



Assembly Meeting

To be held at 9.30 am to 15.30 pm on Wednesday 19th November 2025

Agenda - Open Business

1. Welcome to Assembly members & apologies for absence 9.30

2. Items for Noting 9.30 - 9.35

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

- a) Code of Conduct & Remit of Assembly and COG
- b) Declarations of interest
- c) Minutes of the Open Business Assembly Meeting 16th July 2025 (to note and approve)
- d) National Pharmacy Board Reports
- e) President's Report
- f) Treasurer's Report
- g) 2025 Education & Standards Committee Annual Report and minutes of Committee 22nd October
- h) 2025 Science & Research Committee Annual Report & minutes of Committees 8th September and 6th November
- i) 2025 Panel of Fellows Annual Report
- j) 2025 Membership Committee Annual Report
- k) 2025 CPA Annual Report
- l) 2025 Health & Safety Annual Report
- m) Inclusion & Diversity update
- n) Scottish Parliament Lobbying Register Report

3. Matters arising from the Open Business minutes not specifically included elsewhere in the agenda 9.35 – 9.45

4. Chairs' and Officers' Group 9.45 - 9.50

To ratify decisions taken by COG/Appointments Committee since the last Assembly meeting – verbal update.

5. UKPPLAB 9.50 - 9.55

To receive a verbal update
Chief Executive/President

6. Constitution & Governance Review 9.55 - 10.30

Deputy Chief Executive

7. AGM 10.30 - 10.45

Chief Executive/President

8. Any other business

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

9. FIP 10.45 - 10.55

To receive an update on FIP Congress

To receive an update on FIP Ex Co

Director for Scotland

10. Date of next meeting 10.55

To note the date of the Assembly Working Day 24th March and Assembly Meeting 25th March 2026

Break 10.55 - 11.15

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.

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

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

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

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

Observers: 9 observers joined the meeting

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

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

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

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

	<p>JB agreed with sending out the position statement as people will be drawn to RPS when looking for answers. The AI in pharmacy is a great policy document and it will not be the last AI-related piece as it will evolve over time.</p> <p>It was resolved that: Assembly members approved the publishing of the position statement which will reference RPS's published 'AI in Pharmacy' document.</p> <p><u>Updating RPS Resources on Raising and Receiving Concerns</u></p> <p>WT summarised the discussion undertaken at the AGM and the reasoning behind the request.</p> <p>GMc asked if there have been any requests received through the normal process since the AGM. WT confirmed that there has not and then summarised the pros and cons of creating guidance and standards around submitting concerns against Pharmacists.</p> <p>AT is unsure how this can be recorded on paper, how signposting will work and if there is scope in the guidance to outline that concerns that are raised are going to be treated seriously and progressed appropriately. GPhC standards talk to raising concerns but also support for employers. Pharmacists may have concerns raised that are not just about other Pharmacists but about healthcare professionals and patients as well.</p> <p>DB stated that RPS needs to promote which process and channel requests should go through as this is not currently clear. If the request did not proceed through the correct channels then it would be difficult to take on another request. ES agreed that there are more appropriate organisations and channels when dealing with concerns that have been raised. ES did not see this as a Royal College responsibility and that this should be dealt with by the employer, Trade Union or seek legal advice, if needed.</p> <p>GMc does not see the professional leadership body as the right organisation to provide this support and it should be more around tailored support instead. Having static guidance may be counterproductive for the individual. It was suggested having the ability to triage motions that come through the AGM and providing a route into the organisation and how best to place them. By triaging them, it can establish where best to hear them and decide on the motions. BJ agreed to having a clear policy and procedure in place and motions should be directed towards it, but did not feel that Assembly should be setting this as it should be bespoke depending on the circumstances.</p>	
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	<p>MP confirmed that we can help to signpost to other organisations that are better placed to assist if they are looking for support.</p> <p>JB highlighted that there are people in work who are vulnerable to facing discrimination. RPS do good work in this space via the ABCD Group which is a forum for people to get together and discuss in a safe space their personal and work situations. The group can help identify strategies on how best to deal with inappropriate behaviours and situations which may lead to complaints being made. Trade Unions and Employers should step in and guide and it is not for RPS to have a static paper on this as it needs to be tailored.</p> <p>CA summarised the discussion that RPS will not develop this guidance, but instead can remind and promote to members the existing process on how to help develop guidance and better AGM triage motions. PB highlighted that members must have a voice, and a balance needs to be struck as the last AGM meeting only had three motions and future AGMs could have a lot more. There was a significant amount of triaging with the agreement of the proposers on a consolidation approach to the motions. We will need to review regulations on RPS becoming the Royal College, and take into consideration how we get the balance right between allowing the voice of our members and the efficient conduct of the business of the AGM.</p> <p>It was resolved that; Assembly members approved the further development and promotion of a motions process to meet the objective outlined previously.</p> <p><u>Transparency on Remote Access to Key Meetings</u></p> <p>PB referred to a meeting last year where an important conversation on the facilitation of self-selection of P medicines took place and a member felt that there had been a lack of transparency and openness of discussions. The meeting was held offsite and presented a number of logistical challenges. Subsequently we were able to provide the context and background to the discussion and decisions reached by Country Boards and we have underlined the commitment to transparency and engagement. We have taken steps proactively to mitigate from that circumstance arising again. This motion was heavily debated at the AGM and was lost.</p> <p>GMc felt that people should be given the opportunity to observe meetings but be respectful of the outcome and did not feel that there is any further action required. Having more regional meetings rather than holding them in the key cities will bring challenges – there are pros and cons for both sides that need to be recognised.</p>	
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		<p>AT highlighted that this was a unique situation, we try to facilitate face to face meetings for the three Boards on annual basis and unfortunately were faced with a contentious topic. RPS should continue with our commitment to transparency and the ability for observers to join and hear the discussions.</p> <p>It was resolved that; Assembly confirmed that no further action will be taken.</p>	
Item 07 UKPPLAB		<p>HT joined the meeting and delivered a presentation on the work of the UK Pharmacy Professional Leadership Advisory Board (UKPPLAB).</p> <p>MP highlighted that there is a higher representation from RPS than the other bodies proposed for the Liaison Group being established and there is a risk that RPS could look as though they are making all the decisions. Alternatively, are RPS seen as having strength in leadership? HT advised that the RPS are represented 'more strongly' in the liaison group than on the full Advisory Board because it is not a subcommittee of the Board but a liaison group between RPS and the Board. Output from the Liaison Group will be going back to the main Advisory Board to allow good external challenge and from independent expert members as well. We terms of managing perception, it is a very important task going forward and HT personally thinks there is a risk that people could think that the RPS are 'just reinventing itself and show how they can join RPS' unless real progress and collaboration can be shown. RPS are doing a good job of being open and wanting to create a Royal College which has the potential to be a real home for pharmacy. There is work to do on perception.</p> <p>From a non-pharmacist point of view, JB queried how to get from a siloed way of working to a more collegiate one and people being comfortable in each other's space. HT stated that this is a big question, and he thought that this will depend upon if they have signed up to the same values. This is not a substitute for networking, good processes and looking at how to strengthen the platforms around education and training. With regards to the 10 year plan, this does not talk to primary or community, but it does talk on the importance of continuous, accessible and integrated care. If organisations / sectors keep to silo working, they will be out of tune with future plans. It is good thing to focus on patients, and making care accessible is vital – the Royal College will need to get ahead of this for pharmacists. You need to consider basics, leadership, patients, getting ahead of the game and what the membership is offering its members / colleagues.</p> <p>GMC confirmed that Assembly had a detailed discussion yesterday on transition which is complex. A willingness to de-silo and for them to join on a collective journey is going to be key. Having the scope of practice as a subgroup of the Board and getting a greater understanding of the different scope of practice is a key enabler as there is a lack of clarity which creates tension. HT stated that the trick is having value add</p>	

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

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

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

Title of item	Update from National Boards
Open, confidential or restricted status	Open
Authors of paper	Laura Wilson, Amandeep Doll
Positions in organisation	Country Directors Laura.Wilson@rpharms.com Amandeep.doll@rpharms.com
E-mail	
Purpose of item	To update Assembly on the work of the National Boards for the period July 2025 - November 2025
Item summary	This paper provides an update on the work of the country teams in relation to policy and advocacy.
Risk register items	n/a
RPS strategy links	All
Actions/decisions required of Assembly	For noting

GB activity

AI and Digital Capabilities

- Report from Digital Innovation and Education roundtable published in October
- Digital landing page created on RPS website
- Consideration of topic for next roundtable event in 2026
- 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. Presented at the PM Healthcare AI Conference in London in July Governance & Validation in AI in Pharmacy: A Review of Policies & Initiatives
- Presented at RPS Annual Conference in Science & Research stream – Navigating the Digital Shift: Lessons for Pharmacy

Medicines Shortages

- Evidence given at the House of Lords Select Committee on medicines security in November
- Panel representation at clinical pharmacy congress in Manchester with other key stakeholders around the topic together with long term solutions

QAAPS

- Refresh of standards is ongoing and to schedule at present

Supervision

- Papers on handed out bagged and checked medicines presented to boards in November.

Sustainability

- Greener Pharmacy Poster and presentation during September's FIP to showcase the toolkit to the international community pharmacy audience.
- Presenting our greener pharmacy toolkit to MSPs during a three-day exhibition in Scottish Parliament 16-18 December.
- Have finalised our health and climate manifesto ahead of the Scottish elections in May 2026, and identified circa 10 Royal Colleges and health professional bodies to endorse this. Launching jointly with RCGP early 2026.
- Contributing to the Scottish Government Effective Prescribing & Therapeutics Branch work on Sustainable Prescribing communicating policy aims through workshop participation.
- Through our project management of the vision for Pharmacy in Wales, Pharmacy: Delivering a Healthier Wales, environmental sustainability has formed a strong thread with specific goals. Working collaboratively with Public Health Wales to support their work around the greener primary care toolkit in Wales, aligning to the RPS toolkit, whilst in secondary care, advocating for the adoption of the RPS greener pharmacy toolkit.
- Continuing to support the work of the UKHACC.
- Meeting Specialist recycling company, 'Terracycle', in November to explore the possible scaling up of their blister pack recycling scheme in hospital and community pharmacy.

Access to controlled drugs in care homes for end of life care

- Following discussion and decision at National Pharmacy Board in June, position statement developed and approved by National Board Chairs
- Published on website for reference where appropriate

Pharmacogenomics

- A pharmacogenomic (PGx) Competency Framework resource for all prescribers is being developed to support the prescribing workforce and enable the expansion of pharmacogenomic medicine services nationwide.
- The anticipated launch is scheduled for December 2025/Q1 2026.

Workforce Wellbeing

- The WWB surveys for 2025 have been launched and they will run until 2 Dec.. This focus is on pharmacy students, foundation trainees and early career pharmacists
- RPS are following up on actions developed at the third WWB roundtable in March 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
- We are working with the NHSE learning disabilities team to update RPS webpages and develop educational content

I&D

- Successful delivery of EDI events, East and South East Asian Heritage Month and Black History Month both online and in person.
- Inclusion and diversity consultation open to the whole pharmacy profession to help shape the update RPS to the Inclusion and Diversity strategy
- Delivery of unconscious bias webinar to NPPG
- Exploring a collaborative conference with Pharmacy Business Magazine and RPS on Inclusion and Diversity
- To plan for EDI events in 2026
- NHS Inclusive Professional Practice – delivery of a differential attainment webinar as part of the IPP week agenda in partnership with GPhC and BPSA on differential attainment
- The Differential Attainment Delivery Oversight Group met in the summer to discuss next steps and hear insights from the UCL team who have removed their degree awarding gap

Health Inequalities

- An overarching policy statement is being drafted
- A health inequalities landing page is in the process of being developed

Aesthetic practice

- Scottish Clinical Leadership Fellow has started with the Scotland team and will look at updating the RPS Aesthetic Practice position statement in light of ever increasing practice and scrutiny in this area.

Palliative Care

- Publicise the Daffodil Standards including session at The Pharmacy Show in October 2025

- Events to debate improvement in medicines access in care homes planned for Q1/2 of 2026 (Roundtable and ICB events)

Cancer Care

- English CPhO Clinical Fellow, a joint position with Marie Curie, has joined the team in England and will look at a GB piece of work in this area.

Prescribing

- DPP roundtable held on 8 October and a further one planned for Q1 next year
- DPP competency framework to be refreshed across 2025/2026

Women's Health

- The final policy statement to be submitted for sign-off by country boards.
- A communications and advocacy plan will be developed to promote and support the updated policy once approved.

Facilitated self-selection of P meds

- Policy and professional guidance have been published for the facilitated self-selection of P medicines

International

- Attended FIP 2025 in Copenhagen
- Continue to contribute to FIP surveys and data gathering
- Visited Oslo to speak at the Norwegian Pharmacists Association Seminar.
- Hosted Norwegian Pharmacists Association president for a visit to RPS Office in Edinburgh.

Activity in England

10 Year Plan

- This was published in July this year and we have developed a briefing for members. We have also submitted a response to the call for evidence for the 10 year workforce plan. We are working with pharmacy colleagues in ICSs to ensure pharmacy leaderships is considered and maintained at this level.

Assisted Dying

- Evidence given at House of Lords committee in November

Cancer

We are a member of NHSE Primary Care Sub group for cancer. This includes discussions on the community pharmacy pilot of direct referrals for lung cancer.

Pharmacogenomics

We are part of the NHSE Pharmacy Workforce Group for Genomics which feeds into wider genomics programmes across England.

Digital

We have regular meetings with the Digital transformation team at NHSE related to pharmacy and have been part of a working group looking at digital pharmacy workforce. WE also attend the Professional Record Standards Body meetings.

Activity in Scotland

Cancer

- We are a member of the Cancer Pharmacy 3 Horizon's Group contributing to strategic planning including workforce, technical operational models and communication

Digital Prescribing

- We are a member of the Digital Prescribing and Dispensing Pathway Clinical Advisory Group involved in the strategic aim of delivering a paper-less prescribing pathway in Scotland

Workforce

- We are a member of the National Pharmacy Workforce Forum Advisory Group, reporting to the National Pharmacy Workforce Forum led by the Principal Pharmaceutical Officer for Workforce

Assisted Dying

- Ongoing meetings and discussions with MSPs and other Royal Colleges over amendments to the Bill progressing through Scottish parliament.
- We were successful in getting five pharmacy specific amendments to the legislation tabled at Holyrood and debated at Stage 2 of the legislative process. These amendments describe the role of pharmacists within the Bill and would require pharmacists to specifically opt in before supplying the substance. These amendments will be debated on 4 November.

Pharmacotherapy

- We are representing the profession in the evaluation of the Primary Care Phased Investment Programme into Pharmacotherapy services led by Healthcare Improvement Scotland.

Conference

- We held the first RPS Scotland Conference in August in Glasgow. It was a great success with extremely positive feedback.

Edinburgh Office

- Took part in Open Doors Day and received over 160 visitors over one day.

