



# ROYAL PHARMACEUTICAL SOCIETY

## Assembly Meeting

To be held at 9:00 to 16:30 on 16<sup>th</sup> July via MS Teams

### Agenda - Open Business

#### 1. Welcome to Assembly members & apologies for absence 09:00

#### 2. Items for Noting 09:00 – 09:05

05 mins

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

- a) Code of Conduct & Remit of Assembly and COG
- b) Declarations of interest
- c) Minutes of the Open Business Assembly Meeting 26<sup>th</sup> March (for noting & approval)
- d) National Pharmacy Board Reports
- e) President's Report
- f) Treasurer's Report
- g) Science & Research – to note the minutes of the Science & Research Committee 13<sup>th</sup> May
- h) Education & Standards – to note the minutes of the Education & Standards Committee 14<sup>th</sup> May
- i) Inclusion & Diversity update
- j) Schedule of Assembly meetings 2026
- k) Panel of Fellows list of Fellows appointed in May

#### 3. Matters arising from the Open Business minutes not specifically included elsewhere on the agenda 09:05 – 09:10

05 mins

#### 4. Education & Standards Committee 9:10 – 09:30

20 mins

To consider next steps over Faculty  
*AD Assessment & Credentialling*

#### 5. Science & Research Committee 09:30 – 09:50

20 mins

To consider future structure and immediate challenges  
*Chair, Science & Research Committee/Deputy Chief Scientist*

#### 6. 2025 AGM 09:50 – 10:15

25 mins

To consider member resolutions following the AGM  
*CEO/President*

#### 7. UKPPLAB 10:15 – 11:00

45 mins

To welcome Sir Hugh Taylor and receive an update on work of the Board to date  
*President*

**BREAK 11:00 – 11:15**

8. **Update on C&G Delivery 11:15 – 11:30** 15 mins  
To receive an update on next steps  
*CEO/Deputy CEO*
9. **International 11:30 – 11:50** 20 mins  
i) To update on International items and FIP  
ii) To receive an update on the EAHP General Assembly  
*Director for Scotland/President*
10. **Any other business 11:50 – 11:55** 05 mins  
*Any other items of business to be notified to the Chief Executive 48 hours before the meeting*
11. **Date of next meeting 11:55**  
To note the dates of the Assembly Working Day and Meeting, 18<sup>th</sup> & 19<sup>th</sup> November

## **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 Conduct 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 opinions expressed by a member or content shared by a member publicly on a social media platform should be reported to the social media platform directly or, where relevant, to the police. RPS will not routinely take action to undermine any Member's right to challenge and/or criticise any action of RPS. RPS will only consider complaints about such content under the Conduct Scheme where the member is holding themselves out as a representative of RPS on such a platform or where at the reasonable discretion of the CEO the content may infringe common standards of decency or place an individual at risk of harm in which case the complaint may be dealt with under the Conduct Scheme. Fellows are held to the same standard as ordinary members in this respect.

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 any duties assigned by the Society (or any Group Company).

#### **Return of RPS Property**

At the end of their term of office, however arising, or at any time at the Society's request, governance members shall immediately return to the Society or destroy all documents, records, papers or other property belonging to the Society or any Group Company which may be in their possession or under their control, and which relate in any way to the Society's or of any Group Company or joint venture or any of its associations business affairs and shall not retain any copies thereof. This requirement shall not apply to a single copy of confidential information kept for legal, accounting or professional purposes which members warrant to keep secure in exchange for reasonable personal use. Members may be asked to certify in writing that they have complied with these requirements.

#### **Conduct**

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

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

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

**Assembly Meeting July 2025****DECLARATION OF INTERESTS****Adebayo Adegbite**

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies
- 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
- General Pharmaceutical Council - Associate & Accreditation Team Leader
- Pharmaceutical Press Author
- Royal College of Surgeons, Ireland – external examiner
- Commonwealth Pharmacists Association - Patron

**Brendon Jiang**

- Senior Clinical Pharmacist, NORA PCN
- 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
- Principal Pharmacist at Digital Health and Care Wales

**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 the Guild of Healthcare Pharmacists
- Member of Commonwealth Pharmacists Association
- Pharmacy Research UK Trustee
- Member of Inclusive Pharmacy Practice Advisory Board
- Member of NHS Assembly
- Member of PM Healthcare Editorial Board
- Member of the Pharmacists' Defence Association

### **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
- Member of Commonwealth Pharmacists Association

### **Audrey Thompson**

- NHS Forth Valley
- Member NHSGGC pharmacy practices committee 2024
- Member of Unite

**Minutes of Assembly Meeting held on 26<sup>th</sup> March 2025 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), Gino Martini (GMA), Geraldine McCaffrey (GMC), Matt Prior (MP), Tase Oputu (TO), Eleri Schiavone (ES), Lynne Smith (LS), Audrey Thompson (AT)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Avril Chester (AC), Rick Russell (RR), Laura Wilson (LS), Elen Jones (EJ), Liz North (LN), Catherine Walker (CW) – item 5 only, Lauren Cheetham (LC) – minutes, Sophie Hughes (SH) – minutes

Apologies: None received

Observers: 7 observers joined the meeting

Item	Paper	Notes and actions	Action by
<b>Item 01</b> <b>Welcome &amp; Apologies</b>		No apologies received.	
<b>Item 02</b> <b>Items for Noting</b>		<p>The following items were noted:</p> <ul style="list-style-type: none"> <li>a) Code of Conduct &amp; Remit of Assembly and COG</li> <li>b) Declarations of interest</li> <li>    GMC, ES and BJ declared amendments – ACTION to update and recirculate for approval</li> <li>c) Minutes of the Open Business Assembly Meeting 20<sup>th</sup> November (noted and approved)</li> <li>d) National Pharmacy Board Reports</li> <li>e) President's Report</li> <li>f) Treasurer's Report</li> <li>g) Education &amp; Standards Committee minutes of 19<sup>th</sup> February</li> </ul>	LC/SH

		<p>h) Education/Professional Development report</p> <p>i) Science &amp; Research Committee minutes 13<sup>th</sup> February</p> <p>j) Inclusion &amp; Diversity update</p> <p>k) 2025 Events update</p>	
<b>Item 03</b> <b>Matters Arising</b>		None	
<b>Item 04</b> <b>UKPPLAB</b>		<p>CA reported on the March Board meeting which approved the diagram circulated separately to the Assembly meeting pack – this diagram is the culmination of the vision and common purpose work Assembly members will recognise from their attendance at recent webinars. Next steps are for each organisation to take the diagram through formal approval with their governing bodies (i.e. Assembly) with a view to publication on individual websites in June and co-ownership of the document going forward.</p> <p>Assembly APPROVED the diagram.</p> <p>LN was pleased with the outcome and participation, praising both the effort involved and its success. GMc appreciated the opportunity for collaborative discussions about development of the vision, which aligns with the principles of how we work. Despite concern over the likely attendees at the public and patient group-focused webinars being limited to the very interested, LS was pleased to note the breadth of attendees asking interesting questions. CA welcomed the input as a different lens on pharmacy. She reported a further meeting to be attended by herself and PB.</p> <p>PB highlighted the continued strong working relationship formed between RPS and the Advisory Board through the good office of the President in representing RPS. He reflected on the division of subcommittee activity e.g. LN's representation for engagement and comms, PB for scope and practice. Subcommittee work is referred to in the recently published Advisory Board paper.</p> <p>He praised endeavours made by Sir Hugh Taylor and the Board Secretariat to ensure all items were communicated, and recommended Assembly members review the scope of practice if they haven't done so recently as a particularly interesting topic for RPS consideration and one likely to become a worthwhile debate.</p>	

<b>Item 05</b> <b>Museum Policies</b>	<p>CW joined the meeting and reminded Assembly that Museum policies must be reviewed every five years for accreditation purposes, and welcomed any questions on the policy pack. CA thanked CW for the tour given to FIP colleagues.</p> <p>To LS's question, CW reported that we have no formal timetable for item disposal. We are auditing the collection at present as a long-term goal, averaging 1000 objects per year out of a total of 40,000, with 3000 so far complete. We cannot dispose of anything until we understand the scope of the collection, at which point we will develop a disposal policy. We make a note upon finding damaged or duplicate items, and we have an arrangement with Rentokil to dispose of drugs as part of the Controlled Drugs process and update which we can extend further to ensure safety.</p> <p>LS asked what happens in CW's absence given that one paper indicated she is the sole person with Museum authority. CW reported that her absence is mitigated differently by policy e.g., accessing the basement store can be done by a Facilities team member; RPS Head of Finance, Facilities and Estate is named on the Controlled Drugs policy so we have contingency.</p> <p>LS praised CW's exemplary covering document. EJ praised the immense amount of work CW has undertaken in both the Welsh and Scottish offices to obtain licenses and maintain both the required rigor and professional standards needed for the collection, in addition to maintaining safety and broadening the scope of our heritage work to include outreach to the local community and making the museum a child-friendly and fantastic experience. CW reported 160 visitors during the 2024 Open House season, which demonstrates interest in the collection and the importance of maintaining it accurately. GMc also extended her thanks for a significant set of papers and the assurance they provide as to our high standards and the safeguarding of the collection for members and the wider public.</p> <p>CW is now looking into how to improve sustainability and develop income streams such as eCommerce and a shop. We are currently limited in our application for grants etc. as we are not a charity, so there is more work to do on diversifying income streams. EJ highlighted the digital infrastructure that allows us through a microsite to make the collection available to those who are unable to attend the office; CW added that the website is enabling the collection to work harder to promote items that would otherwise be unavailable in storage. EJ also reported regular social media posts which have received good interaction.</p>	
--	--	--

	<p>In answer to RE's question on how volunteers are sought, CW reported a waiting list following a role application that was put out last year. We had to tighten the description to narrow the 70 initial volunteers down. She further reported close working with the Retired Pharmacists Group (RPG).</p> <p>Assembly members discussed the important focus on children to the betterment of the profession and what further services we might provide to engage them. PB praised the hard work to fulfil our role as custodians of the heritage of the profession, and questioned how we manage our similarly-minded members who might wish to donate items. CW pointed to the clear guidelines in our Collection Development policy of what we can and can't accept, such as duplicates. Whilst it is a shame to turn objects down, we endeavour to advise other avenues to donate to, e.g. local history museums and archives.</p> <p>CW confirmed to GMa that we loan objects fairly regularly to a number of different organisations, especially across London but also country-wide, e.g. Erasmus House, RCN. A strong website will be a useful tool to help others understand what we have to offer. She also confirmed working with the Society of Apothecaries on a 3-day course on the history of pharmacy, and we are looking at creating a workshop for primary school-aged children after we obtain feedback from teachers as to what might be useful. She reported a good working relationship with the British Society for the History of Pharmacy (BSHP).</p> <p>In addition to the older objects in the collection, CW reported focus on developments that are happening now, including 30 diverse recordings across the breadth of pharmacy about their experience of Covid-19 – editing recordings takes time, but we aim to make them available on the website in due course. The principle of contemporary collecting to ensure we don't have gaps means we try to monitor the landscape to gather examples of medicines involved in public conversations; we are embarking on another project that examines pharmacy over the last 50 years which represents the careers of our RPG, so we'd like to capture the extent of the changing profession before the information is lost.</p> <p>CW explained the formal accession process we undertake when a museum piece comes to us and is catalogued; there is a grey area if the object is not accessioned. CA thanked CW for an informative item and extended her appreciation for what the museum adds to the building and organisation.</p> <p>Assembly APPROVED all proposed changes to the Museum policies.</p>	
--	--	--

<b>Item 06</b> <b>Constitution &amp; Governance Review</b>	<p>CA was delighted to announce that RPS Members voted in favour of change and for RPS to become a Royal College. PB further announced that Members have voted in favour by way of the Special Resolution Vote in support of the proposed changes to the RPS Royal Charter and to our transition to Royal College, confirming our intention to register as a charity and move to become the Royal College of Pharmacy. The proposal includes the intention to create a wholly owned limited subsidiary for publishing activities.</p> <p>A total of 6,144 votes were cast, a turnout of 31.4%. 4,369 (71.1%) voted in favour and 1,775 (28.9%) voted against.</p> <p>PB welcomed the result and extended his gratitude to Members for their participation and support in this historic decision, whether for or against. This process is only the start of the journey RPS must now take via the necessary steps of the Privy Council, Charity Commission and OSCR, with a view to completing the process by Spring 2026. He gave thanks to the RPS team and Assembly members for putting this resolution before Members and Fellows, and called for union behind the democratically determined position of the newly constituted Royal College of Pharmacy.</p> <p>National Board Chairs GMc, JB and TO each thanked staff and Country teams, and looked forward to working together, bringing all along on the journey regardless of how they voted and making the Royal College of Pharmacy the best organisation it can be. They each welcomed the commitment to the profession demonstrated and gave thanks for the rigor and challenge brought by the exercise. RE expressed gratitude at being part of the process and at enabling the organisation to be fit for the future for the next generation of young pharmacists coming through. She also praised the coordination and time put into the Communication work.</p> <p>CA reported this move as part of her vision since joining the EPB 10 years prior, as well as a letter written to PJ in support. As we mature, we will provide support to achieve excellence in our profession. She was excited for the younger generation of pharmacists who are about to become prescribers, and hoped that all members would come with us on the journey, even those who disagree, so that we may develop the College together. All those who belong to the College have a voice and a part to play as we move forward together.</p> <p>PB suggested that as this phase concludes, an immense amount of work and engagement will be undertaken to reconstitute RPS to become the Royal College of Pharmacy. As part of the transition through</p>	
---	---	--

