

Minutes of Assembly Meeting held on 16th July 2025 via MS Teams

Present: Claire Anderson (CA) - Chair, Adebayo Adegbite (AA), Danny Bartlett (DB), Jonathan Burton (JB), Ciara Duffy (CD) – arrived at 9:53am, Brendon Jiang (BJ), Geraldine McCaffrey (GMc), Matt Prior (MP), Eleri Schiavone (ES), Audrey Thompson (AT)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Avril Chester (AC), Rick Russell (RR), Elen Jones (EJ), Laura Wilson (LW), Vicky Taylor (VT), Liz North (LN), Amira Guirguis (AG) – Item 5 only, Wing Tang (WT) – item 6 only, Sir Hugh Taylor (HT) – item 7 only, Zoe Marden – minutes

Apologies: Tase Oputu (TO), Ruth Edwards (RE), Gino Martini (GMa)

Observers: 9 observers joined the meeting

Item	Paper	Notes and actions	Action by
Item 01 Welcome & Apologies		Apologies received from Tase Oputu (TO), Ruth Edwards (RE) and Gino Martini (GMa).	
Item 02 Items for Noting		<p>The following items were noted:</p> <ul style="list-style-type: none"> a) Code of Conduct & Remit of Assembly and COG b) Declarations of interest c) Minutes of the Open Business Assembly Meeting 26th March (noted and approved) d) National Pharmacy Board Reports e) President's Report f) Treasurer's Report g) Science & Research Committee minutes of 13th May h) Education & Standards Committee minutes of 14th May i) Inclusion & Diversity update 	

		j) Schedule of Assembly meetings 2026 k) Panel of Fellows list of Fellows appointed in May	
Item 03 Matters Arising		None were raised.	
Item 04 Education & Standards Committee		<p>KB shared a slide presentation on the ESC proposal to close Faculty to new assessments and provided a summarised update on the content.</p> <p>JB understood the value of professional frameworks to career development. RPS should reflect with pride what has been achieved, take the learnings from the challenges along the way and it is the right time to close the chapter as a professional body. It has been a success embedding credentialling as being vital for all as we needed to take into account the roles that are not public facing but are still important and have a huge impact on the public. One model does not fit all as the roles are very diverse – we need to drive the credentialling processes forward but build in new aspects in a constructive and open way going forward.</p> <p>MP mirrored JB in that we need to go towards credentialling. It is important to outline a roadmap for support and we need to focus on the patient facing clinical staff first. AT was also supportive of moving forwards with credentialling, it is important for non-patient-facing roles to be able to undertake credentialling and it is good that we are showing a commitment to this.</p> <p>GMc highlighted the terminology used on the presentation slides in that the roles are patient focused but are not patient facing. It is important to note that non-patient-facing roles are getting the recognition of their skills. We need to explore whether credentialling is the recognition that these roles are looking for – this was part of previous Assembly discussion and an update should come to the next Assembly meeting to receive assurance that this is being taken forward.</p> <p>AA highlighted that RPS may want to tweak credentialling to include community pharmacists in this journey and ensure that they can achieve what they can and get the best from this.</p> <p>ES stated that it is a lot more than recognition, it's about providing professional assurance on practice, career development and progression opportunities, a network for shared learning; all contributing to improved patient and population health. This offer needs to be available for all within the profession. It is important not to forget these roles so they do not feel undervalued. It would be good to see a more formal plan at the</p>	