Activity in Wales

Pharmacy: Delivering a Healthier Wales (PDaHW) Conference

We hosted the third Pharmacy: Delivering a Healthier Wales Conference on 25 September. The day featured a keynote from the first person living with cystic fibrosis to row the Atlantic (together with her specialist pharmacist) who spoke about her experiences of care, clinical trials, and the arrangements for her medicines use during the row. The programme also included presentations from the Chief Executive of FIP, the Welsh Government Cabinet Secretary for Health and Social Care, and 14 trailblazer speakers.

Launch of Updated PDaHW 2030 Goals

At the same conference, we launched new three-year goals for Pharmacy: Delivering a Healthier Wales. These goals will help shape pharmacy activity in Wales and keep us on track to achieve our 2030 vision, building on the previous 2019–2022 and 2022–2025 goals.

RPS Wales Manifesto

Since publishing our manifesto calls in summer 2025, we have continued to promote these to political parties in Wales through a range of activities, including a Senedd briefing event, one-to-one meetings with Members of the Senedd and staff, and responses to party consultations and calls for evidence. We have also hosted joint drop-in briefing events with 15 other health organisations at the conferences of Plaid Cymru, Welsh Labour, and the Welsh Conservatives, and will be repeating this at the Reform UK Wales Conference in February.

Review of pharmacy roles in GP practices.

The Welsh Government has commissioned the Royal Pharmaceutical Society (RPS) to lead an independent review of the role of pharmacy professionals working in and for general practice in Wales. The review will assess how pharmacists, pharmacy technicians, and wider pharmacy teams currently contribute to general practice and make evidence-based recommendations to enhance patient care, safety, and outcomes. A series of national engagement events will be held during November and December.

Senedd Inquiry into the Future of General Practice in Wales

Unrelated to the above, the Senedd's Health Committee is holding an inquiry into the future of general practice in Wales. Following a written submission, we were invited to provide oral evidence to the committee, represented by board members Helen Davies and Liz Hallet. We subsequently met face-to-face with the Committee Chair to reinforce key messages and brief him on our review, as outlined above.

Welsh Language Network

As part of the new PDaHW goals to expand the use of Welsh language services in pharmacy, we have been working with the three universities in Wales to launch a new Welsh Language Pharmacy Network. Initial funding for the launch has been secured by the universities through Coleg Cymraeg Cenedlaethol.

Norwegian Pharmacy Associations Conference

We presented at a conference hosted by a number of representative bodies of both pharmacists and pharmacy technicians working in community pharmacy in Oslo, Norway. We were able to showcase the substantial delivery of clinical services through community pharmacies in Wales, the development and delivery of prescribing services within practice, whilst acknowledging both the facilitators, barriers and challenges to this direction of travel.

Consultations

- 21 consultations responded to in the period between Assembly meetings in July 2025 and November 2025. All consultation responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2024-consultation-responses>
- The split of stakeholders for these consultations was 4 GB, 2 Wales, 9 Scotland and 6 England
- RPS will be responding to upcoming consultations on: HEIW Education strategy, Human Medicines Regulations pertaining to vaccinations, Scottish Government plans to merge two National Health Boards into NHS Delivery, UK Gov call for evidence on tobacco and vapes, Pharmacist Flexibilities when dispensing medicines and GPhC consultation on initial education and training standards for pharmacy technicians.

Tase Oputu, Chair, English Pharmacy Board

Jonathan Burton, Chair, Scottish Pharmacy Board

Geraldine McCaffrey, Chair, Welsh Pharmacy Board

Claire Anderson - President's report: August – November 2025

External events

I attended the FIP World Pharmacy Congress in Copenhagen, representing RPS at FIP Council meetings. I attended a meeting of pharmacy organisations hosted by the American Pharmacy Association where we shared some of our activities and what we are focussing on at RPS. I met the leaders of the Malaysian Pharmacy Society in Kuala Lumpur and discussed sustainability, pharmacogenomics, prescribing and vaccination.

I attended the Independent Community Pharmacy Awards lunch in Parliament, the Pharmacy Business awards dinner, the CCA conference, the Faculty of Pharmaceutical Medicine president's lecture, the opening of the Birmingham Health Innovation campus, the Pharmacy Show (UKPPLAB panel), the Royal College of Physicians Harveian Oration and dinner. All were excellent networking opportunities with colleagues and other leaders from across the health professions.

Paul and I met with Sir Hugh Taylor. I attended meetings of the UKPPLAB and gave Royal College updates to the board. We formed the Co-Creation Liaison Group which I co-chair with Hugh Taylor, this group provides a forum for the UKPPLAB and RPS to explore how collaboration in the delivery of pharmacy professional leadership can be strengthened in the medium to longer-term, as a basis for the future model of pharmacy professional leadership.

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

Internal meetings and events

I attended the excellent regional conferences in Glasgow and Cardiff. I presented the Charter award in Glasgow and credentialling and fellowship certificates at each event. I took part in the annual conference, speaking and meeting members as well as chairing the opening and closing sessions. The workforce summit in London was another highlight where we discussed credentialling.

I was delighted to be invited to the BNFC 20th anniversary celebrations.

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

I have been on several interview panels for new staff, directors and the chair of trustees.

I have been to the 4 strategy development webinars.

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

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

I had lunch with BPSA executive members.

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 19th November 2025

25/11/ASB/02e Open

I spoke to Pharmaceutical Press interns about careers in academia.

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 19th November 2025

25/11/ASB/02f Open

Treasurer's Report – November 2025

Dear colleagues,

As we approach the end of the year, I am pleased to report that the organisation remains on track to deliver an operating surplus for the sixth consecutive year. This reflects the continued strength of our publishing portfolio and the positive performance of our professional leadership activities, which together have provided a stable platform during a period of considerable external uncertainty.

The broader macroeconomic environment remains challenging. Global headwinds—including ongoing geopolitical conflicts, rising trade friction, persistent inflationary pressure, and financial market volatility—continue to shape the landscape in which we operate. Market distortions driven by the rapid expansion of artificial intelligence, coupled with President Trump's protectionist agenda and policy pivot away from renewables, have contributed to a difficult environment for investment portfolios with strong ESG commitments. Domestically, organisations across the UK have faced additional cost pressures following the rise in employer National Insurance contributions earlier this year. Despite these challenges, we have maintained strong financial discipline and continue to adapt effectively.

I would like to express my sincere thanks to the Finance team, led by our Chief Operating Officer, Rick Russell, for their professionalism and stewardship throughout the year. Rick will be leaving the organisation as part of our transition to the Royal College of Pharmacy. On behalf of the Assembly, I extend our gratitude for his significant contribution and wish him every success in the future. I would also like to thank the Finance and Investment Committee for their ongoing oversight and scrutiny, ensuring that we remain focused on long-term financial sustainability.

The Finance and Investment Committee continues to monitor our investment portfolio carefully. While near-term performance has been affected by global policy shifts and market volatility, the Committee's focus remains firmly on long-term value creation and the prudent stewardship of RPS assets.

Our transition to the Royal College of Pharmacy continues to progress at pace. Expenditure relating to the Constitution and Governance review remains on track and within the approved budget. As we invest in modern technology and digital infrastructure, we are also preparing the organisation to deliver on areas of strategic importance for the profession—particularly credentialing, which I believe will be a critical pillar of the future Royal College. Ensuring we get this right will be essential for supporting career development, maintaining standards, and strengthening the profession's standing within the wider health system.

In summary, despite an uncertain external environment, the organisation remains in a strong financial position. Our sustained operating surpluses, careful cost management, and ongoing strategic investment provide a sound foundation for the transition ahead.

Best regards,
Brendon Jiang FRPharmS
Treasurer, RPS

Executive Summary

The RPS Education & Standards Committee (ESC) remains central to ensuring that RPS workforce standards and assessment frameworks are aligned with the evolving professional landscape and RPS quality principles.

ESC oversaw a year of significant progress in 2025, focusing on optimising credentialing quality and operational deliverability, mitigating strategic risks as well as leading curriculum reform to support newly qualified pharmacist prescribers from 2026.

1. Credentialing

Business as usual

- Continued oversight of Post-Registration Foundation (PRF), Core Advanced (CA), and Consultant (Cons) credentialing programmes. Average cohort pass rates this year:
 - PRF: 57–65%
 - CA: 61–75%
 - Cons: 50–67%
- Consistent lower performance in Leadership & Management and Research domains.
- Independent review commissioned to investigate lower pass rates in community and primary care settings at PRF level to report in November 2025.
- RPS Faculty confirmed for closure in spring 2026.
- Closure of individual route to Accreditation of Prior Certified Learning (APCL) and introduction of B2B APCL process.

Quality assurance and process improvements:

- Audit of current assessment model against Van der Vleuten's utility framework for educational assessments¹. Operational review rated current model as operationally and financially unsustainable; ESC approved measures to streamline operations by:
 - Reducing panel size for PRF and Core Advanced levels.
 - Streamlining feedback templates while maintaining quality standards.
 - Removing live committee meetings for 'clear pass' candidates.
- Implementation of a new Assessor Consensus Policy.

2. Curriculum reform – Post-registration Foundation review

- ESC endorsed the following recommendations from the curriculum review steering group:
 - The curriculum is named the RPS enhanced curriculum
 - The enhanced curriculum is targeted to pharmacists working in patient-focussed roles
 - The enhanced curriculum should continue to align to the five RPS curriculum domains
 - The curriculum should target, support, and develop active pharmacist prescribers working at a pre-advanced level
 - 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 modular credentials options as well as a full credentialing assessment

¹ van der Vleuten CP, Schuwirth LW. Assessing professional competence: from methods to programmes. *Med Educ*. 2005 Mar;39(3):309-17. doi: 10.1111/j.1365-2929.2005.02094.x. PMID: 15733167.

- The curriculum purpose statement and clinical domains (1 & 2) were released for phase 1 consultation in early November 2025, with non-clinical domains (3–5) due for phase 1 consultation in Q1 2026.

3. Key risks and mitigations

ESC focused this year on key risks including assessor capacity, employer engagement, and the profession's understanding of the value of credentialing for its future. Key risks and mitigations are summarised below:

Risk	Mitigation
Low first-time pass rates, especially at PRF level in community and primary care settings	Independent review and targeted support initiated
Financial and operational sustainability	Streamlined credentialing model approved for 2026
Inter-assessor variability	New lead assessor roles and enhanced training to be introduced
Limited engagement and understanding of credentialing	Strategic communications for enhanced launch; engagement of regional credentialing experts in target geographies
Limited structured support for newly qualified pharmacist prescribers entering the profession in 2026, especially in England.	Enhanced pathway development programme; engagement with stakeholders through steering & T&F group; escalation of ESC concerns re: structured approach in England to EPB and relevant stakeholders.

4. Governance and committee operations

- Professor Anthony Cox completed his term as Chair in May 2025; Amareen Kamboh was appointed interim Chair for up to twelve months from October 2025 as we undertake our transition to Royal College.
- Membership terms were extended by up to 12 months for committee members nearing the end of their term to maintain committee stability through the Royal College transition.
- ESC's governance role within the future royal college governance structures to be confirmed as part of the secondary governance review phase of the C&G programme.

5. Priorities for 2026

- Launch and promote the RPS Enhanced Curriculum and modular credentialing model.
- Implement streamlined assessment model to improve deliverability, sustainability and scalability.
- Strengthen employer and system engagement for credentialing in target geographies.
- Support transition to Royal College.

ROYAL PHARMACEUTICAL SOCIETY

RPS Education & Standards Committee meeting

Wednesday 22nd October 2025

Attendees: Amareen Kamboh (AK), Ailsa MacDonald (AM), Paula McLaren (PM), Lindsay Morgan (LM), Laura O'Loan (LOL), Gemma Quinn (GQ), Debra Roberts (DR), Matthew Shaw (MS), Deborah Wright (DW),

RPS Staff: Harriet Cherry (HC), Anna Davies-Muir (ADM), Patsy Edwards (PE), Joseph Oakley (JO). For item 6: Alwyn Fortune (AF), John Lunny (JL)

Apologies: Claire Anderson (CA), Paul Bennett (PB), Fiona Hughes (FH), Charlotte Richardson (CR), Susan Roberts (SR), Raminder Sihota (RS), Heather Smith (HS)

	Agenda item	Key discussion points	Action items	Responsible	Due date
1.	Introduction and welcome	AK welcomed members to the meeting and introduced herself as the new ESC interim chair following Professor Anthony Cox's term coming to an end.		-	-
2.	Approval of previous meeting notes & update of actions	Minutes of the previous meeting were approved. JO advised that the members of the committee whose terms were coming to an end had been extended for up to 12 months to support the Royal College transition period; secondary governance structures for the new Royal College will be considered as part of the next phase of the C&G programme and there will be an update to members in the first meeting of 2026.	Update on RC governance structure to be included in next meeting.	JO	Q1 2026
3.	RPS Credentialing activity report	ADM summarised the credentialing activity report and noted that Faculty closure has been planned for Spring 2026. Only four candidates so far have expressed interest in submitting for Faculty before its closure. <u>Post-Registration Foundation (PRF)</u> <ul style="list-style-type: none">Higher pass rate than usual with a very small pass differential between females and males, but fewer male candidates overall.The pass rate in Wales for this cohort was 67%, a significant increase from the previous cohort.			