		<p>Privy Council and Charity Regulator agreement, it is important that there be continuity in the organisation to ensure the transition is smooth and swift. Assembly has therefore needed to consider the election process, and new structures proposed around the Councils and Senate.</p> <p>It should be noted that Assembly has cancelled elections in 2025 – i.e. a deferment until the early part of 2026. This amendment to the regulations was gazetted for 60 days as required and Assembly called a special meeting in February to review the five responses received, where all options were considered in depth. The discussion has been challenging and its conclusion potentially contentious; members should know that Assembly weighed the risks and benefits of each option in the interests of the organisation, not in self-interest, and determined that members must be clear about the nature of the organisation they will be standing for at election; thus our journey towards a Royal College to hold elections in early 2026 not only fits with the operational requirements of the organisation, but is good governance. In a period of change there needs to be stability, and the custodial nature of the transition and Assembly's responsibility towards stewardship was debated considerably. Assembly also stressed that its three members directly impacted by term extension abstained from the process at the point a decision was required; the decision over timing to enact democratic change or maintain continuity to shepherd change appropriately had been tough.</p> <p>Elected members echoed the thoughtful and thought-provoking debate, appreciating the chance to hear differing viewpoints and recognising the difficulties inherent in the decision; it is the right decision for us to act as custodians of the outgoing organisation to help move it forward into new times so those standing in 2026 are clear on what they are representing.</p> <p>CA thanked all for their participation and drew the Open Business section of the meeting to a close.</p>	
<b>Item 07</b> <b>Any Other Business</b>		None.	
<b>Item 08</b> <b>Date of the Next Meeting</b>		Noted that the next meeting will be the Induction Day 15 <sup>th</sup> July and Assembly Meeting 16 <sup>th</sup> July 2025.	

# ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 16<sup>th</sup> July 2025

25/07/ASB/02d – Open

<b>Title of item</b>	<b>Update from National Boards</b>
<b>Open, confidential or restricted status</b>	Open
<b>Authors of paper</b>	Elen Jones, Laura Wilson
<b>Positions in organisation</b>	Country Directors
<b>E-mail</b>	<a href="mailto:elen.jones@rpharms.com">elen.jones@rpharms.com</a> <a href="mailto:Laura.Wilson@rpharms.com">Laura.Wilson@rpharms.com</a>
<b>Purpose of item</b>	To update Assembly on the work of the National Boards for the period March 2025 - July 2025
<b>Item summary</b>	This paper provides an update on the work of the country teams in relation to policy and advocacy.
<b>Risk register items</b>	n/a
<b>RPS strategy links</b>	All
<b>Actions/decisions required of Assembly</b>	For noting

## GB activity

### AI and Digital Capabilities

- A Digital Innovation and Education roundtable was held on 5 June and a report from the event is being drafted
- Contributing to the planning of the RPS Annual Conference Science and Research stream
- Invited to present at the PM Healthcare on policy initiatives related to AI at their conference in London in July.
- Continue to take opportunities to communicate the policy intentions from the AI and Digital Capabilities policies and demonstrate professional leadership in this in-demand topic area.

### Medicines Shortages

- Plans to reconvene the advisory group (11<sup>th</sup> June) for a check in meeting across all stakeholders with an opportunity for all stakeholders to feedback to the group on ongoing work and challenges in addressing medicines shortages. The session will act as an opportunity to reflect on progress to date with the recommendations and where more action/lobbying may be required.
- Continue to engage with Department of Health and Social Care to explore changes around 'pharmacist flexibilities', together with any legislative changes needed.
- Contribute and participate to government work across the nations on medicines shortages, as well as the work of the Pharmacy APPG.
- To continue to lobby for implementation of the recommendations of the report, together with members of the advisory groups and the organisations they represent.

### Prescribing

- A fourth DPP roundtable was held on 4 June and a meeting note drafted
- Continue to engage and work with others on DPP
- DPP competency framework to be refreshed this year

### Sustainability

- In April, we launched the Greener Pharmacy Toolkit
- Following the launch we also hosted a webinar open to both members and non-members to introduce the toolkit, the principles behind it, and how it works. A recording will be available to view on the rpharms.com website.
- Working to encourage the adoption of the greener pharmacy toolkit in community and hospital practice.
- Attending FIP congress to showcase the greener pharmacy toolkit

### Pharmacogenomics

- Pharmacogenomic (PGx) Competency Framework resource is being developed to support the prescribing workforce and enable the expansion of pharmacogenomic medicine services nationwide.
- A series of Task and Finish Group meetings (7 in total) and one validation meeting held between May and November 2025 to progress work on the prescribing competency framework and gather stakeholder feedback to support the development of the handbook.
- The handbook is planned for open consultation in September 2025.
- The anticipated launch is scheduled for December 2025.

### Workforce Wellbeing

- A third WWB roundtable was held at RPS on 12 March 2025

- The Workforce Wellbeing Action Group has been merged into the ABCD group due to significant overlap
- An ABCD meeting was held on 14 May with a focus on mental health first aiders
- Agreed actions from the third roundtable will be published
- RPS along with PhSC, BPSA and Pharmacist Support are developing a survey for students and early career pharmacists for 2025
- RPS will be working with GPhC and APTUK to develop resources that operationalise professional standards to maximise impact, with a focus on medicines shortages
- An ABCD meeting held on 24 June with a focus on Learning Disabilities

#### I&D

- Held annual International Women's Day hybrid event co-hosted with key organisations across Pharmacy. A successful event with a lot of positive feedback both on the day and across our social media channels.
- Hosted an ABCD meeting inviting two Mental Health First Aiders, sharing their experience of the impact of difficult working conditions on mental health and wellbeing.
- Clinical Pharmacy Congress – a microaggressions session and Unconscious Bias on patient outcomes
- NES Education Conference - presented with Lucy Des Clayes from the Education Team a session titled "Hidden Biases, Visible Impact: Challenging bias through education to reduce inequalities", we had 140 attendees and have received positive feedback. With a request to present at a Health board.
- APTUK Pride Branch - Invited to speak at an APTUK webinar on the Impact of Unconscious Bias on the profession and patients
- Nordic Conference – Presented Unconscious Bias on patient outcomes
- British Association for Sexual Health and HIV (BASHH) - Our abstract "Mapping GPhC Initial Education Training Standards to LGBTQ+ Learning Outcomes" has been accepted at the upcoming BASHH conference
- Attendance at Pride marches in Cardiff, Edinburgh and Manchester
- June ABCD meeting focusing on learning disabilities

#### Differential Attainment

- The first oversight meeting was hosted by the RPS in March
- The terms of reference have been reviewed and with the group to be finalised
- Met with GPhC and Professor Ijeoma to discuss the differential attainment gap and to share learnings from UCL
- Next meeting held on 10<sup>th</sup> June

#### Workforce

- An initial scoping exercise looking at internal and external workforce policy activity across healthcare professions
- Presented options to National Pharmacy Boards in June 2025
- Complete a review of RPS Policy A-Z to identify gaps and expired content
- Consider workforce policy activity in context of RPS Content Strategy

#### Palliative Care

- Held a Parliamentary reception to launch the Daffodil Standards for Community Pharmacy at Stormont, Belfast in collaboration with Marie Curie, Pharmacy Forum, Department of Health and Community Pharmacy NI. Supported by Professor Cathy

Harrison, Chief Pharmaceutical Officer, NI and attended by over 19 of the MLAs for Northern Ireland including Danny Donnelly, Deputy Health Minister.

- Completed refresh of the RPS Wales Policy on Palliative and End of Life care and extended to make GB-wide.
- Tender approval with Digital Health and Care Wales (Medicines programme) to complete a digital roadmap for medicines at end of life.
- Agree extension of the partnership contract with Marie Curie for 2025-26
- Complete Theory of Change workshop(s) with Marie Curie to inform an impact evaluation of the Daffodil standards
- Complete and submit the digital roadmap for End-of-Life care, as part of the medicine's roadmap in NHS Wales

#### Facilitated Self Selection of P medicines

- RPS position statement and professional guidance being reviewed following the board meeting and will then be published
- The evidence review will also be published once peer reviewed

#### Cancer Care

- RPS responded to the [call for evidence for the national cancer plan](#) in England
- We met with BOPA to discuss potential areas of collaboration. Some suggestions included early diagnosis, standardisation of implementing new medicines, workforce issues, supporting research, health inequalities
- In Scotland, we are continuing to engage with the Scottish Oncology pharmacy group as they work on the Cancer 3 Horizons project led by the Consultant Pharmacist in cancer care.
- Early discussions with Macmillan on potential joint working via the Chief Pharmaceutical Officer clinical fellow post in England
- Following the publication of the cancer plan, expected later in 2025, decide on priority areas

#### High Cost Medicines

- Some initial scoping of the work with plans to have conversations with Government on next steps, and some lobbying work.
- Main focus of work will begin late 2025 when other key priorities and policy deadline work has been met.
- Review our current 'Access to Medicines' policy/position statement.
- Scope work with other organisations, including patient representative groups and ABPI
- Potential for piece to be a Policy position statement, identifying the issues, challenges and how this may look across the devolved nations.

#### Health Inequalities

- Working to establish what work has already been undertaken to address Health Inequalities within RPS and other royal collages/professional bodies.
- Working on creating a RPS GB position statement on health inequalities, a new webpage that bring together existing activities and received input from national boards on priority areas.

## Activity in England

### Medicines Shortages

- RPS England, backed by 19 other organisations has written to the Secretary of State for Health and Social Care, Wes Streeting, calling for a cohesive cross-government strategy to tackle medicine shortages across the UK.
- We have provided written evidence to the Pharmacy APPG inquiry into the impact of Medicines Shortages in England, informed by our report

### Assisted Dying

- We submitted written evidence to the House of Commons Bill Committee on the Terminally Ill Adults (End of Life) Bill.

### Health Inequalities

- In England we continue to work with the Prescription Charges Coalition and support their messages
- In England we are a member of National Voices and we support their work and messaging on health inequalities
- Working with NHSE to look at how pharmacists can better support those with learning disabilities

## Activity in Scotland

### Palliative care

- RPS held a Parliamentary Reception in The Scottish Parliament in January to raise awareness of the Daffodil Standards for Community Pharmacies. The event was sponsored by Jackie Baillie MSP. 12 MSPs attended including the Minister for Public Health, Jenni Minto MSP, who has Community Pharmacy in her ministerial portfolio.

### Digital Prescribing

- RPS held an MSP drop in event in The Scottish Parliament in January to highlight the need for all pharmacists in the community to have read and write access to patient records. We spoke to 20 MSPs in total.
- We published a thought leader column in The Times making the case for pharmacists having read and write access to patient records.
- In June, Scottish Parliament passed legislation which will introduce a digital, integrated health record.

### Medicines Shortages

- Held a drop in event for MSP's in November to launch the report, spoke to over 20 MSP's.
- RPS Scotland sent a letter to the cabinet secretary for health and social care in Scotland calling for a cohesive cross-government strategy to tackle medicine shortages across the UK.

### Assisted Dying

- Met with Children's Hospices Across Scotland to discuss our organisation's positions on the Assisted Dying for Terminally Ill Adults (Scotland) Bill and potential amendments to be made at Stage 2 of the Bill process.
- Gave oral evidence to the Health, Social Care and Sport Committee in November 2024 in relation to the Member's Bill introduced into the Scottish Parliament.
- We met with Professor Michael Dooley who is the pharmacist who implemented assisted dying in the state of Victoria, Australia (since adopted by the rest of the country) and who has developed a 100% effective protocol. This is the model being proposed in Scotland.

