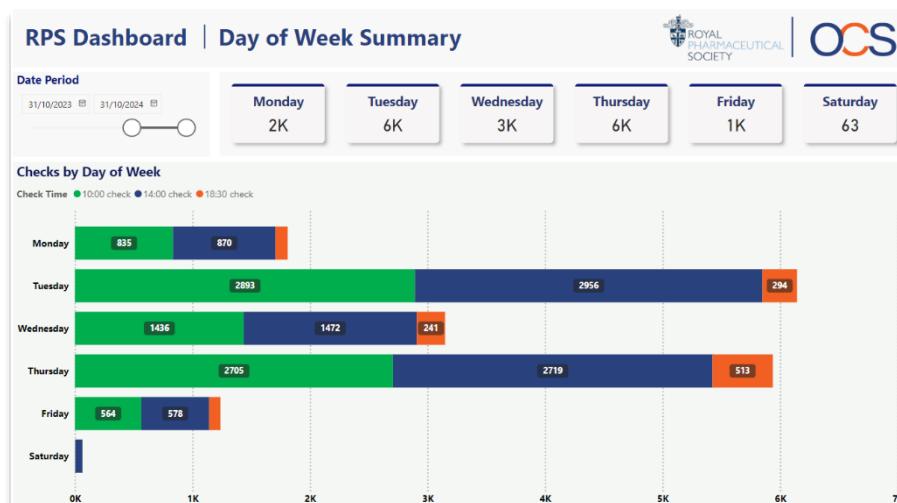
The health and safety standards at the London Office are currently at an acceptable level and comply with all relevant UK legislation, including the Health and Safety at Work Act 1974. Key achievements for 2023-2024 include significant improvements in fire safety and a comprehensive review of emergency preparedness. Challenges faced include near misses and incident reporting, building induction procedures, and occupancy data collection. The target is to improve all these areas by the end of 2024.

6.1. Office Occupancy statistics

Collecting occupancy data is crucial for optimising space usage, reducing costs, enhancing energy efficiency, and improving employee experience. Additionally, accurate occupancy data aids in near misses and accident reporting by providing essential information on the number of people present during such events. It also supports informed decision-making in health and safety management. Owing to less rigorous data collection in 2023, the statistics in this report should be

used with caution and considered as estimates rather than precise figures. To address this issue, a robust data collection strategy was implemented in 2024 to ensure more accurate and reliable reporting moving forward. It is recommended that teams at all sites actively participate in this data collection effort to produce more precise and reliable reports

	2023	2024	%	Comments
Staff	6965	7177	3%	General Trends: London office has shown an increase in occupancy of 3%
Museum	796	681	-19%	The museum has experienced a reduction of visitors of 19%
Visitors	1577	1878	19%	Visitor numbers have changed significantly, showing a 19% increase. In addition, London has seen an increase in foot traffic thanks to external venue hires. Data on this is being collected for future reports.



Highest occupancy observed on Tuesdays and Thursdays. These days are the most popular among staff

6.2. Indoor Air quality assessment

ABI (Advanced Building Intelligence) platform has significantly improved indoor air quality by controlling humidity and reducing pollutants and allergens. Regular reports enable timely adjustments to the fresh air units within the Building Management System (BMS), ensuring effective air quality management. With over 99% of readings within safe limits, the building environment remains healthy and productive. Continuous monitoring will maintain these high standards throughout the year.

Floor	Avg	Low	High (Date & Time)	Safe %	Elevated %	Concerning %
1F	579	394	1278 (2024-08-30 16:30)	82.31	17.67	0.02
2F	492	390	1024 (2024-01-22 19:15)	98.30	1.70	0.00
3F	562	400	1370 (2023-12-07 16:00)	92.09	7.86	0.05
4F	496	394	1697 (2024-03-07 00:15)	99.81	0.13	0.06
Basement	485	392	727	100.00	0.00	0.00
Ground (GF)	487	472	758	100.00	0.00	0.00
Roof (RF)	478	463	691	100.00	0.00	0.00

█ Safe: Below 800 PPM
█ Elevated: 800-1200 PPM
█ Concerning: Above 1200 PPM

Highlights:

Ground Floor (GF), Roof (RF), and Basement: These areas achieved 100% safe readings, reflecting excellent air quality management with no elevated or concerning levels throughout the year.

1st Floor: 82.31% of readings remained safe, though 17.67% were elevated. Despite more frequent elevated levels, only 0.02% concerning events occurred, with the highest peak at 1278 ppm on August 30, 2024, at 16:30 (working hours), managed effectively.

2nd Floor: Maintained 98.3% safe readings with only 1.7% elevated levels and no concerning events.

3rd Floor: Maintained 92.09% of readings in the safe range, with fluctuations managed efficiently. Peak of 1370 ppm on December 7, 2023 (working hours) resolved without disruptions.

4th Floor: Experienced the highest CO₂ peak of 1697 ppm on March 7, 2024, at

00:15 (non-working hours). Despite this, 99.81% of readings remained within the safe range, ensuring minimal impact through timely intervention.

PM2.5 levels remained within the healthy range for over 95% of the time. Minor spikes were efficiently managed, keeping disruptions minimal, and warning-level incidents were rare, occurring in less than 0.3% of readings. The environment is consistently safe, comfortable, and well-maintained, ensuring high air quality.



6.3. Near Misses, Incidents, accidents and RIDDOR in the workplace

Incident and near miss reporting are crucial for mitigating potential accidents and providing decision-makers with accurate data to make informed health and safety decisions. In 2024, OCS QHSE team introduced Econoline, to enhance this reporting process. The facilities team has been actively engaging in reporting, but it is essential that the London office implement more robust reporting practices.

	Near Misses	Incidents	Accidents	RIDDOR
2023				
2024	0	0	0	0

The data indicates that reporting may not have been adequately conducted, particularly in 2023. The increase in reported incidents and accidents in 2024 can be attributed to the improvements implemented. However, there is still evidence of underreporting based on these figures.

Strategy to Improve Near Miss Reporting

LATEST EVENTS						
Record ID	Status	Contract / Location	Date and Time of Event	Event Type	Specific Site Name / Location	Event Sub Type
48116	Closed	Royal Pharmaceutical Society	16 Oct 2024 11:15	• Hazard Report	Royal Pharmaceutical Society	• Site Hazard
30381	Closed	Royal Pharmaceutical Society	9 May 2024 14:16	• Accident	Royal Pharmaceutical Society	• Not work related - NWR
24983	Closed	Royal Pharmaceutical Society	5 Mar 2024 09:35	• Accident	Royal Pharmaceutical Society London	• Accident involving Non-OCS person
21297	Closed	Royal Pharmaceutical Society	12 Jan 2024 11:30	• Accident	Royal Pharmaceutical Society	• Non-lost time injury - NLTI
20824	Closed	Royal Pharmaceutical Society	2 Jan 2024 15:30	• Hazard Report	Royal Pharmaceutical Society, E1W 1AW	• Building/structure defect

Awareness Campaign: Launch an awareness campaign to educate employees on the importance of reporting near misses. Use posters, emails, and meetings to emphasize how near miss reporting can prevent future accidents.

Simplify Reporting Process: Ensure the reporting process is straightforward and accessible. Implement an easy-to-use online reporting system.

Training Sessions: Conduct regular training sessions to teach employees how to identify and report near misses. Include real-life examples to illustrate the importance.

Encourage a Safety Culture: Foster a culture where safety is a priority. Encourage employees to report near misses without fear of repercussions. Recognize and reward those who actively participate in safety initiatives.

Regular Reviews: Schedule regular reviews of reported near misses to identify patterns and implement corrective actions. Share findings with all employees to keep them informed and engaged.

Feedback Mechanism: Implement a feedback mechanism where employees can suggest improvements to the reporting process. This can help identify barriers to reporting and address them promptly.

6.4. Emergency preparedness

From the end of Q1 2024 there has been an increase in initiatives to improve building security and review and improve the existing protocols. OCS launched a security briefing at the beginning of 2024 for all site staff and in October implemented a version that could be shared with RPS.