Education & Standards Committee Meeting

	<ul style="list-style-type: none"> Community and primary care pass rates lower than secondary care settings; the independent report commissioned to investigate this is due in November 2025. Cumulatively there is a 57% pass rate, 53% first time. Some pass differential between ethnicities, but candidate numbers are still low. Ethnic diversity of candidates may be skewed by the geographies of training providers. 100% pass rate for candidates who have declared a disability. Higher pass rate for RPS members than non-members. Domain 3 continues to be the lowest performing domain. FPAP has approved updates to PRF curriculum re: domain 5 and clinical assessment skills. As a result of a clarification to the standard at their last meeting, two candidates were moderated upwards in domain 5 to standard met, one of whom credentialed as a result. A quality improvement plan for PRF has been actioned and quickly implemented. The External Examiner had begun observing an initial sample of 20% of assessments, which will move to 10% on FPAP's approval. A quality improvement plan, including new chair and assessor training to be delivered by the end of the year, is in train. <p><u>Core Advanced (CA)</u></p> <ul style="list-style-type: none"> 75% pass rate for 2025, low submission numbers but should be more in 2026 due to new CPPE cohort and specialist submissions. One submission for Critical Care advanced specialist credentialing was received. Domain 4 had the lowest pass rate in 2025, but domain 5 has the lowest pass rate cumulatively. Overall pass rate is 61%, 54% first time. The pass rate was higher for females than males, some variability between ethnicities but numbers are small. ESC members commented: should look at diversity of candidates vs the register and consider the pass differentials in context of the attainment gap. RPS members pass rate is higher than that of non-members. <p><u>Consultant</u></p> <ul style="list-style-type: none"> 50% pass rate for 2025; there was a larger than average cohort at the last window. 		
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		<ul style="list-style-type: none"> Females outnumber males in terms of submissions and have a higher pass rate. Domains 3 and 5 have the lowest pass rates. An official complaint was received about clarity of consultant feedback, spoke to panel and referred candidate to an experienced assessor who could discuss their resubmission with them. 55% cumulative pass rate, 49% first time. Consultant posts are up to date with no complaints received in this window about delays. The team has achieved its objective of improving the process to meet our internal KPIs. Next step: undertake further work to support post applicants to achieve first-time approval rather than provisional approval, which the very large majority of submissions currently get. We are receiving a lot of APCL applications ahead of the 31st Oct deadline when individual APCL applications will be closed. Currently refining the operational model for B2B APCL applications and this will be shared with stakeholders before launch. <p>ESC member comments:</p> <ul style="list-style-type: none"> Very large sex differential in number of submissions and pass rates at all levels, would be interesting to look at what factors may be underpinning this. Was the critical care advanced specialist candidate submitting in conjunction with UCL? <ul style="list-style-type: none"> This candidate had completed the UCL programme and, as it was the first of its kind, the assessment was observed by RPS staff. JO clarified that whilst UCL are supporting candidates to develop evidence towards credentialing through their course, they are clear that further work will be required in terms of application of learning in the workplace to develop a portfolio to meet the requirements. We are currently working collaboratively with UCL as a pioneer for the B2B APCL process to agree exemptions for the course against the Core Advanced curriculum. <p>ESC noted the contents of the report</p>			
4.	Assessor Consensus Policy update	ADM presented a proposed update to the existing policy to include a process for when consensus is still not reached with the addition of a fourth assessor.	Policy to be updated	ADM	November 2025

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		<p>Budget for lead assessor roles has been incorporated into the 2026 budget submission awaiting Assembly consideration and approval in November. This role will have an important role in providing leadership in such scenarios going forward and would act as the ultimate decision-maker.</p> <p>JO noted that non-consensus is triggered almost exclusively at PRF level where there appears to be weaker inter-assessor consensus compared to advanced and consultant levels.</p> <p>ESC member comments:</p> <ul style="list-style-type: none"> • What can ESC do to reduce the likelihood of this happening in the future? Are assessors synthesising information on behalf of candidates? <ul style="list-style-type: none"> ◦ JO – we need to ensure the new enhanced curriculum is as clear as possible in terms of the minimal acceptable standard, building on our learning from PRF. We may also need to be more prescriptive in our assessment strategy for enhanced credentialing which will be developed in Q1 2026. ◦ There are lots of legacy programmes in the PRF space; this potentially reveals diversity in the perceived standard across legacy providers and nations. ◦ RPS need to be proactive in its assessor training to counteract historical internal biases of what the standard should be. ◦ There may be some element of assessors synthesising, hence why we may need to be more prescriptive for enhanced. • This is a good opportunity for RPS to lead the profession about expectations of the role and standard for NQPPs from 2026. • We need to encourage candidates to become autonomous and reflective practitioners; historical programmes have typically been more prescriptive and “tick-boxy” and we want to move away from this. Candidates are used to following a “recipe for success” and struggle with the more individualised approach to portfolio building required for credentialing. <p>ESC supported amendment to policy</p>		
5.	Roadmap to Feasibility proposals	JO set out headlines of proposed changes to the credentialing assessment models at PRF and Core Advanced to improve financial sustainability and operational feasibility.	Develop operational delivery and	End 2025.

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	<p>JO reminded the committee of the context of these proposals:</p> <ul style="list-style-type: none"> • The Credentialing team self-assess against Van der Vleuten's utility formula at the end of each year. • We rated our current model as 'red' in terms of deliverability (financial sustainability and operational feasibility). • A detailed activity analysis was undertaken as a result which supported our 'red rating' with the conclusion that the current model is not sustainable. • The largest indirect cost for our model is people to manually coordinate the assessments, which has increased significantly since consultant credentialing was introduced. Appetite for higher assessment fees is very low in the market and profession; paying for post-registration assessments is still not accepted culture within the profession. • The committee was presented with two options: decrease the operational burden of the current assessment model to decrease costs or increase the price of the assessment. The RPS team recommended the former. • JO clarified that we will develop a new pricing strategy for credentialing when we launch the new enhanced pathway in 2026, so will look at reviewing pricing for other levels at that point. • Some stakeholders have shared they believe RPS is trying to make money from the profession by implementing credentialing, which is clearly proved untrue by the financials presented in this paper. • The committee were asked to discuss each of the five proposed changes in turn. <p>ESC member comments:</p> <p><u>Proposals 1 and 2:</u></p> <ul style="list-style-type: none"> • If introduced, this will no longer be a Competence Committee model as number of assessors is reduced to two. • Advanced and PRF/Enhanced are not protected titles. Consultant is gold standard and is a protected title in policy so it is fitting that this model should stay the same. • Further clarity on the minimal acceptable standard in the new enhanced curriculum should mitigate any risk decreasing the number of assessors. • This model brings us more in line with other education providers, e.g. HEIs 	communications plan.	
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	<ul style="list-style-type: none"> Provided we can show that this is still safe and assures practice, it's acceptable. Members confirmed they are confident that the new model still achieves this and is proportionate. Need to clearly explain to people the cost of delivering quality assessment as this is not well understood in the profession. Can we stand by the quality of the assessments if there are fewer than three people on the committee? Will need to have very clear communication and expectation management surrounding this to avoid a perception of reduced quality. These changes fundamentally change what we're doing by compromising and moving away from gold standard supported by the evidence base. JO - The new lead assessor roles should strengthen our processes if the two assessors disagree in this proposed new model and can act as ultimate arbitrator if two assessors disagree. How will this align to the Centre of Advancing Practice (CAP) accreditation process? Will this drive people to ACP courses instead of credentialing? <ul style="list-style-type: none"> ACP is different to core advanced credentialing. CAP funds 30 pharmacists a year to complete core advanced as they are considered equivalent in level of practice to ACPs. ACP courses through HEIs are usually single marked with sampled double-marking so this proposal is still more robust. Only 30 candidates are now funded to complete Core Advanced through CAP so there is smaller financial risk if they are dissatisfied. However, we believe the risk of this is small and that this model will still meet their quality expectations. <p>ESC approved proposals 1 and 2</p> <p><u>Proposal 3:</u></p> <ul style="list-style-type: none"> This is an easy win, panels for clear pass candidates add very little and take up a lot of time. <p>ESC approved proposal 3</p> <p><u>Proposal 4:</u></p> <ul style="list-style-type: none"> Successful candidates benefit from feedback about what they have done well. 		
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	<ul style="list-style-type: none"> Feedback is very important to candidates, relatively low cost saving for potentially high risk of perceived reduction in quality. We know there are big differences in the amount of feedback that candidates get which leads to dissatisfaction, even from candidates who have passed. Candidates perceive it as unfair. Need a standardised process for the number of comments so chairs know what is expected of them. In HEIs, standardising the amount of feedback has reduced complaints about feedback inconsistency from students. Could chair training and guidance improve this issue of inconsistent feedback quantity? Want to empower chairs to give more minimal feedback in the context of the assessor fee and the amount of time they have, as some feel obligated to write a lot but feel this is not fair considering the level of remuneration. Candidates ultimately want to pass and to know what they need to do to pass, positive feedback for those who have passed is nice but less crucial than how candidates can improve in the future. Should encourage people to learn from excellence, feedback and acknowledgement matters to candidates who have passed and gives assurance to candidates that their portfolio has been fully reviewed. <p>ESC approved proposed changes to feedback template in Appendix 1 except proposed changes to Standard Met feedback. Candidates who pass will still receive feedback for each passed domain but with a limit of max three bullet points per domain.</p> <p><u>Proposal 5:</u></p> <ul style="list-style-type: none"> There is no value in repeating assessment and changing this will prevent dissatisfied and confused candidates. Important to make it clear to reassessment panels what they are being asked to look at. <p>ESC approved proposal 5</p> <p>JO – changes will be implemented from January 2026 windows, so will start planning operational changes and communicating changes to stakeholders from the end of 2025.</p>		
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		ESC members asked whether there was a plan to share the financials publicly to help educate the profession? JO clarified that we are not planning to share financials publicly at this stage but may share headlines with stakeholders if challenged about rationale for changes to process and pricing model for enhanced.			
6.	Workforce calls for Evidence	<p>AF asked ESC for input into consultations from NHSE and HEIW about workforce plans.</p> <p>ESC members commented:</p> <ul style="list-style-type: none"> Many organisations are asking for input and case studies at the moment e.g. UKPPLAB. We don't want duplication of examples from different organisations. Profession spends a lot of time responding to various calls for evidence but don't see returns from this; people feel they have already answered this question. JO –Need to send clear message about the positive role that credentialing can have for driving and assuring workforce development, especially for the newly qualified pharmacist prescribers. Funding will be linked to this strategic plan. Scotland is developing a new workforce strategy integrating four pillar practice and how we quality assure post-registration practice, which may be helpful framing. Are examples from Scotland and Wales useful for the NHSE consultation? <ul style="list-style-type: none"> JL - Yes, anything can be helpful 	Respond to calls for evidence through MS form or email	All	End October 2025.
7.	Enhanced Curriculum update	<p>PE gave a programme progress update on the development of the RPS enhanced curriculum.</p> <ul style="list-style-type: none"> Steering and T&F groups are established and the purpose statement is drafted. Clinical domains ready for iterative consultation at first week of November 2025. Once released, PE asked members to share this consultation widely with their networks and encourage responses. Non-clinical domains are being worked on and will go out for iterative consultation before the end of the year. Lots of conversations about integrating enhanced pathway at the RPS Workforce Summit on 8th October; a though leadership blog and letter to the PJ will be published soon sharing these discussions. 	Share consultation widely and encourage engagement Prepare statement from ESC around adoption of enhanced credentialing in England for EPB	ESC members AK	November 2025 November 2025

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		<ul style="list-style-type: none"> • We will clearly communicate the changes we have made in response to feedback about PRF, including making it shorter, removal of CAS and the introduction of the modular credentialing approach. <p>JO clarified that ESC will retain ultimate sign-off on the curriculum once it is complete and that this is an indication of the direction of travel for comment at this stage.</p> <p>Following recent curriculum steering groups and the summit, ESC raised and discussed concerns about the readiness to support NQPPs in England particularly, with clear programmes in development aligned to the enhanced curriculum in the devolved nations. ESC agreed that these concerns should be shared with the English Pharmacy Board via the chair.</p> <p>GQ also raised that the collaborative strategy developed between RPS and PhSC in 2024 (still unpublished by NHSE) would be a very useful document to inform future collaborative pathway design against the new enhanced curriculum. The committee was concerned about continued delays in the publication of the strategy that was sent to NHSE for review in January 2025.</p>			
8.	AOB	JO thanked the committee for an engaging meeting and contributing their expertise.	Contact NHSE to seek update on publication of strategy.	JO	November 2025

Title	Science and Research Committee Report to Assembly
Open, confidential or restricted	Open
Author (include email/phone)	Amira Guirguis Chief Scientist Diane Ashiru-Oredope Interim Deputy Chief Scientist
Position	Christine Bond Interim Chair, SRC
Purpose of item	For noting
Item Summary	The paper summarises activities of the Science and Research Committee
Related Risk Register item (where applicable)	NA
Related RPS Strategy item (where applicable)	NA
Actions/decisions required of the Assembly	The Assembly is to note the update.

SCIENCE AND RESEARCH COMMITTEE UPDATE TO ASSEMBLY

1 Overview

This paper provides an update on the main activities of the Science and Research Committee (SRC) from November 2024 to the present. This paper also encompasses aspects of the SRT's activities undertaken in collaboration with SRC members.

2 Science and Research Team updates

- Professor Amira Guirguis was successfully appointed RPS Chief Scientist (0.2 FTE from October 2025, increasing to 0.8 FTE from Jan 2026).
- Dr Jegak Seo, previously Science and Research Officer, was appointed Science & Research Manager (1 FTE) from Oct 2025.
- Recruitment for a new Science & Research Officer will commence November 2025, with the successful candidate expected to take up the post in January 2026.
- Professor Diane Ashiru-Oredope, Deputy Chief Scientist, moved to casual contract in July 2025 to support leadership transition.
- Dr Helena Rosado rejoined the team as Senior Research and Development Manager on a fixed-term contract (0.6 FTE).
- Yen Truong returned from her two-year sabbatical in September 2025 as Senior Research and Development Manager (0.6 FTE).

3 Committee governance

- *SRC meetings held in 2025:* 13 February, 13 May, 08 September, 06 November (in-person).
- *Chair transition:* Professor Amira Guirguis commenced her term as the Chair of SRC for the 2024-2026 period in 2024. She stepped down as Chair after taking up the position of Chief Scientist. Professor Christine Bond will act as interim Chair from November and serve in this capacity until the formal recruitment process is complete.
- *SRC Terms of Reference:* updated and ratified and available on the [RPS Website](#).
- *Recruitment of new SRC members:* following a proposal to assembly in June to recruit members to address expertise gaps, we will be recruiting at least five additional members to the current panel. These appointments will be strategically targeted to address known gaps in expertise and strengthen the committee's capacity to meet its responsibilities.

4 SRC Working Groups

Details of the three SRC working groups are included below:

- Research Across the Profession: Professor Christine Bond and Professor Cathrine Mckenzie Co-Chairs. The group's primary focus is on leading and supporting the abstract review process and the science and research sessions for the RPS Annual Conference (see section 6 below). In addition, the group actively contributes to a range of research and educational activities, such as delivering a joint webinar with Pharmacy Research UK on writing a good conference abstract, presenting at Clinical Pharmacy Congress, and providing ongoing research advice and support to pharmacy professionals. Other key priorities include the

establishment of Communities of Practice and supporting members pursuing advanced practice credentialling.

- New Medicines and Emerging Technologies: Dr Ka-Wai Wan and Dr Rachel Palmer Co-Chairs. The group has recently focused on the MPharm curriculum, particularly, on ways to strengthen its scientific content. In addition, the group are developing a Pharmaceutical Journal article on mRNA therapy for cancer. Other key areas of discussion and priority include nanomedicines, drug delivery, AI in medicines development, biosimilar clinical trials, pharmacogenomics, and vaccine hesitancy.
- Safer Medicines and Safer Medicines Usage: Dr Andy Fox stepped down as Chair during 2025. A new Chair needs to be appointed.

5 Awards and recognition

- *The Hanbury Memorial Medal* eligibility criteria was updated ahead of the 2025 Call. The review panel was convened on 27 February 2025. The selected winner, Professor David Jones, was presented to Assembly in March 2025 for ratification, which was successful. The formal public announcement of Professor Jones' success was made on the RPS website on 23 May 2025. The Hanbury Memorial Lecture will be delivered by Professor David Jones at the 2025 RPS Annual Conference, as part of the Science and Research Stream.
- *Outstanding Pharmacy Early-Career Research Awards' (OPERA) 2025*. The nominations for the OPERA 2025 award closed on 16 February 2025. Following a thorough review of all candidates, the selection panel confirmed the winners May 2025. Jennifer Stevenson and Qonita Anjani were announced as the 2025 OPERA awardees. [Pharmaceutical Journal and RPS](#) formally announced the results on 30 June 2025.
- *BPSA Student Research Poster Award*. Georgina Frimpong was selected as the poster competition winner in February 2025 by an internal RPS panel. Georgina will present her poster at the RPS Annual Conference.