- We met with Liam McArthur (who is sponsoring the Bill) to discuss our proposed amendments to the legislation and seek his support for these. Discussions on this are ongoing.

**Health Inequalities**

- In Scotland we are part of the Remote and Islands workforce stakeholder focus group meetings

**Recognition**

- We held an event in our Edinburgh office to celebrate those recently credentialled or awarded a fellowship. There were over 50 attendees and it was enjoyed by all.

**Holyrood Election Manifesto**

- Ahead of next year's Holyrood election, we've been working on a manifesto for pharmacy in Scotland that highlights our top 4 priorities for the next Scottish Government – together with information on how to implement the calls and the benefits they will produce.

**Activity in Wales****Digital Prescribing**

- We continue to be a part of the Primary Care Electronic Prescribing Service Board chaired by Digital Health and care Wales (DHCW). In addition, we have attended digital mapping workshops held by DHCW.

**Medicines Shortages**

- Held a parliamentary event in the Senedd on 4<sup>th</sup> December to launch the report.
- RPS Wales sent a letter to the cabinet secretary for health and social care in Wales calling for a cohesive cross-government strategy to tackle medicine shortages across the UK.

**Assisted Dying**

- We are a part of a working group developing a position for the Welsh pharmaceutical committee, where our work will provide insights and leadership to Welsh Government.

**Pharmacogenomics**

- Approached by HEIW in Wales to collaborate and support delivery of their pharmacogenomics delivery plan.

**Health Inequalities**

- In Wales, through our work in leading on the refresh of the goals for Pharmacy: Delivering a Healthier Wales, the focus will be on spread and scale of existing good practice, together with equity of access to new innovative services to patients across Wales, with a focus on helping to address inequalities.
- Actively engaging with Llais, the patient representative body in Wales, who also have representation on the working groups for Pharmacy: Delivering a Healthier Wales. Providing a strong voice representing patients on these groups ensures as we develop pharmacy services and the profession, these are centred around the patients in our communities.

**Senedd Election Manifesto**

- Ahead of next year's Senedd election, we've been working on a manifesto for pharmacy in Wales that highlights our top 4 priorities for the next Welsh

Government – together with information on how to implement the calls and the benefits they will produce.

## Consultations

- 6 consultations responded to in the period March 2025 to July 2025. All consultation responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2024-consultation-responses>

**Tase Oputu, Chair, English Pharmacy Board**

**Jonathan Burton, Chair, Scottish Pharmacy Board**

**Geraldine McCaffrey, Chair, Welsh Pharmacy Board**

# ROYAL PHARMACEUTICAL SOCIETY

**Assembly Meeting 16<sup>th</sup> July 2025**

**25/07/ASB/02e – Open**

**President's report: April to June 2025.**

I was delighted with the result of the SRV which was announced in March and that Members voted in support of proposed changes to the RPS' Royal Charter and our transition to Royal College. I look forward to an exciting year as we move towards the Royal College and am pleased to serve as president for an additional year until the next elections.

## **External events**

I attended meetings of the UKPPLAB and discussed how UKPPLAB and RPS might move forward. Paul Bennett and I met with Sir Hugh Taylor chair of UKPPLAB.

Paul Bennett and I have had regular meetings with the Chief Pharmacist David Webb, and we also had a meeting re the Royal College with the four Chief pharmacists.

I was delighted to spend a day at BPSA conference in Swansea and had the opportunity to talk about my career to several students in a mentoring session. I also gave a speech at the BPSA dinner.

I attended CPC In London and spoke on an RPS panel and a UKPPLAB panel.

I attended the European Associations of Hospital Pharmacists annual general meeting in Thessaloniki, Greece. The RPS was elected to join EAHP as part of the UK coalition with the Guild.

I attended an open session of Pharmacy School's Council.

I accompanied the President and Vice President of PharmaSuisse on a visit to a PCN and GP practice. The Swiss association are looking to develop similar roles.

I attended an online FIP Council informal meeting about changes to voting procedures in preparation for a vote at Councill meeting in August.

## **Internal meetings and events**

Internal meetings have included Constitution and Governance meetings, face to face Board meetings and an additional Assembly meeting. I attended Finance and Investment Committee, Audit and Risk Committee, Remuneration Committee, Education and Standards Committee, Science and Research Committee and Pharmaceutical Press Board.

I have regular meetings with Paul Bennett, the Country Directors and Aman Doll.

I presented Fellowship certificates at the annual Fellows' dinner at Ironmonger's Hall in London.

I attended the RPS West Midlands regional conference in Birmingham.

**Claire Anderson, June 2025.**

# ROYAL PHARMACEUTICAL SOCIETY

**Assembly Meeting 16<sup>th</sup> July 2025**

**25/07/ASB/02f – Open**

## **Treasurer's Report – July 2025**

Dear colleagues,

This is my mid-year update to Assembly on the financial performance of the Society, drawing on results to the end of May 2025 and current forecasts for the full year. I would again like to thank the Finance and Operations teams for their continued commitment and to the Finance & Investment Committee for their valuable oversight and advice.

### **Overview**

The Society continues to demonstrate financial resilience amid ongoing global and domestic challenges. Investment markets remain volatile—due to protectionist US trade policies, geopolitical instability, and inflationary pressure—however our operational performance remains strong and well managed.

As of May 2025, the organisation reported an operating surplus of £373k, compared to a budgeted deficit of £48k, reflecting strong income performance and disciplined cost control. After interest and investment adjustments, the net surplus to date stands at £33k.

### **Operating Performance**

Total income year-to-date is £338k (3%) ahead of budget, largely driven by:

- Strong licensing and digital publishing within Pharmaceutical Press,
- Higher-than-expected contract income in Education and Membership, and
- Sustained membership fee performance.

Costs are also tracking well, coming in £83k (1%) under budget. Notably:

- Committee and travel costs are significantly below budget,
- Professional services and consultancy spend have been well managed,
- The main cost pressure stems from the recent increase in National Insurance contributions, which has now been factored into the full-year forecast (increasing employee costs by £247k).

The latest reforecast projects a full-year operating surplus of £313k after interest, providing a stable financial outlook.

### **Investments**

Our total investments stood at £10.639m at the end of May, reflecting a partial rebound in performance, after earlier losses in Q1. However, the portfolio remains 2.7% below its December 2024 valuation, consistent with wider market trends, particularly among ethical funds with significant US equity exposure. The Finance & Investment Committee is continuing to monitor progress closely and will review fund performance with CCLA at its next meeting.

**Capital Projects and Strategy**

Project Aurora remains a core investment in our membership digital transformation and member experience strategy. Phase 1 deliverables are on track, cost control remains tight and there are plans to showcase the initial outputs at the RPS Annual Conference on 7th November 2025.

Similarly, Constitution and Governance work is progressing well, with planned expenditure for 2025 remaining within the previously agreed envelope. These initiatives are funded from the Business Reinvestment Scheme, ensuring operational budgets remain protected.

**Summary**

At the mid-point of 2025, RPS is in a robust financial position—sustained by diversified income, careful stewardship of costs, and ongoing investment in strategic priorities. These foundations will be essential as we continue our transition to Royal College status and take forward initiatives that shape the future of the profession.

I will continue to work with the Executive and the Finance and Investment Committee to monitor emerging risks and opportunities, and to ensure we remain agile in our response to economic and operational pressures.

Best regards,

Brendon Jiang  
RPS Treasurer

## RPS Science and Research Committee Meeting Report

Meeting 2

**Tuesday 13<sup>th</sup> May 2025 at 11.00am – 1.00pm**

Held via MS Teams

Attended by

Amira Guirguis (AG), Gill Hawksworth (GH), Ka-Wai Wan (KWW), Mar Estupiñán Fernández de Mesa (MEFM), Rachel Palmer (RP), Delyth James (DJ), Christine Bond (CB), Olaolu Oloyede (OO), Claire Anderson (CA), Diane Ashiru-Oredope (DAO), Lauren Ross (LR), Jegak Seo (JS), Rebecca Braybrooks (RB)

### 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: Hend Abdelhakim, Oisín Kavanagh, Jayne Lawrence, Barrie Kellam, Cathrine McKenzie, Paul Bennett, Andy Fox Agree minutes/ notes from the previous meeting Declarations of interests (Dols) Some updates: Updated ToR approved by Assembly	
Outcomes	To be agreed and completed at the meeting as a record	
	The Chair welcomed all members and guests to the second meeting of SRC for 2025. A brief round of introductions was heard from those on the call. The previous meeting report was agreed as an accurate record of the meeting with a note from GH to clarify Item 2 discussions heard about the new Charter seeming to contain less Science as it now states Education. The whole Charter and what will be new regulations need to be taken into account and not just small sections. Science is still and will continue to be a very big part of the future for the RPS. The updated Terms of Reference were taken to the last Assembly meeting to be ratified. This has been completed. The website will be updated accordingly.	

### 2: Relevance

Title	Item 2. Science & Research Team Update (Deputy Chief Scientist)	Time of item: 11:15
Description	An update from the Deputy Chief Scientist	
Purpose	To relay an update on the <ul style="list-style-type: none"> <li>• SRT update including research sessions at CPC &amp; upcoming webinars</li> </ul>	

	<ul style="list-style-type: none"> <li>• 2025 RPS Science and Research stream at Annual RPS Conference (DA)</li> <li>• RPS OPERA 2025 Award</li> <li>• RPS Hanbury Award</li> </ul>
Outcomes	To be discussed and any actions agreed at the meeting
	<p>DAO gave an update on the recruitment to employ temporary staff cover in the Science and Research team while PD is on leave and DAO covering one day per week. The jobs on offer were - Science and Research Officer and Senior Science and Research Manager.</p> <p>The team received 149 applications for the Officer role and 17 applications for the Senior Manager role. Very happy to announce the hiring of Jegak into the Science and Research Officer role. Unfortunately, couldn't hire to the Senior Manager post as candidates did not fulfil requirements. DAO noted thanks to PB and the Executive team for allowing the work on this and to everyone that helped sift through the applications it was most appreciated.</p> <p>The Hanbury Medal winner has been appointed, awaiting timeline from comms team to announce this. There was 1 application that met the criteria.</p> <p>There was discussion on numbers and how to get more nominations for this prestigious award. No suggestions were forthcoming, will need to explore further.</p> <p>OPERA winner has been agreed following an adapted process after the challenges faced previously, (included redaction of application form, anonymised, blinded score vote).</p> <p>Both winners will be announced at a later date.</p> <p>SRT had well planned sessions at CPC this year in the RPS theatre, there was a very good research presence.</p> <ul style="list-style-type: none"> <li>- Application of Science in Pharmacy Practice</li> <li>- Research workshop</li> </ul> <p>Other research streams were available, good strong focus on research across CPC. Sessions were relatively busy.</p> <p>Well received workshop held at the end of April with PRUK and HSRPP on how to craft an abstract.</p> <p>Upcoming webinar – routes to research: how to get started.</p> <p>RPS CONF - Call for abstracts, challenging numbers so have extended deadline until end of May. Hanbury and OPERA Award winners will present at the conference.</p>

<b>Title</b>	<b>Item 3. SRC Update from Working Groups &amp; Projects (Chair)</b>	<b>Time of item: 11:30</b>
Description	SRC to hear from working group Chairs and ratify decisions	
Purpose	<p>To hear an update from all 3 working groups – General</p> <ul style="list-style-type: none"> <li>• New Medicines and Emerging Technologies WG (Rachel Palmer 10 min)</li> <li>• Research across the Profession WG (Cathy McKenzie and Christine Bond 10 min) including update on RPS abstract review plans</li> <li>• Safer Medicines and Safer Medicines Usage WG (a new Chair is needed)</li> </ul>	
Outcomes	To be agreed and completed at the meeting as a record	
	<p><b>New Medicines and Emerging Technologies WG update</b></p> <ul style="list-style-type: none"> <li>- Science content in undergraduates and want to have an in depth discussion with Education lead at RPS</li> </ul>	

