



Assembly Meeting

To be held at 09:30 – 15:30 on Wednesday 26th March 2025

Agenda - Open Business

1. Welcome to Assembly members & apologies for absence **09:30 – 09:35**

ITEMS FOR NOTING

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

2. a) Code of Conduct & Remit of Assembly
b) Declarations of interest
c) Minutes of the Open Business the Assembly meeting 20th November 2024
d) Updates from the National Boards
e) President's Report
f) Treasurer's Report
g) Education & Standards

To note the minutes of the ESC meeting held on 19th February

h) Education/Professional Development

i) Science & Research

To note the minutes of the SRC meeting held on 13th February

To approve the refreshed ToRs of the Science & Research Committee

j) Inclusion & Diversity

k) 2025 Events

To note the calendar of dates for events planned for the coming year

3. Matters arising from the Open Business minutes not specifically included on the agenda **9:35 – 9:40**

None

4. UKPPLAB **09:40 – 09:55**

To receive a verbal update
President

5. Museum Policies **09:55 – 10:15**

To approve amendments to various museum policies
Museum Officer

6. Constitution & Governance Review **10:15 – 11:05**

To provide an update on C&G review progress with particular reference to the 2025 elections scheme and outcome of the special resolution vote.
Chief Executive

Assembly Meeting 26th March – OPEN

7. Any other business 11:05 – 11:15

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

8. Date of next meeting 11:15

To note the date of the Induction Day 15th July and Assembly Meeting 16th July

BREAK 11:15 – 11:25

ROLE OF ASSEMBLY

(Regulations)

4.0 ASSEMBLY

4.1 Function

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

Its main tasks are to:

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

ROLE OF CHAIRS & OFFICERS' GROUP

(Regulations Appendix H)

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

COG is authorised by Assembly to:

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

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

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

APPENDIX A - CODE OF CONDUCT

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

a) All Members

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

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

Conduct

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

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

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

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

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

Bullying or harassment

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

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

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

Harassment is any unwanted physical, verbal or non-verbal conduct which has the purpose of violating another person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for another person, or is reasonably considered by that person to have the effect of violating their dignity or creating such an environment, even if this effect was not intended by the person responsible for the conduct. A single incident or a pattern of multiple incidents of this type of behaviour can amount to harassment and/or bullying. It also includes treating someone less favourably because they have submitted or refused to submit to such behaviour in the past.

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

b) Additional Code for Governance Body Members

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

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

Duties

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

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

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

Collegiality

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

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

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

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

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

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

Confidentiality

Governance members agree to keep all Confidential Information confidential and not to use or disclose it, or make any statement which might risk the disclosure of confidential information, except as authorised or required in connection with their appointment and to use their best endeavours to prevent the use or disclosure of it by any other person. This restriction will cease to apply to information which becomes public knowledge otherwise than through any unauthorised disclosure or other breach.

Governance members accept that, with the exception of personal journals or diaries, all confidential records in any medium (whether written, computer readable or otherwise) including accounts, documents, drawings and private notes about the Society and its activities and all copies and extracts of them made or acquired in the course of their appointment will be:

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

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

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

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

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

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

Intellectual Property

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

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

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

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

'Intellectual Property' means copyright, rights in inventions, patents, know-how, trade secrets, trademarks and trade names, service marks, design rights, rights in get-up, database rights and rights in data, semiconductor chip topography rights, mask works, utility models, domain names and all similar rights and, in each case: (i) whether registered or not, (ii) including any applications to protect or register such rights, (iii) including all renewals and extensions of such rights or applications, (iv) whether vested, contingent or future and (v) wherever existing;

'Work' means any information, data, drawings, software or other materials or work created or provided by you (either alone or jointly with others) arising from this Agreement or any duties assigned to you by the Society (or any Group Company).

Return of RPS Property

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

Conduct

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

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

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

**Assembly Meeting March 2024****DECLARATION OF INTERESTS****Adebayo Adegbite**

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

Claire Anderson

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

Danny Bartlett

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

Jonathan Burton

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

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

Ciara Duffy

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

Ruth Edwards

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

Brendon Jiang

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

Geraldine McCaffrey

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

Gino Martini

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

Erutase Oputu

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

Matthew Prior

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

Eleri Schiavone

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

Lynne Smith

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

Audrey Thompson

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

Minutes of Assembly Meeting held on 20th November 2024 at 66 East Smithfield

Present: Claire Anderson (CA) - Chair, Adebayo Adegbite (AA), Jonathan Burton (JB), Ciara Duffy (CD), Ruth Edwards (RE), Brendan Jiang (BJ) – via vc, Gino Martini (GM), Matt Prior (MP), Tase Oputu (TO), Eleri Schiavone (ES), Lynne Smith (LS), Audrey Thompson (AT)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Avril Chester (AC), Rick Russell (RR), James Davies (JD), Laura Wilson (LS), Elen Jones (EJ), Alison Douglas (AD) – via vc, Liz North (LN), Neal Patel (NP), Vicky Rutter (VR) (CPA) – Item 07 only, Beth Ward (BW) (CPA) – Item 07 only,

Apologies: Danny Bartlett (DB), Geraldine McCaffrey (GMC)

Observers: 1 observer joined the meeting

Item	Paper	Notes and actions	Action by
Item 01 Welcome & Apologies		Apologies were received from Danny Bartlett and Geraldine McCaffrey.	
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 COGb) Declarations of interest <p>[Secretary's Note: RE is now no longer a member of PDA]</p> <ul style="list-style-type: none">c) Minutes of the Open Business Assembly Meeting 16th/17th July (noted and approved)	

		<p>d) National Pharmacy Board Reports</p> <p>e) President's Report</p> <p>f) Treasurer's Report</p> <p>g) 2024 Education & Standards Committee Annual Report and minutes of Committee 18th October</p> <p>h) 2024 Science & Research Committee Annual Report & minutes of Committee 3rd July</p> <p>i) 2024 Panel of Fellows Annual Report</p> <p>j) 2024 Membership Committee Annual Report</p> <p>k) 2024 CPA Annual Report</p> <p>l) 2024 Health & Safety Annual Report</p> <p>m) Inclusion & Diversity update</p> <p>n) Scottish Parliament Lobbying Register Report</p> <p>o) EDI Action Plan</p>	
Item 03 Matters Arising		None	
Item 04 UKPPLAB		<p>CA gave a brief update to members, noting that since the last Assembly meeting one substantive Board meeting had been held in September which had covered a number of general items including the future vision for the Board. She noted that trust between the Board members was developing well.</p> <p>PB added that the working relationship between RPS and the Board continued to be a positive and constructive one and Sir Hugh Taylor had chaired a session at the RPS Conference last week.</p> <p>He has now been invited to join a sub-group of the Board with the CEOs of other Pharm organisations including the regulators to look into the importance of professional standards in education, assessment and credentialing post-registration and how this might best relate to the regulators.</p> <p>Fiona McIntyre had been appointed to the Board secretariat to help support their policy development work and her current duties at RPS will be backfilled.</p> <p>Noted that the timeframe for the Board overall was still currently 3-5 years and that the Society's timeframe to move towards RC status would fit very well with this. CA was asked if the Board had given any indication of support for the Society's RC journey and A&C work and she noted they were very supportive of the RC progression but haven't said much more about A&C.</p>	

		<p>PB has been very pleased by the way the CPHOs have shown their support for the Society's ambitions to become a Royal College. EJ added that she had attended a meeting yesterday of the Welsh Pharmaceutical Committee, a statutory advisory body to the Welsh Government, and had given an update/overview of the Society's C&G work. The committee were very supportive of the work and will be sharing a statement to that effect with the Welsh Government.</p>	
Item 05 Constitution & Governance Review		<p>a) Roadshows</p> <p>LN gave a summary of the recent roadshow events, the last of which was held yesterday.</p> <ul style="list-style-type: none"> • 15 in-person events had been held across GB with almost 1000 people attending • good mix of people from a broad spread of backgrounds • very good conversations and Q&A sessions • notes were taken of all questions from the audience and the team are now working on a report which will be published early in December outlining these and setting out detailed responses <p>TO thanked KB, LN & CA for all their efforts in the roadshow events which had been a great initiative as it had been a real benefit to be able to be present across the country to speak directly to members. LN also stressed how important Board and Assembly attendance and input into the events had been.</p> <p>KB then summarised and a number of decisions taken by Assembly at the meeting yesterday:</p> <p>b) Special Resolution Vote</p> <p>Following agreement at the Working Day meeting, KR asked that Assembly Members approve the re-drafting of the Charter, noting that a small change to the wording used around students was necessary – AGREED.</p> <p>KB then asked members to confirm they were happy that any non-substantive semantic changes to the wording of the Charter that might subsequently be requested by Privy Council Office or Charity Commission be agreed by the C&G Programme Steering Group and COG – AGREED.</p> <p>Assembly Members then AGREED the following wording for the formal resolution that Members would be asked to consider under the SRV:</p> <p><i>In accordance with Article 11 of the Society's Royal Charter, the Assembly resolves that it (i) amends the provisions of the Society's Royal Charter to conform to the draft Charter presented to the meeting [and initialled "A" for identification]; and (ii) changes the name of the Society to "ROYAL COLLEGE OF</i></p>	

	<p><i>PHARMACY"; subject to (a) confirmation of this resolution by the Members of the Society in accordance with the provisions of the current Royal Charter; (b) such changes as the Privy Council or its secretariat or advisors may require in agreement with the Assembly; and (c) the consent of His Majesty King Charles III by Order in Council.</i></p> <p>AGREED.</p> <p>Assembly further AGREED to delegate the authority to prepare the full final resolution (vote question with latitude clause) and notice of meeting to the Programme Steering Group.</p> <p>Members were then asked to affirm that, as permitted under Regulation 3.4, Assembly had agreed that the proposed changes to the Charter which must be agreed by a Special Resolution vote of Members and Fellows, would not be placed before a General Meeting but would be the subject of a wider ballot of the voting membership – AGREED.</p> <p>Assembly further AGREED that the SRV is being held in accordance with regulation 3.4, that the roadshows are the consultation and therefore the SRV is not to be debated at any General Meeting.</p> <p>TO however noted that the full detail of the changes to the Charter etc had not been available to members who attended the C&G Roadshows. KB acknowledged that the information provided to members to date had not included the full legal details but she explained that it had certainly set out all the main material elements of the proposed changes. A fully detailed pack of information setting out at length all the changes required to the Charter, with a 'plain English' style explanation, would be created and published for members to read early in 2025.</p> <p>Assembly then provisionally AGREED the proposed date for the SRV [13th – 24th March 2025].</p> <p>Assembly then AGREED the process for the SRV as detailed in the SRV Scheme discussed at the Working Day meeting.</p> <p>c) Transition Arrangements</p> <p>Noted that although the transition arrangements to take the Society through to Royal College and Chairty status had been presented and talked through with Assembly at the Working Day but that members had not been able to formally approve the proposed approach as the detail presented on the slides had been too small to view adequately. The information will therefore be circulated to Assembly members via email after the meeting for approval. Assembly AGREED, once the detail had been approved by email, it would be</p>	
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	<p>happy for the Steering Group together with COG to make any non-substantive semantic amendments to this should PCO or CC require.</p> <p>d) 2025 Elections</p> <p>PB reminded Assembly of the points considered at the Working Day meeting of the Executive's proposal for reasons of pragmatism that the 2025 National Board and other governance post elections be cancelled. The key considerations leading to this conclusion being:</p> <ul style="list-style-type: none"> • timing of elections to Boards in 2025 clashes with SRV timeline • Build up occurs across the time when we will be having a vote campaign – confusing messaging • bandwidth of staff teams involved • nature of the organisation members being asked to stand for would be unclear • informal submissions to PCO and CC will have been made and will have little scope to change – 'new Assembly' have their hands tied • Executive team therefore propose that the organisation does not hold elections at all in 2025 and extend term of office of those affected by up to one year but no greater <p>He noted that there had been considerable discussion of the proposal to extend the terms of office for all those due for re-election in 2025 by up to 12 months at the Working Day, with members agreeing that it would be preferable to defer the elections in 2025. He noted that the importance of good governance and transparency had though been utmost in Assembly members' minds and it was therefore vital that this decision would be communicated out to the membership as soon as possible, with members being able to comment on the proposed changes to the Regulations to facilitate the cancellation as part of the required formal Gazette Notice process.</p> <p>CD asked about the wording of 'up to 12 months' and asked if it would be possible to have more definitive dates included in the amendments however AD reiterated the points made at the meeting yesterday (that this would not be possible as different dates would be applicable to the different roles, the exact dates of the elections in 2026 had still to be fixed, and the result of the SRV was not yet known, noting that a 'no' vote would necessitate elections be held later in the year in 2025) which meant that the wording used in the amendments to the Regs would need to be 'up to 12 months' in order to cover all eventualities. She added that it would ultimately be for Assembly to decide on the timeframe of any election in 2025, should it decide to hold once it had had chance to consider responses to the Gazette Notice.</p>	
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	<p>CD then asked whether it wouldn't simply be preferable to just to delay the 2025 elections by a couple of months until after the SRV had been held. PB noted the extensive discussion that had been held on this point at the meeting yesterday, although as CD had arrived late due to the adverse weather conditions she had not been present for all of it, when it had been noted that there were so many additional elements to take into account that Assembly agreed this was not a desirable or viable option.</p> <p>TO asked what criteria would Assembly use to judge the comments that might be received back from members on the proposed changes against. PB explained that there were no set criteria for this other than Assembly was obliged to 'consider' comments received – it would therefore be for Assembly members themselves to decide and put whatever weighting they felt appropriate on any comments that might be received.</p> <p>AD noted that the next formal Assembly meeting in March would be too late for members to consider the comments and so, depending on how many comments did end up being submitted, Assembly members would need to review these either by email or by an additional remote Assembly session.</p> <p>BJ stressed that wider comms about the gazetting should be done to highlight the chance for members to comment, rather than just rely on individuals who keep an eye out for the Gazette notices, which would be more in keeping with the recommendations of the LP comms review.</p> <p>ES noted that as GMC was unable to attend the meeting today, and had had a little difficulty hearing some parts of the discussion yesterday, she had sent some comments she asked to be shared at the meeting, and that whilst she was happy with the decision to postpone the elections she did though think it was important to still go through with the internal appointments [ie the governance post elections] and asked if there was an option for those in these positions to be re-elected or not. CA clarified that this had been discussed in full at the meeting yesterday and members had agreed that this wouldn't be a solution.</p> <p>MP stressed that the main decision being taken by Assembly at present was that the 2025 elections would definitely not be held within in the normal timeframe. PB added that Assembly would however still have the ability to hold the elections at a later point but no later than 12 months on if it wished.</p> <p>RE clarified Assembly members had, after considerable discussion, agreed at the Working Day that it was not feasible to hold the elections in March and the proposal was therefore to delay them for up to a year which may, dependent on the level of comments received on the gazetting, mean a need to hold them later in 2025 as well as early on 2026. PB reminded members that this had been agreed by a majority vote</p>	
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		<p>at the Working Day and Assembly was simply being invited to confirm this decision in order for it to be able to be recorded into the minutes of the formal meeting today - AGREED.</p> <p>e) Submission to PCO/Charity Regulators</p> <p>KB asked for formal approval to now make the necessary submissions to the PCO/CC, again with the caveat that authority be delegated to the Programme Steering Group/COG to approve any semantic changes necessary based on the legal advice provided in due course, and that the Programme Steering Group/COG also be authorised to make any further semantic changes that might be requested by PCO/CC. She stressed again that any material changes would be brought back to Assembly for approval – AGREED.</p>	
Item 06 Any Other Business		<p>a) Posthumous Fellowships</p> <p>Clarification of the process for awarding posthumous Fellowships was noted and approved.</p> <p>b) NHS Change</p> <p>TO raised the issue of the current NHS Change consultation and asked what the Society's process for inputting into this. JD noted that a series of engagement events on workstreams with NHS would be held and members views would also be sought via a survey that has already been issued. Members would also be encouraged to provide individual submissions directly to the NHS.</p> <p>TO would encourage all members to ensure that they follow the process into how they can feedback to us.</p> <p>The open business session of the meeting was then adjourned until the guests for the next item arrived.</p>	
Item 07 International		<p>Vicky Rutter (CPA CEO) and Beth Ward (CPA) attended the meeting for this item and the open business session of the meeting was resumed.</p> <p>LW explained that Tracey Thornley had unfortunately been unable to attend the meeting today and would therefore be coming to the March meeting instead. She then went on to give a brief presentation on recent FIP work including the recent Congress meeting in South Africa and a Celebration of Pharmacy event that EJ had attended in Iceland, as well as upcoming events and meeting.</p> <p>VR & BW then gave a presentation on the work of CPA.</p> <p>CD asked what work the CPA might do for those pharmacists who worked in industry and for pharmaceutical scientists. VR noted that, as a charity, the Association had very specific set objectives:</p> <ul style="list-style-type: none"> • to improve pharmacy practice across the Commonwealth 	

	<ul style="list-style-type: none"> • to enhance knowledge sharing between pharmacy organisations • to develop networks across the profession to help facilitate this <p>As the Association was bound by these objective VR explained there was very little ability for it to touch on Pharmaceutical Science per under its charitable remit and the organisation was therefore much more patient facing at present.</p> <p>CD asked if it might be an area the organisation would consider at some point in the future. VR noted that the organisation did work closely with hospital pharmacists, including to support aseptic services, most notably in Ghana on cancer services.</p> <p>BA stressed how important it was for individual pharmacists to join the CPA and show their support for the Association, also to sign up for their email updates and show support via social media etc. CA also encouraged people to join as individual members.</p> <p>ES asked if CPA had any plans for work around access to medicines especially in countries like South Africa in relation to HIV etc. VR noted that the team had talked about their workforce training and access to medicines work at the RPS Conference and were quite well positioned to be able to help in these areas.</p> <p>TO felt that the concepts of fellowship and mentoring VR had outlined were exciting and would encourage pharmacists to get involved with this if they were able to. She went on to ask what the organisation's approach around pharmacy technicians in countries where there might be very few qualified pharmacists might be. VR explained that the team worked with pharmacist organisations where they existed and were recognised, but acknowledge that this was not the case in every country and in some areas pharmacists could well see pharmacy technicians as a threat where there were limited resources. The Association therefore had to be quite careful how it acted on a country by country basis to make sure it was aligned with the specific pharmacy organisations in what was often a very a tricky area to navigate politically.</p> <p>BJ, as RPS Treasurer, noted that he would be interested in meeting with VR/BW to discuss how the Society might continue to best support the Association, particularly in their work on credentialling etc. VR would similarly be happy to meet and BJ will therefore contact directly to arrange.</p> <p>ACTION – BJ</p>	
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Item 08 Date of the Next Meeting		Noted that the next meeting will be Assembly Working Day 25 th March and Assembly Meeting 26 th March 2025.	
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ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 26th March 2025

25/03/ASB/02d - Open

Title of item	Update from National Boards
Open, confidential or restricted status	Open
Authors of paper	Elen Jones, Laura Wilson
Positions in organisation	Country Directors elen.jones@rpharms.com Laura.Wilson@rpharms.com
E-mail	
Purpose of item	To update Assembly on the work of the National Boards for the period November 2024 - March 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

- Artificial Intelligence in Pharmacy Practice policy published in January 2025
- Accompanying blog and social media posts published online
 - The AI policy news story was the most viewed news story in January (601 users), and the AI blog was the second most viewed, with 227 users (the top blog got 250).
 - A round table on Digital Capabilities and AI is in planning for Q2 2025

Medicines Shortages

- [Medines Shortages: Solutions for Empty Shelves](#) was launched at a parliamentary event in Westminster on 27th November 2024
- We have provided written evidence to the Pharmacy APPG inquiry into the impact of Medicines Shortages in England, informed by our report
- We joined a call held by the Department of Health and Social Care with pharmacy stakeholders on 'pharmacist flexibilities' and the feasibility of minor amendments to prescriptions in community pharmacy.

Prescribing

- Held the third DPP roundtable on 24 January and are drafting a meeting note
- The project is now 'Business as Usual' and prescribing services are now a well-established element of the member proposition
- Working with National Voices and NHSE to understand patient and public perception of pharmacist independent prescribing within community pharmacies

Sustainability

- Final stages of the greener pharmacy toolkit for community and hospital pharmacy
- Both the toolkit and supporting manuals expected to be ready in February 2025.
- Continued to support the initiatives of the UK Health Alliance on Climate Change.

Pharmacogenomics

- Continue to participate in the task and finish group to refresh the 'Direct to consumer Genomic Testing' position statement in association with BSGM and RCGP with representation from RPS expert members.
- Working with the NHS Genomic Medicine Service to agree and scope the development of a Pharmacogenomic Competency Framework for all Prescribers.

Workforce Wellbeing

- Survey published after receiving over 6,000 responses, read the report [here](#).