6 Research and education initiatives

This section provides an overview of the work and events undertaken in collaboration with the Education Team.

- [RPS Annual Conference 2025: Transformation in Pharmacy](#).
 - The 2025 RPS call for abstract was opened on 16 April 2025. In total, 290 submissions were received (212 research abstract submissions and 78 innovative practice example submissions). A total of 110 research abstracts will be published in the International Journal of Pharmacy Practice (IJPP) and presented at the 2025 RPS Annual Conference. In addition, 64 successful innovative practice examples will be showcased as posters at the conference. All research abstract submissions were independently reviewed in duplicate by two members of the SRC. The Innovative practice abstracts were reviewed by SRT members.
 - The all-day Science & Research stream was developed with the support of SRC, and includes oral abstract presentations, along with presentations by the OPERA24 award recipient, a presentation by the Harrison 2024 recipient, a discussion panel and keynote speakers. The Morning session will be chaired by Professor Amira Guirguis, and the afternoon session will be chaired by Professor Diane Ashiru-Oredope.
- *NIHR E-learning Modules*. Following RPS's success in securing funding (Prof Christine Bond was the SRC member/ Co-PI on the grant and overall Research Adviser during the development of these modules) from the NIHR to produce e-learning modules to develop research awareness and capability in the pharmacy profession, all nine modules were developed and released. In 2025, the modules were published on RPS' learning platform so they can now be accessed via NIHR learn and the [RPS website](#).

7 Strategic engagement and media

SRC members also provided support to other RPS projects, including government consultations, RPS policy updates, RPS media responses, SRT support sessions, RPS educational events, etc. as these arose.

- Clinical Pharmacy Congress 2025: Four blogs were published in June 2025 summarising SRC-led sessions. can be accessed [here](#).
 - The Application of Science in Pharmacy Practice
 - How to Secure Research Funding
 - Research Workshop: Top Tips for Writing Conference Abstracts, Posters, and Manuscripts
 - Becoming Research Active: Accounts from Current Researchers
- SRC members have also contributed to responses to media enquiries from high-profile outlets including The Telegraph, BBC Radio Wales, ITV News, and the Pharmaceutical Journal. These requests covered a wide range of complex and high-impact topics.

Media Outlet	Request Topic	Date
Pharmaceutical Journal	UK needs robust vaccine development sector to prepare for next pandemic	09 Dec 2024
Times Radio, Radio Jackie, SW London Newspaper	Stamp Out Spiking: A new approach to spiking prevention	13 Jan 2025
Pharmaceutical Journal	Naloxone kits should be more widely available for drug users	15 Jan 2025
Pharmaceutical Journal	Weight-loss drug use linked to reduced risk of substance misuse	20 Jan 2025
The Telegraph	Medical cannabis	04 Mar 2025
Swansea University	Women on the move: Success in business and beyond	05 Mar 2025
Pharmaceutical Journal	Multiple doses of naloxone needed to reverse drug overdoses	18 Mar 2025
Pharmaceutical Journal	Government ends programme to tackle drug deaths and drug-related offending	23 Apr 2025
Royal Pharmaceutical Society web page	Professor David Jones receives RPS Hanbury Medal 2025	23 May 2025
BBC Radio Wales	BBC Radio Wales carries comments by Professor Amira Guirguis about vaping and the dangers it poses to young people's health.	01 Jun 2025
The Pharmacist	Pharmacy First could help reduce AMR, suggests report	17 Jun 2025
Pharmaceutical Journal	UK would struggle with emergency response to antimicrobial infection epidemic, MPs warn	18 Jun 2025
Pharmaceutical Journal	Patients want more diversity in clinical trials, report finds	24 Jun 2025
Hospital Pharmacy Europe	Fighting antimicrobial resistance: pharmacists and AMS	01 Sep 2025
ITV News	Nasal decongestant spray dependency investigation	Ongoing
360wire	Weight loss drugs	Awaiting publication
Pharmacy Practice Journal and poster at RPS conference	The risks and benefits associated with the self-selection of pharmacy medicines: a systematic literature review.	Awaiting publication

8 Consultations and policy contributions

The SRC also engaged with national consultations. These consultations addressed critical regulatory and public health issues, including drug policy, tobacco control, medical devices, and innovative cancer therapies.

Source	Topic	Consultation Close Date
House of Commons	Assisted Dying and the Terminally Ill Adults (End of Life) Bill	Jan 2025
MHRA	Medical Devices Regulations: Routes to market and in vitro diagnostic devices	05 Jan 2025
APPG	Medicines shortages – Call for written evidence	24 Jan 2025
DHSC	Standardised packaging for all tobacco products	28 Jan 2025
MHRA	Individualised mRNA cancer immunotherapies – Draft guidance	31 Mar 2025
MHRA	External control arms based on real-world data – Draft guideline	30 Jun 2025
GOV.UK	ICH M13B Guideline on Bioequivalence for immediate-release solid oral dosage forms	31 Jul 2025
Scottish Parliament	Harm caused by substance misuse in Scottish Prisons	22 Aug 2025

9 Expert Advisory Groups

- *Industrial Pharmacists Expert Advisory Group (IPEAG)*. Meetings held in April and October 2025. The group submitted a response to the Royal College Strategy consultation and have shaped the 'Innovation in pharmacy: roles that transform patient care' afternoon session at the annual conference. SRT are developing a new "Industry Opportunity Hub" in collaboration with the group, with the final publication expected end of November 2025.
- *Antimicrobial Expert Advisory Group (AmEAG)*. Meetings held in June and October 2025. A new Chair, Louise Dunsmore was appointed following a refresh of the group's membership at the end of 2024/early 2025. She has led the group to complete the consultation on the new Royal College strategy and will work with other EAGs to foster better relations and ensure AMR is considered.

Meeting report for RPS Science and Research Committee

Monday 08th September 2025 at 11.00am – 1.00pm

Held via MS Teams

Attendees

Barrie Kellam (BK), Jayne Lawrence (JL), Ka-Wai Wan (KWW), Mar Estupiñán Fernández de Mesa (MEFM), Andy Fox (AF), Gillian Hawksworth (GH), Amira Guirguis (AG), Delyth James (DJ), Oisín Kavanagh (OK), Christine Bond (CB), Olaolu Oloyede (OO), Rachel Palmer (RP),

Louise Dunsmure (AmEAG Chair)

Paul Bennett (PB), Jegak Seo (JS), Lauren Ross (LR),

Apologies

Hend Abdelhakim, Cathrine McKenzie

Rebecca Braybrooks, Diane Ashiru-Oredope

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	<p>To review significant developments since the last meeting</p> <p>Welcome to all members</p> <p>Apologies:</p> <p>Agree minutes/ notes from the previous meeting</p> <p>Declarations of interests (Dols)</p>	
Outcomes	<p>The chair welcomed everyone to the meeting and agreed the previous meeting report.</p> <p>A brief update from Pharmacy Schools Council was heard and included the following points:</p> <ul style="list-style-type: none">• Risk of erosion of the science base in pharmacy education.• Questions around the future shape of the pharmacy workforce.• Emphasis on maintaining innovation and critical thinking within the profession.• Prescribing must be grounded in scientific expertise.• Opportunity for pharmacy to reinforce its role in medicines expertise.• Importance of ensuring science education remains robust and visible. <p>GPhC Position:</p> <ul style="list-style-type: none">• Currently in a listening mode but actively engaged in discussions.• Acknowledges tensions between clinical practice and scientific foundations.• Committed to evolving standards in response to sector needs.	

	<p>Next Steps:</p> <ul style="list-style-type: none"> Upcoming GPhC-PSC meeting scheduled for early November. Discussion will align with ongoing PRAG work.
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2: Relevance

Title	Item 2. Royal College of Pharmacy (RCPharms) Update (RPS CEO/ Deputy CEO)	Time of item: 11:15
Description	An update from Paul Bennett and Karen Baxter	
Purpose	<p>To relay an update on the</p> <ul style="list-style-type: none"> Transition to a Royal College of Pharmacy (PB) Strategy development for the Royal College and what this should entail (KB) 	
Outcomes	<p>Update on Royal Charter (PB)</p> <p>Seeking to become a charity and publishing branch will become a subsidiary.</p> <p>Very positive voting outcome in March. Going through legal and regulatory changes.</p> <p>Milestone 1: Successful vote – achieved.</p> <p>Milestone 2 – creation of subsidiary – in progress. Beginning this month and should be legally funding in January</p> <p>Milestone 3 – becoming RCP – Target is April 2026. Formal application to privy council in autumn of this year.</p> <p>We will still be a company incorporated under the Royal Charter. Will not be governed by the Companies Act, but will have specificity in the Charter for how organisation operates. Will have additional reporting responsibilities due to charity status.</p> <p>Objects in Charter – three key topics:</p> <ul style="list-style-type: none"> - Advancement of education - Preserve and protect good health and relieve sickness - Relieve poverty or financial hardship <p>Privy council is very specific about the language that can be used in Charter objects, so more specificity is not possible. Restricted in words that can be used. Guidance on what is included in certain terms is available. (e.g., education object does include academic research)</p> <p>Formation of the new strategy. Collaboration with other pharmacy organisations is essential.</p> <p>Publication of the strategy expected in January 2026 – Webinar and survey to allow for feedback and input.</p> <p>Ran through the current structure and how it will change. 7 director positions. Diagram of where functional teams fit within this directorate. Chief Scientist to report to Director of Pharmacy. All those that sit in Director of Pharmacy are complimentary functions.</p> <p>Questions and discussions heard:</p> <p>Q. What about industrial pharmacy research? Where will this sit within the objects?</p> <p>A. SRT has responsibility for all the research involved with IPEAG. IPEAG also does feed into SRC. All of the thought leaderships and advancements do feed into the structure.</p>	

	<p>Q. Does structure need to be reflected on?</p> <p>A. Open minded on structure. Discussing structure with other charitable organisations, but planned for flexibility and keen to hear from those who are passionate about how this structure to look. Charter is flexible on this rather than prescriptive.</p> <p>Q. Are all those reporting to Director of Pharmacy senior? Chief Scientist should be senior, but that seems like a lot of leaders.</p> <p>A. Functional chart rather than leadership role. Chief Scientist will be a senior, important role, sitting at a similar level to Country Directors.</p> <p>Q. Chief Scientist always reported to CEO, now going to Director of Pharmacy. Concerned it was being made less important. Clarified now. Chief Scientist previously has been very high-profile and don't want that to change.?</p> <p>A. Yes, but also more focused on strategy updates and people's thoughts on that. Chief Scientist hasn't always reported to CEO, had various structures. Making sure the structure supports the voice and influence of the Chief Scientist and Chief Scientist will have an external representation.</p>
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Title	Item 3. Science & Research Update (SRT)	Time of item: 11:45
Description	An update from the Science and Research Team (SRT)	
Purpose	<p>To relay an update on the</p> <ul style="list-style-type: none"> • 2025 RPS Science and Research stream at Annual RPS Conference • S&R Manager recruitment - updates 	
Outcomes	<p>Science & Research Manager recruitment: post to be filled by end of September.</p> <p>Annual RPS Conference 2025: Science & Research Stream progressing well.</p>	

Title	Item 4. SRC Update from Working Groups & Projects (Chairs)	Time of item: 12:00
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"> • New Medicines and Emerging Technologies WG (Rachel Palmer 10 min) • Research across the Profession WG (Cathy McKenzie and Christine Bond 10 min) • Safer Medicines and Safer Medicines Usage WG (a new Chair is needed) 	
Outcomes	<p>New Medicines/Emerging Tech:</p> <p>Team met at the end of July. The MPharm curriculum and areas of focus for sub-group. Current concern for MPharm scientific content – if we should be a lead in the life-science sector, need to be able to feed back concern. Longer-term action for whole SRC. Good that BK has taken this onboard with PSC.</p> <p>Other areas of focus – focusing on the PJ article on mRNA therapy for cancer. KW working on this but progress delayed. Article is 80-90% done. Review and polishing steps ongoing. Group will review before PJ is contacted for publication. Publication should coincide with updated UK mRNA guidance at MHRA.</p> <p>Other potential topics: nanomedicines, drug-delivery, AI biosimilar clinical trials, pharmacogenomics, vaccine hesitancy. Need consensus of which to take forward,</p>	

	<p>considering life-science sector plan and NHS 10-year plan. Still WIP. Group is very dynamic and will be pushing forward.</p> <p>AG: Thanks to KW for update and congrats on the draft. Encouraging others in SRC to contribute to this work if possible. Need as many people as possible to have a say on these important topics. Work is very important and impactful.</p> <p>Research across the Profession:</p> <p>CB: Discussed with Cathy via email, she send her apologies. Not met since previous SRC meeting. Primary discussion was abstract reviews.</p> <p>SRC & Chief Scientist need support on broad agenda presented to them. Other thing on the agenda – establishment of COP and people applying for credentialing advanced practice. People find achievement of Research domain challenging. That will be focus moving forward now that abstract reviews are complete.</p> <p>Provided overview of abstract review process. 212 Research Abstracts submitted. Emphasis changing in people's mind about importance of doing research. Summary of outcomes:</p> <table border="1"> <thead> <tr> <th>Submission Outcome</th><th>Number (%)*</th></tr> </thead> <tbody> <tr> <td>Accepted</td><td>120 (57%)</td></tr> <tr> <td>Transferred</td><td>44 (21%)</td></tr> <tr> <td>Rejected</td><td>48 (23%)</td></tr> <tr> <td><i>Total</i></td><td>212 (100%)</td></tr> </tbody> </table> <p>Marking rubric clear, but some are still not clear on how to write abstracts. Understanding of how to write an abstract still missing. How can we support people in writing better abstracts.</p> <p>Oral abstract decisions still to be made, ideally, later this week.</p> <p>UK PRAG survey is running with support from RPS SRT. RPS is hosting the consultation and providing analysis and synthesis of all responses.</p> <p>Pharmacy Professional RAG will be presented with draft strategy tomorrow, which will add to the feedback and information gathered.</p> <p>Incubator – for grassroots people, how can they engage in research. Health psychology models to understand why people aren't getting involved in research. Not those exposed, but those at the very baseline level. Working close with this incubator group and hoping to have a session to engage with the wider profession on this. Including PTs. Research activity should scale proportionally to career stage and interest – keeping this in mind.</p> <p>AG: Completed survey, only took 5 mins. Good to better understand the PRAG's work and their approach to the strategy. Thanks to Cathy & Christine on abstracts management.</p> <p>PB: Lobbying from SRT to get more money for the abstract and showcase of research at the conference. Paper written by Amira and Diane created a lively discussion on SRC role and how it should be strengthened. 3 asks from Amira/Diane and all 3 agreed to.</p>	Submission Outcome	Number (%)*	Accepted	120 (57%)	Transferred	44 (21%)	Rejected	48 (23%)	<i>Total</i>	212 (100%)
Submission Outcome	Number (%)*										
Accepted	120 (57%)										
Transferred	44 (21%)										
Rejected	48 (23%)										
<i>Total</i>	212 (100%)										