	<p>- Educational article for PJ on mRNA cancer immunotherapy, delayed due to external commitments</p> <p>Share the notes from the group meetings and wider group to look at priorities, deliver the work we've agreed/ meet commitments already agreed.</p> <p>There was discussion on recruitment of new members to the working groups and how to go about getting the right mix of people within SRC and working groups.</p> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>- <i>Review how we recruit to SRC and share the spreadsheet of everyone's speciality</i></li> <li>- <i>Invite SRC members to join the working groups</i></li> </ul> <p><b>Research Across the Profession WG update</b></p> <ul style="list-style-type: none"> <li>- Abstract process has been reconfigured – now using HSRPP process, restrict reviewing to each group member in pairs, bring final scores together, outcomes mid August.</li> <li>- Improve oral presentations, give more support/ practice to those who need it</li> <li>- Thank you to Lauren for all her help.</li> <li>- Tighter/ fewer people with better consistency and criteria.</li> </ul> <p><b>ACTION – SRC requested to share abstract request for RPS Conference with all networks</b></p> <p>Other supportive activities from RAP WG</p> <ul style="list-style-type: none"> <li>• Joint webinar with PRUK on writing a good conference abstract April 29th</li> <li>• LR, DAO, and CM speaking at CPC in May</li> <li>• Mock interview for candidate for a DCAF</li> <li>• Lots of activity in Wales <ul style="list-style-type: none"> <li>▪ Pharmacy invited to host showcase event for Health &amp; Care Research Wales (HCRW) – 5 pharmacists and a pharmacy technician presented their experiences and enablers to securing research funding (for PhDs, Research Fellowships and other personal awards). May run this again at the Wales RPS conference in September.</li> <li>▪ HCRW and Pharmacy Research Wales (PRW) have organized a one-day event on July 3rd for 12 pharmacy staff who are intending to submit a grant application in the next 12-18 months.</li> <li>▪ A recent First into Research Fellow (Gwenno Roberts) has completed a rapid review of the literature on interventions to build capacity and capability of AHPs, pharmacists, nurses and midwives. Nine core elements across 7 papers, where positive outcomes were seen. Submitting paper to IJPP</li> </ul> </li> <li>• Noted new report from MRC 'Clinical researchers in the United Kingdom: Reversing the decline to improve population health and promote economic growth'</li> </ul> <p><b>PRAG</b></p> <ul style="list-style-type: none"> <li>• Draft Research strategy ready for wider consultation; RPS have agreed to host consultation process</li> <li>• Templates developed for job descriptions to include research and different AFC grades</li> </ul> <p><b>Incubator</b></p> <ul style="list-style-type: none"> <li>• Survey and focus groups completed</li> <li>• Have identified barriers and enablers, very similar to results of NHSE England survey and other literature</li> </ul>
--	---

	<ul style="list-style-type: none"> <li>• Co-producing interventions based on BCT</li> <li>• Will develop a strategy to deliver that will complement high level PRAG strategy</li> </ul> <p>Community of practice</p> <ul style="list-style-type: none"> <li>• Still to progress this for APP credentialing – speak with Assessment &amp; Credentialing team</li> </ul> <p><i>ACTION – Chairs to share notes from their meetings on outputs with the SRC</i></p>
--	---

<b>Title</b>	<b>Item 4. Proposal for a new working group on Substance use and diversion of medicines (Chair)</b>	<b>Time of item: 11:50</b>
Description	SRC to discuss emerging matters of interest	
Purpose	<p><b>Consultations:</b> Draft guidance on individualised mRNA cancer immunotherapies – <a href="#">Here</a> Rachel Palmer</p> <p><b>Media Enquiries</b></p> <ol style="list-style-type: none"> <li>1. Dowds., M. Spiking isn't a new story, but it demands a new solution. Stamp Out Spiking: A new approach to spiking prevention. Times Radio, Radio Jackie and the SW Londoner newspaper. 13 Jan 2025 <a href="#">here</a>.</li> <li>2. Burns, C. Weight-loss drug use linked to reduced risk of substance misuse, study shows. <i>The Pharmaceutical Journal</i>, PJ, January 2025, Vol 314, No 7993;314(7993)::DOI:10.1211/PJ.2025.1.343955. Published on 20 Jan 2025 <a href="#">here</a>.</li> <li>3. Nunn, E. Medical Cannabis. Health, The Telegraph. 04 Mar 2025 <a href="#">here</a>. Also available on MSN <a href="#">here</a>.</li> <li>4. Philpotts, E. Multiple doses of naloxone needed to reverse drug overdoses, pharmacists warned. Published on 18 Mar 2025 <a href="#">here</a>.</li> <li>5. Philpotts, E. Government ends programme to tackle drug deaths and drug-related offending. Published on 23 Apr 2025 <a href="#">here</a>.</li> </ol> <p>Discuss any emerging issues.</p>	
Outcomes	For information and discussion	
	<p>The Chair gave an update on their new work with the Government that is progressing well.</p> <p>The group discussed responding to consultations and how best to approach these.</p> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>- <i>RB to review and share spreadsheet of expertise</i></li> <li>- <i>Policy leads to be invited to the next meeting.</i></li> </ul>	

### 3: Any Other Business

<b>Title</b>	<b>AOB, Chair</b>	<b>Time of item: 12:00</b>
Description	Any other business beyond the agenda for wider discussion	
Outcomes	To be discussed and any actions agreed at the meeting as a record	
	CA (RPS President) gave an update on the journey to becoming a Royal College – Future is exciting. The Charter is set with new regulations to come.	

	<p>Discussion on the topic of what do you call people that aren't doctors – challenges</p> <ul style="list-style-type: none"><li>- research scientist/ healthcare scientists</li><li>- non-medical healthcare research (practising in patient facing)</li></ul> <p><i>Date for next meeting: 11am – 1pm, Monday 8<sup>th</sup> September</i></p>
--	--

# ROYAL PHARMACEUTICAL SOCIETY

## RPS Education & Standards Committee meeting

Wednesday 14<sup>th</sup> May 2025

**Attendees:** Anthony Cox (AC), Claire Anderson (CA), Amareen Kamboh (AK), Ailsa MacDonald (AM), Lindsay Morgan (LM), Susan Roberts (SR), Matthew Shaw (MS), Raminder Sihota (RS), Heather Smith (HS), Deborah Wright (DW)

*RPS Staff: Harriet Cherry (HC), Anna Davies-Muir (ADM), Patsy Edwards (PE), Joseph Oakley (JO)*

**Apologies:** Debra Roberts, Gemma Quinn, Paul Bennett, Fiona Hughes, Charlotte Richardson

	Agenda item	Key discussion points	Action items	Responsible	Due date
1.	<b>Introduction and welcome</b>	AC welcomed all to the committee and introduced PM as new non-pharmacist member. Informed panel that it is his final meeting as member and chair of ESC and that there would be a process to recruit an interim chair from the panel in the transition period to Royal College.		-	-
2.	<b>Approval of previous meeting notes &amp; update of actions</b>	JO noted that Escalating Concerns policy has now been approved by RPS executive.  Previous meeting minutes were approved.	Send final Escalating Concerns policy to members by email	HC	15/05/2025
3.	<b>RPS Credentialing activity report</b>	ADM presented the report noting areas of interest.  RPS Faculty: One application received. Technology is obsolete and being able to deliver this assessment continues to be a high operational risk for the team. Concerns were raised that Faculty is being used as a loophole	Implement QA checks on every fifth APCL review where no exemptions are	ADM	From initiation of policy

	<p>to gain exemptions for consultant credentialing. ESC continues to recommend closure of Faculty but there needs to be consideration of what can be offered to recognise members working outside of patient-focussed roles.</p> <p>Post-Registration Foundation: 65% pass rate for latest cohort. Leadership &amp; Management continues to be lowest performing domain, Primary Care now has marginally lower pass rate than Community pharmacy. RPS has commissioned work to investigate low pass rates from Community pharmacy, who represent the majority of candidates on NES and HEIW programmes.</p> <p>ESC comments:</p> <ul style="list-style-type: none"> <li>• Issue may be with contextualisation of community practice in leadership, both from assessors and candidates. It is important to have community pharmacists as assessors for this reason.</li> <li>• May be a lack of understanding among supervisors about what is needed in a portfolio to meet the standard, leading to insufficient evidence.</li> <li>• There are big culture change between pre-registration and PRF in terms of portfolio building and mapping. Need candidates to understand why the requirements are what they are and how the assessment process works as this will set themselves up well for more advanced levels of credentialing.</li> </ul> <p>Core advanced: excellent pass rate for final CPPE-supported cohort. Research continues to be lowest performing domain. Mental Health and Critical Care specialist pathways are now live on eportfolio</p> <p>ESC comments:</p> <ul style="list-style-type: none"> <li>• Potential for changes to member offer and Royal College transition to impact the differential in member vs non-member pass rates.</li> <li>• Would be useful to know how many choose to never resubmit and disengage with the process, although this can be difficult to identify as many have a significant break before revising their portfolio for resubmission. Can't underestimate the impact on candidates who don't pass the assessment.</li> </ul>	granted on first review		
--	--	-------------------------	--	--

		<ul style="list-style-type: none"> <li>• RPS do reach out to candidates who are unsuccessful across multiple domains on second attempts to discuss what support they might need.</li> <li>• Could leadership domain performance at consultant level be due to more submissions from those not in consultant posts? People may be trying to credential at consultant level rather than Core Advanced which actually may be more appropriate. People may perceive themselves as being advanced and therefore not needing Core Advanced credentialing, but this is not reflected in the pass rates. There is a need to build cachet around Core Advanced credentialing and emphasise its value.</li> </ul> <p>Consultant: 67% pass rate for 6 consultant candidates, 26 submissions have been received for the current window. Leadership &amp; Management and Research are the domains that are the most difficult to achieve. Planning e-portfolio upgrade before the end of year. 100% of Consultant Post outcomes were reached by published deadline for the first time in a number of years, although a few issues with invoices and payments were encountered delaying outcomes for some. A&amp;C team are continuing to work on improving the process, including the payment process.</p> <p>APCL: applications have increased following communication that the individual route is closing on 31<sup>st</sup> October, more reviewers are being recruited. Many applications are not meeting the standard for APCL exemptions.</p> <p>JO proposed policy change to help manage the influx in applications. He proposed that, where no exemptions are granted by the first reviewer, a second review is not required to save time and administrative burden. All first reviewers are very experienced, and the criteria to become a reviewer is very strict. Suggested background QA checks of one in every five applications where APCL is not granted. ESC approved this approach.</p> <p>One appeal was received and not upheld. However, a 50% refund was granted following advice from ARC in recognition that feedback was not up to the expected standard; the candidate did receive additional feedback from the CPCC as part of the complaints process resolution.</p>		
4.	<b>RPS PRF Curriculum</b>	PE gave update on the progress of the PRF Curriculum review and asked ESC to endorse the steering group's recommendations.		

	<b>review</b>	<p>Decisions recommended by steering group:</p> <ul style="list-style-type: none"> <li>• The curriculum is renamed the RPS enhanced curriculum</li> <li>• The enhanced curriculum is targeted to pharmacists working in patient-focussed roles</li> <li>• The enhanced curriculum should continue to align to the five RPS curriculum domains</li> <li>• The curriculum should target, support, and develop active pharmacist prescribers working at a pre-advanced level</li> <li>• The RPS should explore the appetite and viability for a more flexible, modular approach to credentialing at this level by including clinical and non-clinical micro credentials options as well as a full credentialing assessment</li> </ul> <p>ESC supported these recommendations with the following comments:</p> <ul style="list-style-type: none"> <li>• Group supported targeting active prescribers only, but with the emphasis that candidates don't need to be prescribers to start to engage with the curriculum and credential <ul style="list-style-type: none"> <li>◦ No commissioned service in England for NHS prescribing by community pharmacists, so targeting credential only to prescribers will exclude them. It was noted that many community pharmacists are engaged in private prescribing. Services might be commissioned in the future as all pharmacists will be prescribing, trying to be forward focused as an organisation. Might be able to use the credential and NQPP to encourage commissioning of prescribing services in England, which may be a different model for NQPPs.</li> </ul> </li> <li>• Supported continuing with 5 domain/4 pillar approach</li> <li>• Group supported exploring micro-credential approach, with some reservations. Concerns were raised that this approach would devalue the non-clinical domains and four pillar model, and that large numbers of candidates would choose not to complete the full credential.</li> </ul>		
5.	<b>RPS Credentialing risk register</b>	Moved to later workshop session due to time constraints		

## Education & Standards Committee Meeting

6.	<b>AOB</b>	<p>Interim chairperson role will be advertised to current members of the committee prior to next ESC meeting.</p> <p>Committee members asked for clarity on the end of their terms of office for the committee. JO stated he would seek clarity on this from RPS executive to ensure continuity through any transition and alignment with our approach to other governance groups.</p>	<p>Send out expression of interest for interim chair position.</p> <p>Clarify terms of office through transition to Royal College.</p>	<p>HC</p> <p>JO</p>	<p>July 2025</p> <p>July 2025</p>
----	------------	--	--	---------------------	-----------------------------------

**ROYAL  
PHARMACEUTICAL  
SOCIETY**

Assembly Meeting 16<sup>th</sup> July 2025

25/07/ASB/02i – Open

<b>Title</b>	Inclusion and Diversity update
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Amandeep Doll <a href="mailto:amandeep.doll@rpharms.com">amandeep.doll@rpharms.com</a> 0207 572 2353
<b>Position</b>	Head of Professional Belonging and Engagement
<b>Purpose of item</b>	Inclusion and Diversity update to Assembly to ensure accountability of delivery.
<b>Item Summary</b>	This paper provides an update on Inclusion and Diversity Strategy programme delivery for Q4 2024 and Q2 2025 and upcoming activity for 2025
<b>Related Risk Register item (where applicable)</b>	<ul style="list-style-type: none"> <li>• RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy</li> <li>• Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to RPS Inclusion and Wellbeing pledge</li> <li>• Staff absence and sickness</li> </ul> <p>All risks have been mitigated against</p>
<b>Related RPS Strategy item (where applicable)</b>	All
<b>Actions/decisions required of the Assembly</b>	None

## Inclusion and Diversity Update

### Background

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

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

### Summary of activity to date

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

RPS are leading and chairing a delivery oversight 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.