I&D

- Establishing the project plan for 2026 Inclusion and Diversity strategy
- Planning dates for the celebration events for 2025 inc. International Women's Day, Black History Month, South Asian Heritage Month and South East Asian Heritage Month
- Working on identifying key actions for supporting neurodiversity in pharmacy
- Working on identifying key actions for supporting hearing impairment
- Held ABCD meeting in February focused on LGBT mapped to IET document

Differential Attainment

- Date agreed and set for the next delivery oversight group
- Terms of references have been shared with key people to agree
- Chair has been confirmed

International

- We hosted the FIP Community Pharmacy Section Executive Committee at the London office from 3rd-6th March and had a full programme of visits and events surrounding their mid-year meeting. The feedback has been very positive.
- We have supported an early career pharmacist to attend EAHP as our representative
- We are working with GHP to begin a joint membership of EAHP from 2026
- We have hosted the Nippon Pharmacy Association from Japan as well as the Singaporean Chief Pharmacists Office
- Claire Anderson attended the Portuguese National Pharmacists Congress where she spoke and took part in a panel session
- We have contributed to a number of FIP Advisory groups and Surveys
- Fiona, Policy Lead in Scotland attending a vaccine summit in the Hague on behalf of RPS in March.
- Wing and James met with Representatives from the Institute for Health Economics and Policy (IHEP) in Japan in December
- We have submitted multiple abstracts to FIP Congress 2025.

Activity in England

Medicines Shortages

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

Assisted Dying

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

Health Inequalities

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

Activity in Scotland

Palliative care

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

Digital Prescribing

- RPS held an MSP drop in event in The Scottish Parliament in January to highlight the need for all pharmacists in the community to have read and write access to patient records. We spoke to 20 MSPs in total.

Medicines Shortages

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

Assisted Dying

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

Health Inequalities

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

Recognition

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

Activity in Wales

Pharmacy: Delivering a Healthier Wales

- We continue to project manager the overall delivery of the vision
- Work is currently heavily focused on setting refreshed 2028 Goals
- Extensive engagement has occurred across Wales during the first few months of 2025, with numerous in person events and some online reaching all sectors of the profession.
- Engagement session for other HCP bodies and Patient groups have been held
- Work continues to remain on course with the next phase of data analysis and goal setting with strategic partners.

Digital Prescribing

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

Medicines Shortages

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

Assisted Dying

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

Pharmacogenomics

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

Health Inequalities

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

Consultations

- 19 consultations responded to in the period November 2024 to March 2025. All consultation responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2024-consultation-responses>
- RPS will be responding to upcoming consultations on:
 - Commission on Palliative and End of Life Care - call for Evidence
 - GPhC Consultation on draft changes to fees 2025

Tase Oputu, Chair, English Pharmacy Board

Jonathan Burton, Chair, Scottish Pharmacy Board

Geraldine McCaffrey, Chair, Welsh Pharmacy Board

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 26th March 2025

25/03/ASB/02e - Open

President's report: November 2024 – March 2025

It has been a busy few months due to the ongoing constitutional and governance review work leading up to the SRV vote that is currently taking place.

External events

I attended the very successful parliamentary launch of our shortages report and was able to talk to several MPs about it.

I went to UKCPA conference at the invitation of their chair, it was a great time for networking. I gave a vote at thanks at the annual UCL, RPS, NPA lecture at the Royal Society.

Following my talk on Pharmacy First at the National Portuguese pharmacy conference a delegation from the Portuguese Pharmaceutical Association and their department of health visited us at the RPS to further discuss launching the service in Portugal.

I was delighted that we hosted the FIP community Pharmacy Executive Committee for 4 days at the RPS. Some very fruitful discussions ensued.

I attended an online FIP Council meeting.

I attended a meeting of the UKPPLAB and discussed how UKPPLAB and RPS Could work together following the SRV. I spoke at and attended several of the UKPPLAB webinars about vision and common purpose for PLBs and SPGs. Paul Bennett and I met with Sir Hugh Taylor chair of UKPPLAB.

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

On the back of my FIP talk on prescribing and Pharmacy First I was privileged to be invited to present to the US National Conference of Pharmacy Organisations (NCPO), a retreat for CEOs and presidents of all major US pharmacy organisations in Miami. It was held under Chatham House rule; we had rich discussions and it was a very valuable meeting.

Paul Bennett, Karen Baxter and I met with PDA twice, the Guild, NHSE chief pharmacists and the PSNI to discuss the C and G review.

Internal meetings and events

Internal meetings have included C and G meetings, face to face board meetings in all three countries. I attended Finance and Investment Committee, Audit and Risk Committee, and Pharmaceutical Press Board.

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

I presented credentialling and fellowship certificates at a recognition event in Edinburgh.

Claire Anderson, March 2025

Treasurer's Report – March 2025

Dear colleagues,

This is my Treasurer's statement to the Assembly, providing a financial overview of the full-year performance for 2024 and preliminary results for 2025. I would like to extend my thanks to the Operations and Finance teams for their continued diligence in maintaining the financial health of our organisation. My appreciation also goes to the Finance and Investment Committee (FIC), for their ongoing advice and strategic oversight, which has helped guide us through an eventful year.

Overview

The financial landscape remains volatile, driven by global trade tensions under the Trump administration, ongoing conflicts in the Middle East and Ukraine, and changes to UK fiscal policies. Escalating trade wars are disrupting markets, while geopolitical instability fuels inflation and investment uncertainty. Domestically, the Labour government's National Insurance changes may impact costs and economic activity.

Despite these challenges, RPS remains financially strong, generating a net surplus of £1044k in 2024 thanks to prudent cost management and strategic investments. However, with uncertainty ahead, agility and proactive planning will be vital to navigating potential risks.

Operating Performance

An operating surplus of £337k was generated in 2024 driven by cost control and treasury deposit interest, compared with a budgeted surplus of £115k.

Total revenues ended below budget by £168k, primarily due to underperformance in print publishing. However, this shortfall was more than offset by the continued strong performance in digital publishing. Growth in membership fee income, driven by higher-than-expected Foundation Trainee volumes contributed positively to overall performance and bodes well for the future. Gross profits exceeded budget by £86k, aided by effective cost controls which mitigated the financial impact.

Additionally, RPS successfully absorbed £285k in unbudgeted expenditure, covering crucial initiatives such as the Constitution and Governance review, the DAPP tender, and accelerated work on several publishing projects, including MedicinesComplete Access Management and the strategic reduction of excess book stock.

Employee costs exceeded budget, primarily driven by one-off costs and temporary staff costs. While expected to improve, this requires scrutiny and control.

Investments

Investments of £10.937m are distributed between the CCLA Better World Global Equity Fund and the CCLA Cautious Multi-Asset Fund. The former is 100% invested in equities while the latter aims to provide a total return after costs, of inflation (as measured by the UK Consumer

Prices Index) plus 2% per annum over the long term. This provides the portfolio with diversification and a more balanced approach to risk. Nevertheless, with the current global economic outlook, we can expect continued market volatility.

Projects

Project Aurora is underway and expected to enable streamlining member online experience, segmentation and value proposition.

Summary

RPS ended 2024 in a strong financial position, having successfully navigated revenue pressures while investing in strategic priorities and long-term digital transformation. The robust performance of digital publishing, coupled with strong cost discipline and effective treasury management, has placed the organisation on a stable footing for the transition to a Royal College. Financially, 2025 is continuing in a similar vein to last year, with the organisation maintaining a strong position. While employment costs are set to rise from April due to increased National Insurance contributions, the reduced reliance on temporary staff is expected to offset some of this impact and support the bottom line. With stable cash reserves, strong revenue streams, and prudent cost management, Assembly should continue to take a bold approach to investment, ensuring RPS remains at the forefront of shaping the profession's future.

Best regards,

Brendon Jiang

Treasurer, RPS

RPS Education & Standards Committee

Wednesday 19th February 2025

Attendees: Matthew Shaw (MS), Fiona Hughes (FH), Ailsa MacDonald (AM), Lindsay Morgan (LM), Gemma Quinn (GQ), Susan Roberts (SR), Raminder Sihota (RS), Heather Smith (HS),

RPS representation: Claire Anderson (CA), Harriet Cherry (HC), Anna Davies-Muir (ADM), Patsy Edwards (PE), Joseph Oakley (JO)

Apologies: Paul Bennett (PB), Anthony Cox (AC), Amareen Kamboh (AK), Charlotte Richardson (CR), Debra Roberts (DR), Debbie Wright (DW)

	Agenda item	Key discussion points	Action items	Responsible	Due date
1	Introductions and welcome	MS welcomed all to meeting as Chair in AC's absence			
2	Approval of previous meeting notes & update of actions	Minutes from 16 October 2024 meeting were approved with no comments. JO stated that the escalating concerns policy had been updated based on ESC's comments. The final draft of the policy is now at final approval stage with PB and will be shared with ESC once approved.			
3	RPS Credentialing activity report	ADM presented the credentialing report for the current window. No new data for 2025 yet to be included. There is new faculty data for informational purposes only about candidates who have been through the process successfully. Clinical vs non-clinical roles data is based on self-reported data and inhouse categorisation, so may be open to interpretation.			

	<p>One appeal for a CPCC has been received. The established appeals process is currently being followed but it is recommended that we make changes towards the end of the year to introduce a pre-screen stage to minimise administration.</p> <p>Significant improvements have been made to the Consultant Posts approval process, all posts bar one for this window have a panel put in place. Consultant Post outcomes are on schedule to be released to candidates by the published dates. There is a need for a dermatology clinical expert for one post which we are currently searching for.</p> <p><i>ESC member comments:</i></p> <p>AM – most posts are initially provisionally approved, has guidance been released to candidates to improve this?</p> <ul style="list-style-type: none"> ADM – most posts start with provisional approval; often only small changes need to be made. It can be difficult to issue specific guidance because the necessary amendments vary across posts. <p>LM – the Faculty program seems like it's reaching a natural end, are there plans to close it?</p> <ul style="list-style-type: none"> JO – ESC previously recommended the closure of Faculty but RPS Assembly did not approve it as it was felt there was still a desire for the programme from the membership. Faculty is becoming an increasing risk to A&C team and is not a strategic priority. CA – may be time to put another paper to Assembly recommending the closure of Faculty. MS – the evidence suggests that there is not a desire for Faculty credentialing as the candidate numbers are so low. <p>HS – has been a post reviewer for many years and finds she often gives the same recommendations for final approval. Might be useful to create a successful/unsuccessful candidate attribute table as we do for the credentialing annual report.</p> <p>GQ - Some provisionally approved posts date back a long time, is there a limit on this?</p> <ul style="list-style-type: none"> ADM – we have put a policy to APAP recently saying we will rescind a post's provisional approval if the required amendments 		
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		<p>have not been received after a certain time, and we are currently working to implement this. However, some posts date back a long time due to delays in the process.</p> <ul style="list-style-type: none"> • JO – provisional approval is a wide category and can include minor changes to quite significant additional information.. 			
4	RPS Credentialing Annual Report 2024	<p>JO - ADM and PE led on the report, with assessors commenting on the qualitative data. It is not a significantly changed document from previous year, the trends remain consistent. Will be looking to publish the report following the Royal College vote so it does not get lost in all the other comms being released.</p> <p><i>ESC member comments:</i></p> <p>MS – the ultimate ambition is that all pharmacists will go through PRF credentialling. Are we happy with the current candidate numbers?</p> <ul style="list-style-type: none"> • JO – we would have predicted higher numbers, around 200 as opposed to 64. The Independent Prescribing qualification is the main drive for candidates to engage in the formal training programs, but are not incentivised to complete the rest of the portfolio. <p>MS – There is a 38% pass rate in Wales, with 30% pass rate in primary care. Is this a concern to RPS and those who deliver the formal program?</p> <ul style="list-style-type: none"> • JO – The Welsh program is commissioned by HEIW and delivered by Cardiff University. • LM – could the different e-portfolio platform used by the Welsh program impact the lower pass rate? <ul style="list-style-type: none"> ◦ AM – survey data suggests there is not a big difference in the experience of the portfolio platforms, both have their issues. • SR – low pass rates is a concern for Scotland although they are higher than in Wales. The aspiration should be for everyone to reach this level, so the numbers coming forward and passing is a concern. In Scotland, IP and research are challenges especially for Community pharmacists. The pass rates may cause more concern for Community pharmacists and disincentivise engagement. We have to ask if the assessment is achievable and realistic for community pharmacists? How many community 	<p>Investigate what might be driving the low pass rates for community and primary care pharmacists in PRF for reporting to FPAP</p> <p>Explore different ways of presenting the report data to stakeholders, e.g. infographics and podcasts</p>	<p>A&C team</p> <p>A&C team</p>	

	<p>pharmacists do we have on the assessment panels to help calibrate expectations?</p> <ul style="list-style-type: none"> MS – we don't want to create a narrative that secondary care pharmacists are “better” than community pharmacists/ We don't want to send a message that they don't need to engage with education, leadership or research and that four-pillar working isn't relevant to them. GQ – There may be pressure from employers that prevents people from sufficiently engaging with building their portfolios. FH – Need to help practitioners and their supporters realise how what they do maps to the four pillars and the different competencies, and to contextualise the curriculum to their practice. RS – Happy to try to get community pharmacists involved with assessing portfolios. JO – the pass rate is unacceptably low, and it is right ESC has focused in on this. We are pleased that community has engaged with the curriculum to the level they have, and are passing the same assessment as primary and hospital pharmacists which is a big step for the profession. We will look into what is driving the pass rates for community and primary care and report to FPAP. Panels always try to contextualise portfolios for community and have different expectations relating to collaborator numbers without diluting the standards. There is an assessor from Cardiff University on the panel for every Welsh candidate. SR – we need more engagement with community pharmacists to show that credentialing is something RPS does that is relevant to them. MS – as the role of pharmacists changes, the non-clinical pillars of practice become increasingly important. LM – will we show the data for integrated vs modular programs? <ul style="list-style-type: none"> JO – what we report is ultimately a decision for FPAP. LM - It will be helpful for people to get an insight into what it takes to support a candidate through the credentialing process. <p>MS – no taught program for Core Advanced, but they are receiving educational supervision from CPPE. Almost all candidates are from England, in a reverse from PRF .</p>		
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	<ul style="list-style-type: none"> JO - This is because there were 300 funded opportunities through CAP which targeted PCPEP alumni. This shows how funding drives engagement. <p>GM – big gender split in candidate numbers, across advanced and consultant, do we know why this is?</p> <ul style="list-style-type: none"> SR – we don't know what the denominator is because we don't know the gender split in the different sectors and levels of practice. RS – there are more females than males in the profession in general. <p>JO – still a relatively low pass rate, we are assessing all domains and the pass rates are relatively similar across all domains. We are assessing candidates here who think they are at or near advanced practice.</p> <ul style="list-style-type: none"> ADM – pass rates higher at resubmission, which shows the value of the feedback candidates are receiving. <p>HS – worrying that leadership has the lowest pass rates of all domains at consultant level as this should be important for a consultant pharmacist.</p> <ul style="list-style-type: none"> SR – many candidates are very strong clinically and in terms of research but may not be getting leadership and management opportunities within the workplace. This may be reflective of what is happening within job plans, and we should consider how we can help develop this. <p>HS - drops in pass rates may be explained by the fact that the earliest candidates were the most engaged and motivated</p> <p>RS – low representation of community pharmacists at all levels. Very few community pharmacists are practicing at consultant level but the ones who are may not see the value of being credentialled.</p> <ul style="list-style-type: none"> MS – may need consultant posts in place to drive engagement with individual credentialing. SR – no community consultant posts have come through, will take vision and change from employers to incentivise engagement. <p>ESC approved the annual report for publication.</p>		
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		<p>JO – we are producing a very valuable report and people do not realise that it exists. How do we encourage people who are involved in credentialing to read the report?</p> <ul style="list-style-type: none"> • SR – is there a way of condensing the data to pull out the highlights into a more distilled way to get the message report? In reality people aren't going to read and analyse the whole thing • FH – could we put out topline summaries for different groups, and an audio version? • GQ – could break it down by level so people can see what is relevant to them • MS – could produce posters for conferences and shows, get involved with community pharmacy annual conferences 			
5	Assessor Consensus Policy	<p>PE presented the paper which was developed due to an assessor changing their mind about an assessment outcome following a competence committee. RPS convened a new panel, which came at a cost and meant the candidate's result was delayed. There was no formal policy in place for this scenario which made dealing with it a challenge. This matter was brought up at APAP for a policy to be developed.</p> <p>APAP unanimously agreed that assessors should not be permitted to change their minds after a panel meeting has ended. Guidance has also been provided about what Chairs should do to help the group make a decision and what actions should be taken if a consensus cannot be reached. PE asked ESC to consider whether in these scenarios RPS should:</p> <ol style="list-style-type: none"> 1. Bring in a fourth assessor to review the contested domain(s) alone? 2. Reconvene the same panel with a fourth assessor or an RPS staff member to look at the contested domain(s)? 3. Set up a new panel to review the entire portfolio? <p><i>ESC member comments:</i></p> <p>LM – any decision made on the day should be final. Option 1 is problematic because it could lead to an impasse and assessment should not be based on “votes”? Option 2 seems proportionate.</p> <p>SR – agrees that decision should be final and option 2 is proportionate. Would a majority be acceptable in this scenario if a consensus truly can't be reached?</p>	<p>Draft and implement Changes to Assessor Consensus Policy as approved by ESC</p>	<p>A&C Team</p>	

		<p>GQ – if a panel can't agree a pass, then it should probably be a fail. Should there be requirements for a certain level of experience in the fourth person?</p> <p>AM – if a fourth person gets to review the domain themselves, what is to say that every portfolio can be assessed by one assessor?</p> <p>MS – can a panel agree that a majority verdict is acceptable for one domain early? With option 1 and 2 the fourth person is essentially making a final decision.</p> <p>JO – when this happened, we reconvened the panel with an experienced fourth assessor to look at the contested domain. This should not be a common scenario. Option 2 is the most comfortable option despite the increased administration required compared to option 1.</p> <p>Committee agreed that decisions made at a panel should not be rescinded and that Option 2 should be the policy for when a consensus cannot be reached.</p>		
6	Assessment & Credentialing 2025 workplan and strategic aims	<p>JO summarised A&C's workplan and strategic aims for 2025. He presented an audit against Cees van der Vleuten's utility index to show where how the assessment model is performing in different areas. Cost effectiveness and deliverability are the weakest areas. The biggest risks are:</p> <ul style="list-style-type: none"> • Assessor capacity, • Complexity of operational model • Pharmacist capacity to engage • System capacity and capability to support • Engagement by experienced workforce • Employer engagement (especially in community pharmacy) • Alternative assurance mechanisms • Data management • Royal College Outcome <p>JO explained the three projects taking place in 2025: Post-registration Foundation curriculum review, Core Advanced employer engagement strategy, and BAU optimisation, alongside BAU delivery. JO asked ESC to consider what success looks like for them? How can ESC as individuals and a committee support RPS to achieve success? How can ESC as individuals and a committee help support RPS to mitigate its strategic risks?</p>		

Education & Standards Committee Meeting

		<p><i>ESC member comments:</i></p> <p>LM – training providers should direct educational supervisors to become RPS assessors.</p> <p>SR – statutory education bodies can help drive engagement, NES have Core Advanced Champions to improve understanding of what's expected. Members may be able to help open doors for RPS to begin to engage with community pharmacy employers.</p> <p>GQ – academics can get involved with assessing portfolios. Pharmacy Schools Council want to get involved with PRF review as well as drive employer engagement as that is a priority for them.</p> <p>HS – do we engage with people who have already credentialed to become assessors and mentors? How can we engage people in our workplaces to get involved with mentoring and assessment?</p> <p>JO – we are hoping to drive culture change where RPS provides the infrastructure but the profession assures itself. Pharmacists don't consider that assessing portfolios is their job, assessment is looked at as an outsourced activity rather than something that RPS is facilitating.</p>		
7	Committee Renewal and Terms of Office	<p>We have some term renewals coming up, will be working to find appropriate representatives for the relevant areas.</p> <p>AC will be stepping down at end of term, and we will be looking for an internal interim chair. The role of ESC will likely be looked at as part of the governance review following the Royal College vote.</p>	Begin term renewal and recruitment process for ESC members and interim Chair	JO / PE / HC
8	AOB	<p>MS raised matter of the Royal College and asked what RPS can offer to help members drive engagement with the RC vote.</p> <ul style="list-style-type: none"> • JO – a toolkit will shortly be shared with governance members to show support for a 'Yes' vote if they wish. <p>CA – lots of people asked about credentialing in roadshows and webinars, there is a lot of interest and positive feeling about credentialing.</p> <p>JO – part of the work has been dispelling myths such as credentialing automatically becoming a requirement for pay progression or that people will have to be credentialed to be RPS members.</p>		

Education & Standards Committee Meeting

		Confirmed that the next meeting will be held in person at the RPS offices in London on 14 th May 2025. All current members will be invited to this.			
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Assembly Meeting 26th March 2025

25/03/ASB/02h - Open

Title of item	Education and Professional Development: October 2024 to January 2025 activities
Authors of paper	Helen Chang
Position in organisation	Associate Director for Education and Professional Development
Telephone	02075722297
E-mail	Helen.Chang@rpharms.com
Headline summary of paper	An update to Boards of education and professional development activities for the period October 2024 to January 2025
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

Education and Professional Development activities update to Assembly

1. Background

Education and professional development activity for October 2024 to January 2025 largely focussed on developing learning content and resources to support members, including e-learning, webinars, events and development programmes. We continued to deliver support for prescribers and have been collaborating with Health Education and Improvement Wales (HEIW) to provide a learning programme for pharmacists in Wales.