	<p>Ambition to recruit and strengthen further. Will be able to move forward with this now that a new Chief Scientist will start and a new S&R Manager will be coming in.</p> <p>AG: Opened up to the committee – what expertise do we need? What would you like to see? Are there key opinion leaders we should be approaching? Also encouraged those not in WG currently to see how they can support SRC. Really important to have broad range of expertise to be able to respond to consultations, etc. Important to have the right people in place.</p> <p>GH: No specific names, but PRAG has long list of members – within that list of names (many high profile) there would be some who are appropriate to contact? Suggested CB may know more.</p> <p>RP: I personally think it would be good to try and promote pharmacist involvement in clinical trials via NIHR Associate PI scheme and other initiatives</p> <p>List of areas to potentially tap into:</p> <ul style="list-style-type: none"> - 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 <p>Safer Medicines & Safer Medicines Usage: No current chair, but encourage someone to step forward to revive the important work which can be done</p>
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3: Any Other Business

Title	AOB, Chair	Time of item: 12:40
Description	Any other business beyond the agenda for wider discussion	
Purpose	<ul style="list-style-type: none"> • How to identify SRC new members – key opinion leaders (please refer to the ToR regarding the recruitment of new members) 	
Outcomes	To be discussed and any actions agreed at the meeting as a record	
Notes	<p>How to approach recruitment:</p> <p>CB: Open advert would be advisable. If individuals are encouraged to apply could be awkward if not selected. Could potentially cause issues?</p> <p>AG: Yes, TORs allow application or direct appointment. Fair process with strong governance will be ensured.</p> <p>PB: Existing member going a “talking head” saying why they think it’s valuable to the profession and individually to be a part of the committee. Has helped with other recruitment. Can be arranged if of interest.</p>	

	<p>AG: Yes, good idea. Recruitment of up to 5 members allowed so want to recruit 5 strong members. Importance of devolved nation representation.</p> <p>DJ: My view on recruitment would be to ensure that we target those from the devolved nations as well as the long list on the PRAG consultation report.</p> <p>MEF: I'm interested and happy to discuss the health inequalities and population health research/pharmaceutical public health, which is my area of expertise.</p> <p>Louise introduction:</p> <p>First AmEAG meeting back in June, but AmEAG going through a shuffle at the moment. Research has become one of our agenda points, and will bring more information on this work next time, but just saying hi.</p> <p>Close – Next meeting date and will be in-person. LR encouraged everyone to consider travel and accommodation arrangements soon</p>
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ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 19th November 2025
25/11/ASB/02i - Open

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

Panel of Fellows Annual Report

This paper covers:

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

1. Membership of the Panel of Fellows

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

Chair

Christine Bond FFRPS FRPharmS (until October 2025)

Surinder Bassan FRPharmS (until October 2025)

Alexander Daghlian FRPharmS

Mair Davies FFRPS FRPharmS

Benjamin Kelly Hannan FRPharmS (from October 2025)

Barbara Lynn Haygarth FFRPS FRPharmS

Delyth James FRPharmS

Emily Kennedy FRPharmS Consultant (from October 2025)

Ceinwen Mannall FFRPS FRPharmS

Martin Stephens FRPharmS

The Appointments Committee met on 19 September 2025. Two Panel members, Christine Bond and Surinder Bassan, were due to stand down, having served two consecutive terms on the Panel.

Having reviewed the applications for the vacancies, the Appointments Committee appointed Benjamin Kelly Hannan and Emily Kennedy to the Panel.

The Committee also agreed to appoint Alexander Daghlian as the new Panel Chair.

2. Panel of Fellows Remit

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

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

3. Fellowship nominations submitted to the Panel of Fellows

The Panel of Fellows has designated the following 67 members as Fellows of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy at their meetings on the 14 November 2024 and 15 May 2025.

November 2024

- Hayley Berry
- Andrew Carruthers
- Victoria Chaplin
- Yuet Patrick Chiu
- Melinda Cuthbert
- Melanie Dalby
- Katherine Davidson
- Angela Davis
- Catherine Dewsbury
- Laura Doyle
- Samantha Fisher
- Scott Garden
- Thorrun Govind
- Duncan Hill
- Mary Louise Hughes
- Kathryn Lynette James
- Mildred Johnson
- Niall Oisin Kavanagh
- Roisin Kavanagh

- Khalid Khan
- Adam Khimji
- Lisa MacLeod
- Leanne May
- Anthony Mcdavitt
- Fiona McIntyre
- Frances Notman
- Stuart Notman
- Harsha Parmar
- Graham Parsons
- Adebola Popoola
- Gemma Quinn
- Zahra Rattray
- Gillian Renouf
- Amerjit Singh
- Alison Tennant
- Alexa Wall
- Michael Wilcock
- Rhys Williams
- Anthony Young

May 2025

- James Allen
- Andrew Boyle
- Nathan Burley
- Alifia Chakera
- Clare Colligan
- Jaswinder Dhap
- Min Na Eii
- Jodie Gwenter
- Cathy Harrison
- Sarah Hiom
- Srikrishna Kantamneni
- Yasmin Karsan
- Ifti Khan
- Yinka Kuye
- Susannah Ladds
- Alpana Mair
- John Malkinson
- Ewan Maule
- Catherine Obrien
- Alan Russell
- Hilary Scott
- Inderjit Singh
- Victoria Steele
- Alan Timmins
- Emily Ward
- Janice Watt
- Emily Wighton
- Thomas Wyllie

4. Update on the Activities of the Panel of Fellows

The Panel of Fellows met on 14 November 2024 via Zoom and on 15 May 2025 at the RPS office in London. As well as reviewing nominations for Fellowship, the Panel provided advice to the President and RPS CEO on two draft submissions for an RPS member to be considered for a National Honour.

Website

The case studies page contains case studies of some recently appointed Fellows <https://www.rpharms.com/rps-membership/fellows/rps-fellows-case-studies> showcasing members from a variety of sectors and personal backgrounds.

Annual Dinner and Reception

The Annual Fellows dinner was held on Thursday 15 May 2025 in Ironmonger's Hall. Over a hundred Fellows attended an evening of networking over drinks and dinner, which also included the award of certificates to some newly appointed Fellows. For the first time we offered the opportunity for new Fellows to bring a partner, and several took up this offer. An excellent address, recognising the important contribution of pharmacists to public health, and beyond, was given by Dame Jenny Harries, immediate past chief executive of the UK Health Security Agency.

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

The remaining newly appointed Fellows, who received their designation in November 2024, and May 2025 are invited to attend the RPS Fellows Presentation Ceremony on 7 November 2025. This will be held alongside the Annual Conference. The President and CEO will attend the reception and present the Fellows with their certificates. Building on experience in Edinburgh, and positive feedback, a short description of the Fellows area of excellence is now included as their name is announced.

Fellows Newsletter

Two Fellows newsletters have been sent: one in March 2025 and one in August 2025. The newsletters were emailed to all Fellows and included updates on newly appointed Fellows, a link to the case studies page to find out more about new Fellows and information on how Fellows can get involved in the work of the RPS. A call for nominations and information about how to improve the chances of completing a successful nomination were included, along with a link to the Inclusion and Diversity Survey for RPS Fellows.

Call for Fellowship nominations

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

5. Date of the next Panel of Fellows meeting

The next meeting of the Panel of Fellows will be held via Teams on Thursday 13 November 2025.

Prof Christine Bond FFRPS FRPharmS
Chair of the Panel of Fellows

October 2025

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

Membership Committee Annual Report

This paper covers:

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

1. Membership Committee members

Chair:

Nicholas Thayer MRPharmS (to October 2025)

Mohammad Raalib Amode MRPharmS
 Jasvir Singh Dhillon MRPharmS
 Rachael Fallon MRPharmS
 Sandra Gidley FRPharmS (to October 2025)
 Sandra Hall MRPharmS
 Elizabeth Harries MRPharmS
 Michael Keen FRPharmS
 Catriona Ketiar MRPharmS (from October 2025)
 Colin Minchom FRPharmS
 Sarah Mitchell-Gears MRPharmS
 Tin Wai Ng MRPharmS
 Ahtisham Saddick MRPharmS
 Richard Strang MRPharmS
 Michael Wallington MRPharmS (from October 2025)
 Ellen Williams FRPharmS
 Anthony Young MRPharmS

The Membership Committee held their annual meeting via Zoom on 31 January 2025.

Routine business of the Committee is carried out using Box to share documents, followed by a Zoom meeting to discuss the case.

Appointment process for vacant Committee places

The Appointments Committee met on 19 September 2025. There were 2 vacancies, and the Appointments Committee reviewed the anonymised applications at their meeting.

Catriona Ketiar and Michael Wallington were newly appointed to the Committee.

The current Committee Chair is also due to stand down this year having served two consecutive terms. The Appointments Committee agreed to appoint Richard Strang as the new Chair.

2. Remit of the Membership Committee

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

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

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

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

3. Membership applications

There has been one application for membership since October 2024 from someone who has been suspended or removed from the GPhC register.

Background	Membership Committee Decision	What happened next?
They applied for membership and declared that they had been previously removed from the Register. They had been charged for till shortages over an extended period. This was a historic case, therefore there was no evidence from the GPhC to review. The applicant was asked to complete a further information form and references.	Based on the information provided, the review committee agreed that they could not be considered of Suitable Standing therefore were unable to accept your membership application. They agreed not accept an application until the applicant had been reinstated to the Register and would then like to see further information about their journey back to registration.	They are still not an RPS member.

4. Existing members

There has been one new membership review of a member who has been suspended from the GPhC register between October 2024 and September 2025.

Background	Membership Committee Decision	What happened next?
The member was suspended from the Register for three months because confidential waste, controlled drugs, syringes and other medications were placed in black bags, not stored in lockable cabinets and disposed of at an unsecure location.	The review panel agreed that the member's behaviour was a risk to patients and the public but noted that they had not been removed from the Register. They therefore agreed to reclassify their membership to the Associate category. They invited them to provide evidence of their journey back onto the Register. If evidence was provided, they would decide if it was appropriate to reinstate their membership.	They are no longer an RPS member. They have been reinstated to the GPhC register.

5. Non GPhC related cases

The Membership Committee reviewed one non GPhC related case between October 2024 and September 2025.

Background	Membership Committee Decision	What happened next?
The member was referred to the Membership Committee by the Chair and Vice-Chair of the RPS QP Assessor Panel. The member had copied word for word another QP candidate's application and submitted it as their own.	The review panel agreed that the member's actions had affected their membership but acknowledged that they were aware and remorseful of their mistakes. They agreed they could remain a member but requested reflective evidence, along with a supporting statement from a colleague.	They are no longer an RPS member. They did not provide any evidence.

6. Appeals

There have been no appeals to reconsider a decision made by the Membership Committee since October 2024.

Nicholas Thayer MRPharmS
Chair of the Membership Committee

October 2025

Title of item	Report from the Commonwealth Pharmacists Association to the Royal Pharmaceutical Society Assembly, November 2025
Open, confidential or restricted	Confidential
Author of paper	Victoria Rutter Chief Executive Officer (CPA)
Position in organisation	Beth Ward
Telephone	Strategic Lead - Workforce Capability Building (CPA)
E-mail	Helena Rodaso MERL Lead (CPA) 07961 436154 victoria.rutter@commonwealthpharmacy.org elizabeth.ward@commonwealthpharmacy.org helena.rosado@commonwealthpharmacy.org
Item to be led at the meeting by	n/a
Purpose of item (for decision or noting)	The Assembly is asked to: <ol style="list-style-type: none"> 1. Recognise the shared vision of RPS and CPA 2. Receive an update on the CPA's key achievements and areas of alignment and collaboration during 2024/25 3. Consider future joint working opportunities aligning with the RPS international strategy, particularly as it moves towards charitable and Royal College status.
Risk implications (where applicable)	N/A
Resource implications (where applicable)	N/A
Headline summary of paper	The Commonwealth Pharmacists Association: <i>Activity update and opportunities for collaborative working for mutual benefit, particularly relating to RPS' transformation to a charity and a Royal College.</i>

1. Purpose

This paper updates the Royal Pharmaceutical Society (RPS) Assembly on the achievements of the Commonwealth Pharmacists Association (CPA) during 2024/25, outlines ongoing collaboration between the organisations, and identifies opportunities for strengthened partnership as the RPS moves toward charitable and Royal College status.

CPA's collaboration continues to elevate RPS's global reputation and amplify the UK's leadership in pharmacy, while delivering measurable health impact across the Commonwealth.

2. Background – Our Shared Vision

CPA and RPS share a unified mission to elevate the global pharmacy profession. RPS leads the advancement of standards and professional recognition in Great Britain, while CPA connects and supports over one million pharmacists across 56 Commonwealth nations. Together, the organisations champion excellence, leadership, and equitable access to medicines.

This collaboration continues to position pharmacy at the forefront of global healthcare transformation. RPS' ambition to be the world leader in safe and effective medicines use is complemented by CPA's reach and influence in diverse health systems, particularly in low- and middle-income countries (LMICs). Rooted in shared values and professional integrity, the partnership recognises that the advancement of pharmacy anywhere strengthens the profession everywhere. The spirit of solidarity is central to advancing Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

3. CPA Key Achievements in 2024/25

In alignment with its strategic pillars – workforce capability building, health systems strengthening, and advocacy – CPA has achieved substantial progress during the year. Key highlights include:

3.1 Workforce Capability Building and the new CPA Academy

The CPA Academy, launched in July 2025, is a transformative workforce development ecosystem strengthening pharmacist capability across the Commonwealth. It provides flexible, scalable professional development through three interconnected pillars - CPD, Certificate Pathways and Leadership Fellowships, and, from 2026, a new Pan-Commonwealth Mentoring Programme.

To date, the Academy supports over 11,000 pharmacists and health workers in 23 countries, offering accredited learning in key health areas including antimicrobial stewardship (AMS), malaria, HIV, tuberculosis, diabetes, cardiovascular disease, and quality improvement. Content development has been guided by consultations with 35 National Pharmacy Associations and over 1,000 frontline pharmacists, ensuring responsiveness to workforce priorities across diverse settings.

Building on this digital foundation, over 700 pharmacists in India and Malaysia received in-person clinical consultation skills training during 2024/25, showing measurable gains in clinical confidence and patient communication - skills that underpin safe, person-centred primary healthcare delivery.

The Commonwealth Workforce Observatory, developed in collaboration with WHO and FIP, is gathering data from 17 countries to date, to inform workforce planning, regulatory reform, and

training investment. This evidence base is strengthening national advocacy and informing CPA's global health policy engagement.

Other key achievements in 2024/25 include:

- Critical Care Certificate Pathway (UCLH Partnership): Trained 40 pharmacists from 11 countries, enhancing competence and patient outcomes in critical care settings.
- Leadership Fellowships: 42 ALFA Fellows graduated in 2025, with a further 40 new UK–Africa Fellows enrolled for 2025/26, advancing leadership, advocacy, and quality improvement capability.