Professor Louise Brown from School of Pharmacy, UCL is chairing the Differential Attainment Delivery Oversight Group on behalf of the RPS. The following organisations are part of the group:

- APTUK
- BPSA
- GPhC
- Health Education in Wales (HEIW)
- NHS England CPhO Office
- NHS Education for Scotland (NES)
- NHS England Inclusive Professional Practice representation
- NHS England Workforce Education and Training
- Pharmacy Schools Council
- RPS Education Team and Assembly member
- School of Pharmacy, UCL
- School of Pharmacy, Kingston University
- UKBPA

The group have met twice since March to confirm the Terms of Reference, establish membership of the group and agree the key actions. The group will be planning to meet in August to finalise the organisations leading on the highlighted actions.

#### 2. Drumbeat Events and Celebrations

- a. International Women's Day (IWD) Event – co-hosted an event at the London RPS Office with key organisations across Pharmacy, a successful event with a lot of positive feedback both on the day and across our social media channels. 98 people registered to attend the event.
- b. Celebrated religious events across social media channels – including Easter, Vaishaki and Vesak.
- c. Pride Month – the Wales and Scotland teams walked in Cardiff and Edinburgh Pride marches with members.

### **3. GPhC Initial Education Training Standards (IETs) and LGBT+ Learning Outcomes**

With ABCD volunteers we have drafted a resource which has mapped LGBT learning outcomes to the GPhC IETs, the aim of the document is to support individuals identify how they can embed LGBT+ teaching without relying on stereotypical scenarios.

The document has been consulted with the ABCD group and will be finalised and published by quarter 3.

### **4. External Events**

- **Clinical Pharmacy Congress** – presented two sessions, one focusing on microaggressions in partnership with CPPE and another on Unconscious Bias in patient outcomes
- **NES Education Conference** – presented with Lucy Des Clayes from the Education Team a session titled “Hidden Biases, Visible Impact: Challenging bias through education to reduce inequalities”, we had 140 attendees and have received positive feedback. With a request to present at a Healthboard.
- **APTUK Pride Branch** – Invited to speak at an APTUK webinar on the Impact of Unconscious Bias on the profession and patients
- **British Association for Sexual Health and HIV (BASHH)**  
An abstract “Mapping GPhC Initial Education Training Standards to LGBTQ+ Learning Outcomes” has been presented at the BASHH conference.
- **Nordic Conference** – invited to present on the impact of unconscious bias on health inequalities workshop

### **5. ABCD Meetings**

#### **a. May ABCD Meeting**

Hosted an ABCD meeting, inviting two Mental Health First Aiders both pharmacy professionals. They shared their experiences of the impact of difficult working conditions, including bullying and discrimination on mental health and wellbeing. They also shared what things can be done in practice to help people practically. The recording and two blogs have been shared following the meeting.

#### **b. June ABCD Meeting**

Invited the NHS England Health Improvement Pharmacy Learning Disability and Autism Team to present about how pharmacists and their teams can support patients with learning difficulties across different care settings.

### **Upcoming activity**

In addition to the work highlighted above, below outlines the upcoming activity for quarter 2.

### **6. Planning for future drumbeat events**

In partnership with the following pharmacy organisations:

- Association of Pharmacy Technicians UK (APTUK)
- British Pharmaceutical Students Association (BPSA)
- Female Pharmacy Leaders Network
- Guild of Healthcare Pharmacists (GHP)
- Pharmacy Technicians of Colour (PToC)
- UK Black Pharmacist Association (UKBPA)
- Pharmacy Business Magazine

We will be planning and sharing details of the upcoming drumbeat hybrid events:

- South Asian Heritage Month

- South East Asian Heritage Month
- Black History Month

## 7. 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** In April, we will be consulting with the profession on the literature review and sharing the results of the I&D evaluation survey which was conducted in June 2023. As the profession wide inclusion and diversity survey received 632 responses we would like to check the themes identified to develop the updated inclusion and diversity strategy.
- **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.

# ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 16<sup>th</sup> July 2025

25/07/ASB/02j – Open

## ASSEMBLY MEETINGS 2026

Should Assembly meetings follow the established pattern, then suggested dates are as below. However, these dates have the potential to be impacted by the Constitution and Governance work to become a Royal College and the formation of new Governance bodies.

Assembly Working Day	24 <sup>th</sup> March
Assembly Meeting	25 <sup>th</sup> March

Assembly Induction Day	14 <sup>th</sup> July
Assembly Meeting	15 <sup>th</sup> July

Assembly Working Day	17 <sup>th</sup> November
Assembly Meeting	18 <sup>th</sup> November

# ROYAL PHARMACEUTICAL SOCIETY

**Assembly Meeting 16<sup>th</sup> July 2025**

**25/07/ASB/02k – Open**

## **List of Fellows Appointed in May 2025**

Andrew Boyle  
Nathan Burley  
Clare Colligan  
Dr Jaswinder Dhap  
Min Na Eii  
Professor Cathy Harrison  
Dr Sarah Him  
Srikrishna Kantamneni  
Yasmin Karsan  
Ifti Khan  
Yinka Kuye  
Susannah Ladds  
John Malkinson  
Ewan Maule  
Catherine O'Brien  
Alan Russell  
Hilary Scott  
Professor Inderjit Singh  
Victoria Steele  
Alan Timmins  
Emily Ward  
Janice Watt

Biographies reproduced below.

## For Distinction in the Profession and Practice of Pharmacy

**Andrew Boyle** Past owner manager of an independent village pharmacy for over 37 years after management responsibility with a regional multiple pharmacy group. Has many contacts in the world of pharmacy and healthcare and is former Vice-Chair of the local LPC. Awarded The Independent Community Pharmacist of 2012 for innovation in Clinical Pharmacy. Former Vice-Chair of the Calderdale NHS Clinical Executive Committee and Chair of the PCT Patient Safety Group. Pioneered clinical role for Pharmacists within Community and Primary Care Pharmacy. Presently engaged with Central Halifax's Primary Care Network's Clinical Pharmacy Team as Director, Senior Clinical Pharmacist, Clinical Researcher, and Independent Prescriber.

**Nathan Burley** is a distinguished pharmacist based in Glasgow, Scotland, renowned for his leadership in public health protection and sexual health services within Pharmacy Services in NHS Greater Glasgow and Clyde. His career, beginning on graduation from Robert Gordon University in 2017, is marked by a commitment to advancing the pharmacy profession through significant involvement in all four pillars of practice. Starting in secondary care in the NHS, he has held a variety of roles including specialising in endocrinology at Scotland's largest hospital, the Queen Elizabeth University Hospital. He took up a senior role in public health during the height of the Covid-19 pandemic and was instrumental in the successful roll-out of the mpox vaccination programme in Scotland in 2022. Additionally, Burley has represented the pharmacist community on the Clinical Governance Committee of the British Association for Sexual Health and HIV (BASHH) and has also held significant roles within the Guild of Healthcare Pharmacists (GHP). Through his multifaceted career, Nathan Burley exemplifies the evolving role of pharmacists in public health, sexual health, clinical governance, and advocacy for inclusive healthcare practices.

**Clare Colligan** On graduating from Strathclyde University with a First Class Honours in 1995, I started my hospital career within Forth Valley and have remained there since. I specialised in respiratory medicine and antimicrobial stewardship and had the opportunity to work nationally on Antimicrobial Stewardship priorities both within the human and veterinary sectors. In 2019, I moved into Primary Care, initially to lead the developing Pharmacotherapy Service and then in 2022, became the Associate Director of Pharmacy for Primary and Community Care. Throughout my career I have been passionate about improving patient care and where pharmacists could add value and continue to seek out opportunities for where we can make a real difference

**Dr Jaswinder Dhap** is a pharmacy leader specialising in workforce transformation and inclusive leadership. As Strategic Lead for Programmes at NHS England, he leads national education strategies for healthcare professionals. His Doctorate in Pharmacy focused on pharmacists' roles in multidisciplinary care for Parkinson's patients and service redesign. He applied his leadership and implementation skills to deliver two Independent Prescribing Pathfinder sites in community pharmacy. Jaswinder has mentored over 60 pharmacy professionals, championing compassionate leadership and supporting the progression of female and BAME colleagues. He is committed to advancing clinical leadership and embedding equity across the pharmacy workforce and wider systems.

**Min Na Eii** Advanced Pharmacist Practitioner at South Tyneside and Sunderland NHS Foundation Trust. Also NHS 111 pharmacist at North East Ambulance Service NHSFT. Chief Sustainability Officer's Clinical Fellow 2023-24. Lead author for the RPS greener pharmacy guide and toolkit. Ex Chair of Sustainability at the Guild of Healthcare Pharmacists. Co-chair of the European Association of Hospital Pharmacists sustainability working group. Co-founder of Pharmacy Declares.

Professor **Cathy Harrison** is the Chief Pharmaceutical Officer for Northern Ireland, working at the Department of Health. In this role Cathy is the head of the pharmacy profession in Northern Ireland and the most senior professional advisor to the Minister of Health on pharmaceutical and medicines issues. Cathy is a qualified pharmacist and undertook her pharmacy undergraduate degree at Liverpool John Moore's University and postgraduate degree at Queen's University, Belfast. After graduation she worked in community pharmacy in England and Northern Ireland before joining the Department of Health in 2005 as Principal Pharmaceutical Officer. She was later promoted to Deputy Chief Pharmaceutical Officer before being appointed as Chief Pharmaceutical Officer in January 2020. Cathy leads a wide-ranging work programme involving pharmacy and medicines policy and legislation. She led the Department of Health's response to EU transition and the pharmacy response to COVID-19 and subsequent service rebuilding. She also leads the implementation of a strategy to improve the safety and benefits of medicines titled 'The Medicines Optimisation Quality Framework (MOQF)', supported by a Medicines Optimisation Innovation Centre (MOIC). This involves collaborative working with stakeholders from academia, industry, community development and health and social care.

**Dr Sarah Him** As All-Wales Specialist Pharmacist R&D, Sarah published and implemented a National "5 Year Strategic Research Plan" and established Pharmacy Research Wales. Sarah completed a PhD in Pharmaceutical Microbiology before moving into NHS Technical Services. She now leads a National TS Research Collaboration, with personal research interests gaining: "Baxter Award" for the development of SteriVal® [Helapet], a disinfection validation kit; Bevan Commission Health Technology Exemplar Award for exploring use of Rapid Microbiological Technologies to improve the safety of pharmacy aseptic services and a Clinical Research Fellowship [NISCHR] to optimise delivery and evaluate "proof of concept" of topical Gabapentin for neuropathic pain.

**Srikrishna Kantamneni**, known as Sri, is a Senior Clinical Pharmacist at Westrop Surgery and a GP Partner—one of the very few pharmacists in the region to hold such a role. He was the first to pilot the independent prescribing role in Medvivo's out-of-hours service and played a key role in expanding Westrop Medical Practice from 12,000 to 49,000 patients. During the COVID-19 pandemic, he led the setup of the Swindon Steam Museum vaccination centre and trained clinical teams. As a PCN prescribing lead and mentor, Sri's contributions were recognised with the Pride of Swindon Award and a personal thank-you from Bear Grylls OBE.

**Yasmin Karsan** is a prescribing pharmacist with over 10 years of experience in the field. She holds a PhD in community pharmacy and health systems and has worked in a variety of settings, including community pharmacy, hospital pharmacy, and research. Throughout her career, Yasmin has been passionate about leveraging technology to improve patient outcomes. In pursuit of this goal, Yasmin obtained a Master's degree in Artificial Intelligence, which has allowed her to bring a unique perspective to her work as a pharmacist. In addition to her work as a pharmacist and AI specialist, Yasmin is a qualified clinical safety officer supporting health tech companies with their digital clinical safety and medical device compliance and regulatory support.