2. Summary of activity

2.1. Students

We continued to develop content to support the foundation training national recruitment scheme 2025/26 (Oriel). We have worked with experts to create a bank of high-quality practice questions to support third year undergraduate students prepare for the recruitment process, including situation judgement test questions and numeracy questions. Our practice questions will be a key element of the RPS support programme for students going forwards.

We are also in the process of planning a series of live webinars in collaboration with NHS England (NHSE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and British Pharmaceutical Students' Association (BPSA), about the practical aspects of the process, including an overview of recruitment and how to effectively approach preferencing of training placements. The webinars will be delivered in June 2025.

2.2. Foundation training

In Summer 2024, the pass rate for the General Pharmaceutical Council (GPhC) registration assessment was lower compared to previous years. Recognising the need for additional support, we developed extra resources for members planning to re-sit the Autumn 2024 assessment. These members received extended access to our mock assessment and had the opportunity to attend a webinar focused on re-sit preparation tips. The webinar was highly successful, with 178 members registering and describing the session as "*incredibly valuable*".

Our 2024/25 foundation trainee programme launched in September 2024, aiming to support effective practice development throughout the training year. We began the programme with a series of webinars, which currently have over 500 trainees registered. These webinars prepare trainees for key elements and milestones of foundation training. Sessions delivered to date include an overview of the training year, and how to utilise key pharmacy resources to support your practice, including the Medicines, Ethics and Practice guide, and clinical resources.

Plans are underway to deliver our "revising for the assessment" webinar in January 2025. Additionally, we are developing content for our revision course, with live webinars set to commence in March 2025.

2.3. Prescribing

We are in the process of delivering learning programme in collaboration with Health Education and Improvement Wales (HEIW) for pharmacists in Wales to deliver the Pharmacy Independent Prescribing Service (PIPS) with confidence. The programme is designed to equip pharmacists, mainly in primary care settings, with the essential knowledge, skills, and confidence needed to provide excellent patient care. So far, we have successfully delivered 22 training sessions across Wales on dermatology, ear respiratory, urinary tract and conditions affecting children. There are a further 10 sessions planned before April 2025 on children's health, and contraception. Further information about the programme can be found on our website: <https://www.rpharms.com/about-us/news/details/new-programme-to-enhance-prescribing-skills-in-wales>.

In October, we ran a 'Becoming a designated prescribing practitioner (DPP)' event in collaboration with the Royal College of Nursing. This was a multidisciplinary event with representation from nursing and paramedic healthcare professionals. This event came at a prudent time as the need for more DPPs within pharmacy increases in preparation for the training of trainee pharmacists graduating independent prescribers and requiring training as part of their foundation training.

In line with our activities focusing on the role of DPPs, we have also released two blogs authored by DPPs. The blogs focus on their experiences and journeys in becoming a DPP. It is hoped this will encourage others who may be considering the role but don't know where or how to get started.

2.4. Mentoring

We continue to see strong engagement on the mentoring platform; we have 2253 registered users. We regularly promote mentoring to members through our various communications and social media channels.

National Mentoring Day on 27 October 2024, was a significant event. The RPS expressed gratitude to all our mentors for their time and contributions to the profession. We also sent communications to members, highlighting the benefits of mentoring to encourage more sign-ups. As a result, we saw an increase in registrations on the platform, with 12 new mentors and 34 new mentees joining within a week.

On 9-10 November 2024, we attended the Neonatal and Paediatric Pharmacy Group national conference. We delivered a joint presentation with Janet Gilbertson, Chair of the Mentoring Advisory Group (MAG), about the benefits of mentoring. Our goal was to raise awareness of the RPS mentoring platform and demonstrate its value for pharmacists in all settings and career stages. In response to the successful reception we received and delegate feedback, we added neonatal and paediatrics to our list of skills on the mentoring platform, so members can now seek out a mentor with experience and expertise in this area.

As part of our annual review process, we sought feedback from members about our mentoring programme. In November, we sent a mentoring survey to all members

registered on the platform. Initial analysis of the results highlights the immense value of mentoring.

2.4. Educational webinars and events

We continue to deliver a range of live learning content to our members. Between October 2024 to January 2025, we have delivered five webinars. A summary of the sessions can be found in the table below.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
October	Exploring Human Factors (1): Truths, Myths and Practical Insights	168	95%
October	Recognising the symptoms of Lyme disease	236	100%
November	Exploring Human Factors (2): Connecting safer work practices across care boundaries – benefits of a systems approach	204	100%
November	Leadership roles in pharmacy	130	100%
January	Exploring Human Factors (3): Learning from patient safety investigations – greater improvement using Human Factors	248	100%

The final session in the Joint Royal College (JRC) Human Factors series will be taking place in February 2025.

2.5. Learning hub (e-learning)

We are developing a new digital learning platform to host all our educational and learning content. Members will be able to access learning in areas of common clinical conditions, mentoring, prescribing, professional practice and research & evaluation. We are currently preparing to launch several new e-learning resources in Q1 of 2025. This will be exclusive content that is only available to RPS members.

3. Next steps

In the next quarter we will focus on:

- Developing learning resources to support lifelong learning and continuing professional development, in the areas of women's health, cancer care and patient safety
- Preparing for the launch of our new e-learning resources
- Enhancing existing development programmes for students and foundation trainees
- Delivering new programmes to support new mentors and new prescribers

RPS Science and Research Committee Meeting Report

Meeting 1

Thursday 13th February 2025 at 11.00am – 1.00pm

Held via MS Teams

Attendees: Amira Guirguis (AG), Jayne Lawrence (JL), Cathrine McKenzie (CM), Ka-Wai Wan (KWW), Delyth James (DJ), Barrie Kellam (BK), Olaolu Oloyede (OO), Andy Fox (AF), Mar Estupinan (ME), Christine Bond (CB),

Claire Anderson (CA), Diane Ashiru-Oredope (DAO), Paul Bennett (PB), Kate Ryan (KR), Lauren Ross (LR), Heidi Wright (HW), Rebecca Braybrooks (RB),

1: Recognition

Title	Item 1. Introductions, apologies, declarations of interest and Developments (Chair)	Time of item: 11:00
Description	Introduction to the meeting and matters arising/developments since the last meeting	
Purpose	<p>To review significant developments since the last meeting Welcome to all members Apologies: Gill Hawksworth, Rachel Palmer, Hend Abdelhakim, Oisín Kavanagh Agree minutes/ notes from the previous meeting Declarations of interests (DOIs) AG appointment to ACMD SRC meeting dates</p> <ul style="list-style-type: none"> • Updated ToR (review of draft with tracked changes and approval before submission to Assembly) 	
Outcomes	To be agreed and completed at the meeting as a record	<p>The Chair welcomed members and guests to the meeting with apologies noted. The meeting report from the last meeting was confirmed and agreed as an accurate record with no changes. Any changes to DOIs please do forward these to RB. AG announced a declaration of interest which was her appointment to the ACMD. Congratulations were heard from the group. GH sent (via email) her congratulations to AG for her prestigious appointment. Dates for future meetings have been shared with a conflict being raised for the May date – it coincides with the Panel of Fellows meeting being held in person at 66ES. It was proposed to look again at diaries and share a further May date for the meeting. RB to action. There was some discussion and clarification on the amended ToR. This is now ready to submit to Assembly for ratification.</p>

Title	Item 2. Royal College Update (RPS CEO)	Time of item: 11:15
Description	An update from Paul Bennett	
Purpose	To relay an update on the Royal College, and the impact of these changes on the role of SRC.	

Outcomes	To be discussed and any actions agreed at the meeting
	<p>PB gave an update that covered:</p> <ul style="list-style-type: none"> • The constitution and governance review that was performed by Firetail • These review proposals were put to Assembly and recommendations agreed • The supported proposal for the Society to become a registered charity in Eng/ Wales and Scotland and amendments to the Charter to future proof and enable the business going forwards. • These changes would be reflective of a charity business. • Change in name – Royal College of Pharmacy • Privy Council/ King must grant charter changes and Charity regulator must approve, have received confirmation of acceptance of plans – approval will be sought following SRV. • Roadshows were held around the country with details report being produced: https://www.rpharms.com/about-us/change-proposals/charter-changes • This week we are publishing details of the charter changes – existing charter, tracked changes and narratives around these. • Webinar to be held on 19th Feb and 10th March • Feedback can be shared to the email address – feedback@rpharms.com • Governance – change Assembly to a Senate, 3 Boards become Councils. Board of Trustees – fiduciary elements and strategy. Senate moral/ strategy/ Councils have devolved healthcare interest • SRC will continue to work under the Senate and will stay as is • Will continue good working relationships with Northern Ireland, APTUK and other specialist groups <p>Discussions were heard around the new charter seeming to contain less Science and Research as it now states education. Working with other professional bodies and groups will continue, there have been no discussions with PhSC as yet.</p> <p>You can view the Charter and changes here:</p> <p>https://www.rpharms.com/change-proposals/</p>

2: Relevance

Title	Item 3. Science & Research Update (Deputy Chief Scientist/ WG co-Chairs (New Medicines and Emerging Technologies))	Time of item: 11:25
Description	An update from Dian Ashiru-Oredope and Ka-Wai Wan	
Purpose	<p>To relay an update on the</p> <ul style="list-style-type: none"> • 2024 RPS Science and Research stream at Annual RPS Conference (DA) • RPS OPERA 2025 award • RPS Hanbury 2025 award • Self-selection of P-meds call for evidence • S&R projects 	
Outcomes	To be discussed and any actions agreed at the meeting	
	<p>DAO gave a brief update from the Science and Research Team (SRT). This covered:</p> <ul style="list-style-type: none"> • Introducing the current SRT • Deliverables against the member offer, internal research support and professional leadership • SRT workplan for 2025 <p>SRT programme activities which included:</p> <p>SRT Projects</p>	

<ul style="list-style-type: none"> ○ Development and publication of Science in Practice blog on the RPS Website in collaboration with AmEAG. ○ Evidence Summaries <ul style="list-style-type: none"> · Paracetamol legislation – Team Scotland · Assisted dying medication efficacy – Team Scotland · RSV Vaccination - Team Scotland ○ Medication shortages project rapid scoping review and SSP analysis ○ NIHR eLearning module maintenance ○ Health Inequalities and Language Barriers Review ○ Kellie King (Scottish Clinical Leadership Fellowship) request for support with Women's Health survey design ○ A&C survey development & dissemination (planning stages, expected to add to workload in Jan/Feb 2025) ○ Internal evaluation enquiries <ul style="list-style-type: none"> ○ Since November 2024, SRT have received and responded to 4x internal enquiries regarding impact/service evaluations and how to best incorporate these thoughts into project planning to ensure a valuable evaluation can be conducted following/during a project ○ Conference research workshop development <ul style="list-style-type: none"> ○ Developing workshop plans and templates which can be presented at various pharmacy conferences throughout the year. ○ Early Career use of science blog <ul style="list-style-type: none"> ○ Drafting comms to be sent to Early Careers EAG. ○ Workforce wellbeing 2024 	<p>Outreach Work</p> <ul style="list-style-type: none"> ○ RPS 2024 Intern – Day with SRT ○ Hosting of work experience students <p>Funding and Grants</p> <ul style="list-style-type: none"> ● Collated science outreach grants to explore potential funding opportunities for the Science and Research Team (SRT). <p>Numerous further projects including: Member Support Services, Web Development and Resource Updates, Research Events, EAG Management, Publications and Abstracts, Events Attended on behalf of RPS and the RPS Annual Conference</p> <p>DAO thanked SRC for their help with the RPS Conference programme and abstract process.</p> <p>AG thank you for all your broad range of outputs.</p> <p>DAO also mentioned media requests and consultation responses, these have been well received. Please do respond even if you don't have full expertise. It will be good to identify the cohort for responses on numerous topics. DAO thanked AG for her timely media responses.</p> <p>Messages of thanks and well done were received from numerous members of the SRC and PB.</p> <p>CB DAO (thank you) UK research workforce (looking at job descriptions and research embedding – looking to prepare a template to use) and strategy to follow.</p>
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Title	Item 4. SRC Update from Working Groups & Projects (Chair)	Time of item: 11:50
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 (Need to recruit a new Chair) 	
Outcomes	To be agreed and completed at the meeting as a record	
	<ul style="list-style-type: none"> • New Medicines and Emerging Technologies WG – Ka-Wai <p>WG met before Christmas and the recap was lessons from RPS Conference. Learnings on thoughts on presentations. Broad variety of interest and focus, MHRA speaker enforcement colleagues discussion. Cancer immunotherapy interesting overview of performed clinics. Writing PJ article on this area how pharmacy can be involved. Very well received as hybrid model.</p> <p>Learning objectives concern undergraduate profile – research – pharmacists need research embedding into studies.</p> <p>Held discussions on the next thing once finished with the PJ article, other drug delivery/ microneedles</p> <p>Pharmacogenomics is developing and resources can be provided in that area in NHS CK - genomics Southampton gone live, lots of engagement. To come back and share case study at future meeting.</p> <p>AG – education post grad GPhC concerned learning outcomes reducing science and increasing clinical outcomes. Stds to uphold (BK)</p> <p>BK – invite to present at a future PhSC meeting and debate this</p> <p>AG – check with RPS education team – Joseph and Helen. Multiple curriculum are available</p> <ul style="list-style-type: none"> • Research across the Profession WG – CK <p>Conference update we were delighted with submissions. For future events we will provide further support/ instructions and give rehearsals with plenary session for presenters and their presentations. Give more support to really showcase the best.</p> <p>OPERA award went well (CB)</p> <p>Nationally funded PhD fellows to add to conference</p> <p>HSRPP have postponed this year's event and will work with PRUK and SRT</p> <p>PRAG – interested in research pharmacy, change the culture. Developing high level research strategy – up for consultation. Value of protected time. Coming up with template to share and adopt. Systematic approach, review job descriptions.</p> <p>Incubator award for university of Leicester, increasing capacity or research in pharmacy. Survey to collect responses.</p> <p>NIHR pre doctoral fellowship is out currently. Suport for a masters...PhD application</p> <ul style="list-style-type: none"> • Safer Medicines and Safer Medicines Usage WG - AF <p>Human factors webinars. Claire Taylor has been instrumental and very engaged. Realisation don't have enough time to run the group would like to continue great work already started and working with RPS teams.</p> <p>AG expressed thanks to AF and asked if anyone wanted to come forward as Chair of the WG.</p>	

Title	Item 5. Proposal for a new working group on Substance use and diversion of medicines (Chair)	Time of item: 12:20
Description	SRC to discuss emerging matters of interest	
Purpose	<p>Consultations:</p> <ol style="list-style-type: none"> 1. Standardised packaging for all tobacco products 2. Medical devices regulations: routes to market and in vitro diagnostic devices. MHRA consultation. 05 Jan 2025. Here. <p>Media enquiries</p> <ol style="list-style-type: none"> 1. Lipanovic, D. UK needs robust vaccine development sector to prepare for next pandemic, says House of Lords committee. <i>The Pharmaceutical Journal</i>, PJ, December 2024, Vol 313, No 7992;313(7992)::DOI:10.1211/PJ.2024.1.340207. Published on 09 Dec 2024 here. 2. Burns, C. Naloxone kits should be more widely available for drug users, coroner's report says. <i>The Pharmaceutical Journal</i>, PJ, January 2025, Vol 314, No 7993;314(7993)::DOI:10.1211/PJ.2025.1.343616. Published on 15 Jan 2025 here. 3. South West Londoner Article on anti-spiking campaign 4. Burns, C. Weight-loss drug use linked to reduced risk of substance misuse, study shows. <i>The Pharmaceutical Journal</i>, PJ, January 2025, Vol 314, No 7993;314(7993)::DOI:10.1211/PJ.2025.1.343955. Published on 20 Jan 2025 here. <p>Discuss the need for a new Rapid Response Team for issues related to 'Substance Misuse'</p> <p>Agree 2025 priorities</p> <p>Potential new policy and education practice areas:</p> <ul style="list-style-type: none"> • Current and future threats • New medicines of interest – Ketamine, gabapentinoids, codeine • GPhC tightening of prescribing weight loss medicines online: The RPS could work to support the GPhC's guidance changes by providing best-practice guidance for pharmacists in both public and private sectors. This would include ensuring that pharmacists are equipped to manage ethical concerns around online prescriptions, address potential drug shortages, and advocate for safe, evidence-based weight loss treatments. The RPS could also lobby for stronger regulatory frameworks in private prescribing practices. • Increasing deaths from opioids in prisons: RPS could issue a policy statement advocating for safer opioid prescribing in prisons, develop harm reduction strategies, and create educational materials for pharmacists working in custodial settings to mitigate overdose risks. • Change in cannabis legislation • Cosmetics – injectables/ POMs 	
Outcomes	For information and discussion	
	<p>Substance misuse – it would be good if SRC/ RPS was to be a part of this work going forwards.</p> <p>CB - IJPP themed issue on substance misuse.</p> <p>HW update on policies – will come from Board meetings in coming weeks. Will attend a follow up meeting to outline NPB priorities for the work plans – these include: Women in Health, AI, Cancer therapies plus numerous other programmes still being worked on and new priorities.</p> <p>SRC to support across devolved nations.</p>	

Title	Item 6. SRC Update - Policy	Time of item: 12:40
Description	SRC to hear from SRC Chair and Policy Leads	
Purpose	<p>Outstanding item – RPS E-Cig policy</p> <ul style="list-style-type: none"> Vaping – Statement shared with Policy Leads to support campaign against vaping among children, young people and those who never smoked (following the publication of 1) the fact sheet from ASH (July 2024) https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf?v=1723555613 and 2) the BMA calls for action (28/08/2024) https://www.bmj.com/content/386/bmj.q1877#:~:text=The%20BMA%20is%20urging%20the,who%20have%20never%20smoked%20tobacco. <p>"The Royal Pharmaceutical Society recognises the potential role of e-cigarettes in helping adult smokers quit tobacco. However, we are increasingly concerned about their use among children, young people, and those who have never smoked. While e-cigarettes may be less harmful than traditional tobacco products, they are not without risk, and there is still scientific uncertainty regarding their long-term effects.</p> <p>We advocate for measures that minimise the exposure of young people and non-smokers to e-cigarettes. This includes restricting the use of sweet flavourings and enforcing age verification processes to prevent underage sales. E-cigarettes should be seen as one of several harm reduction tools for adult smokers, but they should not be promoted to those who do not already use tobacco.</p> <p>Our goal is to protect public health by supporting smokers in quitting while preventing the uptake of vaping by non-smokers. Please consult your pharmacist for professional advice on smoking cessation and the safe use of nicotine-containing products."</p>	
Outcomes	To be agreed and completed at the meeting as a record	
	<p>Proposed statement was prepared in September 2024 in relation to changes in vaping. We need to review the current situation as the message won't sit as well as it would have done making it non-relevant.</p> <p>AG – to bring an update / review</p> <p>HW – consultation responses do make a difference in policy changes. All are published on the website.</p>	

3: Any Other Business

Title	AOB, Chair	Time of item: 12:50
Description	Any other business beyond the agenda for wider discussion	
Purpose	<p>An opportunity for SRC members to raise items for discussion not included in the agenda</p> <ul style="list-style-type: none"> Ethylene glycol in children (Ka-Wai Wan) 	
Outcomes	To be discussed and any actions agreed at the meeting as a record	
	<p>No specific risks in children can be found – manufacturers have already done research in UK</p> <p>2017 MHRA and EHA produced guidance on propylene glycol.</p>	

	<p>WHO falsified medicines/ oral liquids recalls in east Asian countries not Europe or surrounds</p> <p>No huge concern on ethylene or propylene glycol at this current point in time.</p> <p>The Chair thanked committee members and guests for joining a productive and informative meeting.</p>
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**ROYAL
PHARMACEUTICAL
SOCIETY**

Assembly Meeting 26th March 2025

25/03/ASB/2i – Open

Title	RPS Science and Research Committee (SRC) Terms of Reference – 2025 Update
Open, confidential or restricted	Open
Author (include email/phone)	Amira Guirguis amira.guirguis@swansea.ac.uk
Position	Chair, Science & Research Committee
Director responsible	Paul Bennett, Chief Executive
Purpose of item (for noting/discussion/decision/approval)	For approval
Item Summary	Updated Terms of Reference for the RPS Science & Research Committee
Related Risk Register item (where applicable)	N/A
Related RPS Strategy item (where applicable)	Leadership
Actions/decisions required of the Assembly	Approval of updates to the Terms of Reference which has been agreed by the Science and Research Committee members and the RPS Deputy Chief Scientist (on behalf of the RPS Chief Scientist)

ROYAL PHARMACEUTICAL SOCIETY



RPS Science and Research Committee (SRC)

Purpose

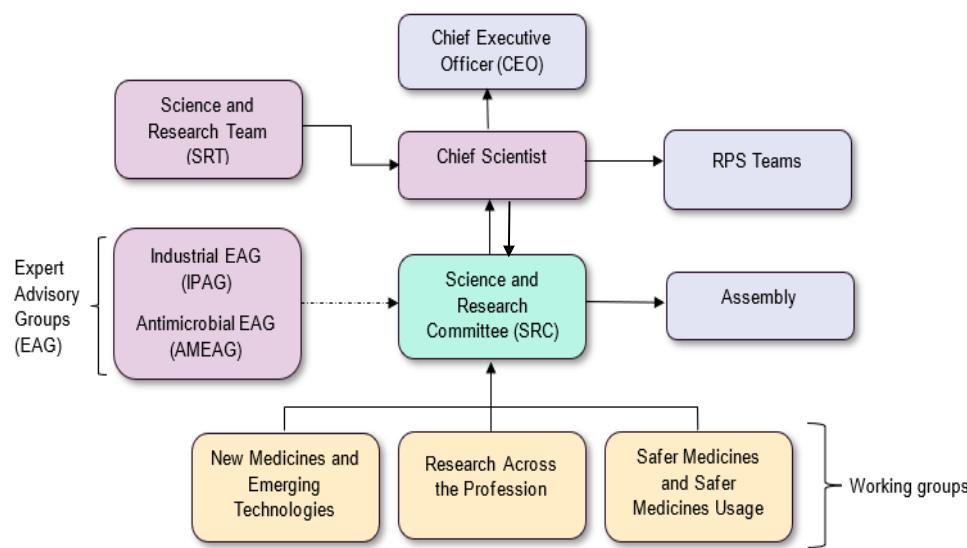
The RPS Science and Research Committee (SRC) provides strategic leadership, advocacy and expert advice around pharmaceutical science and pharmacy research, across Great Britain, and as part of the RPS role internationally.