In collaboration with the Metropolitan Police, RPS is enhancing emergency preparedness. The Act operational training session imparted by the MET Police was completed in September by several RPS, OCS and Ingeus staff. Following this training a security advisor conducted a survey on the building's security. A comprehensive security plan is being developed. This plan addresses a range of security and criminal threats, not just terrorism. The goal is to ensure the safety of employees, visitors, and assets by preparing for various scenarios, including unauthorized access, and insider threats. The security plans are high-level documents that guide key decision-makers on existing security measures and response strategies. They also support business continuity and corporate memory. Key elements include defining roles and responsibilities, protecting critical assets, and maintaining robust access control and detection systems. This initiative underscores that security is a collective responsibility, extending beyond the facilities team to all staff members.



6.5. Fire Safety

Extensive work and investment have seen the fire safety of the building improve. Potential non-compliant areas and fire risks identified during 2023 were successfully completed in 2024. The work continues with the 2024 fire risk assessment taking place at the end of October. We have made sure to mitigate any possible areas of concerns to have a positive result from the assessment.

Key areas completed:

- During this period, we conducted biannual fire drills, with the most recent drill completed on October 1st. The results were satisfactory, demonstrating that the lessons learned from previous emergency drills were effectively implemented. Next fire drill March 2025.
- Fire stopping was completed in February 2024 with a total of 52 areas made compliant.
- Existing doors were reviewed and made save were necessary and new fire doors were installed in areas they were not compliant a total of 43 doors were made compliant.
- Fires extinguishers were reviewed and a total of 6 have been replaced with new ones.
- Emergency lighting remedials completed in April 2024 Followed by the yearly 3 hour drain down which identified more remedials and were actioned immediately.

6.6. London Health and Safety summary

Other key areas of the Health and Safety strategy has been reviewed and improved were necessary. All mandatory health and safety inspections and certifications were completed within the required timeframes.

Compliance Tasks	Status
DSE assessments and first Aiders	DSE Platform was monitored until September, awaiting confirmation how this process will be completed.
Legionella risk assessment	Due December 2024
Fire risk assessment	Scheduled for end of October 2024
PAT testing	A total of 487 electrical appliance were tested in September 2024
Five yearly fixed wire testing	Fixed wire testing is due in February 2025
Annual Emergency lighting test	Completed in April 2024 with actioned highlighted. All remedial have been completed
COSHH	Reviewed and up to date
Risk Assessment	OCS team risk assessments reviewed and up to date.
Contractors' safety procedures	Rigorous procedure continues and monitors regular making sure; team and contractor follow all H&S procedures
First Aid kit Inspections	Monthly inspections are conducted
Defibrillator	Monthly inspections are conducted
Building safety induction	All new starters will continue to receive a health and safety induction. The process is being reviewed to ensure that every new starter receives a building induction at the beginning of their first working day. For those who are onboarded remotely, an online induction procedure will be introduced.
Site Safety Inspection	Site safety inspection is completed on a monthly basis and is closely monitored by the OCS QHSE team.
Health and safety Training	A Total of 14 people will receive First Aid and Fire Warden Training. This has been scheduled for the month of December.

7. CARDIFF

Statutory health and safety at the Cardiff office meet acceptable standards. A fire drill was conducted in July 2024 and a fire risk assessment is scheduled for November. Monthly site safety inspections were introduced in 2024. In July the workplace account manager conducted a site visit to review all health and safety documentation and procedures.

7.1. *Office Occupancy statistics*

Data collection for the Cardiff office has been challenging, we have taken the necessary steps to ensure that future reports have more precise data available. Data at the Cardiff office should be used as a reference and not as precise figures.

	2023	2024	%	Comments
Staff	No Data Available	202		Insufficient data was collected in 2023 to allow for a meaningful comparison. However, data collection in 2024 has improved, leading to better reporting.
Museum	No Data Available			
Visitors	No Data Available			

7.2. *Near Misses, Incidents, accidents and RIDDOR in the workplace*

	Near Misses	Incidents	Accidents	RIDDOR
2023				
2024	0	0	0	0

None reported/ recorded; this indicates a trend of underreporting near misses. It is imperative that all employees are encouraged and trained to report every near miss, incident, and accident promptly and accurately. Improved reporting will help identify potential hazards and prevent future incidents, ultimately enhancing the safety culture across the organization.

Strategy to Improve Near Miss Reporting

Awareness Campaign: Launch an awareness campaign to educate employees on the importance of reporting near misses. Use posters, emails, and meetings to emphasize how near miss reporting can prevent future accidents.

Simplify Reporting Process: Ensure the reporting process is straightforward and accessible. Implement an easy-to-use online reporting system.

Training Sessions: Conduct regular training sessions to teach employees how to identify and report near misses. Include real-life examples to illustrate the importance.

Encourage a Safety Culture: Foster a culture where safety is a priority. Encourage employees to report near misses without fear of repercussions. Recognize and reward those who actively participate in safety initiatives.

Regular Reviews: Schedule regular reviews of reported near misses to identify patterns and implement corrective actions. Share findings with all employees to keep them informed and engaged.

Feedback Mechanism: Implement a feedback mechanism where employees can suggest improvements to the reporting process. This can help identify barriers to reporting and address them promptly.

7.3. Fire Safety

Fire drills, emergency lighting annual testing, five yearly fixed wire testing, fire alarm and fire extinguishers were serviced and maintained on time in line with current England and Wales legislations. Fire risk assessment will be completed in November 2024.

7.4. Cardiff Health and Safety summary

Other key areas of the Health and Safety strategy have been reviewed and improved where necessary. All mandatory health and safety inspections and certifications were completed within the required timeframes.

Compliance Tasks	Status
DSE assessments and first Aiders	DSE Platform was monitored until September, awaiting confirmation how this process will be completed.
Legionella risk assessment	Completed in October 2024. Awaiting quote for low risk remedials
Fire risk assessment	Scheduled for end of November
PAT testing	Due in January 2025
Five yearly fixed wire testing	Completed in October, remedials scheduled to pass and obtain certificate
Annual Emergency lighting test	Completed in October 2024, remedials needed. Awaiting final report
COSHH	Reviewed and completed by Blue Breeze
Risk Assessment	TBC
Contractors' safety procedures	Procedures are continuously monitored to ensure that both the team and contractors adhere to all health and safety protocols.

Compliance Tasks	Status
First Aid kit Inspections	Monthly inspections are conducted by RPS staff
Defibrillator	Monthly inspection will be established from November.
Building safety induction	There is currently no documented record of visitors or new starters having completed the building induction process. Onboarded remotely an online induction procedure will be introduced.
Site Safety Inspection	Site safety inspection is completed monthly and is closely monitored by the OCS QHSE team.
Health and safety Training	First Aid Training and Fire Warden up to date.

8. EDINBURGH

The Edinburgh office was affected by building works and was closed December 2023 to August 2024 the Cupola and boiler room needed extensive refurbishment. Despite the office closure health and safety statutory tasks continued to be completed in line with current legislation. As the office get back to norm occupancy numbers have increased, During the workplace managers visit in August 2024 a fire drill was conducted and all statutory paperwork reviewed.

8.1. *Office Occupancy statistics*

Data collection for the Edinburgh office has been challenging, we have taken the necessary steps to ensure that future reports have more precise data available. Data at the Edinburgh office should be used as a reference and not precise figures.

	2023	2024	%	Comments
Staff	No Data Available	507		Taking into account that the Edinburgh office was closed for building work, there has been an increase in occupancy numbers since its reopening
Museum	No Data Available			
Visitors	No Data Available			

8.2. *Near Misses, Incidents, accidents and RIDDOR in the workplace*

	Near Misses	Incidents	Accidents	RIDDOR
2023				
2024	0	0	0	0

Only one near miss recorded in 2024, this indicates a trend of underreporting near misses. It is imperative that all employees are encouraged and trained to report every near miss, incident, and accident promptly and accurately. Improved reporting will help identify potential hazards and prevent future incidents, ultimately enhancing the safety culture across the organisation

Strategy to Improve Near Miss Reporting

Awareness Campaign: Launch an awareness campaign to educate employees on the importance of reporting near misses. Use posters, emails, and meetings to emphasize how near miss reporting can prevent future accidents.

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Regular Reviews: Schedule regular reviews of reported near misses to identify patterns and implement corrective actions. Share findings with all employees to keep them informed and engaged.