3.2 Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) and Surveillance and Prescribing support for Antimicrobial Stewardship Resource Capacity Building (SPARC)

The CwPAMS 2.5 extension phase, launched in April 2025, continues to strengthen AMS across eight African countries. Key achievements include:

- Over 17,000 healthcare professionals trained across 160+ intervention sites since inception in 2019.
- Winner of the 2024/2025 UK Antibiotic Guardian Award (Diagnostic Stewardship category).
- New Community Pharmacy AMS workstream and Substandard and Falsified Medicines training programme introduced.
- Launch of the UK-Africa Leadership Fellowship (UK-ALF-A), enrolling 40 new Fellows in 2025/6.

Complementing CwPAMS delivery, CPA's SPARC is strengthening AMS through digital innovation, data-driven strategies, and targeted capacity building. SPARC's key workstreams include:

- Prescribing Companion App: The clinical decision support tool has so far reached over 80,000 users in over 200 countries, with active promotion in 17 countries throughout Asia and Africa, providing up-to-date treatment guidelines and prescribing resources to support healthcare professionals.
- Data for Action: This capacity-building workstream has so far trained over 280 professionals across 119 facilities in 11 countries, supporting the use of point prevalence surveys in implementing AMS interventions using behaviour change approaches, with ongoing support provided through a newly established community of practice.
- eMMS: The electronic medicines management system, co-designed as part of Malawi's national Health Information System, is expected to deliver substantial efficiency gains upon implementation by enhancing real-time inventory tracking and improving data use at the facility level.

In 2025, SPARC expanded to include three additional workstreams, further strengthening its role as a cornerstone of CPA's digital innovation in clinical training and practice.

This continuous expansion of CPA programmes provides a strong foundation for future collaborations and partnerships with National Pharmacy Associations (NPAs), including with RPS, enabling joint efforts in advocacy, capacity building, digital innovation and many other areas. Together, these initiatives will accelerate the transformation of pharmacy practice, improve patient outcomes, and reinforce the profession's vital role in global health.

3.3 Digital Innovation: PharmAid and BNF Heritage

Since the 1970s, CPA's PharmAid programme has distributed the *British National Formulary (BNF)* and other Pharmaceutical Press titles across the Commonwealth, helping to make the BNF the reference source of choice across the English-speaking world. This historic collaboration has enhanced the international visibility of RPS publications and standards.

With reductions in print copies and rising shipping costs, many countries are now seeking digital alternatives. CPA and Pharmaceutical Press are engaged in ongoing discussions around digital solutions to maintain equitable access and extend the BNF's global reach, ensuring its continued role as a trusted medicines reference across Commonwealth health systems.

3.4 Advocacy and Global Health Influence

CPA attended WHA78 and played a prominent role in the 2025 Commonwealth Civil Society Policy Forum and Commonwealth Health Ministers Meeting (CHMM), influencing high-level recommendations on health workforce resilience, climate-related health impacts, and health systems strengthening for small and vulnerable states.

Through World AMR Awareness Week, CPA engaged over 500 young pharmacists in awareness and leadership activities. Dissemination outputs included over 30 abstracts, 20 posters, and multiple peer-reviewed publications, reinforcing CPA's position as a thought leader in global pharmacy.

3.5 Sustainable Growth and Partnership Leverage

CPA's financial growth, from a turnover of £40,000 to over £1.2 million in seven years, demonstrates scalability and partnership effectiveness. Continued RPS support for CPA's core operations has been vital to this success and underpins delivery capacity for all programme achievements.

In the context of global health funding cuts, partnerships are becoming increasingly essential to sustain innovation and impact. CPA is therefore prioritising strengthening collaboration with National Pharmacy Associations across the Commonwealth to develop joint projects, funding applications, and strategic partnerships. In parallel, the Commonwealth's new focus on direct partnerships between governments and accredited organisations (AOs) provides a unique window for CPA and RPS to work together to leverage funding and influence. This shift creates an unprecedented opportunity to establish RPS as a global leader in pharmacy, utilising CPA's access and credibility with governments, donors, and health ministries across the Commonwealth.

4. RPS/CPA Collaborative Working

4.1 Strengthening RPS / UK Global Leadership and Mentorship

Throughout 2024/25, the CPA has provided a strong platform to amplify UK pharmacy leadership internationally and highlight RPS expertise across the Commonwealth. RPS members have contributed to CPA's global programmes, enhancing visibility of UK practice and strengthening mentorship and professional development across LMICs.

Key highlights include:

- Global Representation: CPA represented UK pharmacy at major international events, including the Commonwealth Civil Society Forum and the Commonwealth Health Ministers Meeting.
- Expert Contributions: RPS members were invited to speak on CPA's global webinar series, sharing expertise and innovations.

- Digital Learning Collaboration: RPS members co-developed learning content for CPA Academy e-courses, supporting CPD for pharmacists in LMICs.
- Mentorship and Fellowship: RPS provided mentor and mentee training for the UK–Africa Leadership Fellowship, and CPA recruited mentors from within the RPS membership to support Fellows across 8 Commonwealth countries.
- The mentorship provided through CPA's Leadership Fellowship Programme now connects more than 120 mentors and mentees globally, with RPS members playing a pivotal role in developing the next generation of pharmacy leaders.

This collaboration provides a strong foundation for a potential Royal College Global Fellowship and Mentorship Programme, further positioning RPS as a leader in international pharmacy development and professional excellence.

4.2 Expanding RPS Member Opportunities

CPA is preparing to launch complimentary CPA membership for all RPS members, representing an equivalent value of £749,480 based on RPS' 37,474 members. This initiative connects RPS members to a global community, providing access to international leadership and development opportunities, and cross-border collaborations.

CPA and RPS have also discussed the establishment of an RPS Commonwealth Diaspora Network, inspired by similar successful initiatives in nursing. The network would connect UK-based pharmacists of Commonwealth heritage to CPA-led programmes and leadership opportunities across the globe, providing a distinctive new member benefit, showcasing the inclusive, and globally connected ethos of the future Royal College.

4.3 Strategic Value of the CPA/RPS Partnership

The partnership delivers measurable strategic returns:

- Global Visibility: RPS' brand profile and visibility continues to grow through CPA's networks and advocacy, with additional potential as it transitions to Royal College status.
- Knowledge Exchange: The partnership drives joint leadership, education, and workforce initiatives.
- Governance Synergy: CPA's experience as an established charity provides valuable guidance for RPS's own charitable transition.
- Joint Funding Opportunities: Leveraging CPA's extensive networks and trusted relationships with key stakeholders creates a powerful platform for joint funding opportunities with the Royal College.

5. RPS Transition to a Charity and Royal College – Unlocking New Potential

The RPS's transition to a charity and Royal College represents a transformational opportunity for the profession and for international collaboration. During the October 2025 meeting with Karen Baxter, RPS Deputy CEO, both organisations agreed to:

- Update the partnership agreement to reflect the shared ambitions of the Royal College era.
- Review and revise the current RPS grant, which has remained fixed for ten years, ensuring it aligns with the scale and mutual value of CPA's contribution.
- Strengthen collaboration across leadership, credentialing, workforce data, and education.

CPA's charitable experience since 2015 positions it as a trusted partner to support RPS' transition. CPA stands ready to share its journey, governance experience, and operational insight to help RPS build a robust charitable model with global impact.

This is an unprecedented moment to align with global trends in development cooperation. As the Commonwealth Secretariat promotes direct partnerships between accredited organisations and governments, RPS and CPA are uniquely positioned to leverage this policy shift. Together, they can unlock new funding streams and international partnerships that reinforce RPS's status as a Royal College of global influence.

6. Shaping the new Royal College International Strategy – A Timely Opportunity

CPA strongly recommends that the new Royal College launches its international strategy early, in partnership with CPA, to reinforce its position as a global leader in pharmacy. CPA's established Commonwealth network across 56 countries and over one million pharmacists provides a ready-made platform to extend the College's international reach, visibility and policy influence.

A strong international presence will, in turn, strengthen the College's national profile and political influence, reinforcing its brand as a symbol of professional leadership, innovation and impact. CPA can progress the early development and delivery of the international strategy on the RPS and new Royal College's behalf, ensuring outward momentum while RPS remains focused on serving its UK membership base.

In the current political environment and amidst reduced global health funding, demonstrating the UK's outward leadership through collaboration with the Commonwealth will position the RPS and new Royal College as both a national and international authority in pharmacy, with significant reputational, policy and strategic advantage.

7. Recommendations for 2025/26

To sustain and expand the success of the partnership, CPA recommends that RPS:

- Deepen investment in CPA collaboration to strengthen RPS's international and Royal College objectives.
- Finalise the revised partnership agreement and core grant structure to reflect the scale and shared ambition of current activities.
- Launch the Royal College International strategy in partnership with CPA.

- Leverage CPA's networks, National Pharmacy Association partnerships, and charitable expertise to accelerate the transition and global outreach.
- Highlight the CPA membership offer and Commonwealth Diaspora Network as flagship new benefits for RPS members.

Royal Pharmaceutical Society

Health and Safety Annual Report 2025

Prepared by: Jon Jarrett, Javier Torres

Date: October 2025

Status: Confidential – For Board Review

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Executive Summary

2025 has been a transformative year for Health and Safety across RPS. Significant progress has been made in strengthening governance, enhancing reporting systems, and embedding a culture of proactive safety management. The completion of the Hallaran independent Health and Safety Audit in August 2025 provided a foundation for the Health and Safety Enhancement Project, which is now well underway and expected to be fully implemented by Q1 2026.

This report provides a high-level overview of performance across all RPS offices (London, Cardiff, and Edinburgh), outlines progress achieved against the audit recommendations, and highlights areas of continued focus. Key achievements include the establishment of the Health and Safety Committee, completion of the Fire Safety Policy, delivery of essential staff training, and the introduction of new tools for communication and monitoring, such as the Teams Channel and Power BI dashboards which will be rolled out by the end of November 2025. Across all RPS offices, statutory compliance averaged 96%, with no RIDDOR-reportable incidents recorded.

1. Governance and Oversight

Governance arrangements have been strengthened significantly during 2025. Following the Hallaran Audit, (Appendix A) a formal governance structure was introduced to provide clear accountability, oversight, and reporting to the Transition Executive Team. A new Health and Safety Committee was established in October 2025, chaired by the Chief Operating Officer, with representation from all departments and external support from Hallaran Health and Safety Compliance Ltd as the appointed Competent Person.

The Committee operates under approved Terms of Reference (Appendix B), ensuring regular monitoring, consultation, and escalation routes for all health and safety matters. The development of the new Health and Safety Teams Channel will serve as the central hub for incident reporting, toolbox talks, links to training materials, and policy updates, creating a single point of access for all staff across RPS. Additionally, Power BI dashboards (Appendix C) are being developed to provide real-time visibility of compliance performance, enabling informed decision-making at senior level.

2. Performance Overview

The overall health and safety performance during 2025 demonstrates improvement in reporting culture, training coverage, and statutory compliance. The table below provides a comparison between 2024 and 2025 indicators across all RPS sites.

Indicator	2024 (Full-Year)	2025 (Jan-Oct)	Comment / Trend
RIDDOR-reportable incidents	0	0	Maintained – no serious incidents recorded.
Staff Accidents	3	2	Reduction achieved; no recurrence patterns identified.
Near Misses Reported	2	9	Improved reporting engagement across all sites.
Fire Drills Completed	3	2	Edinburgh drill scheduled for Q4 2025.
DSE Assessments	25	63	Full compliance achieved; follow-ups in progress.
PEEPs Issued	1	7	Improved inclusion and emergency preparedness.
Training (First Aid / Fire Warden)	14	16+	Expanded coverage and refresher training delivered.

Incident reporting and training participation rates have both increased compared to 2024, reflecting a greater effectiveness of awareness campaigns and improvements to governance of Health and Safety across the RPS. No RIDDOR-reportable events occurred during the reporting period, and all statutory maintenance obligations were fulfilled.

3. Health and Safety Enhancement Project

The Health and Safety Enhancement Project, which focuses on improving workplace safety practices and organisational governance, was initiated in response to the findings of the Hallaran Audit. A programme tracker has been established to monitor 26 improvement actions, ensuring accountability and transparency. The project remains on schedule for completion by Q1 2026. An overview of the programme tracker is shown below.

RPS H&S Programme tracker

Activity	3.11.25	10.11.25	17.11.25	24.11.25	1.12.25	8.12.25	15.12.25	22.12.25	29.12.25	5.1.26	12.1.26	19.1.26	26.1.26	2.2.26	9.2.26	16.2.26	23.2.26
Review the list of Arrangements (Policies), agree format and prepare all Arrangements following initial sign-off by RPS. Currently x17 Arrangements to be prepared excluding Monitoring Compliance and Accident, Incident and Near Miss Reporting.																	
Expectant Mothers																	
Manual Handling																	
Contractor Hot Works																	
Control of Legionella																	
Lone Working																	
DSE/Working Stations																	
Driving for work purposes																	
Violence in the workplace																	
Working at Height																	
Young Persons (if any?)																	
First Aid (how is the need identified)																	
Managing Contractors																	
COSHH																	
Risk Assessing																	
Electrical equipment - Cable management																	
Home working																	
Emergencies																	
Prepare a written Accident and Incident Procedure.																	
Review, augment and update Health and Safety Policy.																	
Develop and publish a compliant Health and Safety Policy Statement.																	
Review Risk Assessment Register and identify gaps. (Missing RAs can be completed by RPS)																	
Review current People Team Induction Checklist and identify gaps. (Final checklist to be completed by the People Team)																	
Take-on Competent Person role, ongoing consultancy and complete annual H&S Health Check.																	
Create a RPS friendly Near Miss Reporting Form suitable for all sites and data gathering.																	
Formalise documented process for internal auditing and site inspection, including formalising written arrangement. (Policy)																	

4. Building Health and Safety

Statutory and technical compliance of RPS premises, including fire safety, water hygiene, electrical systems, and other regulated areas has been achieved. Routine inspections and servicing continue to be delivered in line with statutory requirements, with no compliance gaps identified during this reporting period. Performance remains stable, with all statutory and planned preventive maintenance tasks completed to a consistently high standard. The average on-time completion rate across the reporting period is 96%, demonstrating robust compliance management and timely delivery of all critical safety activities.

London

Key Areas of Improvement:

- Five-yearly Fixed Wire Inspection (EICR) completed, confirming electrical safety compliance.
- Emergency lighting remedial works carried out to maintain system integrity and meet testing standards.
- Cable management improvements implemented to reduce trip hazards and improve workspace safety.
- Replacement of all AFFF fire extinguishers completed in line with new UK regulations.
- Fire Risk Assessment (FRA) recommendations actioned in a timely manner, ensuring continued compliance.
- Routine statutory inspections reviewed to confirm no outstanding compliance gaps across key building systems.