The SRC is responsible for supporting the RPS Assembly in setting the strategic direction and providing oversight of the delivery and advancement of the RPS strategic imperatives around pharmaceutical science, research and evaluation, developing its aims, objectives and goals in accordance with the Regulations of the RPS.

The SRC does not have a role in determining RPS national policy, which remains the remit of the National Boards. However, the work of SRC will inform RPS policy through thought leadership and support with consultation responses.

Governance and Reporting

The SRC forms part of the formal governance structure of the RPS and is directly accountable to the RPS Assembly.

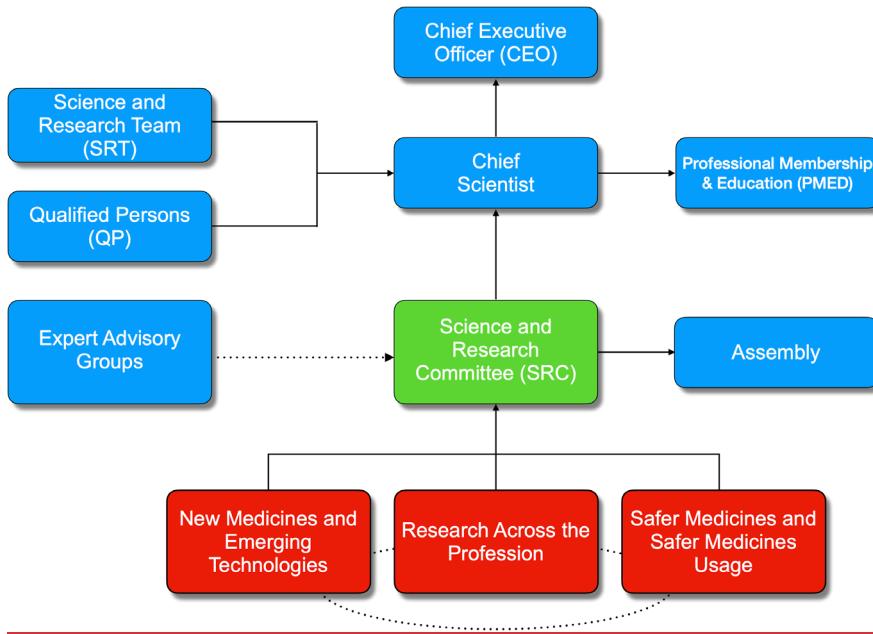


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The SRC works with the RPS National Boards for England, Scotland and Wales, as well as closely with the Education and Standards Committee.

It is suggestedadvisable that the following groups will inform and advise the SRC: -

- RPS Conference Research Panel
- The RPS Industrial Pharmacy Advisory Group
- The RPS Antimicrobial Expert Advisory Group
- Medicines shortages Advisory Group
- Other forums or advisory groups related to science and research as may be established

The SRC will also work with other RPS groups on specific work streams when appropriate including, the RPS Hospital Expert Advisory Group, the RPS Early Careers Pharmacist Advisory Group, The RPS Primary Care Pharmacist Expert Advisory Group, and the RPS Community Pharmacy Expert Advisory Group.

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Commented [SRT1]: I believe this is a short-term group set up for 2024, embedding in ToR not needed?

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3. Oversee the RPS Science and Research Strategy and Programmes, with a particular concern for RPS reputation in line with the objectivesobjects of the RPS ([hyperlink to charter](#))([RPS Royal Charter](#)). ← Formatted: Font: Strikethrough
4. Report to the RPS Assembly annually on the performancedeliverables, outcomes and resource management of the RPS Science and Research Strategy and programmes. ← Formatted: Font: Strikethrough
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6. Ensure that the RPS Science and Research Strategy operates in line with the Society's objectivesobjects. ← Formatted: Font: Highlight
7. Lead on developing thought leadership papers to inform the profession and the RPS National Boards about science in relation to policy development. ← Formatted: Font: Highlight
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12. Maintain awareness of Science and Research as integral to pharmacists, pharmaceutical scientists and the wider pharmacy profession. ← Formatted: Font: Highlight
13. Promote pharmaceutical science and pharmacy research on behalf of and to the RPS membership and the pharmacy profession, including collaborating with and supporting the work of the Pharmaceutical Press team. ← Formatted: Justified, Indent: Hanging: 0.85 cm, Tab stops: Not at 3.01 cm
14. Represent the RPS and the profession at appropriate meetings, functions and events in the context of pharmaceutical science and pharmacy research. ← Formatted: Font: Highlight
15. Work closely with the Education and Standards Committee to ensure all pharmacists are supported to acquire and maintain a core scientific knowledge base. ← Formatted: Justified, Tab stops: Not at 3.01 cm
16. Support the Chief Scientist/ or the Deputy Chief Scientist, and the SRT with media queries. ← Formatted: Font: Highlight
17. Have a central role in conference planning in all matters related and curating the relevant conferences, maintaining relevance to Sciencecurrent and Research Membershipfuture subject matter. ← Formatted: Highlight

The SRC will not exceed 20 members who will be appointed by the SRC Chair and RPS Chief Scientist. SRC members will be appointed following an open call for nominations or by direct appointment. The composition of the SRC should reflect the full spectrum of expertise across the profession relating to pharmaceutical science and pharmacy research as well as regional and country interests. The SRC membership draws from the breadth of academic, industrial, hospital, community, clinical and regulatory settings.

The RPS has ultimate responsibility for the constitution of the group. SRC members shall:

- I. Be nationally and ideally internationally recognised as an expert in the pharmaceutical sciences or pharmacy related research (nominees should be at the forefront of practice **or as early-career individuals, show potential in their trajectory**).
- II. Have a high level of involvement in institutional roles and professional organisations.
- III. Have broad discipline expertise (broad knowledge and expertise in a relevant specialty research area and/or multidisciplinary experience in two or more discipline areas is desirable – specialists and generalists).
- IV. Have relevant experience in academia, industry, voluntary or public sector organisations.
- V. Have experience in coordinating research activity including an understanding of the needs of end users in higher education, business and industry.
- VI. Have experience representing organisations or professions to the public and including the media.
- VII. Be a member of RPS (where eligible).
- VIII. Have a high professional standing and reputation **or be on the right trajectory to develop this if early career**.
- IX. **Are expected to attend and actively contribute to the SRC and working group meetings and activities (see 'ways of working' below).**

The RPS President will be invited to attend SRC meetings with observer status, while the RPS Chief Executive Officer (CEO) will have a standing invitation to all meetings. The Chairs of the RPS Education and Standards Committee, the Industrial Pharmacy Advisory Group and the Antimicrobial Expert Advisory Group will be invited to attend SRC meetings in an ex officio capacity, with a reciprocal proposal for the SRC Chair to attend their respective meetings. Additionally, members of the Policy Team, Press Office, Science & Research Team and other relevant staff will be invited to attend SRC meetings as appropriate. The Chief Scientist is a member of the SRC. The Deputy Chief Scientist may represent the Chief Scientist or the Science & Research Team as appropriate. The RPS President will be invited to SRC meetings and have observer status and the RPS Chief Executive Officer (CEO) will have a standing invite to meetings. The Chair of the RPS Education and Standards Committee, the Industrial Pharmacy Advisory Group, Antimicrobial Expert Advisory Group and Medicine Shortages Advisory Group will be invited to attend meetings of the SRC as an ex officio with a proposal for a reciprocal invitation for the SRC Chair to the respective meetings. Similarly, members of the Policy Team and Press Office (and others) will be invited to attend relevant meetings of the SRC as appropriate.

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| [ESC meetings](#)

Ways of Working

- I. The group will meet formally ~~three~~ four times a year by either in-person, teleconference or blended meetings as required, ~~with one meeting taking place in person~~.
- II. ~~All SRC members are expected to attend at least three of the four yearly SRC committee meetings, as well as the meetings of the Working Groups (WG) to which they are assigned. Those unable to attend more than one meeting are encouraged to provide written input or feedback in advance to ensure continued contribution to the committee's work. Members who do not actively engage with the SRC and its Terms of Reference (ToR) may be asked to step down from their role. All SRC members are expected to attend at least 32 of the 43 yearly SRC committee meetings held as well as the meetings of the Working Groups (WG) to which they are assigned. Those not engaging with attending the SRC and its ToR requisite number of meetings may be asked to stand down from the SRC.~~
- III. The SRC will be supported by an RPS ~~Business Manager~~ Administrator who will: notify members in writing of the time, date and place of a meeting at least 28 days in advance of a regular meeting; take notes of the meeting and prepare and circulate an action-oriented meeting report ~~a written minute~~.
- IV. ~~Each SRC member will be assigned to one main WG with the exception of the Chair of SRC who may be a member of more than one WG and the Chief Scientist who will be extended an invitation to all WG meetings.~~
- V. Members are expected to contribute to topic specific ~~WG~~ short life working groups (SLWG) according to their expertise ~~(additional non-panel members can be co-opted into WG~~ SLWG ~~as necessary)~~. Meetings of ~~WG~~ SLWG shall be called as necessary with reasonable notice, including in emergency, by the nominated Chair(s) of the working group or the Chair or Deputy Chair of the SRC.
- VI. The majority of interactions outside of the ~~face-to-face~~ four committee meetings will be virtual, by email or through online platforms.
- VII. ~~Prior to each meeting, members~~ Members will declare any interests that may be or may be seen as a conflict of interest to the work underway.
- VIII. All papers, discussions and correspondence relating to the work of the SRC are to be treated as confidential (unless explicitly informed otherwise).
- IX. The Chair of the SRC is responsible for reporting the activities and deliverables of the group to the RPS Assembly: ~~the Chief Scientist will ensure communication to other~~ RPS Boards and Panels.
- X. SRC members are permitted to have their SRC membership listed in public documents. When appearing in a public context, however, members should not permit any confusion with respect to whether or not they are speaking in their role as an SRC member.

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XI. SRC members must treat all discussions relating to the work of the SRC as confidential unless otherwise directed.

XII. Every member of the SRC must adhere to the Code of Conduct and Code of Conduct for Members of RPS Governance Bodies.

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XIII. Members should also adhere to codes applicable to their respective disciplines and institutions.

The option of one place at the SRC meeting will be made available to a representative from the National Boards who will have observer status; it is expected that this one representative will be from the English, Scottish or Welsh National Boards on a rotational basis. In addition, the aim of this is to promote close working between the SRC and National Boards and alignment across RPS work streams and objectives.

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Terms of Office

The term for members to sit on the SRC is three years with a second term possible in order to stagger turnover of membership. Previous membership of the group is not a bar to reappointment at a later date. It is expected if a member no longer meets the member specification, e.g. if their role changes, that they would step down. In case of retirement from scientific activities, members may remain on the group for one year following retirement or until the end of their three-year term, whichever is sooner.

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Refreshing Membership

When vacancies occur on the SRC, an invitation for new members to join the SRC will be circulated appropriately. This will be done as need arises, or as a minimum every three years. Those interested should submit the required paperwork and their CV to the Chair of the SRC. **On occasion, it may be necessary to co-opt specific expertise onto the SRC (e.g. as a member of a WGS/SLWG).**

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Chair

The position of Chair is held for a maximum period of three years. Appointment of a new Chair will be undertaken through an open call and interview process.

A member applying for Chair should declare any actual or potential conflicts of interest. It is widely accepted that professional experts will be asked to sit on various committees and groups nationally and internationally and that such external recognition would not preclude appointment to Chair of the SRC.

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Reimbursement

Travel expenses, in line with the current RPS Travel Policy, will be reimbursed when the RPS requires the SRC to meet in person. Members are expected to book using the cheapest available fare and book early where possible.

*August
2024*
*February
2023*



RPS Science and Research Committee (SRC)

Purpose

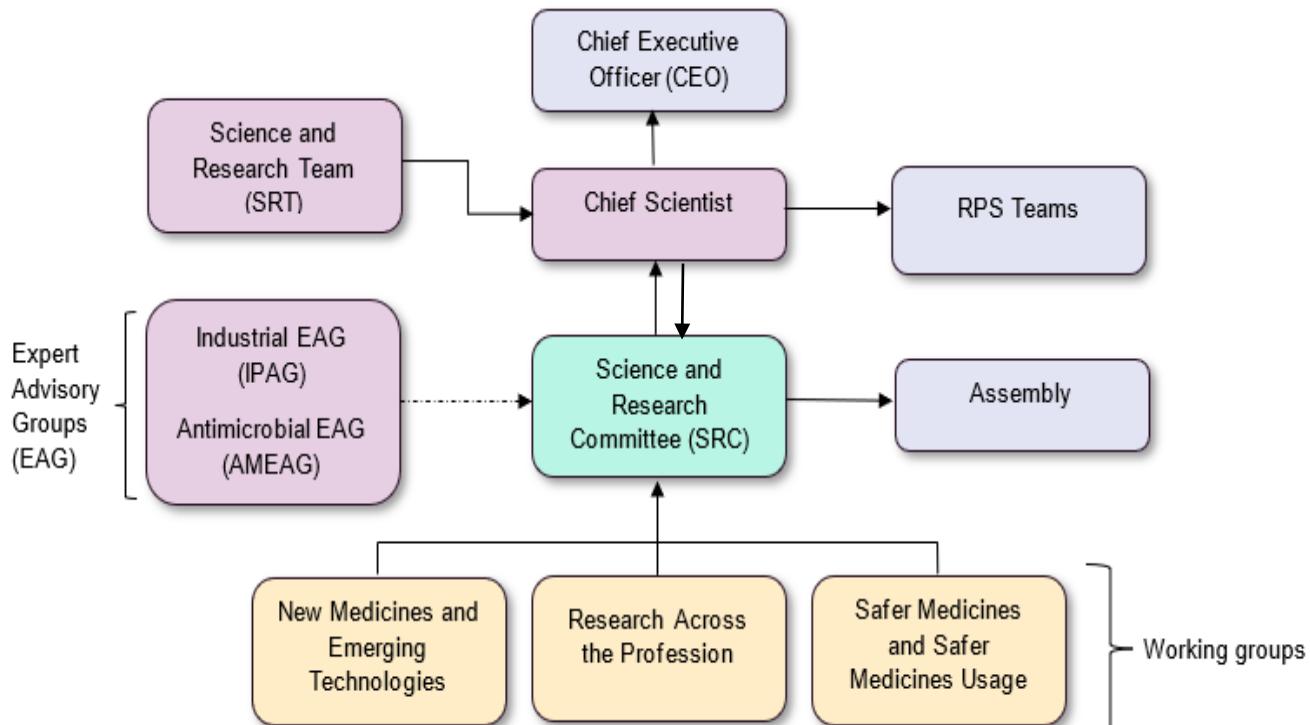
The RPS Science and Research Committee (SRC) provides strategic leadership, advocacy and expert advice around pharmaceutical science and pharmacy research, across Great Britain, and as part of the RPS role internationally.

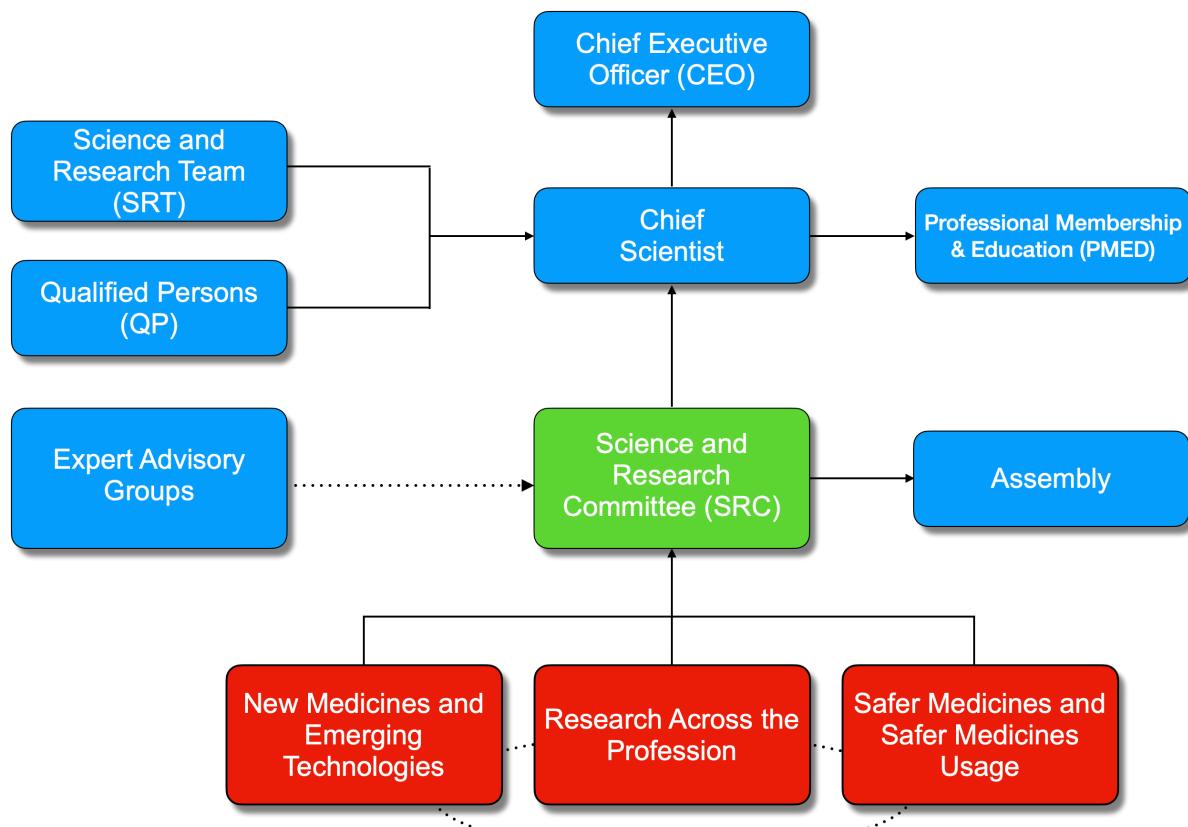
The SRC is responsible for supporting the RPS Assembly in setting the strategic direction and providing oversight of the delivery and advancement of the RPS strategic imperatives around pharmaceutical science, research and evaluation, developing its aims, objectives and goals in accordance with the Regulations of the RPS.

The SRC does not have a role in determining RPS national policy, which remains the remit of the National Boards. However, the work of SRC will inform RPS policy through thought leadership and support with consultation responses.

Governance and Reporting

The SRC forms part of the formal governance structure of the RPS and is directly accountable to the RPS Assembly.