Feedback Mechanism: Implement a feedback mechanism where employees can suggest improvements to the reporting process. This can help identify barriers to reporting and address them promptly.

8.3. Fire Safety

A fire drill conducted in August highlighted areas for improvement, such as enhancing radio communication with the master point and providing building inductions for visitors. Measures have been implemented to address these issues, and continuous improvements in fire safety are ongoing. Additionally, fire warden training is scheduled for December to further enhance our fire safety protocols.

8.4. Edinburgh Health and Safety summary

Other key areas of the Health and Safety strategy has been reviewed and improved were necessary. All mandatory health and safety inspections and certifications were completed within the required timeframes.

Compliance Tasks	Status
DSE assessments and first Aiders	DSE Platform was monitored until September, awaiting confirmation how this process will be completed.
Legionella risk assessment	Due Awaiting Date from Contractor
Fire risk assessment	Scheduled for January 2025
PAT testing	Awaiting Date from Contractor
Five yearly fixed wire testing	Completed in October. Remedials will follow.
Annual Emergency lighting test	Completed in September, awaiting final report
COSHH	Reviewed and up to date

Compliance Tasks	Status
Risk Assessment	TBC
Contractors' safety procedures	Rigorous procedure continues and monitors regular making sure, team and contractor follow all H&S procedures
First Aid kit Inspections	Monthly inspections are conducted by RPS staff
Defibrillator	Monthly inspections will be implemented in November.
Building safety induction	There is currently no documented record of visitors or new starters having completed the building induction process. Onboarded remotely an online induction procedure will be introduced.
Site Safety Inspection	Site safety inspection is completed on a monthly basis and is closely monitored by the OCS QHSE team.
Health and safety Training	All Edinburgh staff will receive First Aid and Fire Warden Training. This has been scheduled for the month of December. Awaiting confirmation from RPS team.

Level 1 and 2 Office Letting Update

- Ingeus are our tenants and have been in situ since January 2022.
- Feedback remains very positive
- Ingeus visitor numbers have remained consistent, with a total of 20,291 participants visiting their offices during this period. Language barriers continue to be a challenge.

NEW Risk Implications

- London – Maintenance and Defects – BMS Upgrade, Roof Leaks,
- Scotland – Maintenance and Defects – Electrical works from five-year test and Electrical riser upgrade
- Wales – Maintenance and Defects – Emergency Lights and Legionella remedials

Facilities Contract Update

- OCS team have been working hard to ensure all 3 building are fully compliant and all necessary remedials are being attended to. OCS are now well established in all offices, and we remain complaint on all 3 sites working towards industry best practice standards.
- We are in the 3rd year of our agreement. A 1+1-year continuation was agreed.

9. Conclusion/ Summary

Over the past year, all three sites have achieved and maintained health and safety compliance at a commendable level, demonstrating significant advancements from 2023. Notable areas of improvement include fire protection and emergency preparedness. All statutory compliance requirements were met punctually, highlighting our dedication to cultivating a robust health and safety culture across all RPS locations.

The progress made in 2023-2024 lays a solid foundation for further enhancements in 2024-2025. By concentrating on near misses and incident reporting, supporting emergency preparedness, and refining communication, we aim to strengthen our health and safety culture across all sites.

Achievements in 2023-2024

Fire Protection:

- Enhanced fire safety measures, including updating fire suppression systems.
- Comprehensive training sessions for staff on fire safety protocols.

Emergency Preparedness:

- Improved emergency response plans tailored to each site.
- Conducted multiple emergency drills to ensure readiness.

Key Improvements for 2024-2025

Near Misses and Incident Reporting:

- Implement a more robust system for reporting and tracking near misses and incidents.
- Encourage a culture of transparency and continuous improvement by providing training on the importance of reporting.

Emergency Preparedness:

- Further enhance emergency preparedness across all three offices by updating emergency plans and conducting more frequent drills.
- Ensure all staff are well-versed in emergency procedures through regular training sessions.

Communication:

- Improve the review and communication processes across all offices to ensure that health and safety information is comprehensive and engaging.
- Develop a more interactive and engaging communication strategy to keep all staff informed and involved in health and safety initiatives.



Assembly Meeting 20th November 2024

24/11/ASB/02m - Open

Title	Inclusion and Diversity update
Open, confidential or restricted	Open
Author (include email/phone)	Amandeep Doll amandeep.doll@rpharms.com 0207 572 2353
Position	Head of Professional Belonging and Engagement
Purpose of item	Inclusion and Diversity update to Assembly to ensure accountability of delivery.
Item Summary	This paper provides an update on Inclusion and Diversity Strategy programme delivery for Q3 and upcoming activity for 2024 & 2025
Related Risk Register item (where applicable)	<ul style="list-style-type: none">• RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy• Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to RPS Inclusion and Wellbeing pledge• Staff absence and sickness All risks have been mitigated against
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	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 to date

1. Address Black students' degree awarding and registration assessment attainment gaps

RPS are chairing a working group with partners from across the profession to address the registration assessment differential attainment and Mpharm degree awarding gap experienced by Black pharmacy students and foundation trainees.

Partners in the group are BPSA, GPhC, NHS England, Pharmacy Schools Council, UKBPA, NHS IPP representatives and representatives from Schools of Pharmacy. Following the first meeting in September 2023, a report has been published which sets out the recommendations and actions that will be taken forward by the group to reduce the differential and degree awarding gaps in a meaningful and sustainable way.

In partnership with NHS Workforce Education and Training and Pharmacy Schools Council we hosted an EDI forum targeted at all education supervisors, tutors and anyone responsible for educating and training pharmacy students and pharmacists.

We are continuing to highlight the importance of addressing the differential attainment gaps across different forums from chief pharmacist meetings and national conferences such as CPC North.

Working closely with Diane Ashiru- Oredope the founder of ACPN to see how the RPS foundation training programme can be improved and made more inclusive to improve the differential attainment gap.

2. Equality Impact Assessments

Working with the project leads EQUIAs have been undertaken for the Repeat Prescribing Toolkit and Greener Pharmacy Standards. Providing support and chairing the workshops.

3. Drumbeat Events and Celebrations

The following events have been successfully co-hosted in collaboration with APTUK, BPSA, Female Pharmacy Leaders Network (FPLN), Pharmacy Technicians of Colour (PToC) and UK Black Pharmacists Association (UKBPA):

- South Asian Heritage Month Event – hybrid event, held at the RPS London office
- East and South East Asian Heritage Month – online event
- Black History Month – hybrid event, held at the RPS London Office

4. Upcoming activity

In addition to the work continuing into Q4 and 2025 highlighted above, the following activities are also being undertaken.

Planning for future drumbeat events

These include International Men's Day, Islamophobia Awareness Month and Disability History Month

5. Inclusion and Diversity 2025 Workplan

a. Inclusion and Diversity Programme Review (2025)

In 2024, we commenced a review of the RPS 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 programme review is being undertaken in 2 workstreams:

- **Workstream 1** A literature review is also being conducted, with an aim to share initial result at the RPS conference in November. The profession wide inclusion and diversity survey was open for 3 weeks with 632 responses, the Science & Research team have conducted focus groups to explore in depth individual responses focused on the following themes:
 - What does a sense of belonging mean to you?
 - Us v's Them – barriers to engaging with I&D topics
 - Cultural Competence
- **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.

An updated Inclusion, Diversity and Equity strategy will be published in Q1 2026.

b. Racism in pharmacy

Continuing to work on addressing racism in pharmacy, looking at it from an intersectional perspective.

c. Disability

Disability continues to be a big barrier to working in pharmacy, people are expressing a particular challenge around neurodivergence, both how best to support colleagues as well as how to navigate the workplace as an individual.



RPS Equality, Diversity and Inclusion Strategy

2023-24 action plan - progress report

Strategic focus for Equality, Diversity, and Inclusion at RPS

Our mission is to put pharmacy at the forefront of healthcare

Our vision is to become the world leader in the safe and effective use of medicines

To be a high-performing organisation, we need a talented, engaged and diverse workforce and a culture that enables people of all backgrounds to give their best and to progress. Our culture and lived values underpin our professional leadership and help build our success in all of the work we do.