	<p>next meeting for assurance that the credentialing will be available for all of those within the profession and that this will provide value.</p> <p>GMc stated that there needs to be clear communication to Faculty members and fellows and a need for wider communications to the membership which will need to be planned in.</p> <p>CA noted that Assembly members asked for a plan to recognise and develop a plan to include non-clinical roles going forward. AT stated that it not just about recognition but more about the assurance for credentialling. MP stated that non-patient-facing pharmacists can still be clinical.</p> <p>BJ noted that the software and faculty systems are now obsolete. A suggestion was made that if there was available funding, could we repurpose the current system for the credentialing work. CA stated that systems have moved on considerably in the last 10 years and was unsure if this would be possible.</p> <p>PB confirmed that it is critical that we get the phrasing right in communications. There have been references to patient facing, non-patient-facing, clinical roles etc., and as part of this exchange it could have been interpreted that RPS considers community pharmacists as not being clinical, but Assembly is fully aware that this is not the case. Community pharmacists are most certainly clinical practitioners.</p>	
Item 05 Science & Research Committee	<p>AG explained that the report contains a request for Assembly's support to recruit additional members for the Science and Research Committee (SRC). The Committee has been working on reduced members and AG explained the struggles that the Committee has been dealing with. Ideally, there should be up to 20 members with national standing and experience spanning across research in the core areas relating to pharmacy, and this is included within the Terms of Reference. Having a reduced Committee means that there are gaps in key skills and the recruitment should be targeting the expertise that the Committee is missing. Co-opted members could also be invited onto the Committee for specific projects if they have expertise in the area required.</p> <p>PB wanted to thank Prof Parastou Donyai, who has had to step down as Chief Scientist due to personal reasons and also wanted to recognise the support from Diane Ashiru-Oredope who has extended her period of time as Deputy for leading the team and working closely with AG. PB supported the recruitment for the Chief Scientist as we need to underpin our focus on science and research informing practice and need to fully commit to this in order to deliver our objectives.</p>	

	<p>GMC confirmed that the importance of the Committee is recognised and was supportive of expanding the members. It was asked how the individuals are going to be identified to join the Committee to ensure that we get the key skills that are needed. AG wanted to target individuals who have expertise in the desired areas with national standing. We are still looking at the best way to approach this and welcome suggestions from Assembly on this.</p> <p>DB asked if there are set rules on attendance and if there are any consequences for missing meetings. AG advised that the Terms of Reference outline that Committee meetings are quarterly and if members do not attend the meetings, this is addressed with the member directly. As some members are academics or otherwise employed in roles with little flexibility, they are not always able to attend the meetings. If members are not attending nor engaging routinely then they do not continue being a member.</p> <p>MP was concerned that if we take the headhunting approach, there are potential candidates that have the requisite knowledge and expertise as well as having new and fresh ideas which could be missed. AG noted the concerns and agreed that the application process could be opened to try and attract those with the expertise that is needed. A response from SRC must be accurate and come from the position of a body with national standing, especially when dealing with enquiries that have been received that could influence legislation.</p> <p>ACTION: AA suggested Assembly members may know experts in the areas where SRC have gaps and could email their information for consideration. AG agreed that this would be a good idea as we are keen to recruit to these vacancies quickly.</p> <p>GMC explained that the value of Committee members is above the requirement of attending all the meetings. Each member should be looked at in terms of contributions especially as these people are leaders and experts in their field and their depth of knowledge and expertise is needed.</p> <p>BJ was also supportive of recruiting new SRC members. It was noted that when media queries come in, a quick response is needed and should be responded to by subject matter experts. AG confirmed that the SRC works collaboratively with RPS who have been supportive of the group.</p> <p>AT was also supportive of the recruitment of additional members. With regards to AI data science, there is also a Digital Expert Advisory Group which may overlap with the SRC work. It might be useful to reach out to these specialist groups for their expertise and input into certain topics. AG confirmed that expertise is</p>	ALL
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Item 06 Annual General Meeting		<p>PB summarised the report and confirmed that there are three motions that were debated at the 2025 AGM on 04 June and Assembly was asked to consider each and agree next steps.</p> <p><u>AI and Copyright of Pharmaceutical Publications</u></p> <p>AT was interested to find out if other publishing organisations are open to joint working on delivering policy and influence to the Government rather than starting from scratch to give assurance on what the sector policies are. KB stated that when creating a policy, the same approach to pharmacy policy development should be adopted by collaborating with the professional leadership bodies in the industry as there are quite a lot of organisations out there that we can signpost to.</p> <p>BJ confirmed that the Audit and Risk Committee has identified IP management and AI on the risk register. We need to know how to maximise lobbying, understand how best to partner with other organisations and know whether lobbying or partnering is the best option.</p> <p>GMc would like assurance that, in terms of the IP of RPS, we are doing the right thing and asked how to support members around this. It is not clear if RPS have expertise in this area to draw up a policy around it and suggested putting out a position statement instead. Signposting to other organisations who do have the expertise could be included within the statement. MP stated that it is important to face our fears around AI and ensuring that protection for RPS's IP is the priority.</p>	