The SRC works with the RPS National Boards for England, Scotland and Wales, as well as closely with the Education and Standards Committee.

It is suggested the following groups will inform and advise the SRC: -

- The RPS Industrial Pharmacy Advisory Group
- The RPS Antimicrobial Expert Advisory Group
- Other forums or advisory groups related to science and research as may be established

The SRC will also work with other RPS groups on specific work streams when appropriate including, the RPS Hospital Expert Advisory Group, the RPS Early Careers Pharmacist Advisory Group, The RPS Primary Care Pharmacist Expert Advisory Group, and the RPS Community Pharmacy Expert Advisory Group.

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Specifically, the SRC will: -

1. Advise the RPS Assembly on pharmaceutical science and research relevant to pharmacy.
2. Support the overall direction and development of the RPS Science and Research Strategy.
3. Oversee the RPS Science and Research Strategy and Programmes, with a particular concern for RPS reputation in line with the objectives of the RPS ([RPS Royal Charter](#)).
4. Report to the RPS Assembly annually on deliverables, outcomes and resource management of the RPS Science and Research Strategy and programmes.
5. Report to the RPS Assembly on matters of material risk as and when they arise.
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7. Lead on developing thought leadership papers to inform the profession and the RPS National Boards about science in relation to policy development.
8. Provide advice and source of expertise to the National Boards of the RPS on pharmaceutical science and pharmacy research.
9. Inform, support and contribute to the work of the RPS including professional standards, guidance and professional policy and responses to consultations.
10. Share intelligence and maintain an overview of current and possible future development and emergent issues in pharmaceutical science and pharmacy research.
11. Provide a wide range of perspectives and facilitate stakeholder engagement across all areas of pharmaceutical science and research.
12. Maintain awareness of Science and Research as integral to pharmacists, pharmaceutical scientists and the wider pharmacy profession.
13. Promote pharmaceutical science and pharmacy research on behalf of and to the RPS membership and the pharmacy profession, including collaborating with and supporting the work of the Pharmaceutical Press team.
14. Represent the RPS and the profession at appropriate meetings, functions and events in the context of pharmaceutical science and pharmacy research.
15. Work closely with the Education and Standards Committee to ensure all pharmacists are supported to acquire and maintain a core scientific knowledge base.
16. Support the Chief Scientist/ or the Deputy Chief Scientist, and the SRT with media queries.
17. Have a central role in planning and curating the relevant conferences, maintaining relevance to current and future subject matter.

The SRC will not exceed 20 members who will be appointed by the SRC Chair and RPS Chief Scientist. SRC members will be appointed following an open call for nominations or by direct appointment. The composition of the SRC should reflect the full spectrum of expertise across the profession relating to pharmaceutical science and pharmacy research as well as regional and country interests. The SRC membership draws from the breadth of academic, industrial, hospital, community, clinical and regulatory settings.

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- VI. Have experience representing organisations or professions to the public and including the media.
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Date: February 2025

Review date: January 2026



Assembly Meeting 25th March 2025

25/03/ASB/02j - Open

Title	Inclusion and Diversity update
Open, confidential or restricted	Open
Author (include email/phone)	Amandeep Doll amandeep.doll@rpharms.com 0207 572 2353
Position	Head of Professional Belonging and Engagement
Purpose of item	Inclusion and Diversity update to Assembly to ensure accountability of delivery.
Item Summary	This paper provides an update on Inclusion and Diversity Strategy programme delivery for Q4 2024 and Q1 2025 and upcoming activity for 2025
Related Risk Register item (where applicable)	<ul style="list-style-type: none">• RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy• Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to RPS Inclusion and Wellbeing pledge• Staff absence and sickness All risks have been mitigated against
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	None

Inclusion and Diversity Update

Background

[**RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy**](#)

[**2020 – 2025**](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession.

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

Summary of activity to date

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

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

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

The next meeting will be held in March to establish the next steps and actions.

2. Drumbeat Events and Celebrations

a. Disability Awareness Month (December)

To raise awareness for Disability Awareness month we have reshared previously created content including Abilities webinar series and the disability microaggressions references

b. International Men's Day (December)

A pharmacist has written a blog about the importance of focusing on men's health

c. LGBTQ+ History Month

We shared our LGBTQ+ microaggressions resources across social media channels

d. International Day of Women and Girls In Science

We shared a previous webinar focusing on the importance of raising the profile of women in science and research.

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

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

The document has been consulted with the ABCD group and will be finalised and published in June in Pride Month.

4. ABCD Meetings

a. December ABCD Meeting

The focus of the December ABCD meeting was to celebrate the activity achieved across the year. It was also an opportunity to celebrate the PJ Women to Watch 2025 winners. We heard from 3 winners from this year and a winner from a previous year to reflect on the impact of being recognised.

b. February ABCD Meeting

The February ABCD meeting, was an opportunity to consult on the resource that has been drafted by ABCD volunteers. The resource is to support universities to embed LGBT+ topics into their teaching.

Upcoming activity

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

5. Planning for future drumbeat events

In partnership with the following pharmacy organisations:

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

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

- International Women's Day
- South Asian Heritage Month
- South East Asian Heritage Month
- Black History Month

6. Inclusion and Diversity 2025 Workplan

a. Inclusion and Diversity Programme Review (2025)

In 2024, we commenced a review of the RPS Inclusion and Diversity programme to determine its impact on the pharmacy workforce and to evaluate how effective the programme has been in meeting its original aims and objectives.

The programme review is being undertaken in 2 workstreams:

- **Workstream 1** In April, we will be consulting with the profession on the literature review and sharing the results of the I&D evaluation survey which was conducted in June 2023. As the profession wide inclusion and diversity survey received 632 responses we would like to check the themes identified to develop the updated inclusion and diversity strategy.
- **Workstream 2** through completion of the [Diversity and Inclusion Progression Framework 2.0](#) created by the Royal Academy of Engineering and the British Science Council we will assess how well I&D has been embedded internally across our products and internal governance structures to identify what we are doing well and how we can improve.

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

Assembly Meeting – 26 March 2025

Title of item	2025 Events Calendar
Author of paper	Hanna Jenvey
Position in organisation	Head of Event Operations
E-mail	Hanna.jenvey@rpharms.com
Headline summary of paper	To note the calendar of dates for events planned so far for the coming year.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Notes	<ol style="list-style-type: none">1) Prepared 6 March 20252) Details events known at this stage. Additional events are added throughout the year in line with workplans and the number of events allocated to each department per year, changing priorities in external landscape and commercial partnerships.3) Estimate attendance is approximately 30% lower than registration volumes to allow for no shows and cancellations.

RPS Live Calendar 2025

Notes:

1) Prepared 6 March 2025

2) The below details all calendar events known at this stage. Additional events are added throughout the year in line with workplans and the number of events allocated to each department per year, changing priorities in external landscape and commercial partnerships.

3) Estimate attendance is approximately 30% lower than registration volumes to allow for no shows and cancellations.

Month	Date	Name	Theme	Career Stage	Audience	Cost	Online/In person	Status	Recorded for RPS Webinars Hub	Attendance (estimate)
January	15	RPS UCL School of Pharmacy New Year Lecture	Engagement	Pharmacist	Members and non-members	Free	In-person	Delivered	No	150
January	20	Foundation Webinar series - Revising for the registration assessment	Education	Foundation Trainee	Members	Member benefit	Online	Delivered	Yes	289
January	21	Joint Royal Collage webinar series: Human Factors (3)	Education	Pharmacist	Members and non-members	Cost for non-members	Online	Delivered	Yes	104
January	22	NHS 10 Year Plan Event	Engagement	Pharmacist	Members and non-members	Free	Online	Delivered	Yes	28
January	23	Thinking of prescribing? How to get started with confidence	Careers	Early Careers Pharmacist	Members	Member benefit	Online	Delivered	Yes	56
January	30	(Ivy Bush) Shaping the future of Pharmacy in Wales	Policy	Pharmacist	Members and non-members	Free	In-person	Delivered	No	30
February	5	(Cardiff RPS) Shaping the future of Pharmacy in Wales	Policy	Pharmacist	Members and non-members	Free	In-person	Delivered	No	35
February	5	Digital Pharmacy Expert Advisory Group Meeting	Business meetings	All career stages	Members	Member benefit	Online	Delivered	No	5
February	6	Hospital Expert Advisory Group Meeting (HEAG)	Business meetings	All career stages	Members	Member benefit	Online	Delivered	No	21
February	11	Assembly Meeting (Open business)	Business meetings	All career stages	Members	Member benefit	Hybrid	Delivered	No	0
February	12	(Faenol Fawr) Shaping the future of Pharmacy in Wales	Engagement	Pharmacist	Members and non-members	Free	In-person	Delivered	No	24
February	18	Action in Belonging, Culture and Diversity (ABCD) Meeting: Enabling the delivery of LGBT+ education in Pharmacy Undergraduate programmes	Inclusion & Diversity	All career stages	Members and non-members	Free	Online	Delivered	Yes	10
February	19	Understanding the proposed changes to RPS Royal Charter	C&G	Pharmacist	Members and non-members	Free	Online	Delivered	Yes	131
February	21	Welsh Pharmacy Board Meeting (Open Business)	Business meetings	All career stages	Members	Member benefit	Online	Delivered	n/a	1
February	25	Joint Royal Collage webinar series: Human Factors (4)	Education	Pharmacist	Members and non-members	Cost for non-members	Online	Delivered	Yes	113
February	26	Introduction to the Post-registration Foundation curriculum and how to get started	Careers	Early Careers Pharmacist	Members	Member benefit	Online	Delivered	Yes	15
February	26	English Pharmacy Board Meeting (Open Business)	Business meetings	All career stages	Members	Member benefit	Online	Delivered	Yes	3
February	27	RPS Scotland Recognition Event	Engagement	All career stages	Members	Member benefit	In-person	Delivered	n/a	49
February	28	Scottish Pharmacy Board Meeting (Open Business)	Business meetings	All career stages	Members	Member benefit	Online	Delivered	Yes	0
March	4	Primary Care Pharmacy Expert Advisory Group Meeting (PCPEAG)	Business meetings	All career stages	Members	Member benefit	Online	Delivered	No	4
March	5	(Online) Shaping the future of Pharmacy in Wales: Students	Policy	Student	Members and non-members	Free	Online	Delivered	No	14
March	10	(Online) Shaping the future of Pharmacy in Wales	Policy	Pharmacist	Members and non-members	Free	Online	LIVE	No	40
March	10	Foundation Revision: Cardiovascular System and Nervous System	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	11	Foundation Revision: Endocrine System and Infections	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	13	Foundation Revision: Law and Ethics	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	17	Foundation Revision: Minor Ailments and Common Conditions	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	18	Foundation Revision: Calculations	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	18	Retired Pharmacists Group: A Picture of Health: Medical Mysteries in the Masterpieces of the National Gallery	RPG	Retired	Members	Additional cost	Online	LIVE	n/a	30
March	27	Foundation Revision: Calculations	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	27	RPS Mentoring Programme (1): Your Journey to Becoming a more Confident and Effective Mentor	Careers	Pharmacist	Members	Member benefit	Online	Pending	Yes	50
March	30	Foundation Revision: Cardiovascular System and Nervous System	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	31	Foundation Revision: Law and Ethics	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
March	31	Tabletting Technology Course	Careers	Pharmacist	Members and non-members	Differential cost for Members and non-members	In-person	LIVE	No	20
March	12	C&G webinar - Vote campaign (title TBC)	C&G	Pharmacist	Members and non-members	Free	Online	Pending	No	150
March	26	Assembly Meeting: Open Business	Business meetings	All career stages	Members	Member benefit	Online	Pending	No	5
April	3	Foundation Revision: Minor Ailments and Common Conditions	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
April	6	Foundation Revision: Endocrine System and Infections	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
April	14	Foundation Revision: Calculations	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
April	15	Foundation Revision: Law and Ethics	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200

April	22	Foundation Revision: Cardiovascular System and Nervous System	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
April	24	Foundation Revision: Endocrine System and Infections	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
April	27	Foundation Revision: Minor Ailments and Common Conditions	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
April	30	Digital Pharmacy Expert Group Meeting	Business meetings	All career stages	Members	Member benefit	Online	Pending	No	5
April	30	International Womens Day: Advoacting for yourself	Inclusion & Diversity	Pharmacist	Members and non-members	Free	Hybrid	LIVE	Yes	50
May	6	Foundation Revision: Endocrine System and Infections	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
May	7	Foundation Revision: Minor Ailments and Common Conditions	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
May	10	(External event) Exhibiting and content delivery: Clinical Pharmacy Congress	Engagement	Pharmacist	Members and non-members	Free	In-person	LIVE	No	n/a
May	11	Foundation Revision: Cardiovascular System and Nervous System	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
May	13	Foundation Revision: Calculations	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
May	14	ABCD Meeting	Inclusion & Diversity	All career stages	Members and non-members	Free	Online	Pending	Yes	20
May	15	Annual Fellows' Dinner	Engagement	All career stages	Members	Additional cost	In-person	LIVE	No	120
May	18	Foundation Revision: Law and Ethics	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
May	21	RPS Annual General Meeting 2025	Business meetings	All career stages	Members	Member benefit	Online	Pending	Yes	150
May	TBC	Greener Pharmacy Toolkit	Policy	Pharmacist	Members	Member benefit	Online	Pending	Yes	80
May	29	Foundation Revision: Law and Ethics	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
May	29	Hospital Expert Advisory Group Meeting (HEAG)	Business meetings	All career stages	Members	Member benefit	Online	Pending	No	3
May	29	RPS Mentoring Programme (2): Your Journey to Becoming a more Confident and Effective Mentor - Overcoming challenging situations	Education	Pharmacist	Members	Member benefit	Online	Pending	Yes	50
June	2	Foundation Revision: Cardiovascular System and Nervous System	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
June	3	Foundation Revision: Minor Ailments and Common Conditions	Education	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
June	4	Preferencing and student experiences of the Oriel process - Oriel 2025 (1)	Careers	Student	Members and non-members	Free	Online	Pending	Yes	200
June	5	Foundation Revision: Endocrine System and Infections	Foundation	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
June	8	Foundation Revision: Calculations	Foundation	Foundation Trainee	Members	Member benefit	Online	LIVE	No	200
June	10	Foundation Revision: Mock Feedback Part 1	Foundation	Foundation Trainee	Members	Member benefit	Online	LIVE	No	350
June	12	Foundation Revision: Mock Feedback Part 1	Foundation	Foundation Trainee	Members	Member benefit	Online	LIVE	No	350
June	13	Foundation Revision: Mock Feedback Part 2	Foundation	Foundation Trainee	Members	Member benefit	Online	LIVE	No	350
June	16	Foundation Revision: Mock Feedback Part 2	Foundation	Foundation Trainee	Members	Member benefit	Online	LIVE	No	350
June	17	RPS Prescribing Programme for DPP (1 of 4 webinars)	Education	Pharmacist	Members	Member benefit	Online	Pending	Yes	40
June	19	Joint Country Board Meeting	Business meetings	All career stages	Members	Member benefit	In-person	Pending	No	5
June	20	RPS Regional Engagement Event: Birmingham, London	Engagement	Pharmacist	Members and non-members	Cost for non-members	In-person	Pending	No	100
June	24	ABCD Meeting	Inclusion & Diversity	All career stages	Members and non-members	Free	Online	Pending	Yes	20
June	26	Joint Professional Bodies QP Trainees Conference	Careers	Early Careers Pharmacist	Members and non-members	Differential cost for Members and non-members	In-person	LIVE	No	100
July	3	Science and Research: 3D Printing event with APS	Education	Pharmacist	Members and non-members	Differential cost for Members and non-members	In-person	Pending	No	80
July	16	Digital Pharmacy Expert Group Meeting	Business meetings	All career stages	Members	Member benefit	Online	Pending	No	5
July	24	Preferencing and student experiences of the Oriel process - Oriel 2025 (2)	Careers	Student	Members and non-members	Differential cost for Members and non-members	Online	Pending	Yes	200
August	8	South Asian Heritage Month	Inclusion & Diversity	Pharmacist	Members and non-members	Free	In-person	Pending	No	50
August	13	RPS Prescribing Programme for DPP (2 of 4 webinars)	Education	Pharmacist	Members	Member benefit	Online	Pending	Yes	50
August	21	Demystifying Oriel Workshop (1)	Careers	Student	Members and non-members	Differential cost for Members and non-members	Online	Pending	No	125
August	22	RPS Regional Engagement Event: Glasgow, Scotland	Engagement	Pharmacist	Members and non-members	Cost for non-members	In-person	Pending	No	100
September	TBC	Setting Up a Safe and Effective Private Practice: Session 2 (Module based course continuing in 2026)	Prescribing	Pharmacist	Members and non-members	Differential cost for Members and non-members	In-person	Pending	No	40
September	2	Demystifying Oriel Workshop (2)	Careers	Student	Members and non-members	Differential cost for Members and non-members	Online	Pending	No	125

September	10	South East Asian Heritage Month	Inclusion & Diversity	Pharmacist	Members and non-members	Free	Hybrid	Pending	Yes	50
September	16	Hospital Expert Advisory Group Meeting (HEAG)	Business meetings	All career stages	Members	Member benefit	Online	Pending	No	3
September	16	Becoming a Designated Prescribing Practitioner	Prescribing	Pharmacist	Members and non-members	Differential cost for Members and non-members	Online	Pending	No	60
September	18	RPS Prescribing Programme for new prescribers (Webinar 1 of 3)	Prescribing	Early Careers Pharmacist	Members	Member benefit	Online	Pending	No	60
September	25	RPS Wales Conference (RPS Regional Event)	Engagement	Pharmacist	Members and non-members	Cost for non-members	In-person	Pending	No	200
October	TBC	Setting Up a Safe and Effective Private Practice: Session 2 (Module based course continuing in 2026)	Prescribing	Pharmacist	Members and non-members	Differential cost for Members and non-members	In-person	Pending	No	40
October	TBC	Prescribing: Clinical Decision Making	Prescribing	Early Careers Pharmacist	Members and non-members	Differential cost for Members and non-members	In-person	Pending	No	60
October	8	Post-registration Foundation Summit	Assessment and Credentialing	Early Careers Pharmacist	Members	Member benefit	In-person	Pending	No	60
October	14	Black History Month Event	Inclusion & Diversity	Pharmacist	Members and non-members	Free	Hybrid	Pending	Yes	50
October	15	RPS Prescribing Programme for DPP (3 of 4 webinars)	Education	Pharmacist	Members	Member benefit	Online	Pending	Yes	40
November	7	RPS Annual Conference	Engagement	All career stages	Members and non-members	Cost for non-members	Hybrid	Pending	Yes	750
November	26	Digital Pharmacy Expert Group Meeting	Business meetings	All career stages	Members	Member benefit	Online	Pending	No	5
December	3	RPS Prescribing Programme for DPP (4 of 4 webinars - to then repeat in 2026)	Education	Pharmacist	Members	Member benefit	Online	Pending	Yes	40
December	8	RPS Prescribing Programme for new prescribers (Webinar 2 of 3 - to continue in 2026)	Prescribing	Early Careers Pharmacist	Members	Member benefit	Online	Pending	No	60
December	9	ABCD Meeting	Inclusion & Diversity	All career stages	Members and non-members	Free	Online	Pending	Yes	20

10993

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 26th March 2025

25/03/ASB/xx – Open

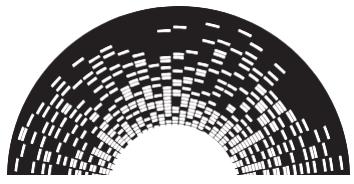
Title	Museum Policies for Review
Open, confidential or restricted	Open
Author (include email/phone)	Catherine Walker Catherine.walker@rpharms.com 0207 572 2286
Position	Museum Manager
Director responsible	Elen Jones
Purpose of item (for noting/discussion/ decision/approval)	To review policies ahead of potential Accreditation renewal.
Item Summary	<p>Over the last five years, the Museum has updated its policies and procedures, in line with Museum Accreditation standards. This paper outlines these policies and the changes that are made, so that the Assembly can review the changes and sign them off. The policies are:</p> <ul style="list-style-type: none"> • 2021 Collections Development Policy • 2021 Volunteer Policy • 2022 Care and Conservation Policy Draft • 2022 Documentation Action Plan Draft v1 • 2023 Access Policy Draft v1 • 2023 Documentation Policy Draft • 2023 Group visit charging policy Draft v1 – New Policy • 2023 Learning and Access Strategy Draft v2 • 2023 Museum Strategy – New Policy • 2024 Collections Recovery Handbook • 2024 Controlled Drugs Standard Operating Procedures - • 2024 Copyright Policy • 2024 Human Remains Policy Draft v1 • 2024 Museum Stores Access Policy – New Policy
Related Risk Register item (where applicable)	n/a

Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	All policies to be reviewed and signed off

All accredited museums have to ensure that their policies are regularly updated and reviewed by their governing body. Since 2021 the Museum Manager has developed a programme to regularly update RPS Museum policies. All policies are now up to date and ready to be reviewed by the Assembly and signed off. This document outlines the policies, and any changes that have been made since they were last reviewed:

- **2021 Collections Development Policy**
 - No changes since last reviewed in 2021.
- **2021 Volunteer Policy**
 - Updates were made to a number of sections with support from the people team. The purpose of the policy was added to the introduction. As volunteer roles have changed since Covid-19, these were updated. With the support of the People team, other RPS Policies were signposted in the document, including the EDI policy and Health and Safety Policy, for example. Additional practical information was included such as safeguarding, expenses and insurance information.
- **2022 Care and Conservation Policy**
 - When reviewing this policy some changes were added to reflect the impact of Covid-19. Changes to the Museum budget and their impact on collection have also been clearly outlined. In line with ongoing work in the Museum, reference has been made to the museum audit work carried out by staff and volunteers. Information about training available has been included as well as changes to offsite storage and object locations.
- **2022 Documentation Action Plan**
 - The language in this policy was updated for clarity. Additional information about the collection audit and the impacts of Covid-19 have been included.
- **2023 Access Policy**
 - Small changes to terminology have been made and dates to be reviewed were updated.
- **2023 Documentation Policy**
 - The Dates to be reviewed have been updated.
- **2023 Group Visit Charging Policy**
 - This is a new policy outlining the how we charge visiting groups for guided tours.
- **2023 Learning and Access Strategy**
 - The introduction of this strategy was updated to reflect the new aims. Two new targets were added for school aged work experience placements and regular guided tours.