The underpinning strategic themes for 2023-2025 are:

- We challenge our thinking, giving scope to varying viewpoints that reflect our audience and our diverse workforce
- We reflect the good workplace practices that we advocate for the profession

LEADERSHIP



- We commit to having a workforce that is diverse at all levels
- We have clear actions in place to address inequality
- We measure the effectiveness of our action programmes

IMPACT



- We use data effectively, so we know what we need to work on
- We ask for feedback from our employees and stakeholders and act on the results

RELEVANCE



- We understand where we are now in our inclusion journey and how we wish to improve
- We have the right processes in place to achieve and sustain improvements

FUTURE LOOKING



- Equity and inclusion are intrinsic to our organisation and how we operate

THRIVING



Strategy pillar statements

The pillars below link our internal EDI strategy and action programme to our external strategy and commitments to our members. We use these 10 statements as a framework to support our action planning and measure progress.

Inclusive and authentic leadership <i>Overarching strategy pillars: Leadership, Relevance and Future Looking</i>	Challenge barriers to inclusion and diversity <i>Overarching strategy pillars: Relevance, Impact and Future Looking</i>	Create a culture of belonging <i>Overarching strategy pillars: Thriving and Impact</i>
<ol style="list-style-type: none"> 1. We challenge our thinking, giving scope to varying viewpoints that reflect our audience and our diverse workforce. 2. We ask for feedback from our employees and stakeholders and act on the results. 3. We reflect the good workplace practices that we advocate for the profession. 4. We understand where we are now in our inclusion journey and how we wish to improve. 	<ol style="list-style-type: none"> 5. We use data effectively, so we know what we need to work on. 6. We have clear actions in place to address inequality. 7. We measure the effectiveness of our action programmes. 8. We have the right processes in place to achieve and sustain improvements. 	<ol style="list-style-type: none"> 9. Equity and inclusion are intrinsic to our organisation and how we operate. 10. We commit to having a workforce that is diverse at all levels.

Overview

In 2023 the key focus of our EDI activity was to redefine our strategy and action plan. Our member-focussed, external EDI activity had clear targets and values and visible delivery of an action programme. Internally, we had several positive action streams including our Disability Confident accreditation, inclusion 'drumbeats', our internal EDI group, and voluntary reporting of our pay gaps. However, we lacked clear overarching values and goals, and our action programme was not directly linked to our overall organisational strategy or our external EDI activity.

From mid-year onwards, we undertook a mapping exercise, led by the People Team with active Exec involvement. We agreed 10 statements of value and purpose, aligned to both our organisational strategy pillars and our external EDI pillars. The value statements are set out in the first two pages of this document.

We then defined 'what good looks like' for RPS against each value statement and began building our 2023-25 action plan from there. For example, against value statement 1 (leadership) 'we challenge our thinking', we committed to educating our Exec, managers and employees on diversity and inclusion issues, and to keep learning and adjusting as needed. Much of our action programme in 2024 has been carried out under this heading and has given us rich feedback and calls for further action that we can continue to build on.

In 2024, we have focussed on delivering agreed actions. Our progress report is set out below.

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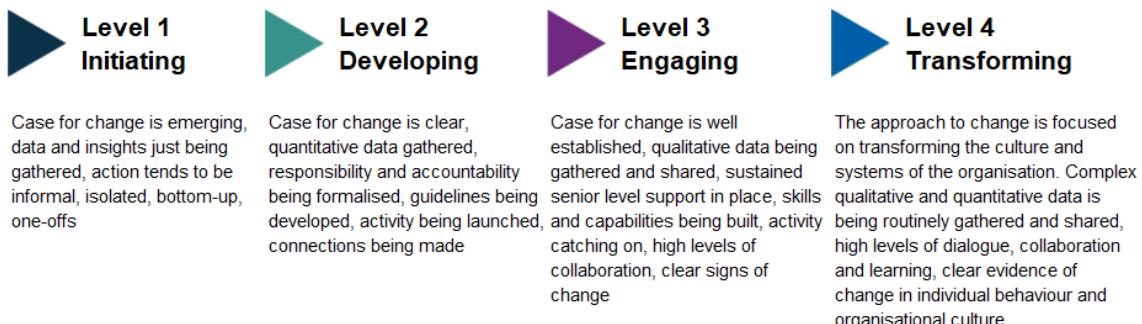
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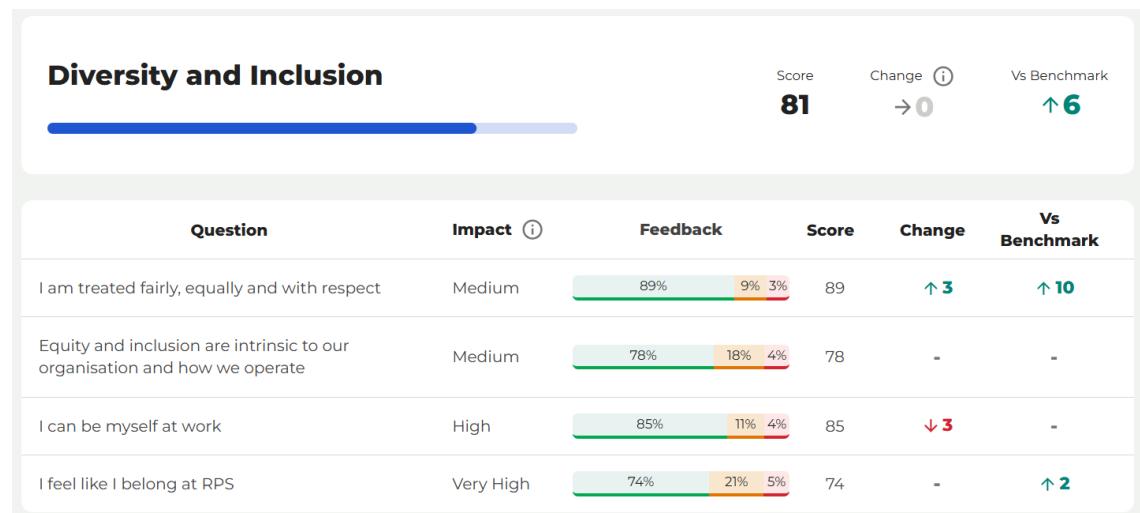
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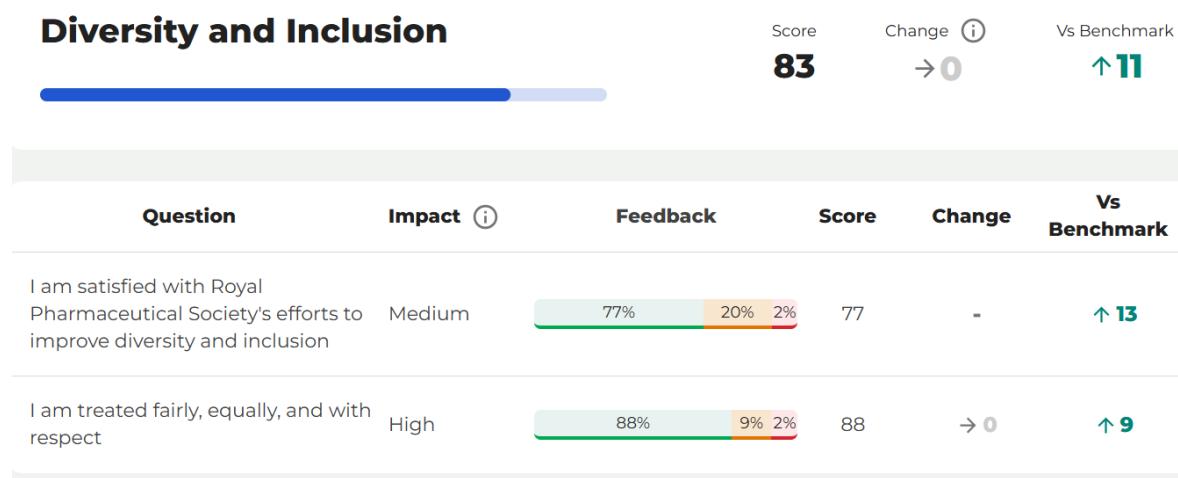
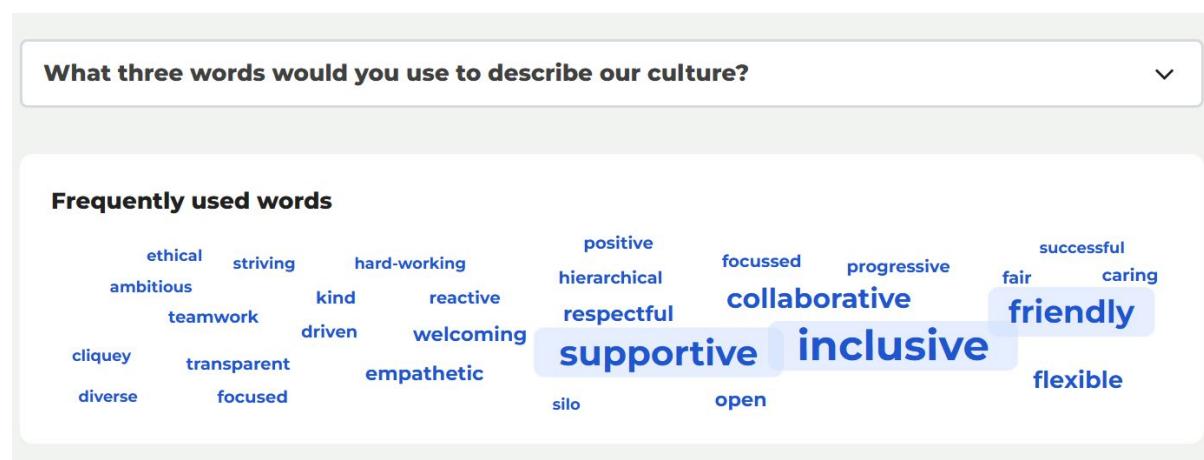
organisation and how we operate'. Snapshots of our survey results are included in the tables below.