**Ifti Khan** After studying at De Montfort University, Ifti Khan registered as a pharmacist in 1992 and embarked on a community pharmacy career that spans over 30 years. Currently, he holds the esteemed position of Pharmacy Superintendent at Well Pharmacy. His previous roles encompassed various pharmacy professional, operational and field responsibilities. Ifti's influence extends beyond his workplace, as he represents the interests of pharmacy contractors both locally, on Community Pharmacy Greater Manchester and Forth Valley CPHB, and nationally, on Community Pharmacy England and Community Pharmacy Scotland. He is also a board member of the Company Chemists Association.

**Yinka Kuye** is a dynamic and visionary leader in pharmacy and workforce development, currently working as Head of Pharmacy and Primary Care Transformation at Frimley ICB and Regional Tutor with CPPE at the University of Manchester. With over 25 years in healthcare, she has a strong track record in driving organisational growth and development with expertise in clinical education, and transformational change. Yinka is known for designing and delivering training initiatives that enhance the skills of pharmacy teams and improve service delivery and patient outcomes across systems.

An Independent Prescriber, specialising in diabetes, she also holds a PGCert in Clinical Education from the University of Leeds and is a qualified MBTI practitioner and a CPPE Coach. Her work has been pivotal in shaping high performing teams, mentoring future healthcare leaders, and driving innovation in healthcare delivery. Widely respected for her warm, collaborative approach and strategic insight, Yinka continues to champion professional growth and excellence in patient care.

**Susannah Ladds** Graduating from the London School of Pharmacy, Sue registered in 1994. She worked in hospital pharmacy and completed an MSc in Clinical Pharmacy, becoming a clinical pharmacy manager and critical care specialist. Her hospital pharmacy career culminated as chief pharmacist at University Hospital Southampton, during which she chaired the regional chief pharmacist network and national Association of Teaching Hospital Pharmacists. Sue became a Fellow of the RPS Faculty in 2015 and contributed to development of the hospital pharmacy standards and consultant pharmacist guidance and credentialing process. She has enabled the introduction of many new consultant pharmacist posts as an approval panel member. As south-east regional chief pharmacist, then national hospital pharmacy modernisation lead for NHS England, Sue is a respected and recognised pharmacy professional leader. In 2024 Sue was voted onto the RPS English Pharmacy Board and became a member of the GPhC Fitness to Practice Committee.

**John Malkinson** received his BPharm from The School of Pharmacy, University of London in 1996, first registering as a pharmacist in 1997, before completing a medicinal chemistry PhD in 2000. With research focused on complex bioactive peptides, he was appointed to a Lectureship in Pharmaceutical Science Applied to Practice in 2003, becoming Senior Lecturer in 2008. He has taught pharmaceutical chemistry to thousands of MPharm students over 25 years, with a long-standing commitment to the integration of science and practice, and development of technology-enhanced teaching and learning. He has been MPharm Programme Director at UCL School of Pharmacy since 2019.

**Ewan Maule** is clinical director and chief pharmacist of England's largest Integrated Care Board. He is an honorary professor at Teesside University and an elected member of the RPS English Pharmacy Board. He was also recently elected by his peers to be chair of the network of ICB chief pharmacists. Ewan has worked in a variety of settings over his career including community pharmacy, acute care, mental health and commissioning. He was one of the first qualified independent prescriber and mentors a number of pharmacy colleagues in their consultant pharmacist credentialling journey.

**Catherine O'Brien** is currently the Chief Pharmacy Information Officer at Digital Healthcare Wales. A community pharmacist by background, Cath joined RPSGB in 2002 as the first full time Director for Wales and was part of the core team that led transition of RPSGB to RPS and GPhC. She then became Director of WCPPE and supported the development of credentialing by RPS. On becoming Director of the Welsh Blood Service in 2013 she led major change programmes and the Cell and Gene Strategy for Wales and promoted the pharmacist role at a UK level for which she was awarded an MBE in 2019. Following five years as Chief Operating Officer at Velindre NHS University Trust, Cath returned to a pharmacy role in 2024.

**Alan Russell** My Bachelor of Pharmacy degree was awarded in 1979 from the School of Pharmacy University of London. I was registered as a pharmacist in 1980 and have been a member of the Society ever since. My career was split between the NHS as a hospital pharmacist and the Department of Health and Social Care as pharmaceutical adviser. I started as a basic grade pharmacist at St Albans City Hospital and then had several posts in hospitals in the London area including St George's Hospital, Brook General Hospital and Whipps Cross Hospital. In 1990 I was appointed as Regional Technical and Procurement Pharmacist for South West Thames Regional Heath Authority. In 1994 when the Regional Heath Authorities were disbanded, I was transferred initially to NHS Supplies Authority. In 1999 my role was transferred to the Department of Health and Social Care where I was a Pharmaceutical Adviser on Procurement and Supply specialising in vaccines, pandemic and emergency planning. I was also the Responsible Person on the Department's Wholesaler Dealers Licence and the main support for the Marketing Authorisations held by the Department. I was also one of the main contacts for any medicine importation undertaken by the Department. I took partial retirement in October 2019 and during the period July 2020 to March 2021 I provided advice to the Covid Vaccine Task Force. I finally fully retired in March 2021. I was Chairman of the Bromley Branch in 1989 after serving as Secretary and also Regional Chairman in 1992.

**Hilary Scott** Hilary has worked in the NHS for more than thirty-five years, undertaking a multitude of pharmacy and non-pharmacy roles. During this time, she has provided pharmaceutical advice; managed a portfolio of contracts with trusts; commissioned services; worked as a superintendent pharmacist; and for the last 17 years has been Director of Pharmacy for a mental health and community health services trust. This most recent role has included establishing an in-house pharmacy service from scratch supporting the roll out of COVID-19 vaccination centres across two counties, undertaking research into prescribing errors to bolster the business case for ePMA, and implementing ePMA.

Professor **Inderjit Singh**, Chief Pharmacist at University Hospital Birmingham NHS Foundation Trust, oversees pharmaceutical services at one of Britain's largest healthcare organisations. After delivering £30m in savings as strategic pharmacy lead for a procurement hub (2007-2010), he established innovative commercial initiatives at UHB and was appointed Chief Pharmacist in 2013. Under his leadership he established, Pharmacy@UHB Ltd, which was the first wholly owned subsidiary pharmacy in England, it now operates across five locations. His expertise in combining clinical excellence with commercial strategy earned him prestigious honorary academic appointments at Aston University and the University of Birmingham.

**Victoria Steele** is one of the UK's leading experts in governance, risk and compliance throughout community pharmacy. In 2025, Victoria founded her own advisory business, Steelier Ltd focusing on helping businesses and investors confidently navigate regulatory complexity by offering practical and strategic support. Best known as the public face of some of the UK's leading pharmacy businesses, most recently as Clinical Director at Hallo Healthcare Group, and most notably as LloydsPharmacy Superintendent Pharmacist, the first female in the company's history to hold that position. Victoria qualified as a pharmacist in 2000 and joined LloydsPharmacy in 2011. Victoria was a founding member of the Community Pharmacy Patient Safety Group before being appointed to Chair the Group in 2021-2023.

**Alan Timmins** Long-term enthusiast for accreditation, Faculty Fellow from first cohort, first critical care pharmacist to attain consultant accreditation through portfolio. Assessor for Faculty and now Advanced and Consultant portfolios, and member of SLWG who developed Critical Care specialist curriculum. RPS rep on SIGN for 6 years. Long-standing critical care pharmacist, with a specialist

interest in IV fluids and drug administration. Currently involved in a national project to improve the use of IV fluids in line with NICE CG 174, and also involved in a similar European initiative.

**Emily Ward** is a Lead Pharmacist for the Integrating Pharmacy and Medicines Optimisation (IPMO) team in North Central London and prescribing pharmacist in a specialist lipid clinic. She has extensive experience in secondary care and has championed cross-sector initiatives, including a lipid case-finding pilot and the Discharge Medicines Service. She is a Digital Health London Pioneer and a CLAHRC Improvement leader fellow. Emily is passionate about quality improvement and the impact pharmacists can have on patient outcomes using QI methodology. She supports pharmacists to adopt a structured approach to improvement through teaching commitments for the UCL JPB diploma program and the CwPAMS Africa Leadership Fellowship-AMS program.

**Janice Watt** is currently Interim Director of Pharmacy at NHS Greater Glasgow and Clyde. Janice has held various senior leadership roles, including Deputy Director of Pharmacy for Acute Services and Clinical Lead for the Area Drugs and Therapeutics Committee Collaborative. Janice has been instrumental in implementing systems like HEPMA and Pharmacy Stock Management within a large and complex healthcare system, and is passionate about developing the role of the pharmacy team to improve patient care and operational efficiency. She has previously chaired the national Acute Pharmacy Services Group and is a member of several national committees and advisory groups.

# ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 16<sup>th</sup> July 2025

25/07/ASB/04 – Open

<b>Title</b>	RPS Faculty update and next steps
<b>Open, confidential or restricted</b>	Open
<b>Authors &amp; Position</b> (include email/phone)	Joseph Oakley <a href="mailto:joseph.oakley@rpharms.com">joseph.oakley@rpharms.com</a> 020 7572 2334 Associate Director of Assessment & Credentialling  Karen Baxter <a href="mailto:karen.baxter@rpharms.com">karen.baxter@rpharms.com</a> 020 7572 2399 Deputy CEO
<b>Director responsible</b>	Karen Baxter
<b>Purpose of item</b> (for noting/discussion/decision/approval)	To approve the proposal for managing the closure of Faculty to new assessments
<b>Item Summary</b>	ESC have proposed the closure of Faculty and Assembly subsequently asked for further consideration of a number of issues. The paper outlines the activities we believe address Assembly's concerns.
<b>Actions/decisions required of the Assembly</b>	To review the suggestions to mitigate concerns and agree to close Faculty to new assessments.

## RPS Faculty update and next steps

### What is Faculty

The RPS Faculty was a system that allowed Members, predominantly pharmacists, to submit a portfolio of their achievements and receive recognition for advanced levels within the profession. Faculty was launched in 2013 and in that time 371 individuals have achieved Faculty recognition.

### Why are we discussing it now?

Faculty uptake has been declining since 2019, leading to a [review](#) of its suitability as a mechanism by which to assess clinical competence and assure patient safety. The review, led by an independent Chair, concluded that whilst there was value in Faculty, as a way of recognising the impact pharmacists had in the widest sense, it was ineffective as an approach to assurance.

This finding led to the work that the RPS has been doing over the last 5 or more years with credentialling, looking at how it can more robustly assure pharmacists' capabilities to practise at advancing levels of post-registration practice. The purpose of credentialing is to provide assurance and standardise clinical and non-clinical capabilities of the UK patient-focussed pharmacist workforce at key post-registration milestones linked to advancing levels of patient-focussed practice.

The goals of this approach are to ensure that pharmacists and the pharmacy profession are recognised for the advanced level of care they provide, to ensure pharmacists' advancing skills are recognised across UK countries and sectors of practice making them more 'portable', and most importantly, to provide assurance to patients and ensure patient safety. As we move to become a Royal College, credentialling is receiving more attention and is gaining traction in the system. We are seeing this particularly as we review our post-registration curriculum ready for 2026, with wide engagement from Chief Pharmaceutical Officers, employers and universities through the project's steering group. There is growing system-wide agreement that there is value in providing a UK curriculum and credentialing assessment to support and assure newly qualified pharmacists as they develop as pharmacist prescribers early in their careers.

Assurance is also provided for those in roles responsible for assuring the quality of medicines through the Qualified Persons scheme run by the RPS in conjunction with the Royal Society of Chemistry and the Society of Biology.

Education Standards Committee (ESC) and Assembly have both recently discussed the future of Faculty. With credentialling at the three post-registration levels (Post-registration Foundation, Advanced and Consultant) now launched, and following on from the 2019 review, ESC have suggested that Faculty no longer has a place in our educational infrastructure. In their discussion last year Assembly have recognised this view and asked that the RPS team provide clarity on how we are acknowledging the work of those who gained Faculty status before they can agree to closing Faculty to any further assessments and future entrants, as well as a consideration of what the organisation might do to address wider recognition, and recognition of pharmacists not in patient-focussed roles in future.

This paper seeks to assess the size of the 'recognition' gap that may be created by closing Faculty to further assessments and new entrants and looks at potential solutions to address this. Assembly are asked to review the proposals and agree the next steps that lead to closing Faculty to new entrants and giving those that have started to build a portfolio time to complete, if they so choose.