	<p>JB agreed with sending out the position statement as people will be drawn to RPS when looking for answers. The AI in pharmacy is a great policy document and it will not be the last AI-related piece as it will evolve over time.</p> <p>It was resolved that: Assembly members approved the publishing of the position statement which will reference RPS's published 'AI in Pharmacy' document.</p> <p><u>Updating RPS Resources on Raising and Receiving Concerns</u></p> <p>WT summarised the discussion undertaken at the AGM and the reasoning behind the request.</p> <p>GMc asked if there have been any requests received through the normal process since the AGM. WT confirmed that there has not and then summarised the pros and cons of creating guidance and standards around submitting concerns against Pharmacists.</p> <p>AT is unsure how this can be recorded on paper, how signposting will work and if there is scope in the guidance to outline that concerns that are raised are going to be treated seriously and progressed appropriately. GPhC standards talk to raising concerns but also support for employers. Pharmacists may have concerns raised that are not just about other Pharmacists but about healthcare professionals and patients as well.</p> <p>DB stated that RPS needs to promote which process and channel requests should go through as this is not currently clear. If the request did not proceed through the correct channels then it would be difficult to take on another request. ES agreed that there are more appropriate organisations and channels when dealing with concerns that have been raised. ES did not see this as a Royal College responsibility and that this should be dealt with by the employer, Trade Union or seek legal advice, if needed.</p> <p>GMc does not see the professional leadership body as the right organisation to provide this support and it should be more around tailored support instead. Having static guidance may be counterproductive for the individual. It was suggested having the ability to triage motions that come through the AGM and providing a route into the organisation and how best to place them. By triaging them, it can establish where best to hear them and decide on the motions. BJ agreed to having a clear policy and procedure in place and motions should be directed towards it, but did not feel that Assembly should be setting this as it should be bespoke depending on the circumstances.</p>	
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	<p>MP confirmed that we can help to signpost to other organisations that are better placed to assist if they are looking for support.</p> <p>JB highlighted that there are people in work who are vulnerable to facing discrimination. RPS do good work in this space via the ABCD Group which is a forum for people to get together and discuss in a safe space their personal and work situations. The group can help identify strategies on how best to deal with inappropriate behaviours and situations which may lead to complaints being made. Trade Unions and Employers should step in and guide and it is not for RPS to have a static paper on this as it needs to be tailored.</p> <p>CA summarised the discussion that RPS will not develop this guidance, but instead can remind and promote to members the existing process on how to help develop guidance and better AGM triage motions. PB highlighted that members must have a voice, and a balance needs to be struck as the last AGM meeting only had three motions and future AGMs could have a lot more. There was a significant amount of triaging with the agreement of the proposers on a consolidation approach to the motions. We will need to review regulations on RPS becoming the Royal College, and take into consideration how we get the balance right between allowing the voice of our members and the efficient conduct of the business of the AGM.</p> <p>It was resolved that; Assembly members approved the further development and promotion of a motions process to meet the objective outlined previously.</p> <p><u>Transparency on Remote Access to Key Meetings</u></p> <p>PB referred to a meeting last year where an important conversation on the facilitation of self-selection of P medicines took place and a member felt that there had been a lack of transparency and openness of discussions. The meeting was held offsite and presented a number of logistical challenges. Subsequently we were able to provide the context and background to the discussion and decisions reached by Country Boards and we have underlined the commitment to transparency and engagement. We have taken steps proactively to mitigate from that circumstance arising again. This motion was heavily debated at the AGM and was lost.</p> <p>GMc felt that people should be given the opportunity to observe meetings but be respectful of the outcome and did not feel that there is any further action required. Having more regional meetings rather than holding them in the key cities will bring challenges – there are pros and cons for both sides that need to be recognised.</p>	
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Item 07 UKPPLAB		<p>HT joined the meeting and delivered a presentation on the work of the UK Pharmacy Professional Leadership Advisory Board (UKPPLAB).</p> <p>MP highlighted that there is a higher representation from RPS than the other bodies proposed for the Liaison Group being established and there is a risk that RPS could look as though they are making all the decisions. Alternatively, are RPS seen as having strength in leadership? HT advised that the RPS are represented 'more strongly' in the liaison group than on the full Advisory Board because it is not a subcommittee of the Board but a liaison group between RPS and the Board. Output from the Liaison Group will be going back to the main Advisory Board to allow good external challenge and from independent expert members as well. We terms of managing perception, it is a very important task going forward and HT personally thinks there is a risk that people could think that the RPS are 'just reinventing itself and show how they can join RPS' unless real progress and collaboration can be shown. RPS are doing a good job of being open and wanting to create a Royal College which has the potential to be a real home for pharmacy. There is work to do on perception.</p> <p>From a non-pharmacist point of view, JB queried how to get from a siloed way of working to a more collegiate one and people being comfortable in each other's space. HT stated that this is a big question, and he thought that this will depend upon if they have signed up to the same values. This is not a substitute for networking, good processes and looking at how to strengthen the platforms around education and training. With regards to the 10 year plan, this does not talk to primary or community, but it does talk on the importance of continuous, accessible and integrated care. If organisations / sectors keep to silo working, they will be out of tune with future plans. It is good thing to focus on patients, and making care accessible is vital – the Royal College will need to get ahead of this for pharmacists. You need to consider basics, leadership, patients, getting ahead of the game and what the membership is offering its members / colleagues.</p> <p>GMC confirmed that Assembly had a detailed discussion yesterday on transition which is complex. A willingness to de-silo and for them to join on a collective journey is going to be key. Having the scope of practice as a subgroup of the Board and getting a greater understanding of the different scope of practice is a key enabler as there is a lack of clarity which creates tension. HT stated that the trick is having value add</p>	