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May 2024 Workbuzz Employee Survey



October 2024 Workbuzz Employee Survey



Removing Barriers to Inclusion specific actions for 2024-25

We have completed one of the specific actions we committed to for 2024-25:

- **Publishing Product Apprentice, encouraging applicants from ethnic minority backgrounds:** This was budgeted for but not taken forward in 2024. Due to the nature of the work planned for 2024-2025, a trainee would not have had the opportunity to learn the appropriate skills in Product (new concept, ideation, iteration, and delivery). Therefore, the decision was made to defer the role for the time being.
- **Review our Disability Confident Level 2 self-assessment** Our Disability Confident Employer certification is valid until October 2025, and we commit to reviewing our actions against the standards at least annually. The People Team carried out this year's review in July 2024.

We identified one standard where we had limited evidence of action: 'Encouraging our suppliers and partner firms to be Disability Confident'. This was raised in an Operations team management meeting and then taken forward by managers in the Education and Membership teams. They approached some of our partner organisations, who responded positively about the actions they could take to improve accessibility to their services.

In relation to the other standards, we identified or revisited some smaller actions which will help us make incremental progress within the level 2 framework – for example, ensuring that we include information on disability support as a standard within our corporate induction talk.

Share our pay review processes with employees as part of our policy library no action taken so far on this. In view of the proposed changes to our charter and organisational structure that are currently being taken forward, it is likely that our pay review arrangements will change. We will review this action item at Exec and with our internal EDI group and may look at alternative ways to provide pay transparency to our employees.

Emer Bellis

November 2024

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 20th November 2024

24/11/ASB/02n – Open

Title	Scottish Parliament Lobbying Register Report (September 2023 – September 2024)
Open, confidential or restricted	Open
Author (include email/phone)	Ross Barrow, Head of External Relations (Scotland)
Position	Head of External Relations (Scotland)
Director responsible	Laura Wilson, Director for Scotland
Purpose of item (for noting/discussion/ decision/approval)	Noting
Item Summary	<p>The Lobbying (Scotland) Act 2016 mandates that organisations which take part in instances of “regulating lobbying” record their actions in Scotland’s Lobbying Register. Lobbying is defined as a way of influencing decisions that MSPs and other elected representatives make.</p> <p>Royal Pharmaceutical Society has a Lobbying Policy. It was first introduced in 2016. Now that the Act has been in place for eight years, the Lobbying Policy has recently been updated.</p> <p>The updated policy includes some changes to the ‘monitoring and review’ section. This includes:</p> <ul style="list-style-type: none"> • The Head of External Relations (Scotland) and/or Director of Scotland will report on Lobbying Register activity annually by means of a report submission to the RPS Executive Team containing a link to the Lobbying Register entries – such report being copied to the Scottish Pharmacy Board and Assembly at the next applicable meeting

	<p>following the report to the Executive Team.</p> <p>This report is RPS Scotland's inaugural report and covers Lobbying Register Activity from 1 September 2023 – 1 September 2024.</p>
Related Risk Register item (where applicable)	N/A
Related RPS Strategy item (where applicable)	N/A
Actions/decisions required of the Assembly	None

**ROYAL
PHARMACEUTICAL
SOCIETY**
Scotland

Scottish Parliament Lobbying Register Report | September 2023 – September 2024

Context

The Lobbying (Scotland) Act 2016 mandates that organisations which take part in instances of “regulating lobbying” record their actions in Scotland’s Lobbying Register. Lobbying is defined as a way of influencing decisions that MSPs and other elected representatives make.¹

Royal Pharmaceutical Society has a Lobbying Policy, which is available to view on Select HR. It was first introduced in 2016. Now that the Act has been in place for eight years, the Lobbying Policy has recently been updated.

The updated policy includes some changes to the ‘monitoring and review’ section. This includes:

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This report is RPS Scotland’s inaugural report to the Executive Team and covers Lobbying Register Activity from 1 September 2023 – 1 September 2024.

Lobbying statistics

“Regulated lobbying” is lobbying which takes place face-to-face (including by video-conference) with:

- Members of the Scottish Parliament (MSPs)
- members of the Scottish Government (including Scottish Law Officers)
- junior Scottish ministers
- Scottish Government special advisers
- the Permanent Secretary of the Scottish Government

¹ <https://www.parliament.scot/get-involved/lobbying>, Viewed on 03/09/2024

In the period 1st September 2023 – 1st September 2024, RPS undertook 55 instances of regulated lobbying.

Purposes of the lobbying

These 55 instances include the following purposes:

- We discussed the Daffodil Standards to Members explaining that they had recently been developed by Royal Pharmaceutical Society in partnership with Marie Curie and how they are supporting Community Pharmacists to provide palliative and end of life care. We explained that we would appreciate the Member raising awareness of the standards both at constituency and parliamentary level to support patients, families and carers
- We had a conversation with Members about the importance of providing pharmacists with access to patient records to help inform prescribing and other clinical decisions.
- We discussed with the Minister the vital role of pharmacy in cancer services. We also highlighted that community pharmacists should have read and write access to patient records to support prescribing decisions.
- We discussed with the Member our view that Community Pharmacists should have read / write access to patient records to support them to make prescribing decisions and to improve patient experience.
- We discussed with the Member the role of pharmacists in smoking cessation and in ensuring people use the correct inhaler technique.
- We provided the Member with an overview of Royal Pharmaceutical Society's professional vision for the future of pharmacy, 'Pharmacy 2030'. We set out what RPS believes pharmacy and pharmacists should be doing by 2030. We discussed our vision which describes pharmacy teams across different settings working together to improve patient care and making the most of pharmacists' skills as experts in medicines.
- We explained to the Member that there is no national workforce planning for pharmacy. We explained our view of why this is a problem that we are not able to identify workforce gaps understand current activities and predict future requirements to improve patient care. We also discussed with the Member our view that Community Pharmacists should have read / write access to patient records.
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view that Community Pharmacists should have read / write access to patient records.

- We discussed violence and abuse of pharmacy teams and some examples of this. We provided an overview of our Be Kind to Pharmacy Teams campaign which provides a series of messages to the public via social media reminding the public to be kind to pharmacy teams. We asked the Member if he would be willing to support the campaign next winter by providing a Be Kind video for use on social media.