- **2023 Museum Strategy**
 - This is a new policy to outline the direction the Museum is working toward for the next three years.
- **2024 Collections Recovery Handbook**
 - This document is regularly updated as staff change, so that contact details are up to date. External support contacts have also been updated, as well as location information for our offsite store and onsite equipment.
- **2024 Controlled Drugs Standard Operating Procedures**
 - After a visit from the Home Office in 2024 the Standard Operating Procedures for the management of our controlled drugs have been updated to reflect current Home Office guidance. This specifically refers to access to, and security of, the basement store and processes for the destruction of controlled drugs.
- **2024 Copyright Policy**
 - This policy was edited for clarity and to update Museum staff roles.
- **2024 Human Remains Policy**
 - This policy was edited for clarity and some collections information was updated.
- **2024 Museum Stores Access Policy**
 - This is a new policy outlining staff access to the Museum and Library basement store, for insurance purposes and Home Office controlled drugs process compliance.



MUSEUM
ACCREDITATION

Accreditation Scheme for Museums
and Galleries in the United Kingdom

Collections development policy

DRAFT

2014
Reprinted November 2018

Name of museum:

Royal Pharmaceutical Society Museum.

Name of governing body:

Royal Pharmaceutical Society of Great Britain.

Date on which this policy was approved by governing body:

2025

Policy review procedure:

The collections development policy will be published and reviewed from time to time, at least once every five years.

Date at which this policy is due for review:

2030

Arts Council England will be notified of any changes to the collections development policy, and the implications of any such changes for the future of collections.

Relationship to other relevant policies/plans of the organisation:

1.1 The museum's statement of purpose is:

The Museum of the Royal Pharmaceutical Society exists

- *to promote public and professional understanding of the history of the practice of pharmacy in Great Britain in its fullest medical, professional, social, political and international context.*
- *to enable public and professional appreciation, exploration, learning and enjoyment of artefacts associated with that history.*
- *to collect, safeguard and make accessible material evidence, artworks and associated information relating to the history of pharmacy as practised in Great Britain.*

1.2 The governing body will ensure that both acquisition and disposal are carried out openly and with transparency.

1.3 By definition, the museum has a long-term purpose and holds collections in trust for the benefit of the public in relation to its stated objectives. The governing body therefore accepts the principle that sound curatorial reasons must be established before consideration is given to any acquisition to the collection, or the disposal of any items in the museum's collection.

1.4 Acquisitions outside the current stated policy will only be made in exceptional circumstances.

1.5 The museum recognises its responsibility, when acquiring additions to its collections, to ensure that care of collections, documentation arrangements and use of collections will meet the requirements of the Museum Accreditation Standard. This includes using Spectrum primary procedures for collections management. It will take into account limitations on collecting imposed by such factors as staffing, storage and care of collection arrangements.

1.6 The museum will undertake due diligence and make every effort not to acquire, whether by purchase, gift, bequest or exchange, any object or specimen unless the governing body or responsible officer is satisfied that the museum can acquire a valid title to the item in question.

1.7 In exceptional cases, disposal may be motivated principally by financial reasons. The method of disposal will therefore be by sale and the procedures outlined below will be followed. In cases where disposal is motivated by financial reasons, the governing body will not undertake disposal unless it can be demonstrated that all the following exceptional circumstances are met in full:

- the disposal will significantly improve the long-term public benefit derived from the remaining collection
- the disposal will not be undertaken to generate short-term revenue (for example to meet a budget deficit)
- the disposal will be undertaken as a last resort after other sources of funding have been thoroughly explored
- extensive prior consultation with sector bodies has been undertaken
- the item under consideration lies outside the museum's established core collection

2

History of the collections

The Museum has long played a valued part in the work of the Pharmaceutical Society.

*It was created in 1842, a year after the Society. It was created as a scientific reference collection for the students of the Society's newly formed School of Pharmacy. Jacob Bell, the Society's founder, wrote in the first edition of The Pharmaceutical Journal that the School should be equipped with a laboratory, a library and a "complete museum of *materia medica* comprising specimens of good and bad drugs."*

Theophilus Redwood (1808–1892) was the first museum curator. Along with a museum committee, Redwood encouraged donations from Council members, officers, Society members and pharmaceutical businesses to build up a collection.

By 1863, the museum had expanded to occupy three rooms of the Society's headquarters. According to The Pharmaceutical Journal in 1858, "many of the early supporters of the Society vied with each other in presenting the most rare and curious specimens, as well as others varying in quality to make the collections as complete as possible."

The museum was principally used as a source of lecture specimens by the School's professors. In the early days, it did not see regular use by students:

The approach of these [Society's] examinations could always be predicted from the group of eager students gathered around the drawers. But at other times, and except for the occasional visit of one or two of Dr Pereira's class bent on verifying some point in his morning's lecture, the Museum was not much frequented by us.

R.W. Giles, Student, 1847-48

The appointment of Edward Morrell Holmes in 1872 was a significant turning point in the museum's history. Holmes (1843–1930) was curator for 50 years until his retirement in 1922. He built up the museum collections to over 20,000 specimens.

A new chapter in the collections' history began in 1937, when the Society decided to establish an historical collection to create a unique and tangible record of the origins and development of pharmacy as practised in Great Britain, and of worldwide influences on that development. Agnes Lothian, the librarian and curator from 1940 to 1968, built up the collection through purchases, gifts and bequests, particularly in the areas of ceramics, caricatures, and brand name medicines.

*After the Second World War, changes in pharmacy and pharmacy education meant that the collection were no longer as relevant to students. The herbarium and *materia medica* were transferred to the University of Bradford in 1969, and then to the Royal Botanic Gardens, Kew in 1983. These collections are still at Kew and are available for research.*

In 1976, the Society moved to new headquarters in Lambeth. From the outset, objects from the museum's collections were displayed throughout the building, from the basement to the fifth floor.

Since the 1980s, with the appointment of specialist curators, museum staff have developed a wide range of activities from conservation programmes and computer cataloguing, to outreach events, exhibitions and publications. The collections form the foundation for communicating the history of pharmacy to the profession and to the wider world.

In 2015, the Society moved to its present headquarters at 66 East Smithfield, London. Here objects from the collections are displayed together, in a designated museum area occupying a significant proportion of the publicly accessible ground floor.

British pharmacy history across a wide chronological and geographical spread. It is currently unrivalled in its representation of certain aspects of that history, notably drug storage and compounding equipment, apparatus for drug administration, proprietary medicines and their packaging.

The current collections comprise an estimated 45,000 items, including artefacts, photographic and other images on paper, printed ephemera. Despite important acquisitions in the field of hospital pharmacy in the period 1996-2000, the collections are dominated by material relating to community and retail pharmacy, with less comprehensive coverage of hospital and industrial pharmacy and of the scientific aspects of drug development and production.

Most of the material in the collection is of British origin or was used in British pharmacy and dates from the 17th–21st centuries.

Notable exceptions are:

- *the collection of some 300 mortars which includes examples from Europe and the Islamic world, several pre-dating 1600.*
- *the collection of tin-glazed ceramic drug jars which includes a number of continental European examples.*

The Museum holds nationally significant collections of 17th-18th century English 'delftware' drug storage jars and 18th-19th century medical caricatures.

*The bulk of the *materia medica* collection, comprising some 10,000 specimens, was gifted in 1969 to the University of Bradford and transferred in 1983 to the Centre for Economic Botany at the Royal Botanic Gardens, Kew. A collection of some 1000 crude drug specimens remains with the Museum, comprising primarily examples of 17th and 18th century drug materials passed to the Pharmaceutical Society by the Royal College of Physicians in 1926.*

The museum has a small collection of handling objects, consisting mainly of duplicate examples of compounding equipment. The handling collection is used to illustrate how pharmacists made various medicinal preparations in the past. Un-accessioned replica pharmaceutical jars are also used solely in education and outreach work and are not part of the core collection.

The museum also holds a number of un-accessioned non-pharmaceutical prints. These were originally purchased to decorate the previous Society headquarters. They are not going to be accessioned and are a priority to be rationalised. The museum also has a collection of gifts to the Society, which are not to be accessioned into the core collection.

From January 2002 - 2006 the Museum ceased to collect, as it did

previously, a full range of material evidence including artefacts, images, historical and contemporary artworks, and associated information relating to:

- the history and practice of pharmacy in Great Britain seen in its broadest social, political, medical, scientific and international context,
- the development of the profession of pharmacy in Great Britain

From January 2002 - 2006, the museum only collected in the following areas, where at the time it was deemed to be the only British museum currently holding and regularly updating a systematic collection of:

- contemporary, recent and historical proprietary and other medicines, including related promotional or other material of particular medical, social or political historical significance.
- controlled drugs, fulfilling all requirements necessary to the continuing renewal of its Licence to be in Possession and Authority to be in possession, granted under the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 1985 (as amended).
- material evidence relating to the history and work of the Royal Pharmaceutical Society of Great Britain.

The focus of this collecting continued to be on material originating from or used in Great Britain, but representative and/or otherwise significant non-British items were acquired if relevant for purposes of comparison or contextualisation.

From 2006 onwards the Museum resumed the collection of a full range of material evidence including artefacts, images, historical and contemporary artworks, and associated information relating to:

- the history and practice of pharmacy in Great Britain seen in its broadest social, political, medical, scientific and international context
- the development of the profession of pharmacy in Great Britain.

4

Themes and priorities for future collecting

The Museum will continue to focus its collecting policy in the following areas, where it is deemed to be the only British museum currently holding and regularly updating a systematic collection:

- contemporary, recent and historical proprietary and other medicines, including related promotional or other material of particular medical, social or political historical significance.

- controlled drugs, fulfilling all requirements necessary to the continuing renewal of its Licence to be in Possession and Authority to be in possession, granted under the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 1985 (as amended).
- material evidence relating to the history and work of the Royal Pharmaceutical Society of Great Britain.
- The Museum will continue to collect material evidence relating to the development of the profession of pharmacy in Great Britain.

The Museum will no longer collect all material evidence relating to the history and practice of pharmacy in Great Britain seen in its broadest social, political, medical, scientific and international context. The Collection is undergoing active collection rationalisation and disposal, and there is a significant documentation backlog. Any collection of material evidence of practice of pharmacy in Great Britain seen in its broadest social, political, medical, scientific and international context, could potentially lead to the collection of duplicated items may already be held and rationalised.

The focus of this collecting will continue to be on material originating from or used in Great Britain, but representative and/or otherwise significant non-British items will be considered for acquisition if relevant for purposes of comparison or contextualisation.

Acquisition will focus particularly on areas that are currently under-represented in the collection, specifically contemporary objects.

5

Themes and priorities for rationalisation and disposal

If the museum is undertaking active rationalisation and disposal include clauses 5.1 and 5.2

- 5.1 The museum recognises that the principles on which priorities for rationalisation and disposal are determined will be through a formal review process that identifies which collections are included and excluded from the review. The outcome of review and any subsequent rationalisation will not reduce the quality or significance of the collection and will result in a more useable, well managed collection.
- 5.2 The procedures used will meet professional standards.

The process will be documented, open and transparent. There will be clear communication with key stakeholders about the outcomes and the process.

Change to the structure and purpose of the RPS in 2010 and the move in 2015 to new premises have provided the opportunity for a full review of the Museum collections. Priority has been given to clearing the RPS Museum cataloguing backlog to inform collections rationalisation and disposal to reduce off site storage of collections that don't fit within the core collection. Themes and priorities for curatorially-motivated rationalisation and disposal will include:

- *Duplicate items. Priority for disposal will be made for objects of inferior quality and condition, which lack provenance or are unrelated related to the current collecting policy and themes of the Museum*
- *Objects which do not fall within the current collecting policy of the Museum*
- *Chemist shop fittings where similar examples are held or displayed in other significant collections in Great Britain*
- *Large items relating to industrial pharmacy which cannot reasonably be displayed within the RPS Museum*
- *Objects lacking relevance to the history of British Pharmacy and/or the History of RPS*
- *Aside from curatorially-motivated disposal, disposals will also be undertaken for legal, safety or care and conservation reasons (for example, spoliation, radiation, infestation, repatriation).*

The Museum recognises that responsible, curatorially-motivated disposal takes place as part of a museum's long-term collections policy, in order to increase public benefit derived from the museum collections (see [Museums Association Disposal Toolkit](#), 2014).

6

Legal and ethical framework for acquisition and disposal of items

- 6.1 The museum recognises its responsibility to work within the parameters of the Museum Association Code of Ethics when considering acquisition and disposal.

7

Collecting policies of other museums

7.1 The museum will take account of the collecting policies of other museums and other organisations collecting in the same or related areas or subject fields. It will consult with these organisations where conflicts of interest may arise or to define areas of specialism, in order to avoid unnecessary duplication and waste of resources.

7.2 Specific reference is made to the following museum(s)/organisation(s):

- *Members of the group for London's Museums of Health and Medicine, notably the Science Museum*
- *The Wellcome Library*
- *The Thackray Medical Museum, Leeds.*

7.3 *In instances where material offered to the Museum originated in, or has strong ties to, a particular geographical area, donors will be advised to offer the material to the most relevant local museum in preference to taking the items out of their geographical or community context. This will also include liaison with the Museum of London, and London borough museums, regarding material with a London provenance.*

8

Archival holdings

In instances where material offered to the Museum originated in, or has strong ties to, a particular geographical area, donors will be advised to offer the material to the most relevant local museum in preference to taking the items out of their geographical or community context. This will also include liaison with the Museum of London, and London borough museums, regarding material with a London provenance.

9

Acquisition

9.1 The policy for agreeing acquisitions is:

The Museum will exercise due diligence and make every effort not to acquire, whether by purchase, gift, bequest or exchange, any object or specimen unless the governing body or responsible officer is satisfied that the museum can acquire a valid title to the item in question.

The Museum recognises its responsibility, in acquiring additions to its collections, to ensure that care of collections, documentation arrangements and use of collections will meet the requirements of the Accreditation Standard. It will take into account limitations on collecting imposed by such factors as staffing, storage and care of

collection arrangements.

This may preclude the acquisition of e.g. large collections, large objects or those requiring specialist care.

*In the case of *materia medica*, therapeutic equipment and other relevant material, the Museum will apply particular consideration to any potential health or environmental hazard and take expert advice as appropriate prior to making the acquisition.*

- 9.2 The museum will not acquire any object or specimen unless it is satisfied that the object or specimen has not been acquired in, or exported from, its country of origin (or any intermediate country in which it may have been legally owned) in violation of that country's laws. (For the purposes of this paragraph 'country of origin' includes the United Kingdom).
- 9.3 In accordance with the provisions of the UNESCO 1970 Convention on the Means of Prohibiting and Preventing the Illicit Import, Export and Transfer of Ownership of Cultural Property, which the UK ratified with effect from November 1 2002, and the Dealing in Cultural Objects (Offences) Act 2003, the museum will reject any items that have been illicitly traded. The governing body will be guided by the national guidance on the responsible acquisition of cultural property issued by the Department for Culture, Media and Sport in 2005.

10

Human remains

- 10.1 As the museum holds or intends to acquire human remains from any period, it will follow the procedures in the 'Guidance for the care of human remains in museums' issued by DCMS in 2005.

11

Biological and geological material

- 11.1 So far as biological and geological material is concerned, the museum will not acquire by any direct or indirect means any specimen that has been collected, sold or otherwise transferred in contravention of any national or international wildlife protection or natural history conservation law or treaty of the United Kingdom or any other country, except with the express consent of an appropriate outside authority.

12

Archaeological material

12.1 The museum will not acquire archaeological material (including excavated ceramics) in any case where the governing body or responsible officer has any suspicion that the circumstances of their recovery involved a failure to follow the appropriate legal procedures.

12.2 In England, Wales and Northern Ireland the procedures include reporting finds to the landowner or occupier of the land and to the proper authorities in the case of possible treasure (i.e. the Coroner for Treasure) as set out in the Treasure Act 1996 (as amended by the Coroners & Justice Act 2009).

12.3 In Scotland, under the laws of bona vacantia including Treasure Trove, the Crown has title to all ownerless objects including antiquities, although such material as human remains and environmental samples are not covered by the law of bona vacantia. Scottish material of chance finds and excavation assemblages are offered to museums through the treasure trove process and cannot therefore be legally acquired by means other than by allocation to *[museum name]* by the Crown. However where the Crown has chosen to forego its title to a portable antiquity or excavation assemblage, a Curator or other responsible person acting on behalf of the *[name of governing body]*, can establish that valid title to the item in question has been acquired by ensuring that a certificate of 'No Claim' has been issued on behalf of the Crown.

13

Exceptions

13.1 Any exceptions to the above clauses will only be because the museum is:

- acting as an externally approved repository of last resort for material of local (UK) origin
- acting with the permission of authorities with the requisite jurisdiction in the country of origin

In these cases the museum will be open and transparent in the way it makes decisions and will act only with the express consent of an appropriate outside authority. The museum will document when these exceptions occur.

14

Spoliation

14.1 The museum will use the statement of principles 'Spoliation of Works of Art during the Nazi, Holocaust and World War II period', issued for non-national museums in 1999 by the Museums and Galleries Commission.

15

The Repatriation and Restitution of objects and human remains

15.1 The museum's governing body, acting on the advice of the museum's professional staff, if any, may take a decision to return human remains (unless covered by the 'Guidance for the care of human remains in museums' issued by DCMS in 2005), objects or specimens to a country or people of origin. The museum will take such decisions on a case by case basis; within its legal position and taking into account all ethical implications and available guidance. This will mean that the procedures described in 16.1-5 will be followed but the remaining procedures are not appropriate.

15.2 The disposal of human remains from museums in England, Northern Ireland and Wales will follow the procedures in the 'Guidance for the care of human remains in museums'.

16

Disposal procedures

16.1 All disposals will be undertaken with reference to the Spectrum primary procedures on disposal.

16.2 The governing body will confirm that it is legally free to dispose of an item. Agreements on disposal made with donors will also be taken into account.

16.3 When disposal of a museum object is being considered, the museum will establish if it was acquired with the aid of an external funding organisation. In such cases, any conditions attached to the original grant will be followed. This may include repayment of the original grant and a proportion of the proceeds if the item is disposed of by sale.

16.4 When disposal is motivated by curatorial reasons the procedures outlined below will be followed and the method of disposal may be by gift, sale, exchange or as a last resort – destruction.

16.5 The decision to dispose of material from the collections will be taken by the governing body only after full consideration of the reasons for disposal. Other factors including public benefit, the implications for the museum's collections and collections held by museums and other organisations collecting the same material or in related fields will be considered. Expert advice will be obtained and the views of stakeholders such as donors, researchers, local and source communities and others served by the museum will also be sought.

16.6 A decision to dispose of a specimen or object, whether by gift, exchange, sale or destruction (in the case of an item too badly damaged or deteriorated to be of any use for the purposes of the collections or for reasons of health and safety), will be the responsibility of the governing body of the museum acting on the advice of professional curatorial staff, if any, and not of the curator or manager of the collection acting alone.

16.7 Once a decision to dispose of material in the collection has been taken, priority will be given to retaining it within the public domain. It will therefore be offered in the first instance, by gift or sale, directly to other Accredited Museums likely to be interested in its acquisition.

16.8 If the material is not acquired by any Accredited museum to which it was offered as a gift or for sale, then the museum community at large will be advised of the intention to dispose of the material normally through a notice on the MA's Find an Object web listing service, an announcement in the Museums Association's Museums Journal or in other specialist publications and websites (if appropriate).