Cardiff

Key areas of improvement:

- Fire-stopping verification works completed, ensuring compartmentation and fire safety standards are met.
- Cable management improvements carried out to reduce trip hazards and improve workspace safety.
- Office re-layout implemented to improve ergonomics, accessibility, and compliance with DSE requirements.

Edinburgh

Key areas of improvement:

- Five-yearly Fixed Wire Inspection (EICR) completed, confirming electrical safety compliance; remedial actions pending final report.
- Fire Risk Assessment (FRA) completed, with identified flammable materials safely removed as part of the office clear-out.
- Health and safety processes reviewed and updated to ensure they are fit for purpose and reflect current office operations.
- Legionella Risk Assessment completed in October 2025, with no high-risk findings identified.
- Next scheduled fire drill planned for November 2025 to complete the annual testing cycle.

Summary of statutory compliance activities

Activity	Frequency	London	Edinburgh	Cardiff	Comments
Fire Safety					
Yearly Extinguishers Checks	Yearly				A fire drill is due to be carried out at the Edinburgh office.
Visual Monthly Extinguisher Checks	Monthly				
Fire alarm Maintenance	6 Monthly				
Fire evacuation Procedures review	Yearly				
Fire alarm test	Weekly				
Evacuation Drills	Yearly				
Training	Reviewed Yearly				
Electrical Safety					
Fixed Wiring inspections (EICR)	5 yearly				N/A
Monthly Emergency lighting test	Monthly				
Yearly 3 hours drain down test	Yearly				
Lightning protection	Yearly				
PAT Testing	Yearly				
Gas Safety					
Annual gas safety	6 Monthly				N/A
Gas Supply Safety Valve	6 Monthly				
Water Safety Management					
Legionella Risk assessment	2 Yearly				N/A
Water flushing	Weekly				
Water temperature register	Monthly				
Water Tank CWST (cleaning of water tank)	Yearly				
Structural and Building Safety					
Cladding	Yearly				N/A
Asbestos Register	Yearly				

5. Priorities for 2026

The coming year will focus on embedding the outcomes of the Health and Safety Enhancement Project and maintaining high compliance standards across all RPS offices. Key priorities include completing the rollout of the Teams Channel and Power BI dashboards, delivering the remaining management competence training, and conducting a follow-up Hallaran audit in Q3 2026 to validate sustained compliance and continuous improvement.

6. Appendices

Appendix A – Hallaran Health & Safety Audit Executive Summary

Appendix B – Health & Safety Committee Terms of Reference

Appendix C – Power BI Dashboard Sample

H&S Review - Royal Pharmaceutical Society - JJ, JT, RR and VT

No.	Subject/Area		Action	Priority	Who?	When?
1	Arrangements	Insufficient documented health and safety arrangements in key risk areas, including but not limited to Working at Height and Incident/Accident Reporting. This may result in unclear responsibilities and non-compliance with statutory duties under the Management of Health and Safety at Work Regulations 1999.	Conduct a full review of required health and safety arrangements. Finalise a comprehensive list covering all relevant risk areas. Ensure arrangements are formally documented, approved, and communicated to all staff. Publish arrangements on internal platforms and schedule regular reviews.	High	Short-term: Hallaran Long-term: Health & Safety Officer	Oct-25
2	Accident Reporting	No formal accident and incident reporting procedure is currently in place, potentially breaching duties under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). This may lead to under-reporting and ineffective incident investigation.	Develop and implement a written Accident and Incident Reporting Procedure. Ensure the procedure includes clear roles and responsibilities, reporting timescales, and escalation steps in line with RIDDOR requirements. Communicate the procedure to all staff and integrate it into the organisation's health and safety arrangements.	Medium	Short-term: Hallaran Long-term: Health & Safety Officer	Oct-25
3	Fire Marshalls	Current fire marshal training provision is limited to online (e-learning) modules only, which may not adequately prepare staff for practical fire safety responsibilities, including evacuation leadership and extinguisher use.	Arrange face-to-face, practical fire marshal training for identified personnel across all sites. Training should include evacuation procedures, use of fire extinguishers, and role-specific responsibilities during fire emergencies. Ensure training is delivered by a competent provider and refreshed at appropriate intervals.	Low	Facilities: Responsible for coordinating training activities RPS Responsible for managing staff	Oct-25
4	Health and Safety Policy Review	The current Health and Safety Policy lacks nomination of key responsibilities and is neither signed nor dated, rendering it non-compliant with Section 2(3) of the Health and Safety at Work etc. Act 1974.	Conduct a full review of the Health and Safety Policy to ensure it includes clear allocation of responsibilities, sufficient operational detail, and a commitment statement. Ensure the revised document is signed by senior management, dated, and scheduled for regular review (at least annually or following significant change).	Low	Hallaran to review and update	Oct-25
5	H&S Policy Statement	No Health and Safety Policy Statement is currently in place, which is a legal requirement under Section 2(3) of the Health and Safety at Work etc. Act 1974 for organisations with five or more employees.	Develop and implement a Health and Safety Policy Statement that includes: (1) a statement of intent outlining the organisation's commitment to health and safety, (2) the allocation of health and safety responsibilities, (3) a summary of the arrangements in place to manage risks, and (4) the allocation of sufficient resource. The statement must be signed and dated by senior management and reviewed regularly.	Low	Hallaran to review and update	Oct-25
6	Risk Assessing	A risk assessment process is in place; however, several risk assessments for specific activities (e.g. library operations, exhibitions) are currently absent, potentially breaching Regulation 3 of the Management of Health and Safety at Work Regulations 1999.	Review and update the risk assessment register to ensure suitable and sufficient risk assessments are completed for all work activities, both on-site and off-site. Prioritise any outstanding assessments and ensure findings are communicated to relevant staff. Implement a review schedule for ongoing compliance.	Medium	Hallaran will review and update in the short term. Long-term management will be overseen by the Health & Safety Officer	Oct-25
7	Induction Checklist	Existing health and safety induction content may not comprehensively cover all relevant arrangements and risk areas (e.g. manual handling, working at height), increasing the risk of untrained or unaware staff.	Review and update the induction checklist to ensure it covers all significant risks and organisational arrangements. Include topics such as manual handling, fire safety, working at height, DSE, and first aid. Ensure completed induction records are retained for all staff, and establish a schedule for refresher training (e.g. annually or biannually).	Low	Hallaran will review the current induction manual. In future, Shared Services will be responsible for providing the manual and delivering the full training	Oct-25
8	Communication	There is currently no formalised process for communicating health and safety information, updates, or concerns across the organisation, potentially undermining staff awareness and engagement.	Establish a structured process for two-way health and safety communication, including regular toolbox talks, safety briefings, and updates on changes to policies, procedures, or risk assessments. Ensure health and safety documents (policy, arrangements, statement) are reviewed and shared routinely. Include reporting protocols to external bodies (e.g. HSE, RIDDOR) within formal arrangements.	Low	Longer term H&S Officer	Quarterly Team Briefing slot on H&S
9	Communication	A Health and Safety Committee is in the early stages of formation, with no formal meeting structure in place. Health and safety issues are currently only discussed informally within other meeting agendas, limiting visibility and structured consultation.	Establish a formal Health and Safety Committee with clear terms of reference, scheduled meetings, and representation from across departments. Ensure meeting agendas include key risk updates, and that minutes are recorded and made accessible to all staff. Appoint committee contacts to act as visible points of communication. Consider integrating H&S committee meetings with existing Employee Forum structures where appropriate, while maintaining a clear H&S focus. Encourage staff to contribute agenda items.	High	Javier to coordinate and liaise with Hallaran on the terms of reference for the committee and establish the committee	Sep-25
10	Return to work	Current processes may not fully support employee welfare during return-to-work scenarios or instances of siloed/isolated working. This raises the risk of incomplete reintegration and unmanaged health needs.	Review and strengthen return-to-work procedures to ensure they include appropriate welfare checks, phased return options, and regular follow-up reviews. Explore further training for line managers and/or external occupational health support to ensure holistic, person-centred reintegration. Embed return-to-work planning into broader wellbeing arrangements.	Low	People team already perform this function - Vicky to clarify	Implemented - Vicky to clarify
11	Competent Person/Training of Managers and Supervisors	Gaps have been identified in health and safety leadership competence, with no formally designated 'Competent Person' and limited formal training for those with supervisory responsibilities.	As part of the Health and Safety Policy, formally designate a 'Competent Person' in accordance with Regulation 7 of the Management of Health and Safety at Work Regulations 1999. Ensure that individuals in managerial or supervisory roles complete accredited training (e.g. IOSH Managing Safely, NEBOSH General Certificate). Maintain training records and certification centrally for auditing and refresher planning.	High	Can be OCS (Javier) + Hallaran or H&S Officer	Can be OCS/Richard/ Internal person
12	Near Miss Reporting	There is currently no formal system or form in place for reporting near misses, which may limit opportunities to proactively identify and address hazards before they result in harm.	Hallaran HSC to provide a template Near Miss Report Form. Form should be adapted for internal use and made easily accessible to all staff. Promote a culture of open reporting and ensure submissions are reviewed and followed up as part of routine safety monitoring.	Low	Hallaran + OCS/ Shared Services	Sep-25
13	Multi-site operations	There is currently no formal process in place to ensure consistent health and safety communication, reporting, and oversight across multiple operational sites. This may lead to fragmented practices and missed learning opportunities.	Establish a centralised system for tracking and sharing health and safety information across all sites, including accident and near miss reports, safety meeting minutes, training records, and audit outcomes. Ensure key findings and actions are communicated organisation-wide and reviewed at cross-site health and safety meetings. Assign site leads to coordinate local reporting and escalation.	Low	H&S Officer & OCS Facilities	Oct-25
14	Senior Management Acceptance of Risk	There is currently no formal procedure requiring senior management oversight or approval for high-risk or non-routine activities, such as open days, public events, or off-site exhibitions. This may result in unreviewed risks being undertaken.	Introduce a formal procedure requiring senior leadership sign-off for higher-risk or non-standard activities. This should include documented review and approval of associated risk assessments and control measures prior to the event or activity. Ensure this is integrated into the overall risk assessment process and retained as part of the health and safety record.	Medium	H&S Officer responsible & Senior Managers	TBC
15	Monitoring Compliance	At present, compliance monitoring relies on informal procedures with limited documentation and no established formal audit framework. This lack of structured oversight may result in inconsistent identification and management of health and safety risks, potentially undermining regulatory compliance and organisational safety standards.	Develop and implement a formal, documented process for periodic health and safety compliance audits in accordance with HSE best practice. This process should include defined audit schedules, clear responsibilities, standardised checklists, and mechanisms for tracking corrective actions to ensure continuous improvement and adherence to statutory requirements.	High	Hallaran/H&S Officer	Annual review to be undertaken every January

16	Training need analysis	The current process for identifying individual and management training needs lacks clarity and formalisation. There is insufficient evidence that training requirements are systematically determined through key inputs such as risk assessments, near-miss reports, or health and safety committee feedback, which may hinder targeted and effective training provision.	Review and enhance the existing procedures to ensure a clear, formalised process is in place for identifying personal and management training needs. This should incorporate inputs from risk assessments, near-miss investigations, health and safety committees, and other relevant sources to support tailored training delivery aligned with organisational risks and responsibilities.	Low	H&S Officer	TBC
17	Further Training Identified	Allergy-related training requirements have not been formally reviewed or clearly identified, potentially leaving staff insufficiently prepared to manage allergy risks effectively.	Conduct a review to identify and assess specific allergy training needs for relevant personnel. Ensure appropriate allergy training is developed and delivered to address identified gaps, in line with health and safety best practice and organisational requirements.	Low	H&S Officer and OCS	Oct-25
18	Fire Safety Policy	The Fire Safety Policy is currently incorporated as a section within the General Health and Safety Policy. While this is permissible, it results in limited visibility and detail of fire safety measures, which may reduce clarity and effectiveness in fire risk management.	Develop a comprehensive, stand-alone Fire Safety Policy that addresses all relevant elements of fire safety in detail. This should ensure clear communication of responsibilities, procedures, and controls, in line with HSE guidance and regulatory requirements.	Medium	OCS	Sep-25
19	Risk Assessing	There are good examples of current risk assessments; however, as discussed, there is an opportunity to enhance these by including formal risk level calculations that take into account existing mitigating controls. This would provide a clearer evaluation of residual risk and support more informed decision-making.	Request Hallaran HSC to provide an example of an alternative risk assessment document that incorporates risk level calculations based on current control measures. Review this example to consider adopting or adapting the approach to improve risk assessment accuracy and consistency.	Low	Short term: Hallaran Template Long term: H&S Officer for RPS Staff and OCS for the building	Sep-25
20	Health and Wellbeing	Currently, there is limited consideration given to the mental health and wellbeing of silo workers and those working permanently from home. This may lead to unrecognised stress or isolation, impacting overall employee wellbeing and productivity.	Introduce regular mental health check-ins for remote and silo workers, either incorporated into existing team surveys or as more frequent dedicated sessions. Develop a structured approach to monitor and support employee wellbeing, ensuring timely identification of issues and access to appropriate resources, in line with HSE and NHS mental health guidance.	Low	Already delivered by People team? Vicky to confirm	Implemented ? Vicky to confirm
21	Business Continuity	It is unclear whether there is an up-to-date and regularly reviewed business continuity plan in place. The absence of a current plan may hinder effective response and recovery in the event of any form of disruption.	Conduct a thorough review of the business continuity plan to ensure it is current, comprehensive, and regularly updated. Key elements to consider include critical system backups, recovery time objectives, communication protocols, and responsibilities during an incident, in line with organisational resilience best practices.	Low	IT/Shared services/OCS and Exec	Verify the current status of the Business Continuity Plan in Sept-25

Proposed List of Arrangements
Expectant Mothers
Manual Handling
Contractor Hot Works
Control of Legionella
Lone Working
DSE/Working Stations
Driving for work purposes
Violence in the workplace
Working at Height
Young Persons (if any?)
Accident Reporting, including near miss reporting
First Aid (how is the need identified).
Managing Contractors
COSHH
Risk Assessing
Electrical equipment - Cable management
Home working

Conclusion/Summary

This action plan outlines a comprehensive programme of measures designed to address gaps and strengthen the organisation's health, safety, and wellbeing arrangements in line with statutory duties and HSE best practice. The identified deficiencies span governance, documentation, training, risk assessment, communication, wellbeing, and operational resilience.

Key priorities include the development and formalisation of core health and safety documentation—such as the Health and Safety Policy, Policy Statement, Fire Safety Policy, and Accident Reporting Procedure—alongside the introduction of structured processes for risk assessment, compliance auditing, and incident/near-miss reporting. Enhanced training provision, including competency development for managers, fire marshal training, and targeted modules such as allergy awareness, will underpin a stronger safety culture.

Improved governance arrangements, including a formal Health and Safety Committee, clearer communication channels, and consistent multi-site coordination, will ensure effective oversight and shared learning. Welfare-focused actions, including strengthened return-to-work processes and proactive mental health support for remote or isolated workers, will address the human dimension of health and safety.