Further information

- Information on the MSPs who were lobbied and on which dates can be found on the Lobbying Register's website by searching for 'Royal Pharmaceutical Society' under registrants: <https://www.lobbying.scot/SPS/>
- If you have any questions, please contact Head of External Relations (Scotland) at Ross.Barrow@rpharms.com

Ross Barrow, Head of External Relations (Scotland)

**ROYAL
PHARMACEUTICAL
SOCIETY**

Assembly Meeting 20th November 2024

24/11/ASB/02o – Open

Title	RPS EDI Strategy 2023-24 action plan - progress report
Open, confidential or restricted	Open
Author (include email/phone)	Emer Bellis Emer.bellis@rpharms.com
Position	People Business Partner
Director responsible	Rick Russell, COO
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	We updated our EDI Strategy and Action Plan in Q4 2023. This report sets out our progress against the agreed action plan.
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	RPS EDI Strategy 2023-25
Actions/decisions required of the Assembly	For noting only



RPS Equality, Diversity and Inclusion Strategy

2023-24 action plan - progress report

Strategic focus for Equality, Diversity, and Inclusion at RPS

Our mission is to put pharmacy at the forefront of healthcare

Our vision is to become the world leader in the safe and effective use of medicines

To be a high-performing organisation, we need a talented, engaged and diverse workforce and a culture that enables people of all backgrounds to give their best and to progress. Our culture and lived values underpin our professional leadership and help build our success in all of the work we do.

The underpinning strategic themes for 2023-2025 are:

- We challenge our thinking, giving scope to varying viewpoints that reflect our audience and our diverse workforce
- We reflect the good workplace practices that we advocate for the profession

LEADERSHIP



- We commit to having a workforce that is diverse at all levels
- We have clear actions in place to address inequality
- We measure the effectiveness of our action programmes

IMPACT



- We use data effectively, so we know what we need to work on
- We ask for feedback from our employees and stakeholders and act on the results

RELEVANCE



- We understand where we are now in our inclusion journey and how we wish to improve
- We have the right processes in place to achieve and sustain improvements

FUTURE LOOKING



- Equity and inclusion are intrinsic to our organisation and how we operate

THRIVING



Strategy pillar statements

The pillars below link our internal EDI strategy and action programme to our external strategy and commitments to our members. We use these 10 statements as a framework to support our action planning and measure progress.

Inclusive and authentic leadership <i>Overarching strategy pillars: Leadership, Relevance and Future Looking</i>	Challenge barriers to inclusion and diversity <i>Overarching strategy pillars: Relevance, Impact and Future Looking</i>	Create a culture of belonging <i>Overarching strategy pillars: Thriving and Impact</i>
<ol style="list-style-type: none"> 1. We challenge our thinking, giving scope to varying viewpoints that reflect our audience and our diverse workforce. 2. We ask for feedback from our employees and stakeholders and act on the results. 3. We reflect the good workplace practices that we advocate for the profession. 4. We understand where we are now in our inclusion journey and how we wish to improve. 	<ol style="list-style-type: none"> 5. We use data effectively, so we know what we need to work on. 6. We have clear actions in place to address inequality. 7. We measure the effectiveness of our action programmes. 8. We have the right processes in place to achieve and sustain improvements. 	<ol style="list-style-type: none"> 9. Equity and inclusion are intrinsic to our organisation and how we operate. 10. We commit to having a workforce that is diverse at all levels.

Overview

In 2023 the key focus of our EDI activity was to redefine our strategy and action plan. Our member-focussed, external EDI activity had clear targets and values and visible delivery of an action programme. Internally, we had several positive action streams including our Disability Confident accreditation, inclusion 'drumbeats', our internal EDI group, and voluntary reporting of our pay gaps. However, we lacked clear overarching values and goals, and our action programme was not directly linked to our overall organisational strategy or our external EDI activity.

From mid-year onwards, we undertook a mapping exercise, led by the People Team with active Exec involvement. We agreed 10 statements of value and purpose, aligned to both our organisational strategy pillars and our external EDI pillars. The value statements are set out in the first two pages of this document.

We then defined 'what good looks like' for RPS against each value statement and began building our 2023-25 action plan from there. For example, against value statement 1 (leadership) 'we challenge our thinking', we committed to educating our Exec, managers and employees on diversity and inclusion issues, and to keep learning and adjusting as needed. Much of our action programme in 2024 has been carried out under this heading and has given us rich feedback and calls for further action that we can continue to build on.

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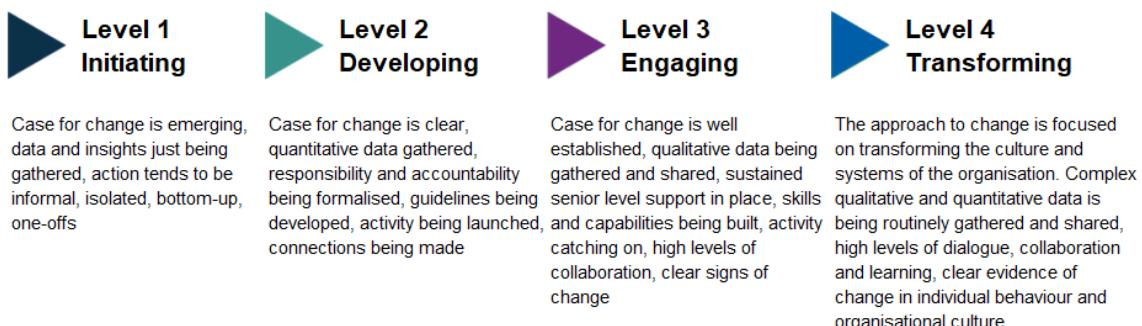
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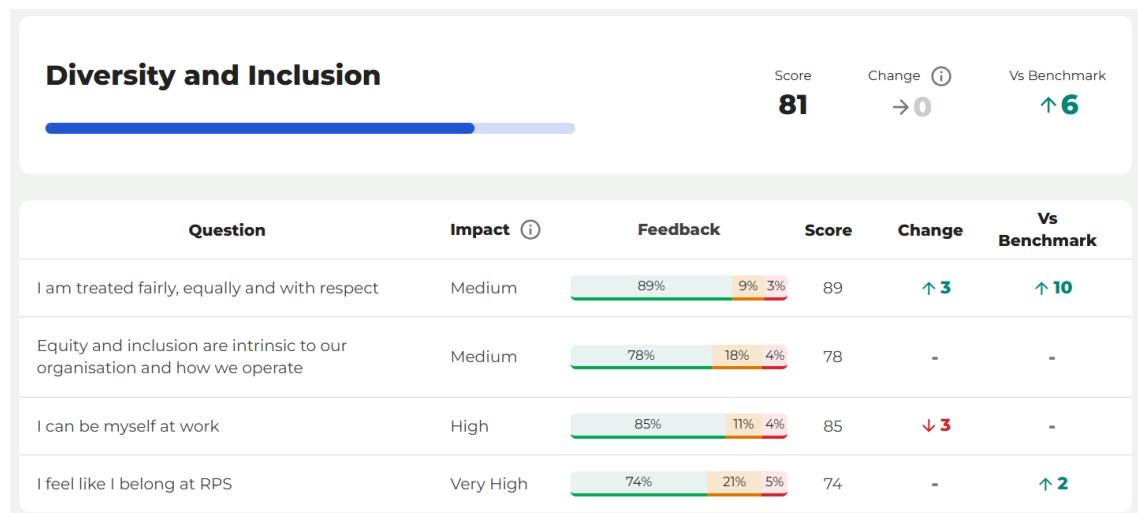
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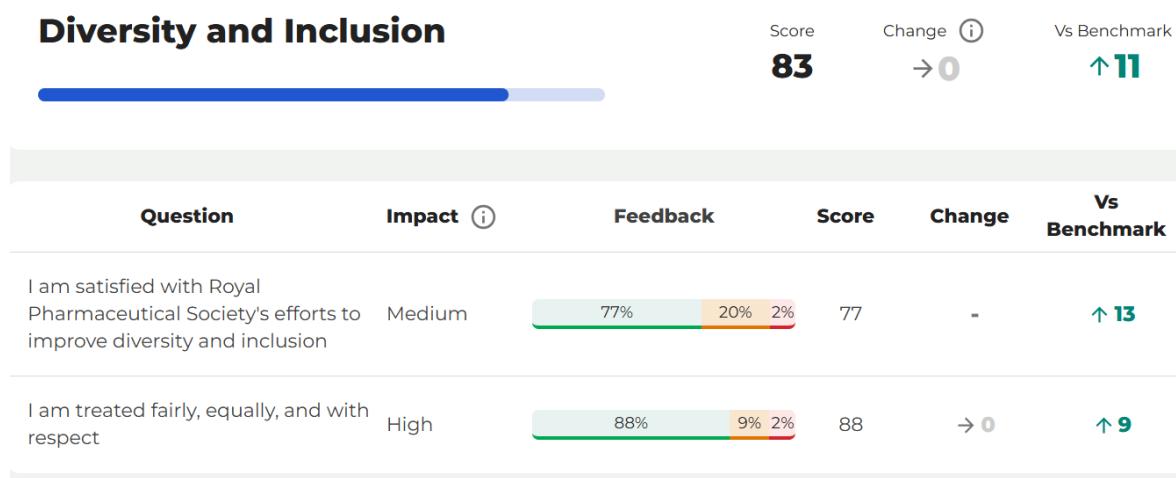
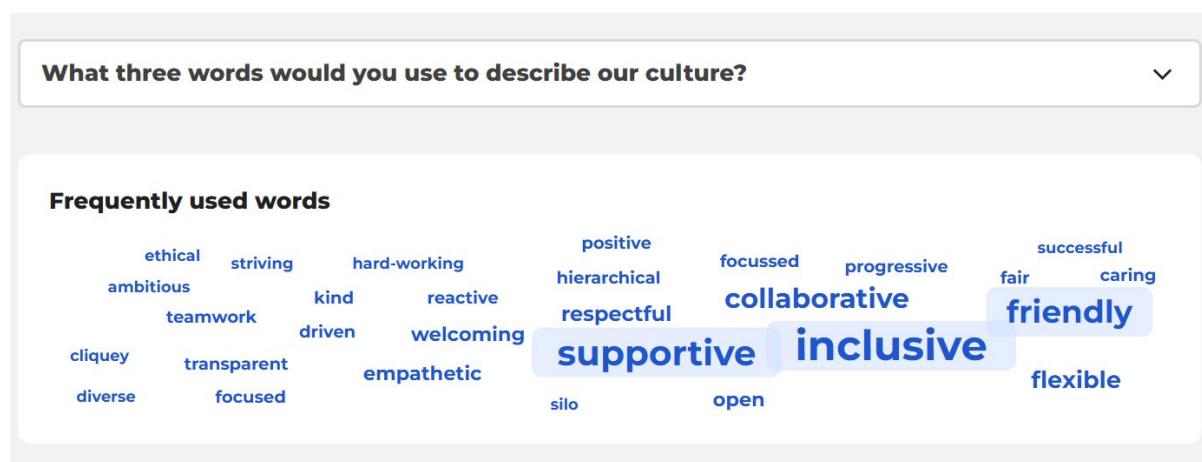
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May 2024 Workbuzz Employee Survey