16.9 The announcement relating to gift or sale will indicate the number and nature of specimens or objects involved, and the basis on which the material will be transferred to another institution. Preference will be given to expressions of interest from other Accredited Museums. A period of at least two months will be allowed for an interest in acquiring the material to be expressed. At the end of this period, if no expressions of interest have been received, the museum may consider disposing of the material to other interested individuals and organisations giving priority to organisations in the public domain.

16.10 Any monies received by the museum governing body from the disposal of items will be applied solely and directly for the

benefit of the collections. This normally means the purchase of further acquisitions. In exceptional cases, improvements relating to the care of collections in order to meet or exceed Accreditation requirements relating to the risk of damage to and deterioration of the collections may be justifiable. Any monies received in compensation for the damage, loss or destruction of items will be applied in the same way. Advice on those cases where the monies are intended to be used for the care of collections will be sought from the Arts Council England/Welsh Government /Museums Galleries Scotland/Northern Ireland Museums Council (*delete as appropriate*).

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16.11 The proceeds of a sale will be allocated so it can be demonstrated that they are spent in a manner compatible with the requirements of the Accreditation standard. Money must be restricted to the long-term sustainability, use and development of the collection.

16.12 Full records will be kept of all decisions on disposals and the items involved and proper arrangements made for the preservation and/or transfer, as appropriate, of the documentation relating to the items concerned, including photographic records where practicable in accordance with Spectrum procedure on deaccession and disposal.

Disposal by exchange

16.13 The nature of disposal by exchange means that the museum will not necessarily be in a position to exchange the material with another Accredited museum. The governing body will therefore ensure that issues relating to accountability and impartiality are carefully considered to avoid undue influence on its decision-making process.

16.13.1 In cases where the governing body wishes for sound curatorial reasons to exchange material directly with Accredited or non-Accredited museums, with other organisations or with individuals, the procedures in paragraphs 16.1-5 will apply.

16.13.2 If the exchange is proposed to be made with a specific Accredited museum, other Accredited museums which collect in the same or related areas will be directly notified of the proposal and their comments will be requested.

16.13.3 If the exchange is proposed with a non-Accredited museum, with another type of organisation or with an individual, the museum will place a notice on the MA's Find an Object web listing service, or make an announcement in the Museums Association's Museums Journal or in other specialist publications and websites (if appropriate).

16.13.4 Both the notification and announcement must provide information on the number and nature of the specimens or objects involved both in the museum's collection and those intended to be acquired in exchange. A period of at least two months must be

allowed for comments to be received. At the end of this period, the governing body must consider the comments before a final decision on the exchange is made.

Disposal by destruction

- 16.14** If it is not possible to dispose of an object through transfer or sale, the governing body may decide to destroy it.
- 16.15** It is acceptable to destroy material of low intrinsic significance (duplicate mass-produced articles or common specimens which lack significant provenance) where no alternative method of disposal can be found.
- 16.16** Destruction is also an acceptable method of disposal in cases where an object is in extremely poor condition, has high associated health and safety risks or is part of an approved destructive testing request identified in an organisation's research policy.
- 16.17** Where necessary, specialist advice will be sought to establish the appropriate method of destruction. Health and safety risk assessments will be carried out by trained staff where required.
- 16.18** The destruction of objects should be witnessed by an appropriate member of the museum workforce.
In circumstances where this is not possible, eg the destruction of controlled substances, a police certificate should be obtained and kept in the relevant object history file.



MUSEUM
ACCREDITATION

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ARTS COUNCIL
ENGLAND



Llywodraeth Cymru
Welsh Government

 Museums
Galleries
Scotland
Supporting Scotland's Museums

NORTHERN IRELAND
MUSEUMS
COUNCIL


VOLUNTEER POLICY

Purpose

The purpose of this policy is to outline the role of museum volunteers so that everyone within the organisation understand the role volunteers have in supporting the museum, and their value. This document is a reference and will cover all aspects of volunteering such as recruitment, management and protection that volunteers can expect from RPS. It is not legally binding or a contract of employment.

RPS Museum Mission

The Royal Pharmaceutical Society Museum exists

- to promote public and professional understanding of the history of the practice of pharmacy in Great Britain in its fullest medical, professional, social, political and international context.
- to enable public and professional appreciation, exploration, learning and enjoyment of artefacts associated with that history.
- to collect, safeguard and make accessible material evidence, artworks and associated information relating to the history of pharmacy as practised in Great Britain.

Volunteer Role

Our volunteers are valued members of the museum team. The RPS recognises the valuable contribution they make to the heritage of the profession, and to supporting the museums mission and aims.

There are many different roles for volunteers at the museum, both in the RPS Office and remote. Volunteer role locations will be clearly identified when advertised.

- Working with the Oral History Collection. This could be going out and recording oral history interviews. It could also mean transcribing existing interviews, so they are more accessible.
- Working with the museum collection. This could mean photographing or scanning objects, or it could mean adding information to our catalogue.
- Working on guided tours. This could mean writing and presenting a guided tour at the RPS Museum
- Working on Research. This could mean finding out more about specific objects in the collection, or it could be about researching the history of people and premises.

RPS Museum welcomes volunteers from all backgrounds, abilities, and interests, whether they are interested in pharmacy history, seeking more understanding about how museums work or carrying out a work experience placement.

Volunteers will be treated fairly, given meaningful assignments and will always have the opportunity to discuss their role with their volunteer supervisor. If volunteering remotely, systems will be put in place so that the volunteer is fully supported. If in the office, volunteers will be given the necessary equipment needed to carry out their role.

Volunteers will be expected to read the volunteer policy and sign the volunteer agreement. If a volunteer is unable to come in when they are scheduled, they are expected to notify a member of RPS staff.

Volunteers and staff will work together to implement the mission of the RPS Museum.

From time to time, RPS works with schools and vulnerable adults and all volunteers will be expected to follow any safeguarding measures and policies set out by RPS.

Recruitment

RPS Museum will recruit volunteers based on the RPS Equal Opportunities Policy. Volunteers will primarily be recruited to fill specific advertised roles, which will describe the time commitment, and skills required. Volunteer roles will be clearly defined, and efforts will be taken to ensure they are varied, enjoyable and rewarding.

Prospective volunteers are asked to apply to roles by cover letter and CV, and if shortlisted, to attend an informal interview. Volunteers are offered roles based on the discretion of the RPS Museum.

Induction and Training

When a volunteer starts with the RPS Museum they can expect an introduction to the museum's history and mission as well as the necessary procedures and standards that relate to their role.

Volunteers will receive training to equip them with the skills needed to carry out their work, but volunteers do not provide a service in return for training. Training will be carried out in different ways depending on the nature of their role. It may be in a formal group, in an online setting, or in a one to one. Volunteers are eligible to attend external training subject to budget, to enable them to build their skillset.

Support and supervision

Each volunteer will be supervised by a named member of staff. The volunteer supervisor will be in the office when you are present on site, or if volunteering from home the volunteer supervisor will be available during office hours for a call or email, to provide guidance and support when needed. If they are not available, they will find a named alternative.

Volunteers are encouraged to raise any feedback with their supervisor, and if possible, will be resolved with additional training, support or a change of volunteer role.

Expenses

Volunteers will undertake work without any financial compensation beyond the reimbursement of reasonable travel expenses. Travel must be made on public transport, excluding first class and expenses submitted in line with the RPS Expenses Policy.

Volunteers will not be asked to make purchases on behalf of the RPS Museum.

Insurance

The RPS liability insurance policies include activities of volunteers working onsite and remotely. Volunteers personal possessions are not insured.

Equality and Diversity

May 2021
Catherine Walker
Museum Officer

RPS Museum as part of the RPS, is serious about inclusion and diversity. We are committed to celebrating diverse voices both for our volunteers and within the collection. Volunteers are covered by the RPS [Equal Opportunities Policy](#). We expect volunteers to understand the policy and work towards the [RPS Inclusion and Diversity Strategy](#).

Health and safety

RPS Museum takes responsibility for a safe and healthy working environment and volunteers are covered by the [RPS Health and Safety Policy](#). Volunteers will receive a health and safety introduction when they first start their role.

Copyright, Data Protection and confidentiality

Any research, photographs or written material produced or acquired by the volunteer during the course of their volunteering is the property and copyright of the RPS.

Volunteers are covered by the [Data Protection Policy and Privacy Notice](#), including personal information collected as part of the recruitment process.

Volunteers are required to treat as confidential any information they hear in the course of their volunteering that is not already in the public domain.

Problem Solving

Volunteers will be treated with dignity and respect in the workplace and are expected to conduct themselves with the same high standards expected of RPS employees. RPS Museum aims to make the volunteering experience positive and enjoyable, and that volunteers are treated fairly, objectively, and consistently. The museum aims to take reasonable steps to ensure that problems are resolved quickly and amicably. Volunteers are not covered by the RPS Grievance, Disciplinary and Capability Policies however where problems arise a modified version of these policies may be followed at the discretion of RPS.



Royal Pharmaceutical Society Museum Care and Conservation Policy

First written June 2004
Latest update January 2023
Catherine Walker, Museum Officer

Introduction

This policy has been written to allow a strategic approach to the care of the Museum's varied collections. It has close links with a number of other existing policies and plans concerned with the use, documentation, and care of objects, notably:

- Collections Management Policy
- Procedural Manual
- Documentation Action Plan
- Collections Action Plan

Although it does not have explicit links to the Museum's education and outreach remit or the policies covering these areas, it should be recognised that the Museum's collections are its core resource. Without appropriate care for the collections, the Museum could not carry out its outward-looking functions.

In 2020 The Museum was affected by the COVID-19 pandemic, as well as changes in staffing levels. This meant that there are fewer resources for carrying out this work, and priorities for the Museum have been adjusted, which may impact the Collections Care and Conservation Policy.

New priorities were set including auditing the collection and carrying out a collection rationalisation. Any conservation requirements will be highlighted as part of this work.

This policy also takes into account a number of key external publications and standards, the most important of which are listed in Appendix 3.

Contents

Introduction	2
Collections Care and Preventive Conservation	4
Display Areas	4
Storage Areas	5
Changes to the Building	5
Maintenance	5
Environmental Management and Monitoring	6
Condition Checking and Auditing	7
Loans	7
Use of Collections	7
Health and Safety	7
Disaster Planning	8
Security	8
Budget	8
Training	9
Remedial Conservation	10
Collection Areas	10
Priorities	14
Use of External Conservators	15
Appendices	17
One: Conservation Priorities by Collection Type	17
Two: Locations	20
Three: Useful Information and Sources	21

Collections Care and Preventive Conservation

The Museum's display areas are situated on the ground floor reception area of the London Office at 66 East Smithfield, London, E1W 1AW.

The on-site Museum collection storage areas are located in the basement of the building, and there is additional material stored at an off-site facility managed by Crozier at Hayes.

This section looks at the issues surrounding these areas, and the factors involved in maintaining, using, and monitoring the collections.

Note: See Appendix Two for full details of areas used for display and storage

Display Areas

The Society and Museum moved to premises at 66 East Smithfield, London, E1W 1AW, in June 2015.

The majority of the Museum's current showcases meet minimum requirements for the conservation and safe display of vulnerable historic items. Seven new Museum standard display cases were installed in reception in 2015.

Issues:

There have been issues with the two display cases, originally purchased in 2005, that were dismantled, transported, and reassembled for the 66 East Smithfield Museum display areas in 2015.

- One of the glass doors fell off the display case as the pins were not long enough or aligned correctly to securely hold it in place.
- This door was damaged by the fall with the glass gashed on one side, causing a crack along the width of the door.
- Initially some of the locks for the doors would not align correctly and therefore wouldn't lock –compromising the security and safety of the collection displayed within.
- These two cases now let in more dust than is ideal.

Actions:

- The Museum team should monitor light levels in the display areas and check if UV filters were fitted to the ground floor windows and in the display case glass.
- If necessary, further action should be taken to minimise light damage to objects on display:
 - Blinds may need to be fitted to the windows behind the four free standing display cases and panels fitted to the glass sides of these cases.
 - Objects vulnerable to light damage should be taken off display, or only displayed for short periods.
- A regular visual check of items on display should be introduced to prevent any problems before they occur, check the condition of displayed objects etc.

Storage Areas

The current Museum collections storage areas vary widely in environmental conditions. However, all have good security measures in place (see Appendix Two). All storage areas also have appropriate shelving, and the majority of objects are packed in appropriate materials.

The on-site Basement Store offers adequate conditions for the Museum collection, the Early Printed Collection, and the Archive, and is closely monitored.

The Strongroom, contained within the on-site basement stores, is used for storing controlled substances and Control of Substances Hazardous to Health Regulations (COSHH) materials, alongside other proprietary drugs. It was designed to meet both Arts Council England Accreditation and Home Office controlled drug licensing requirements (see Security section below). Environmental monitoring shows that its conditions are relatively stable.

The off-site store managed by Crozier moved from Vauxhall to Hayes in 2021. The Museum no longer has a specific area, but objects are stored in a temperature-controlled environment, and a member of Hayes staff supervise all visitors to the store.

Issues:

- The on-site Basement Stores have had a problem with water leaks in the past. These have been resolved, but the basement will continue to be monitored to ensure the problem does not occur again.

Actions:

- Keep the RPS Facilities department regularly updated on any issues in the on-site Basement Stores.
- Any issues or problems are recorded by Museum staff in the '66ES Basement Leaks Log'.
- Continue close communication with RPS Facilities department over maintenance in the on-site Basement Stores to enable speedy resolution of potential problems.

Changes to the Building

Any proposals to changes of the Museum display and storage areas must ensure adequate, security and safety for the collections.

Maintenance

The maintenance of the building as a whole comes under the remit of the RPS Facilities department. Museum contact with external maintenance contractors is formally conducted through the RPS Facilities department.

The Museum also has the shared use of an on-site cleaner for one morning per week to carry out tasks such as cleaning of display case glass, or store floors. These tasks are also logged weekly. It should be noted that regular cleaning is a requirement of Accreditation (national Museums minimum standard).

Actions:

- Continue to liaise with the RPS Facilities department to ensure that cleaning staff are available for specific Museum tasks on a regular basis.

Environmental Management and Monitoring

The Museum's display areas are located on the ground floor in the reception area. In order to mitigate risk to UV filters have been installed on the windows and showcase glass. Sensitive objects (e.g., botanical samples, early printed collection books, prints and caricatures) are rarely displayed and only ever for very short periods. The Museum has a UV monitor and a lux monitor and these are used to spot-check levels when appropriate.

The Museum currently uses 9 Tinytag dataloggers to monitor the temperature and relative humidity in the main display and storage areas. Records are downloaded quarterly.

Pest traps are installed in all storage and display areas and monitored by Safeguard Pest Control and Environmental Services Ltd. A log of insect sightings is also kept by Museum staff.

The air-conditioning unit for the on-site Basement Stores is serviced regularly by external contractors. Any issues or problems are recorded by Museum staff in an Air Conditioning Log document.

Issues:

- Air conditioning for the building is maintained to general office standards but is not adequate to ensure good conditions for Museum objects
- In many parts light levels are too high for the display of sensitive material.

Actions:

- Check that UV filters were installed on the ground floor windows and the glass of the display cases. Install light/heat reflective blinds on the ground display area to minimise potential damage to the collections displayed in this area.
- Install covers to the sides of the four free standing window display cases to minimise the effects of light and heat on the collections displayed within.
- Continue with quarterly environmental management report pulling together the temperature, humidity and pest control records and linking them to any external factors, e.g., power cuts, refurbishment work. Use this as a basis for further actions.
- Ask Facilities to give the Museum team copies of the Safeguard Pest Control and Environmental Services reports.

Condition Checking and Auditing

Due to a change of building in 2015, and subsequent changes in staffing levels, a full audit of the collection is currently being carried out, to improve understanding of the scope of the collection and documentation backlog. However, the primary purpose of this work is to bring the collection documentation up to date, rather than to carry out specific condition checking of the objects. Any obvious issues will be noted as part of the audit.

Actions:

- The condition checking procedure in our Procedural Manual should be reviewed and implemented.

Loans

As outlined in the Loans In and Loans Out sections of our Collections Management Policy:

- For loans out we will ensure that the borrower confirms their intent and ability to provide an acceptable level of care, security and safekeeping for the object and it conforms to the conditions of loans specified.
- For loans in we will enable at least the same care of borrowed objects as if they were part of the permanent collections.

Both our Loans Out and Loans In forms include sections to specify environmental conditions and control, security measures, display conditions, handling restrictions, and transport arrangements.

Use of Collections

The collection is primarily used by Museum staff and Volunteers. We have a set of handling guidelines for proprietary medicines, and have supplies of surgical gloves, masks etc. available in the Museum stores and office. We do not have a specific policy on use of collections by staff or researchers.

Actions:

- Development of guidelines for use of collections based on Spectrum unit *Use of collections*, and *Collection Care and Conservation* including use by staff, researchers and borrowers, handling objects, analytical research, and use of oral history and film collections.

Health and Safety

The Museum has its own Health and Safety guidelines as an addition to the Society-wide policy.

Appropriate medicines have been moved to a designated COSHH cupboard stored in the Strong Room, ensuring the control of hazardous substances.

Actions:

- Familiarise Museum team with Health and Safety guidelines and continue to develop for best practice.
- Continue to identify items for storage in the strong room and COSHH cupboard as backlog documentation progresses.

Disaster Planning

To meet the Accreditation standard, the Museum is required to have a Disaster Plan. The Museum has a Collections Recovery Plan written in collaboration with the Library team and Facilities team. It feeds into the wider organisations Business Continuity Plan.

Actions:

- Continue to train relevant staff (Museum, Library, Facilities) to respond effectively in the event of an emergency.
- Update the Collections Recovery Plan to include lessons learned from the COVID-19 Pandemic.

Security

A security assessment of all areas of the Society's premises in Lambeth (vacated May 2015), and the Martinspeed (Now Crozier) store (vacated in 2021), was carried out by Alf Longhurst, Museum Security Consultant, in September 2007. His report forms the basis for future actions at Crozier. Existing security measures (e.g., key control) are outlined in Appendix 2.

Actions:

- Arrange a security assessment of all areas of the new premises at 66 East Smithfield and Crozier – and implement any actions

Budget

The Society's financial year runs from January-December. There is budgetary provision for conservation packing and storage materials and for object photography. There is currently no separate internal budget to fund any distinct conservation projects. Any potential conservation costs would come out of the Museum's general budget, or a business case would be submitted.

Large scale conservation project work would be dependent on obtaining external funding. Current Museum staffing, and the general condition of the collection means that this is not a priority at this stage.

It should be noted that the postponement of regular conservation work and condition reporting has the potential to leave issues undiscovered, with expensive repercussions in the future. Conservation cleaning will be carried out when necessary and possible, by Museum staff, in order to mitigate any risks.

Training

The Museum staff provide training for all student placements, volunteers, new staff, and researchers to be able to use objects with care.

There is a range of free training for Museum professionals and where available, Museum staff and volunteers will attend short courses on areas of collections care and preventive conservation.

Remedial Conservation

Collection Areas

This section outlines the range of different collection areas in our wider RPS Museum Collection.

Ceramic and glass drug storage and display jars

The Museum holds an important collection of tin-glazed, other ceramic, and glass drug storage jars and display jars. Among these, tin-glazed jars number around 320, of which around 250 are British circa 1650-1750. The smaller collection of tin-glazed continental jars ranges in date from 15th- 18th century. All the jars have been professionally photographed.

In late 1999 the Museum commissioned ceramics and glass conservator Penelope Fisher to undertake a condition survey of 319 jars in the collection. Her findings are summarised in her report: 'A condition survey: Maiolica drug jars from the collection of the Royal Pharmaceutical Society Museum Autumn 1999 – Spring 2000'. Funded with a South Eastern Museum Service grant, Penny carried out full conservation work on all of the drug jars. The conservation treatment for each jar is recorded in its record.

Actions:

If staffing and budgets allow, over the next five-year period it is proposed to commission further condition surveys to cover:

- All non maiolica ceramic drug storage jars
- Glass show jars (i.e., display carboys and specie jars)
- Glass drug storage jars

Portraits

Seven of the Museum's collection of 30 portrait oil paintings are on permanent display in the Museum display area and Library (two in a display case, three hung on walls and a further two in a meeting room). There are plans to display more of the Society's oil painting collection. All the displayed items have been photographed.

A condition survey of the entire oil portraits collection was carried out between January 2004 and November 2006. Ten portraits have subsequently been conserved (PBA2, PBA3, PBB1, PBH3, PBH6, PBM2, PBM3, PBS1, PBS3/B, PBX1).

Actions:

- Use existing condition survey as basis for future conservation work as funding allows.