## Faculty as a mechanism for recognition

Since 2021, when credentialling was launched, new entrants to Faculty have almost entirely ceased, with less than 20 submissions to Faculty resulting in 13 progressing to an award in almost 5 years. Of those submitting, the majority (three-quarters) were from a pharmacist in a clinical role, meaning in almost 5 years we have received only 5 submissions from members that appear to be working in non-clinical roles.

The potential for a 'recognition gap' created by closing Faculty therefore appears small. Nonetheless, recognising our members is an important facet of our work for both the member and the profession, and so we have considered other available mechanisms to address this.

Whilst a portfolio route can be a tool for recognition, and is used by some other royal colleges as a route to Fellowship, the design of Faculty is extremely onerous as a mechanism for recognition – the level of demonstration of practice required reflects its original goal as an assurance mechanism. Assurance models are costly (both in resource and system burden) and introduce significant organisational risk, so are only proportionate for roles with the highest risk to patients where assurance and cross-system standardisation is worth the burden. Faculty is therefore not considered a viable route for recognition. Building a bespoke portfolio process for recognition also seems disproportionate at this stage, given that on the current numbers we have had the equivalent of one member per year looking to achieve recognition by this mechanism.

The RPS currently has a number of routes available for recognising its members and the wider profession, including the Nina Barnett Award, the Daniel Thomas award, the Charter Award, the Hanbury Medal, the Harrison Medal and initiatives led by the Pharmaceutical Journal including Women to Watch and OPERA, for early years researchers.

Fellowship is also available to recognise members, and a recent drive by the Panel of Fellows has looked to try to ensure that pharmacists are more widely recognised in national honours. One suggested action is that we should look at the viability of extending this approach to pharmaceutical scientist members. Further, as we achieve Royal College status it would seem appropriate to review recognition more widely to ensure we appropriately recognise the breadth of pharmacists and pharmaceutical scientist roles.

## Recognising members that have achieved Faculty

Whilst we propose that Faculty be closed to new entrants, we believe that it is right to continue to recognise those Members who successfully completed the Faculty assessment and have been awarded the corresponding post-nominals. We are therefore proposing that Members are able to retain their post-nominals and we migrate them to the new structure of post-nominals proposed for the future Royal College.

## Addressing members with portfolios underway

There are currently a very small number of candidates with active portfolios underway. We would suggest that we contact each of these candidates to explain directly our intent for Faculty and also offer them until March 31<sup>st</sup> 2026 to complete their portfolio. We would suggest (pending a review of numbers) we define an active portfolio as one that has been amended in the last 2 years.

## Summary

The ESC proposal to close Faculty to new assessments raised several issues for Assembly that we believe are addressed as follows:

1. Recognising those that had previously achieved Faculty  
We believe this to be addressed by allowing these members to continue to use their post-nominals and adapting them as we move to become the Royal College of Pharmacy.
2. Supporting those currently developing a portfolio

We believe this to be addressed by directly contacting these members and offering them up until March 31<sup>st</sup> 2026 to complete their portfolios, if they so choose.

3. Ensuring continued assurance of professional practice

We believe this to be addressed for pharmacists in patient-focussed roles by credentialling. The value of a credentialling approach to those in non patient focussed roles is yet to be proven and could be an area for future consideration. However, we currently believe that recognition is a more appropriate approach for these members.

4. Ensuring recognition for members

We believe that there are currently a number of methods available to recognise members. As we become a Royal College we propose that we should review these to ensure that they appropriately cover the breadth of our membership and profession.

# ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 16<sup>th</sup> July 2025

25/07/ASB/05 – Open

<b>Title</b>	Science and Research Committee Membership Recruitment Proposal
<b>Open, confidential or restricted</b>	Open
<b>Authors</b> (include email/phone)	Diane Ashiru-Oredope - Deputy Chief Scientist
<b>Position</b>	Amira Guirguis - Chair of the Science and Research Committee
<b>Purpose of item</b>	For decision
<b>Item Summary</b>	The paper proposes a request to recruit members to fulfil gaps in expertise and to ensure the Science and Research Committee is at full membership capacity and proposal to be able to co-opt specialists to contribute to specific tasks
Related Risk Register item (where applicable)	NA
Related RPS Strategy item (where applicable)	NA
<b>Actions/decisions required of the Assembly</b>	The Assembly is to decide on whether the SRC recruitment can move ahead with the proposed request to assembly

## SCIENCE AND RESEARCH COMMITTEE (SRC) – MEMBERSHIP RECRUITMENT PROPOSAL

### Request Summary

The RPS Science & Research Committee (SRC) is currently operating with reduced capacity, particularly lacking representation from core areas of pharmaceutical science. The gap in expertise is significantly limiting the committee's ability to provide comprehensive, timely, and science-led input into key RPS activities, including responses to consultations, media enquiries, and informing strategic policy development.

As per the SRC Terms of Reference, the Committee should comprise up to 20 members with national standing and expertise spanning the full breadth of science and research relevant to pharmacy. At present, the Committee falls short of this intended composition. This has become particularly problematic given the growing demand for robust, expert-driven contributions to RPS's strategic goals in advocacy, policy, and professional development. To restore the Committee's effectiveness and ensure that the RPS continues to provide authoritative, science-based leadership across the sector, we strongly recommend the recruitment of at least five additional members to current members. These appointments should be strategically targeted to address known gaps in expertise and strengthen the committee's capacity to meet its responsibilities.

This paper provides an overview of the current membership profile, recent media and consultation demands on the Committee (see Appendix, Table 1&2), and highlights critical areas where expertise is currently lacking. Considering the evidence provided, we seek your support and endorsement:

- For a proposed recruitment initiative aimed at attracting new members with expertise in these identified gaps to join the SRC.
- We also request your guidance on how best to proactively identify and engage leading national experts across the UK. This includes outreach through direct engagement and leveraging established professional networks, while maintaining strict adherence to governance principles.
- Finally, we ask for agreement in principle to co-opt additional experts for specific tasks or requests. These individuals will be RPS members in good standing and will be clearly informed that their involvement is limited to providing targeted advice and expertise for the designated task or request.

### Current Membership

The current Science & Research Committee (SRC) membership is comprised of members from the 2023 member recruitment cycle or were existing members from a previous recruitment. As of June 25<sup>th</sup>, 2025, there are 13 SRC Members. Below is a Table which describes the current members' affiliations, areas of expertise, and their chosen working group within SRC.

Name	Area of expertise	Affiliation	Primary Working Group
Hend Abdelhakim	Academia	University College London	N/A (on leave)
Christine Bond	Health Services Research	University of Aberdeen	Research across the profession
Cathrine McKenzie	Clinical practice, clinical academic research	University of Southampton	Research across the profession
Mar Estupiñán Fdez. de Mesa	Oncology & public health	University of Surrey	Research across the profession

<b>Andrew Fox</b>	electronic prescribing and medication safety	University Hospital Southampton NHS Foundation Trust	Safer medicines, safer medicine use*
<b>Amira Guirguis</b>	Substance misuse, point of care testing, devices, pharmacy practice, prescribing, research, education and training, aspects of pharmaceutical chemistry, pharmacology, toxicology, forensics, addiction	Swansea University	Safer medicines, safer medicine use* & research across the profession
<b>Gillian Hawksworth</b>	Research, community pharmacy, Antimicrobial stewardship	University of Huddersfield	Research across the profession
<b>Delyth James</b>	Health psychology, behaviour change, medication adherence, visual communication, consultation skills, shared decision-making implementation research, questionnaire design	Swansea University	Research across the profession
<b>Oisin Kavanagh</b>	Pharmacokinetics, Crystallopathies, Supersaturation	Newcastle University	Research across the profession & new medicine/tech
<b>Barrie Kellam</b>	small molecule synthetic medicinal chemistry	University of Nottingham	Research across the profession & new medicine/tech
<b>Jayne Lawrence</b>	Nanomedicine - preparation/production and physico-chemical/biophysical characterisation thereof. Also expert in scattering techniques.	University of Manchester	Research across the profession & new medicine/tech
<b>Olaolu Oloyede</b>	Health economics	Alexion Pharmaceuticals (subsidiary Astra Zeneca)	New medicines and emerging tech
<b>Rachel Palmer</b>	Genomics, pharmacogenomics, ATMPs, bone marrow transplant	North Bristol NHS Trust	New medicines and emerging tech
<b>Ka-Wai Wan</b>	Nanomedicine and regulatory science	MHRA	New medicines and emerging tech

\*The “safer medicines, safer medicines use” working group Chair stepped down in late 2024, with no replacement being found. As a result, the group has not met in over 6 months.

Notable departures from the committee in the past 2 years include:

- Simon White
- Andrew Teasdale
- Yogini Jani

### **SRC Expertise Demand**

Between March and June 2025, the SRC responded to eight media enquiries from high-profile outlets including The Telegraph, BBC Radio Wales, and the Pharmaceutical Journal (Appendix, Table 1). These requests covered a wide range of complex and high-impact topics such as medical cannabis, vaping, antimicrobial resistance (AMR), and diversity in research. The frequency and breadth of these enquiries demonstrate a clear and growing demand for timely commentary from subject matter experts.

From January 2024 to June 2025, the SRC engaged with seven national consultations, submitting responses to five (Appendix, Table 2). These consultations addressed critical regulatory and public health issues, including drug policy, tobacco control, medical devices, and innovative cancer therapies.

The SRC also advised on and contributed to the RPS' response to:

- Scottish Parliament enquiry on Assisted dying Bill
- Scottish Parliament call for evidence on harm caused by substance misuse in Scottish Prisons

### **Known gaps in expertise**

With recent departures from the committee, combined with a growing demand for timely, science-informed input across a wide range of evolving topic areas, the Science & Research Committee (SRC) has identified several critical gaps in its current membership expertise. These gaps significantly reduce the Committee's ability to fulfil its role as an agile, authoritative, and forward-looking advisory body to the RPS. Key areas of under-representation include:

- Clinical pharmacology and therapeutics,
- Pharmaceutical formulation and drug delivery
- Translational research and clinical trial design
- Artificial intelligence and data science in healthcare
- Digital health and health informatics
- Point of care testing and health informatics
- Personalised medicine
- Health inequalities and population health research
- Regulatory science, ICH frameworks and HTA (health technology assessment)
- Sustainable pharmacy and green medicines
- Behavioural sciences and implementation research
- Medicines safety

Recruiting additional members to the SRC to include experts in these domains will significantly enhance the Committee's ability to meet its remit, support the Society's strategic ambitions, and maintain the RPS's position as a trusted, science-led voice in healthcare policy, innovation, and public discourse.

### **Appendix**

#### **SRC Expertise Demand**

*Table 1: Media Consultations Responded to by SRC, March 2025-June 2025*

Media Outlet	Request Topic	Response	Date of Response
<b>The Telegraph</b>	Medical cannabis	Statement provided by Prof. Amira Guirguis	04.03.2025
<b>Pharmaceutical Journal</b>	Multiple doses of naloxone needed to reverse drug overdoses, pharmacists warned	Statement provided by Prof. Amira Guirguis	18.03.2025
<b>Pharmaceutical Journal</b>	Government ends programme to tackle drug deaths and drug-related offending	Statement provided by Prof. Amira Guirguis	23.04.2025
<b>BBC Radio Wales</b>	Disposable vape ban	Comment provided by Prof. Guirguis on vaping and the dangers it poses to young people's health	01.06.2025
<b>Hospital Pharmacy Europe</b>	pharmacists role in AMR	Comment provided via Prof Diane Ashiru-Oredope and Dr Louise Dunmore (AMEAG)	05.06.2025
<b>The Pharmacist</b>	HOC report on AMR - recommendations	Comment provided via Prof Diane Ashiru-Oredope	13.06.2025
<b>Pharmaceutical Journal</b>	HOC report on AMR - recommendations	Used Diane Ashiru-Oredope's previous quote	18.06.2025
<b>Pharmaceutical Journal</b>	Diversity in research	Quote reviewed and signed off by Diane Ashiru-Oredope	23.06.2025

Table 2: Consultations which required SRC input, Jan 2024 - June 2025

Consultation Close Date	Topic	Source	Response Submitted?
<b>06.03.2024</b>	Proposals to expand access to take-home naloxone supplies	GOV.UK	Response submitted
<b>30.10.2024</b>	International Council for Harmonisation (ICH) M14	MHRA	No response submitted
<b>05.01.2025</b>	Medical Devices Regulations: Routes to market and in vitro diagnostic devices	MHRA	Response submitted
<b>28.01.2025</b>	Standardise packaging for all tobacco products call for evidence	DHSC	Response submitted
<b>31.03.2025</b>	Draft guidance on individualised mRNA cancer immunotherapies	MHRA	Response submitted
<b>30.06.2025</b>	Draft guideline on the use of external control arms based on real-world data to support regulatory decisions	MHRA	No response submitted
<b>31.07.2025</b>	International Council for Harmonisation (ICH) M13B Guideline on Bioequivalence for Immediate-Release Solid Oral Dosage Forms	GOV.UK	Ongoing