October 2024 Workbuzz Employee Survey



Removing Barriers to Inclusion specific actions for 2024-25

We have completed one of the specific actions we committed to for 2024-25:

- **Publishing Product Apprentice, encouraging applicants from ethnic minority backgrounds:** This was budgeted for but not taken forward in 2024. Due to the nature of the work planned for 2024-2025, a trainee would not have had the opportunity to learn the appropriate skills in Product (new concept, ideation, iteration, and delivery). Therefore, the decision was made to defer the role for the time being.
- **Review our Disability Confident Level 2 self-assessment** Our Disability Confident Employer certification is valid until October 2025, and we commit to reviewing our actions against the standards at least annually. The People Team carried out this year's review in July 2024.

We identified one standard where we had limited evidence of action: 'Encouraging our suppliers and partner firms to be Disability Confident'. This was raised in an Operations team management meeting and then taken forward by managers in the Education and Membership teams. They approached some of our partner organisations, who responded positively about the actions they could take to improve accessibility to their services.

In relation to the other standards, we identified or revisited some smaller actions which will help us make incremental progress within the level 2 framework – for example, ensuring that we include information on disability support as a standard within our corporate induction talk.

Share our pay review processes with employees as part of our policy library no action taken so far on this. In view of the proposed changes to our charter and organisational structure that are currently being taken forward, it is likely that our pay review arrangements will change. We will review this action item at Exec and with our internal EDI group and may look at alternative ways to provide pay transparency to our employees.

Emer Bellis

November 2024

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 20th November 2024

24/11/ASB/05c – Open

Title	Special Resolution Vote Process
Open, confidential or restricted	Open
Author (include email/phone)	Alison Douglas alison.douglas@rpharms.com
Position	Governance Manager
Director responsible	Deputy CEO/CEO
Purpose of item (for noting/discussion/ decision/approval)	To approve the process for holding the special resolution vote on the RPS proposal for Charter change.
Item Summary	The attached proposal outlines the proposed process for holding the special resolution vote. This process has been subject to legal advice to ensure it complies with our Charter and Regulations.
Related Risk Register item (where applicable)	N/A
Related RPS Strategy item (where applicable)	N/A
Actions/decisions required of the Assembly	Assembly are asked to consider and approve the process.

Scheme for 2025 Special Resolution Vote (SRV)

1. Special Resolution Vote
2. Interpretation
3. Scrutineer
4. Electoral Roll Closure
5. Eligibility to Vote
6. Notice of Vote
7. Voting
8. Outcome of Vote
9. Challenges and the effect of non-compliance with this scheme



1. Special Resolution Vote

This scheme is made by the Assembly and makes provision in respect of a Special Resolution Vote (SRV) in accordance with Articles 11 and 12 of the Charter and section 3.4 of the Regulations.

2. Interpretation

In this scheme the following definitions will apply:

'Assembly' means the Assembly of the Society;

'Charter' means the Supplemental Charter granted to the Society in 2004 as amended from time to time;

'day' means calendar day, and any period of days shall be counted without the omission of any public holidays or other days;

'the Journal' means The Pharmaceutical Journal;

'Member' means a person in the category of Member (MRPharmS) or in the category of Fellow (FRPharmS). This aligns with article 12 of the Charter (which refers to articles 5(1)(a) and 5(1)(b) for descriptions of members) and sections 2.1(a) and 2.1(b) in the Regulations;

'Membership Roll' means the list of those Members of the Society;

'Scrutineer' shall be construed in accordance with paragraph 3;

'Society' means the Royal Pharmaceutical Society of Great Britain;

'in writing' includes any means of reproducing words in visible form;

'the vote' means the Special Resolution Vote contemplated by this scheme;

'voting form' refers to voting papers sent by post or the electronic communication sent by email containing unique voting codes transmitted securely to members.

3. Scrutineer

- (1) The Society will appoint an independent external organisation to act as Scrutineer.
- (2) The function of the Scrutineer shall be to:
 - (a) publish in full the proposal that will be the subject of the Special Resolution Vote;
 - (b) specify the method, place, date and latest time for return of votes;
 - (c) be responsible for the conduct of the vote;
 - (d) preserve the integrity of the voting process and take such measures as they

- (e) consider necessary to guard against, and identify, voting malpractice;
- (f) dispatch the voting instructions;
- (g) examine and validate votes;
- (h) count and record votes received; and inform the Chief Executive of the outcome of the vote

(3) (a) the functions of the Returning Officer shall be performed by the Scrutineer organisation.

(b) The individual designated from within the Scrutineer organisation to act as the Returning Officer will not be involved in any way with the operational organising or running the vote.

(4) The Returning Officer will:

- (a) determine any question as to the eligibility of any person to vote;
- (b) in the event of challenge, determine the outcome of any vote;
- (c) in the event of perceived ambiguity, determine how a vote is to be recorded;
- (d) in the event of challenge, determine the interpretation of this scheme;

(5) The Scrutineer may request that the Society appoint a member of the Society's staff (not being Members of a Board or the Assembly, or a Member) to provide them with such administrative assistance as they consider necessary, to enable them to carry out their functions under this scheme.

The Scrutineer may consult such persons as are deemed appropriate for any purpose connected with the proper exercise of their powers under this scheme including for the purpose of ensuring consistency of approach on any matter of interpretation.