Finally, the plan incorporates measures to bolster organisational resilience, such as reviewing and maintaining an up-to-date business continuity plan and introducing formal senior management sign-off for higher-risk activities. Collectively, these actions will improve compliance, reduce risks, support employee wellbeing, and embed a culture of continuous improvement in health and safety management.

Health and Safety Committee Constitution

1. Introduction

This document sets out the arrangements for operating the Health and Safety Committee of The Royal Pharmaceutical Society (RPS).

The purpose of the committee is to promote co-operation between RPS and its employees on all matters relating to health, safety, and welfare at work.

By holding regular committee meetings and operating in accordance with this constitution, RPS fulfils its duties under:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (Consultation with Employees) Regulations 1996
- Other relevant UK health and safety legislation.

2. Terms of Reference

- Provide a forum for open, constructive discussion on health and safety matters.
- Enable managers and staff to develop and share ideas for improving health and safety standards.
- Contribute to the development, review, and communication of health and safety policies and procedures.
- Review workplace risk assessments, accident and incident reports, and near-miss data, and identify preventive measures.
- Monitor compliance with statutory obligations and relevant codes of practice.
- Oversee the effectiveness of health and safety training and awareness programmes.
- Support consultation on fire safety, first aid, emergency planning, and contractor management.
- Promote and embed a positive health and safety culture across RPS.

3. Operation of Meetings

- The committee will be chaired by the Chief Operating Officer
- Membership will include management representatives (e.g. Director of People, Director of Finance and Estate, Health & Safety Officer, RPS Workplace Manager – collectively the senior H&S management) and elected employee representatives.
- Up to five employee representatives will be members, covering Publishing, PLB, England, Scotland and Wales departments and sites.
- The committee will be quorate when at least five members are present, including a

minimum of two senior H&S managers and three employee representatives.

- The committee may co-opt individuals with specialist knowledge when required.
- Meetings will be held at least quarterly during normal paid working hours.
- Extraordinary meetings may be called by the chair or at the written request of one of the senior HR manager members, to be held within 14 days of the request.
- Agendas will normally be circulated at least 7 days before each meeting, and minutes issued within 14 days after.
- An action log will be maintained to track decisions and ensure accountability. An Executive Assistant will be responsible for taking the minutes of the meeting.

External Members

Where services are delivered through external providers, such as facilities management, a representative from the providers will be included in the senior H&S management team and be invited to attend committee meetings. Their role is to ensure effective co-operation, co-ordination, and communication on health and safety matters affecting both organisations. External members will participate in discussions but will not have voting rights within the committee.

4. Employee Representatives

Employee representatives will be elected or appointed for a term of two years and may be reappointed for one extra term.

Employee representatives will be entitled to reasonable time to prepare for, attend, and follow up committee business with the support of their direct line manager.

No employee representative will suffer disadvantage in pay, conditions, or career progression for carrying out their H&S committee duties.

5. Reporting and Review

The committee will report regularly to the Executive Team/Board on significant health and safety matters.

Unresolved issues or serious risks will be escalated without delay.

The effectiveness of the committee and this constitution will be reviewed annually, or sooner if there are significant changes in legislation or organisational structure.

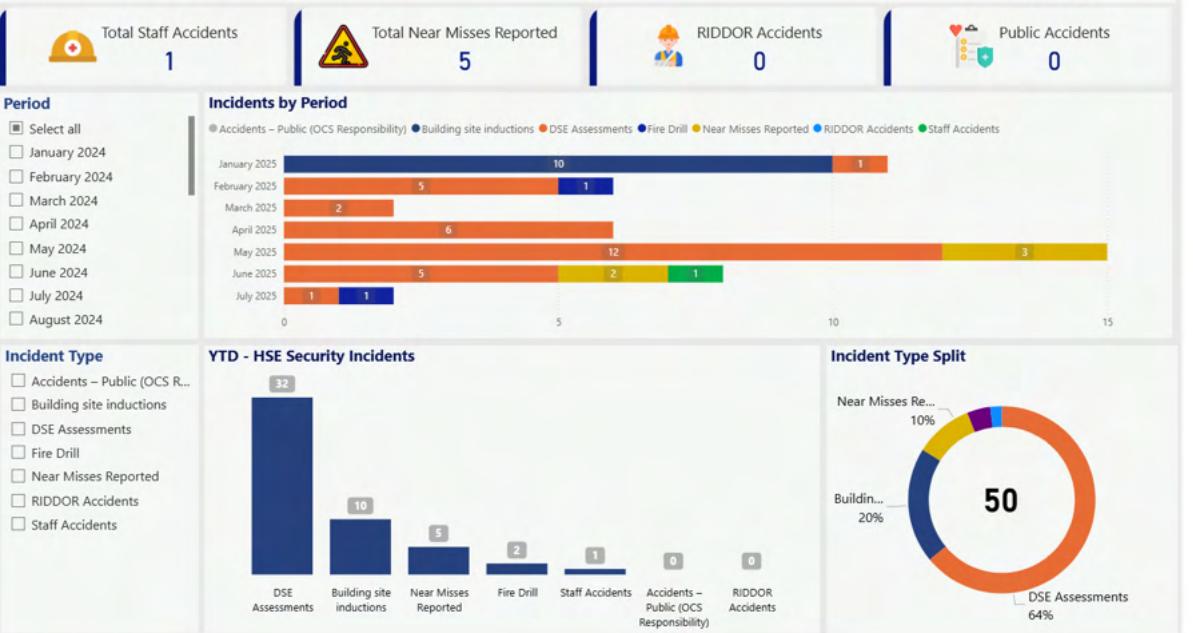
Health & Safety

Cardiff

Edinburgh

London

ROYAL PHARMACEUTICAL SOCIETY



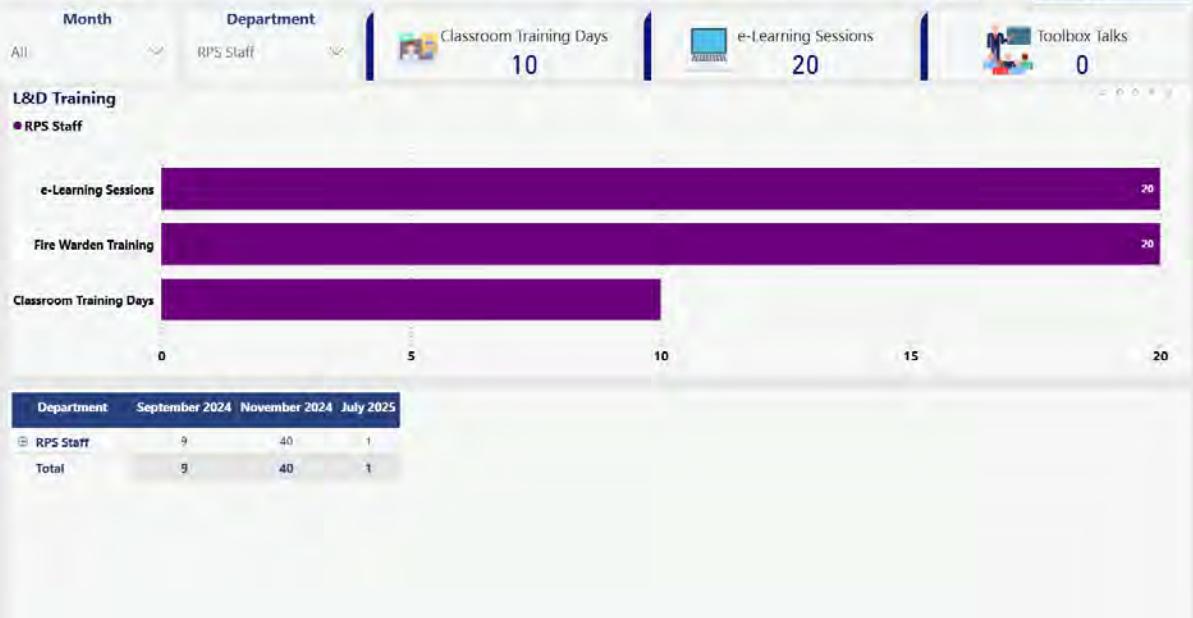
Training

Cardiff

Edinburgh

London

ROYAL PHARMACEUTICAL SOCIETY





Assembly Meeting 18th November 2025

25/11/ASB/02m - Open

Title	Inclusion and Diversity update
Open, confidential or restricted	Open
Author (include email/phone)	Amandeep Doll amandeep.doll@rpharms.com 0207 572 2353
Position	Director of England
Purpose of item	Inclusion and Diversity update to Assembly to ensure accountability of delivery.
Item Summary	This paper provides an update on Inclusion and Diversity Strategy programme delivery for Q2 & Q3 2025 and upcoming activity for 2026
Related Risk Register item (where applicable)	<ul style="list-style-type: none">• RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy• Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to RPS Inclusion and Wellbeing pledge• The Head of Professional Belonging and Engagement role is currently vacant All risks have been mitigated against
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	None

Inclusion and Diversity Update

Background

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

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

Summary of activity to date

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

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

The group met in August to finalise the organisations leading on the highlighted actions and to hear from the Head of Student Success at UCL who have successfully eradicated the degree awarding gap for their black students.

Next steps are for organisations to nominate themselves to lead or co-lead an action and to form working groups with members from frontline pharmacy teams to make meaningful change.

2. Drumbeat Events and Celebrations

- a. Pride Month – walked in Manchester Pride with members of the profession and APTUK

- b. South Asian Heritage Month (SAHM) – celebrated SAHM in collaboration Association of Pharmacy Technicians UK, British Pharmaceutical Students' Association, Female Pharmacy Leaders Network, Guild of Healthcare Pharmacists Pharmacy Technicians of Colour, UK Black Pharmacist Association and Pharmacy Business Magazine in Leicester at DMU for the first time. <https://www.rpharms.com/about-us/news/details/celebrating-south-asian-heritage-month-2025>
- c. Black History Month (BHM) a collaborative event, celebrating this years theme of Standing Firm in Power and Pride <https://www.rpharms.com/about-us/news/details/celebrating-black-history-month-2025>

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, the working group are working on creating educational resources to help implement the learning outcomes.

4. 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** We have undertaken a literature review and an I&D evaluation survey which was conducted in June 2023. We highlighted the profession wide survey was not representative of the professions demographics, therefore in August we undertook a consultation of the results to check the themes identified as well as agreeing a definition of Sense of Belonging
- **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 Q3 2026.

5. External Events

- **NPPG** - invited to present on the impact of unconscious bias on health inequalities workshop

Upcoming activity

The focus of activity for 2025 Q4 and 2026 Q1 will be to develop the updated inclusion and diversity strategy and plan for next years EDI events, which will be International Women's Day, Pride, South Asian Heritage Month, East and South East Asian Heritage Month and Black History Month

Scottish Parliament Lobbying Register Report | September 2024 – September 2025

Context

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

Royal Pharmaceutical Society has a Lobbying Policy, updated in 2024.

It is now a requirement for The Head of External Relations (Scotland) and/or Director of Scotland to report on Lobbying Register activity annually by means of a report submission to the RPS Executive Team containing a link to the Lobbying Register entries – such report being copied to the Scottish Pharmacy Board and Assembly at the next applicable meeting following the report to the Executive Team.

This report covers Lobbying Register Activity from 1 September 2024 – 1 September 2025.

Lobbying statistics

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

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

In the period 1st September 2024 – 1st September 2025, RPS undertook **53** instances of regulated lobbying.

Purposes of the lobbying

These 53 instances include the following purposes:

- We discussed our initial proposed amendments to the Assisted Dying for Terminally Ill Adults (Scotland) Bill, with Liam McArthur (who is introducing the Bill) and sought the Member's support either to table or support these amendments.
 - The amendments, although not all specified, covered the following areas:
 - Introduce a specific Conscientious Objection clause for Pharmacists on supply of the substance.
 - Remove the reference to the burden of proof of conscientious objection rests on the individual.
 - Introduce an opt in model for healthcare professionals.
 - Ensure that assisted dying can only operate as a centralised service.
 - Understand which healthcare professional is responsible for the substance.
 - Understand the precise role of the pharmacist during the assisted death.
- To highlight to the Cabinet Secretary for Health both the role of pharmacy in providing mental health support to the public. We specifically advocated for increased training to support pharmacists who are engaging with people experiencing mental health challenges and in particular suicide prevention training for all community pharmacists to support them when engaging with patients. In addition we highlighted the benefits of sharing information between healthcare professionals to allow highlighting of concerns and be aware of issues with a particular patient. We noted that access for community pharmacists to shared patient data would help facilitate this.
- We discussed the role of pharmacy in independent prescribing and the need for community pharmacists to have access to patient records. We also discussed the daffodil standards and the important role of community pharmacy in palliative and end of life care. Finally we discussed ensuring funding and training routes are in place to secure a continual pipeline of pharmacists entering the profession in Scotland.
- We discussed the Daffodil Standards with the Member explaining that they had recently been developed by the Royal Pharmaceutical Society in partnership with Marie Curie and how they are supporting Community Pharmacists to provide palliative and end of life care. We explained that we would appreciate the Member raising awareness of the standards both at a constituency and parliamentary level in order to support patients families and carers.
- We provided the Member with an overview of the access to patient records which community pharmacists currently have and explained how providing community pharmacists with full access to an integrated shared patient record would be transformational for patient care. We asked the Member to raise this issue in relevant parliamentary debates and to consider submitting parliamentary questions on this

issue to encourage Scottish Government to putting funding and timescales in place to ensure community pharmacists have full read and write access to patient records.

- We discussed Royal Pharmaceutical Society's Medicine Shortages Report. We highlighted our key policy asks: Investment in the resources needed to manage shortages enabling greater data sharing to support planning and predict medicine demand working with the UK Government to develop a UK wide strategy for shortages and working with the UK Government to support medicines manufacturing.
- We discussed the Assisted Dying for Terminally Ill Adults (Scotland) Bill and set out our view that the clause on conscientious objection needs to be strengthened to ensure pharmacists can conscientiously object if they wish to do so. We stated that as drafted there is a risk that this only covers narrow activity as set out in the Bill rather than indirect activities such as preparation dispensing and supply of medication. We suggested the inclusion of an 'opt in' section to the Bill where only health and care workers who opt in to supporting the process would be asked to take part.
- We discussed with the Member the difficulty of attracting and retaining pharmacists especially in the most remote and rural areas of Scotland. We proposed some of our policy ideas on how to improve this situation including national workforce planning for pharmacy and considering alternative pathways to pharmacy training. We also highlighted our view that it is essential that pharmacists have access to a single shared health record which would provide pharmacists with a full view of a patient's healthcare circumstances and needs. We emphasised that at the moment pharmacists do not have access to this and we would like to see this introduced to improve patient care and experience especially to support all pharmacists coming out of their training with prescribing abilities from 2026.
- We set out our view that it is essential that pharmacists have access to a single shared health record which would provide pharmacists with a full view of a patient's healthcare circumstances and needs. We highlighted that at the moment pharmacists do not have access to this and we would like to see this introduced to improve patient care and experience. We also discussed more generally the benefit of access to pharmaceutical care in communities including touching on feedback from a constituent who found access to GP appointments difficult.

Further information

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