**ROYAL  
PHARMACEUTICAL  
SOCIETY**

**Assembly Meeting 16<sup>th</sup> July 2025**

**25/07/ASB/06 – Open**

<b>Title</b>	<b>Annual General Meeting Motions 2025</b>
<b>Open, confidential or restricted</b>	Open
<b>Author</b> (include email/phone)	Paul Bennett <a href="mailto:paul.bennett@rpharms.com">paul.bennett@rpharms.com</a>
<b>Position</b>	CEO
<b>Director responsible</b>	Paul Bennett
<b>Purpose of item</b> (for noting/discussion/ decision/approval)	Decision
<b>Item Summary</b>	To discuss the outcome of the three motions debated at the 2025 AGM held on 4 <sup>th</sup> June and agree next steps
Related Risk Register item (where applicable)	Member engagement and retention
Related RPS Strategy item (where applicable)	Membership Strategy  Future Professional Leadership Strategy
<b>Actions/decisions required of the Assembly</b>	<p>Assembly is asked</p> <ul style="list-style-type: none"> <li>• To consider each motion proposed and debated and the results of the member vote held in regard to each</li> <li>• Determine the response most appropriate for the Society</li> <li>• Provide direction to executive team</li> </ul>

**Annual General Meeting Motions 2025****Background**

The RPS Annual General Meeting (AGM) was held on-line on 4<sup>th</sup> June. As in prior years, the requirements of the Regulations were fully observed, with members notified in advance and invited to submit motions with a closing date for submissions of 14<sup>th</sup> May. There were 190 people registered to attend the meeting (which will have included members of staff, governance members and others) and 96 delegates (excluding staff and governance members) attended on the evening. Three motions were received by the Chief Executive and eligible for debate at the AGM, and in a session chaired by the President, members were invited to speak to each of the three motions submitted.

Each proposer of a motion was invited to begin the discussion and speak to their respective motion, which in each case was followed by a response by a member of staff of the Society to add context and inform the meeting of any pertinent issues before those assembled debated the motion put before them. Upon conclusion of the debate the proposer of the motion was invited to provide a final response. Each motion was then put to a vote of eligible members. A recording of the AGM, including the motions and the debate about each, is available for members to view [here](#) on the RPS website.

Whatever the outcome of a vote at the AGM, it is not ultimately binding upon Assembly, but it does helpfully provide member insight on matters of concern to them and should be given due consideration. Assembly Members are now asked to consider each of the motions detailed below, the results of the vote and determine how they now wish the organisation to proceed.

**1 AI and copyright of pharmaceutical publications**

**AGM Motion 1:** *The large language models for Artificial Intelligence (AI) software have been developed using copies of books and publications pirated without the approval of authors and publishers, and without any payment. This material includes publications by the Pharmaceutical Press, which owns the copyright in the majority of its books. In response to the recent Government consultation hundreds of creatives — artists, musicians and writers — have asserted that a flourishing licensing market for the use of creators' works is the best way to ensure that creators' rights are respected and that they can secure fair remuneration if that is what they choose, while not restricting technological innovation.*

*The RPS is urged to develop a public policy on AI and copyright as a matter of urgency which safeguards the rights of its own publishing arm and supports pharmaceutical authors who own the copyright in their own books and papers.*

*Submitted by Tony Cartwright*

**AGM Motion 1 result:**      **For: 57**      **Against: 4**      **Abstain: 4**

**RPS Response**

*RPS statement by Karen Baxter, Deputy CEO*

The intellectual property of the RPS that sits within its publications and knowledge content is one of its greatest assets. This IP helps fulfil the mission and vision of the RPS, particularly in supporting the safe and effective use of medicines. Pharmaceutical Press (PhP) manages the IP on behalf of the RPS and works to strongly protect it, whilst using it to generate income to support the wider activities of the RPS.

PhP routinely and systematically monitors for infringement of the IP, following internal processes to monitor for its unauthorised appearance on the internet and where necessary

by use of third-party piracy scanner companies. We actively protect digital content by the implementation of a paywall, as well as ensuring our licensing agreements are kept up to date to reflect current practice. The teams also follow a due diligence process before new licensees are accepted and content is shared. Where infringement is detected, we follow up strongly, with 'cease and desists' where necessary, to close down unauthorised use of our IP.

The RPS, across all its operations, has internal policies to support staff with activities involving AI, as well as copyright and cyber security, to support behaviours that protect our intellectual property and do not inadvertently expose the organisation to risk. Further, the RPS, in line with its professional leadership position in pharmacy, has created a publicly facing policy on matters relating to the use of AI in pharmacy.

We agree with Mr Cartwright that the prevalence of large language models and the current governmental approach to this issue presents a greater risk to our IP than ever before and would like to reassure all members that we are vigilant to this, with the issue of AI and cyber security a live risk on our risk register. This is monitored and managed by both PhP Board and the Audit and Risk Committee, both of which are overseen by Assembly.

In managing these risks, PhP will continue to monitor and act as previously described, refining the processes as new angles to the risk emerge. In addition, we will continue to engage with policy positions through PhP's membership of a number of publishing organisations including the Association of Learned and Professional Society Publishers, the Professional Publishers Association, International Association of Scientific, Technical and Medical Publishers (STM).

These organisations cover all angles of our publishing activity (that is, databases, books and periodicals) and take an international view on the evolving positions of governments. They act as the leadership bodies for the publishing industry. They are therefore better placed to create policy and collate responses from across the publishing industry to influence government more strongly than either PhP or RPS could act outside of these bodies.

Whilst AI presents a risk, it also presents an opportunity, and we agree that some of the risks may also be mitigated by entering into appropriate licensing arrangements. We have done this in modest exploratory ways with both our research journals content and our knowledge content with some promising early results. We will continue to cautiously pursue these opportunities alongside the other activities that protect our IP.

I hope that reassures members that we take the emergence of AI and the related governmental policy positions very seriously and use all of the tools at our disposal to protect the intellectual property of the RPS as effectively as possible, whilst also looking to drive benefits from potential opportunities in a rapidly changing environment.

**Action 1**

Assembly members are asked to consider whether to:

(a) ask the Executive on behalf of the organisation to further develop a public policy on AI and copyright for both its own use and to further develop a position statement and / or policy for advocacy purposes and that members can refer to

**2 Updating RPS resources on raising and receiving concerns**

**AGM Motion 2:** Pharmacists are increasingly managing more complex patients and delivering more complex services. In addition to raising concerns in the interest of public safety, pharmacists may now also find themselves on the receiving end of concerns. However, there are currently no support resources providing best practice guidance on how to respond when concerns are received.

This AGM calls on the Royal Pharmaceutical Society to update its resources on raising concerns to include clear guidance on pharmacists' responsibilities and best practices when receiving concerns, ensuring they are fully supported in these situations.

*Submitted by Nahim Khan*

**AGM Motion 2 result:**      For: 38      Against: 14      Abstain: 17

**RPS Response**

*RPS Statement by Wing Tang, Head of Professional Guidance, Standards and Patient Safety*

Good evening members and fellows of the Royal Pharmaceutical Society.

My name is Wing Tang, I am a member and also serve as the Head of Professional Guidance, Standards and patient Safety at the RPS

I welcome the opportunity to provide some context to the motion proposed which members, fellows and the which Nahim may not be aware of.

My team maintain and develop our catalogue of Professional Guidance and Standards to underpin patient safety and public trust in pharmacy. We do in a way which strengthens the professional identity of pharmacists and to support our members.

The current catalogue includes a guide for individual pharmacists to support them to raise concerns where appropriate. We welcome feedback and insights on all our standards and guides, which is why as an organisation we run a process to HEAR content suggestions and requests from our members and from the wider profession.

For a member, this might be through our professional support team in a 1:1 call or email. For both members and non-members we also have an open-access content request form. This is our recommend route to use because the content form firstly captures key information we need to make a decision about the nature and scale of the problem faced, but more importantly it enables a review by a panel with representatives from our Education, Guidance, Engagement, Events, I&D and Country teams. This means we can carefully review and document the request and outcome, and where a suggestion is appropriate for the RPS to progress, a decision on the best format of the content.

This item has not come through our support team or from the content request form process, so has NOT benefited from such a review. If Nahim would be willing, we'd be delighted to receive the request through that process.

In preparing context for this item, I've checked if our support team support any 1:1 conversations in this area and indeed they do and it which is welcome because these are the types of situation which are well supported through a conversation or a 1:1 exchange because of the nuances and complexities. I imagine some aspects of these conversations would be supported by union advice, or legal advice which would also be advantageous.

**Action 2**

Assembly members are asked to consider whether to:

- (a) specifically develop guidance for members on responding to concerns raised concerning professional practice
- (b) to remind members of the existing process for requesting RPS resources be put to developing standards and guidance where there is a perceived absence of such standards or guidance

### 3 Transparency on remote access to key meetings

**AGM Motion 3:** Motions are a vital mechanism for members to shape the RPS and ensure the organisation remains member-centric. It is therefore deeply concerning that a motion passed at the 2022 AGM — and subsequently agreed upon at the relevant Assembly meeting — was not adhered to.

Of particular concern was the failure to provide remote access to a critical meeting, which included highly contentious discussions and important presentations from the GPhC and a contractor. This exclusion denied members the opportunity to engage with significant matters affecting the profession.

This AGM calls on the Assembly to provide the membership with a full explanation as to why remote access was not made available for this key meeting, as previously agreed. Additionally, the Assembly must clarify who was ultimately responsible for this failure and what steps will be taken to prevent similar oversights in the future.

*Submitted by Nahim Khan*

**AGM Motion 3 result:** For: 16 Against: 29 Abstain: 23

### RPS Response

*RPS Statement by Laura Wilson, Director for Scotland*

I'd like to thank the proposer for raising this important issue. We fully acknowledge the concerns expressed and welcome the opportunity to provide clarity and reassurance to our members.

The June 2024 meeting was part of a long-planned two-day event that brought together all three National Pharmacy Boards. This annual gathering is a cornerstone of our governance calendar, offering a unique opportunity for Board members from England, Scotland and Wales to meet face-to-face. There are many benefits of holding a meeting with this format: it supports a joint induction for new members, fosters stronger cross-nation collaboration and enables meaningful face to face discussions ahead of the Assembly's important voting processes.

In selecting a venue, we prioritised accessibility for all Board members, choosing Bristol as a location well-served by public transport and road links. Another important factor in choosing Bristol was that it is the home and place of work of the winner of the 2024 RPS Charter Award, Ade Williams MBE. Having the venue nearby meant he could attend in person to be presented with the award by our CEO and President, and to deliver a very inspiring speech. The award recognises outstanding contributions to the profession and was a proud moment for all in attendance.

At the time of booking, the agenda had not been finalised, but we were aware that on this occasion the venue could not accommodate online attendance. As ever, the notice about the meeting on our events page invited to members attend in person and we were pleased to welcome a member, who did take up this opportunity.

We also ensured that comprehensive and detailed minutes of the meeting were published on our website, so that all members could stay informed about the discussions and decisions made. In addition, we published a statement about the contentious issue the proposer references in the motion, a change in the way some pharmacies are providing P medicines.

We recognise, however, that remote access is a vital part of inclusive engagement. All other Board and Assembly meetings in recent years, following COVID, including another held away from our offices in Newcastle in 2023, have included an option to attend virtually. We

are committed to learning from this experience and are actively reviewing our planning processes to ensure that remote access is prioritised for future meetings.

Looking ahead, we remain committed to strengthening engagement, both face-to-face and remotely. Our teams across RPS, our Country Boards and our RPS Ambassadors play a key role here in strengthening the connection between RPS and all pharmacists. This year, among a host of other events, we are running 4 conferences across three countries to, creating a sense of professional belonging for our members to their professional leadership body.

We will continue to build on the lessons learned to ensure that members can participate meaningfully in the work of RPS, wherever they are.

Thank you again for your engagement with this issue and for helping us shape a more inclusive and connected future for the RPS.

**Action 3**

Assembly members are asked whether any further action (beyond those steps already being taken to address the enhancement of member participation and inclusion in Open business of governance meetings) should be taken following the unique situation identified by the proposer of the motion.