(6) In the event of a severe civil contingency, interruption of postal services, technical failure or delays caused by telecommunications and/or the internet used to transmit information regarding the vote, the Scrutineer may vary such:

- (a) time limits; and
- (b) method of delivery of documents specified to the extent necessary to ensure the vote can be conducted lawfully and fairly.

(7) All decisions taken by the Scrutineer in the exercise of their functions shall be final. –

4. Electoral Roll Closure

- (1) Prior to holding the vote, the Assembly shall propose a date on which the electoral roll shall be considered closed for the purposes of submitting the electoral roll to the Scrutineer, and the Society shall publish the date on the Society's website and in the Journal, as soon as practicable after it has been confirmed by the Assembly.
- (2) The date proposed by the Assembly for the close of the electoral roll shall take account of any practical requirements imposed by the Scrutineer and follow consultation with members via a roadshow, publication of a summary report of the consultations, communications with members regarding membership renewal and the proposed date for

closure of the electoral roll, and fall at least two weekends before the date on which voting instructions are expected to be distributed to voters by the Scrutineer.

- (3) It will not be practicable for the Scrutineer to ensure that a person who becomes a Member of the Society after the date on which the electoral roll has closed receives a vote in the SRV.

5. Eligibility to Vote

- (1) Under the terms of the Society's Charter and current Regulations, only Members (MRPharmS) and Fellows (FRPharmS) are eligible to take part in a Special Resolution Vote.

6. Notice of Vote

- (1) The Society will publish a Notice of the Special Resolution Vote.
- (2) The Notice shall be published no later than 21 days before the vote opens.
- (3) The Notice shall specify:

- (a) the wording of the Special Resolution/ the exact question to be the subject of the vote
- (b) either directly, or by directing members to a specified section of the Society's website, a statement by the Assembly explaining the reason(s) for the proposed Special Resolution
- (c) the date on which the electoral roll will be closed;
- (d) the date on which voting instructions are expected to be distributed; and
- (e) the time and date by which votes must be cast

7. Voting

- (1) The Scrutineer shall specify the method, place, date and latest time by which voting must be completed.
- (2) No later than 10 days before the specified date for completion of voting, the Scrutineer shall send, by email, or by post if requested, the voting instruction to each Member entitled to vote in that election.
- (3) The voting instruction shall include, either directly or by directing voters to a specified website where the information can be accessed:
 - (a) the method, place, date and latest time by which votes shall be returned to the Scrutineer;
 - (b) instructions on the voting procedure.
- (4) The voting instruction shall contain details as to where any supporting information on the question can be accessed.
- (5) The period for voting shall commence on the date on which the first unique voting codes/voting instructions in an election are dispatched by the Scrutineer.

- (6) Votes shall be cast either electronically or via another mechanism provided by the Scrutineer.
- (8) Only one vote may be cast by each voter. The Scrutineer may replace a voting instruction on receipt of a request confirming that the original instruction has not been received or has been lost, destroyed or spoiled, and shall take such steps as are appropriate to ensure that no person may be able to vote twice in the same vote.
- (9) The voter shall submit their vote in accordance with the instructions thereon.

8. Outcome of the vote

- (1) At the conclusion of the count, the Scrutineer shall prepare a report specifying:
 - (a) the total number of voting instructions issued;
 - (b) the total number of votes received;
 - (c) the number of votes rejected as invalid;
 - (d) the number of votes cast for and against the proposal;
 - (e) the outcome of the vote.
- (2) The report of the independent Scrutineer shall be conclusive as to the outcome of the vote.
- (3) The outcome of the vote will be published on the Society's website, in the Journal and/or reported to members by other means.

9. Challenges and the effect of non-compliance with this scheme

- (1) Where the Scrutineer receives any challenge to the results of an election, or any complaint or information which alleges that, or becomes of the opinion that there has or may have been malpractice, significant procedural error or a failure to comply with this scheme in a significant and material respect,

they may, subject to paragraph (2) below, consider the matter.
- (2) (a) The Scrutineer shall not consider any challenge, or any complaint or information relating to the election that is received by them after the expiry of 28 days from the date on which the election results are published.

(b) The Scrutineer shall not consider any challenge that is vexatious or trivial, is purely a matter of personal disagreement relating to the subject matter of the proposal or has been brought with the sole aim of deliberately preventing the Society from properly taking forward the wishes of its members.
- (3) Before taking any action in relation to a challenge, complaint or information relating to an election, the Scrutineer shall:
 - (a) provide details of the challenge, complaint or information to Chief Executive; and

- (b) afford the Chief Executive the opportunity to make representations on the allegations and on any subsequent action to be taken by the Scrutineer

(4) Upon considering any representations received from the Chief Executive, the Scrutineer may take such action as they consider necessary in the interests of fairness and all the circumstances of the case, which may include:

- (a) declaring the results of the vote a nullity;
- (b) rerunning the vote.

(5) Before taking any action in accordance with the above paragraphs, the Scrutineer may take further steps to investigate the matter, and may seek legal advice.

(6) The vote held under this scheme shall not be invalidated by reason solely of any non-compliance with, or the non-delivery or loss of any document required under, this scheme, if it appears to the Scrutineer that the vote was conducted in accordance with the governing documents of the Society and substantially in accordance with this scheme, and that the result of such non-compliance, non-delivery or loss did not affect the outcome of the vote.

(7) The decision of the Scrutineer in relation to any challenge to, or complaint or information concerning, the election, shall be final.

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 20th November 2024

24/11/ASB/06a – Open

Title	Eligibility for Posthumous Fellowship
Open, confidential or restricted	Open
Author (include email/phone)	Christine Bond, Panel of Fellows Chair Kate Hopkins, Membership Manager
Position	
Purpose of item (for noting/discussion/ decision/approval)	Discussion and approval
Item Summary	The Assembly is to approve the suggested eligibility criteria outlined in this document
Related Risk Register item (where applicable)	None
Related RPS Strategy item (where applicable)	None
Actions/decisions required of the Assembly	Agree to eligibility criteria

Background

In March 2014, the Assembly agreed that the RPS could award Fellowships to honour the achievements and distinctions of RPS Members posthumously.

It was agreed that the eligibility criteria for a posthumous Fellowship nomination would remain the same as a standard nomination. It has transpired that there has been some confusion as to when after an individual's death a nomination can be submitted to be considered.

In 2014 this was not defined but has been discussed on several occasions with the most recent being in the minutes of the Panel of Fellows meeting in November 2020 which record that applications can only be considered when submitted within 12 months of an individual's death. But this was not in the 'Guidelines for Society Fellowship Nominations' for RPS members accessed through the RPS webpages. This addition was never approved by Assembly.

The lack of clarity has not been a problem until recently. Since 2014 the Panel have only had to review two posthumous Fellowship nominations, which were submitted shortly after the members had died. However, at their May meeting, the Panel was asked to review a nomination for an individual who had died over 40 years ago.

The Panel members were unsure as to whether this individual should be considered for a posthumous Fellowship. Although it was clear that if they had been nominated when alive they would have met the criteria, the fact that they had died so long ago meant it was impossible to be sure that they had at one time been registered with the RPS. This raised the questions as to whether this type of commemorative award was the correct one for this individual.

Solution

The Panel would therefore like to suggest clear guidelines for posthumous Fellowship to ensure that only relevant nominations are submitted. These are the following:

- A nominee must be a Member at the time of their death
- The nominee must meet the criteria for Fellowship
- The nominee must either have:
 - been alive when the nomination was submitted, but have sadly died before the Panel have met or
 - died within the last five years.

If an individual does not meet all these criteria, they would be given the Daniel Thomas Award, if they were an RPS member.

(The Daniel Thomas Award was introduced in 2023 and is open to any RPS member who has lost their life while working in pharmacy. In memory of Daniel Thomas, this award recognises RPS members who die under tragic circumstances while actively working as pharmacists or pharmaceutical scientists. It can be awarded posthumously to any pharmacist who died after 15 April 1841, the date when the RPS was created).

If the Assembly approve the above, all guidance documents for the Panel and for the wider RPS membership should be edited to ensure consistency and transparency. Adopting the above approach will ensure eligibility criteria are clear for everyone.