	<p>available for everyone. Networks with common interest will not want to lose their value and may stick to silo working as it is comfortable. To be progressive, the Royal College will need to have more collaborative organisations and the leadership needed in order to drive it forward. There are other difficulties to sort out first – if specialist groups are reluctant to move if they cannot take all of their members with them. It is important to focus on what they can do rather than on what they can't do and keep pushing the positives. When comparing to nursing, pharmacy are not as far forward as they are not established in their roles in the sector. RPS has done good work but a professional body working on career progression, training opportunities, credentialing etc. must give members confidence that they can work to their limits of their professional practice and do the best job they can. RPS needs to assert itself in relation to other bodies and in the interest of members to push the system along and support a more effective scope of model of practice for career development.</p> <p>GMC referenced the patient and public group and whether that has received clarity on pharmacist and pharmacy technician roles, as well as the patient and public understanding of the career progression model and how that impacts on their care – is this something that has been raised? HT confirmed that there have been active discussions around this and people do want to know who they are talking to and what their role description is but this needs to mean something. A person wants to feel confident that they are getting the right information, that they are receiving the service they want, from the right person. They do not want to feel 'hoodwinked' and talking to one professional when thinking they are talking to another. Being clear and transparent is the best way forward otherwise you are open for challenge later.</p> <p>HT wished RPS good luck in the transition to the Royal College. HT will be stepping down as Chair of UKPPLAB at the end of September and is planning on retiring full time from then on as well. HT has enjoyed engaging with pharmacy and felt that they should have a stronger voice within the health service. It is a tough environment to work in considering it is dominated by regulators and policy and feels that it is an exciting time to be moving over to the Royal College, but it needs to be translated into a good offer to pharmacists and pharmacy technicians to help them come along on the journey. Be bold when establishing the Royal College, keep the strong vision in mind, be prepared to be challenged but stand firm and be patient. HT left the meeting.</p>	
Item 08 Update on Constitution &	<p>PB felt it was useful to hear from HT on established relationships with leadership bodies and SPGs and reminded us of the work ahead to create a functional and inclusive Royal College. There needs to be a significant focus on the relationships with other professional bodies and to take onboard their ambitions and their respective constitutions, as well as the ambitions and desires of their members. It is understood that</p>	

Governance Delivery	<p>now the resolution by Assembly has been supported by our members, and the direction of travel agreed, there is much work to do. Much of this work is unseen but Assembly had an extensive discussion yesterday to address a considerable number of matters in order to make progress. We would like to share this more widely now with members and explain the work that is ongoing. We will intensify the messaging going forward.</p> <p>KB delivered the Constitution and Governance presentation which covered the transition year timeline and the three milestones, the programme team current focus, communicating with members and how to build on our commitments. PB confirmed that RPS will be seeking external audit to ensure that assurance is obtained that this project is being run appropriately to deliver on our ambitions.</p>	
Item 09 International Update	<p>LW and CA delivered the presentation updating on international activity.</p> <p>GMC highlighted that RPS are recognised in the UK as being a great place to visit to advance in pharmacy practice and asked if there is anywhere that RPS could visit proactively to learn and advance further. LW confirmed that Canada is further ahead than us in some ways and we could learn more over there. It is not just places that are ahead of us but also where they are conducting good practice which RPS could still learn from. CA confirmed that the clinics in Nova Scotia are named in the 10 year Plan and these should be looked at as well, so it important to build on those relationships.</p> <p>PB thanked LW for the support on all international activities as this is being worked on additionally to BAU work as Director for Scotland.</p>	
Item 10 Any Other Business	<p><u>Humanitarian Aid</u></p> <p>TO sent over an any other business item to CA to raise in her absence. TO asked RPS to consider putting out a statement regarding the increasing concern to humanitarian aid which has led to a petition. RPS put out an initial statement in 2023 but there are new statements coming out from other bodies since then and RPS should consider putting out another one to reaffirm the 2023 statement, adopting a structured policy aligned with the Academy of Medical Royal Colleges guidance and how we can better support members going forward. CA and the Executive Team agreed that a position statement should be sent out fully recognising the distressing position innocent people and healthcare workers are finding themselves in. RPS is aware of the Medical Royal College guidance, and recent statements, and will consider these when drafting up the approach, and to reaffirm that RPS will continue to offer all refugee pharmacists fleeing war-torn and conflict areas three years free membership to help them practice in the UK going forward.</p>	

		<p>ES approved putting out a further message as it is important to be doing the right thing. If we do not want to put out our own statement, it was suggested to potentially collaborate on a joint statement as these are more powerful than individual ones.</p> <p>AA agreed that the 2023 statement should be updated as a lot has happened since then. MP stated that it is a difficult place to be in, and the statement should focus on the human side.</p> <p>DB asked if the Royal College, physicians and the RCN put a joint statement out and if RPS were approached to cosign it in advance. CA confirmed that RPS were not. DB highlighted that RPS could endorse it instead.</p> <p>JB highlighted that there have been numerous conflicts across the globe that have not had news coverage, the statement should build in reference to RPS's awareness to those as well. We need to take a step back and consider how to handle the human crisis more effectively, so we have a standardised approach where possible.</p> <p>PB confirmed that a draft statement has been compiled and sought to assure members that RPS both acknowledges the conflict not only taking place between Israel and Gaza but also recognises that there are various other disasters and crises around the world. ACTION: PB confirmed that the statement will be shared to Assembly members once finalised and ahead of publication.</p>	PB
Item 11 Date of the Next Meeting		<p>An extraordinary Assembly meeting will be called in September 2025 – date TBC.</p> <p>Noted that the next meeting will be the Working Day 18th November and Assembly Meeting 19th November 2025.</p>	
<i>Meeting closed at 11:55am</i>			