Prints and drawings, including caricatures

The Museum holds a significant collection of works on paper comprising medical caricatures, botanical prints, portraits of significant Society members and others, images of pharmacy and related interiors, topographical images of Bloomsbury (the location of the Society's HQ from 1841-1977), Lambeth (the location of the Society's HQ from 1977-2015) and others.

Following an in-house survey, the Museum has run a rolling programme of conservation and display mounting of its collection of works on paper since 1995. Initially this focussed on the Museum's important collection of 18th-19th century medical caricatures (c.300 items). Treatment undertaken by paper conservator Pru Seward, included removal of inappropriate backing materials, cleaning and conservation mounting to a standard display size. A set of standard frames allows for easy rotation of the displayed collection.

The second phase of the programme started in 2000 and ran into 2002. The aim was for it to cover all other works on paper that form part of the Museum collection. This includes removal of inappropriate backing materials and cleaning, but items are not being re-mounted unless / until required for display.

Actions:

- Currently about 90 items are awaiting non urgent treatment, and this programme should be re-started.

Photographs

Susie Clarke, a photograph conservator, undertook a condition survey of the photographic collection (including "reference" transparencies, slides, and negatives) in January 2004. Her subsequent report recommended improvements to the storage, location, and housing of some of the collection, and also identified priority items for interventive conservation.

As a result, all historical prints and albums were relocated to the Archive Store, and subsequently the basement Museum store at 66 East Smithfield following the 2015 premises move. A successful grant bid to ALM London resulted in funding for storage materials to carry out the report's recommendations e.g., albums are now housed in bespoke boxes. Susie also completed conservation work on a number of prioritised items.

Actions:

- Continue to re-house any part of the photographic collections, particularly glass negatives, and relocate all to environmentally controlled storage.
- Continue to find a way to house all film-based material in environmentally controlled storage.

Proprietary medicines

There is no evidence that any specific collections care or conservation measures have been taken in relation to the proprietary medicine collection. In 2001, the collection was identified as the most deserving candidate to remain onsite in an environmentally controlled and monitored store. The collection has been prioritised for backlog documentation from 2003 onwards, and any notes on condition are being added to an object's record.

Actions:

- Continue to note individual objects' condition as backlog documentation project proceeds.

Materia medica

The Museum holds a significant collection of crude drug materials from late 17th – 19th centuries. With its high proportion of delicate organic material, the collection is deemed to be especially vulnerable to both environmental and pest damage. Most items are held under environmentally controlled storage conditions in the main Museum store. Most specimens are held in sealed glass containers. Exceptions to this are:

- a substantial 'hortus siccus' of John Bateman, dating from 1718 (uncatalogued). This herbarium (mounted botanical specimens in an outsize album) is currently on display in the Museum (since 2015).
- a late 18th century drug specimen cabinet (LDRPS:ICA1) originally used in a drug wholesaler's showroom. This is a fine piece of late 18th century furniture which has suffered from poor display conditions prior to its removal to the controlled store.
- A large wooden 19th century drug identification cabinet (uncatalogued) containing several hundred specimens.

In 2005, Vicky Noble carried out a condition survey on the whole material medica collection. This forms the basis for future actions. The Hortus Siccus has been assessed by a conservator for treatment and a quotation has been provided for this work.

Actions:

- Continue to implement actions from condition survey.
- Decide on future of the Hortus Siccus (Herbarium)

Oral history

The collection of 113 interviews exists in a variety of formats which makes them both difficult to access and raises preservation and conservation issues. The following project, discussed with staff at the British Sound Archive, has been completed:

- To transfer all interviews from existing formats (reel to reel, cassette, and VHS video) to CD format.
- To fully catalogue all interviews and add them to the Society's Library's online catalogue which is available to any user with internet access.
- To research and establish the copyright status of all interviews, with this status recorded as part of each catalogue entry.
- To maintain the copies at the Society's Museum as a reference collection, accessible to all researchers (members and non-members).

Actions

- To ensure all recordings are on the most up to date digital format
- To ensure there is an edited clip of all recordings (where copyright is confirmed) available on the Museum Website for users to browse

Film

As part of Susie Clarke's condition survey (see Photographs above), it was confirmed that none of the 11 reels of film in the collection are nitrate-based.

Actions:

- Maintain Loan Out to the London Metropolitan Archives in June 2012 (LO 2012.3).

Ephemera

Many of the items in the ephemera collection are housed to conservation standards. However, a large proportion of the collection has undocumented acquisition details (this ephemera collection was catalogued as 2007.48). All of the collection is currently stored in environmentally controlled monitored stores.

Actions:

- Consider conservation issues as part of backlog documentation work.

Other three-dimensional items

We have no records that any other part of the collections have been surveyed or treated in the past. The collections cover a wide range of materials, including many mixed-material objects. The majority of the items are in environmentally controlled and monitored storage. The range of objects includes:

- Medicine chests
- Textiles e.g., dressings
- Wooden items
- Metal items including bell metal mortars, equipment, silver collection
- Plastic items and components
- Mixed material objects e.g., pill machines, syringes
- Scientific instruments e.g., microscopes, scales, and balances
- Plaques and other fixtures

Actions:

- Add any comments on condition to object records.
- Identify collection areas for future condition surveys.

Priorities

Prioritisation of collection areas for condition surveying and any resulting conservation work is summarised in Appendix One.

Factors determining these priorities include whether:

- Collections are on display or stored
- Collections, if stored, are in environmentally controlled areas
- Existing documentation allows for a clear view to be taken of needs
- A condition survey has been carried out and priorities established
- Objects have an intrinsic vulnerability due to age, material, or apparent condition

Work to identify conservation priorities is closely tied to ongoing documentation work outlined in the RPS Museum Documentation Action Plan, 2022-2027:

- *'Whilst working with the collections, we will always be mindful of the condition of the objects or archives, recording any findings that may have implications for access, conservation treatment, or even retention. Any conservation needs will have funding implications, and we will have to apply for grants to afford to conserve specific objects, papers, books or collections.'*
- *'In all cases, we will attempt to continually improve the storage of all of our collections, both permanent and reference. This will have resource implications, particularly funding conservation-grade packaging materials.'*

Actions:

- Use all available sources (IR (entry) records, material for object history files, other object-based filing systems) to establish what work has already been carried out, and record this in the object's record. (All)

Use of External Conservators

The Museum has no in-house conservation workshop facility and no trained conservation staff. Museum staff are able to undertake limited conservation cleaning, but all other conservation work is outsourced to external specialist conservators.

We will consider the following factors, advised by The Institute for Conservation (ICON), in choosing an external conservator:

Accreditation

Not all reputable conservators are accredited. Even among accredited conservators, it is still important to find the one who is most appropriate for the job in hand.

Training/experience

A professional conservator will generally have a recognised conservation qualification from one of the established training courses, as well as several years of experience. Alternatively, they may have learnt their skills under apprenticeship to an established and reputable practitioner.

Similar experience

Place objects with a conservator who has carried out similar work in the past. If there is more than one item to conserve and this is the first contact with a conservator, the least important object should be treated first to see whether the results are satisfactory.

Enquire about previous work undertaken and ask to be put in touch with satisfied customers for references.

Professional organisations

There are a number of conservation professional organisations and trade associations. Ordinary or associate membership of these bodies provides only limited assurance of expertise. However, the accreditation or fellowship schemes of the following bodies do demand compliance with defined standards:

- The Institute for Conservation (ICON)
- British Association of Paintings Conservator-Restorers
- British Antique Furniture Restorers' Association
- Institute of Conservator-Restorers in Ireland (IPCRA)
- Archives and Records Association

The last three jointly operate a newly developed accreditation system, under the aegis of the National Council for Conservation-Restoration. Conservator-restorers accredited under this scheme have the letters ACR after their name – and/or AMUKIC, AMIPC (Accredited Conservator-Restorer, Accredited Member of UKIC, Accredited Member of IPC).

Insurance

Confirm insurance arrangements. The conservator's insurance may be adequate, but if not, extend the Museum's policy to cover conservation including transportation to and from the practice.

Estimate

Always ask for a written estimate for the work, based on an assessment of the object and a proposed plan of work. Confirm whether the estimate is a fixed price quotation or an approximate costing, whether it is for the entire project or one stage of it, and whether VAT, materials, documentation, transport, and other expenses will be added. There should also be some indication of how long the conservation work will take.

The practice

Visit the practice before commissioning the work. The workspace should appear well-ordered, with careful handling and storage of the objects undergoing or awaiting conservation. The conservator should operate within current health and safety legislation and guidelines and have an emergency response plan in case of fire, flood or building damage.

The premises should be secure e.g., capable of withstanding a determined attack by a thief, secured against fire as well as theft.

Documentation

The conservator should always keep careful records of work carried out. A final report, along with any photographs, should always be kept with the item or the collection.

Before any conservation work is carried out:

- it is important to have extensive discussions with the conservator.
- the conservator should see the item itself, and any documentation relating to its history, storage or environment and any previous treatments.
- be precise about the extent of the work, including the difference between essential and desirable work, and whether the object needs to function or simply look acceptable.
- explain to the conservator the conditions the object will be kept in in the future, and how it will be displayed and where, as this may affect the choice of treatment.

The aftercare of the object or collection should also be discussed. Expect to be consulted periodically during the course of the work about discoveries which may change the direction or the cost of the project.

Appendices

One: Conservation Priorities by Collection Type

Reviewed January 2022

Factors determining priorities include whether:

- Collections are on display or stored
- Collections, if stored, are in environmentally controlled areas
- Existing documentation allows for a clear view to be taken of needs
- A condition survey has been carried out and priorities established
- Objects have an intrinsic vulnerability due to age, material, or apparent condition

Collection type	Condition survey carried out?	Conservation work carried out?	Known issues	Priority
Ceramic items	Yes, for delftware collection (319 items) 1999-2000 No for other ceramic items	Yes, on 210 delftware jars prioritised in 2000 Further ceramics conserved in 2012	Many other ceramic items in the collection to be considered	Medium
Glass items	No	No Society coat of arms stained-glass window conserved in 2015	Display glass ware (carboys and specie jars) as priority one	Medium
Portraits	Yes. All oil portraits surveyed between 2004 and 2006.	Yes, limited work in situ as portraits surveyed. In addition, 3 portraits have had more significant work carried out off site.	Detailed in condition reports.	Medium – highest priority items have been treated.
Sculpture	No	William Martindale and Jacob Bell portrait busts conserved 2015	Identifying priorities, individual problems, and strategy as part of backlog documentation	Medium
Prints and drawings	Yes, in –house and ongoing through backlog documentation process since 1994	Yes, rolling programme since 1995	Conservation carried out on a case-by-case basis when internal funding allows.	Medium

Caricatures	Yes	Yes, majority of collection treated and mounted 1995	Valuation report carried out in 2006 highlighted some individual items that need re-visiting.	High – check report and take action.
Photographs	Yes, Jan 2004	No	Storage needs improving Individual items identified for remedial conservation	High – storage improvements
Proprietary medicines	No	No	Specific problems are being identified as part of a backlog documentation project	Low – all in environmentally controlled storage
Materia medica	Yes, June 2005	No	Organic materials (crude drugs) identified as vulnerable to environmental conditions & pests. 2015: the materia medica specimens stored in drawers of the large wooden 19 th century drug identification cabinet were repacked in conservation standard resealable bags to minimise pest infestation.	Medium
Oral history	No	CD contents transferred to Cloud storage	Interviews are being transferred to CD play copies with originals for transfer to British Sound Archive.	High
Film	No	No	Very small collection. To investigate transferring to specialist film archive – currently on a 5-year loan to the London Metropolitan Archives from 2012	Medium
Ephemera	No	No	Identify priorities & strategy through backlog documentation	Low
Other three-dimensional items, e.g. - Medicine chests - Textiles e.g., dressings - Wooden items - Metal items including bell metal mortars, equipment, silver collection - Plastic items /components	No	No	Identifying priorities, individual problems, and strategy as part of backlog documentation	Low – all items in environmentally controlled storage

- Mixed material objects e.g., pill machines, syringes - Scientific instruments e.g., microscopes, scales, and balances				
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Two: Locations

The only member of staff who is authorised to access and edit location and movement records, request and approve object movements, and move objects is Catherine Walker, Museum Officer. Volunteers can also edit location records or move objects under Museum Officer approval and supervision.

The administrative and physical boundaries of the Royal Pharmaceutical Society Museum include 66 East Smithfield and the off-site store with Crozier in Hayes.

Location	Address	Environmental Conditions	Security	Access
Museum Basement Stores Storage	66 East Smithfield, London, E1W 1AW	Semi-controlled conditions with the temperature aimed at 17°C degrees and the humidity at 55%RH.	Museum holds keys + Card access system	Lift and stairs
Strong Room Storage	66 East Smithfield, London, E1W 1AW	Semi-controlled conditions with the temperature aimed at 17°C degrees and the humidity at 55%RH.	Museum holds keys + Card access system	Lift and stairs
Library and Museum Office Storage	66 East Smithfield, London, E1W 1AW	No environmental control	Card access system	Lift and stairs
Crozier Storage	163 Clayton Road UB3 1BD Middlesex	Controlled environment.	Their own security.	Stairs and lift
Reception Display cases	66 East Smithfield, London, E1W 1AW	Office standard air conditioning	Museum holds keys to cases.	Entrance ramp Lift and stairs
Offices on 3 rd and 4 th Floor Wall mounted and open display	66 East Smithfield, London, E1W 1AW	Office standard air conditioning	Card access on 3 rd and 4 th floor, RPS staff only.	Lift access to all areas
Offices on Ground Floor Wall mounted and open display	66 East Smithfield, London, E1W 1AW	Office standard air conditioning	Ground Floor meeting rooms generally unlocked within working hours. Facilities holds keys.	Ramp access

Three: Useful Information and Sources

Collections Trust – collections care and conservation

<http://collectionstrust.org.uk/collections-management/collections-care-and-conservation/>

The Institute for Conservation (ICON) – The Conservation Register

<http://www.conservationregister.com/>

Benchmarks in Collections Care 2.0 (Collections Trust)

<http://collectionstrust.org.uk/resource/benchmarks-in-collections-care-2-0/>

SPECTRUM 4.0 - UK Museum Collections Management Standard (Collections Trust)

Particularly the following sections: Object condition checking, Conservation and collection care, Audit, Use of collections.

<http://collectionstrust.org.uk/spectrum/spectrum-4/>

Arts Council England - Accreditation Scheme

<http://www.artscouncil.org.uk/supporting-Museums/accreditation-scheme-0>

Royal Pharmaceutical Society Museum

Documentation Action Plan 2022-2027

Introduction

The Museum's statement of purpose is:

The Museum of the Royal Pharmaceutical Society exists

- to promote public and professional understanding of the history of the practice of pharmacy in Great Britain in its fullest medical, professional, social, political and international context.
- to enable public and professional appreciation, exploration, learning and enjoyment of artefacts associated with that history.
- to collect, safeguard and make accessible material evidence, artworks and associated information relating to the history of pharmacy as practised in Great Britain.

Background on the collection

In addition to the Museum Collection, the RPS Museum is also responsible for:

- The RPS Archive
- The Early Printed Collection

The Museum's *Collections Development Policy* gives full details of collecting policy, legitimate areas of collection, and our procedure for transferring and disposing of items.

Currently there is only one full time member of museum staff, so we are heavily reliant on volunteers and students on placement to be able to achieve this work. This means that often this work is carried out on an ad hoc basis, when there is volunteer help available.

Although this is "bread and butter" museum work, we strive not to let it become a low priority or be overtaken by other "firefighting" or public profile issues. Without a high standard of collections documentation, we are unable to provide the level of access to the Museum's objects and resources that we are aiming for.

Aims of the Action Plan

Our underlying aim is to work to continually improve the documentation of all our permanent collections and reference materials. Good documentation is essential in order to improve access to the collections for staff and all other users. In order to meet this aim we will:

- Work to eliminate our basic documentation backlog.
- We will strive to avoid adding to the existing backlog.
- Whilst working with the collections, we will always be mindful of the condition of the objects or archives, recording any findings that may have implications for access, conservation treatment, or even retention. Any conservation needs will have funding implications, and we will have to

apply for grants to afford to conserve specific objects, papers, books or collections. We will use the standards stipulated in the Accreditation scheme, and the Collections Trust resources [*Spectrum 5.0*](#) and [*Benchmarks in Collection Care 2.1*](#) as a checklist to help this work.

- We will keep up to date with collections management issues online e.g. by reading [*Museum Practice*](#) magazine online
- We will consider the effectiveness of our procedures in the light of any of our collections work and make changes to procedures to remove any flaws as necessary.
- In carrying out this plan, we will consider the role of IT to improve access to the collections, to improve the standards of our documentation, and to provide a means of safeguarding the objects by restricting access to the original item through the creation of accessible digital images.

In all cases, we will attempt to continually improve the storage of all our collections, both permanent and reference. This will have resource implications, particularly funding conservation-grade packaging materials.

When considering transfers, disposals and duplicate items, we will consider the object's/material's use for creating a handling collection or outreach resources.

Procedures

We will maintain and base all documentation on our *Procedural Manual*, kept up to date by the Museum Officer.

Audit and Rationalisation

With changing in staff and volunteers, a lot of knowledge of the collection has been lost, so a full audit of the collection has begun to fully understand the scope of the collection, and the full extent of the historic accessioning backlog. This will also feed into a rationalisation project, which may impact

Work has also begun to enhance records with photographs, for condition checking and to diversify the use of the collection.

Retrospective documentation

NB: See the following table for a detailed breakdown by collection of current documentation.

The **existing backlog situation** is that:

Museum: Since 2020 a small backlog of accessioning has developed, which is currently being addressed with the help of students on placement.

All the entries in the IR (entry) register (1984-2003) and the Entry Forms (2003 onwards) are now scanned as jpg's on Box. In addition, pages from the Purchase Book (1947-1967) have also been scanned as jpg's on Box.

As unnumbered objects have been found, they have been given a new IR number (again often as groups, rather than unique objects).

All information recorded on the object record cards (Todd classification) has been entered on MODES Complete. The only exception is the medicinal preparations collection (Todd classification); where although listed on MODES Complete, have not yet had all the (often minimal) information on the object cards entered on MODES.

Further detail of the cataloguing progress of Todd numbered objects is recorded on Box in the following documents: *Todd Numbered Objects – Cataloguing Progress* and *Todd Numbered Proprietary Medicines – Cataloguing Progress*: [Box > PLB PDS Museum > Collections Management > Cataloguing and Rationalisation of Collections > Collection Areas - Cataloguing and Rationalisation of](#)

Archives: The archives are catalogued mostly as groups of related items, each with an IRA number which doubles as an accession number. The numbering can be modified in accordance with standard archiving practice to indicate the different levels of records as individual items are fully recorded.

The archives were originally catalogued on an Access database. This data was imported into MODES Complete in 2017-2018. Where they exist, IRA Entry Forms have been scanned as jpg's on Box.

Audio and Video Recordings: The Society's oral history recordings were originally listed on an Excel spreadsheet (with minimal information). This data was imported into MODES Complete and the collection was audited and catalogued in more detail in 2019. Where they exist, Assignment of Copyright forms have been scanned as PDF's on Box.

The film collections are not yet catalogued and are currently on loan (for storage purposes) at the London Metropolitan Archives (LO.2012.3).

Early Printed Collection: In 2014 the books in this collection were audited against the books listed on the original (incomplete) Access database of 2000 items / Excel spreadsheet of circa 2,500 items. This information was subsequently imported in MODES Complete, and further books have been added

We will approach the backlog by working from the existing documentation.

We will work through the groups of labelled IR material, giving each object in the group its own unique number, and basic documentation, including entry data from the IR registers.

We need to update and record the locations of all objects on the documentation database as we audit the collections. We are currently aware of a very small number of any "unlocated" or "missing" items that we need to find to reconcile with the documentation. However, we recognise that in many cases the IR records vaguely describe groups of objects, but not in such detail that we would be able to match up the records. We will keep records of possible links with IR numbers, to be investigated further if possible.

We will not re-create **entry records** for objects. However, we will consider whether particular items may need retrospective transfer of title forms sent out, in view of their importance in the collection.

We will not **re-number** those items given Todd numbers.

The **basic standards** for each object, book or archived record are that it has been accessioned, marked and its location is recorded. So:

- It has a unique number.
- The number is accurately marked on the object, book or archived record.
- Each item or group of related items is accurately described on the database.
- The location is accurately described on the database.
- We will record any other information that we have for each object, book or archived record on the database or in its object history file, as appropriate.
- The accession level of information (the computer database) must be copied and retained as an archival back-up.

Our aim is to give every item in the collection its own entry in the accessions register (the computer database).

Prioritised action plan by collection/location

Collection (estimated number of objects)	Progress at 2020	Records at minimum standard on MODES (estimated %)	Actions	Lead staff	Priority	Timescale
New acquisitions 2013 onwards	Note: Cataloguing progress recorded in the 'Acquisitions – Documentation Progress' file on <u>Box</u> > <u>PLB PDS Museum</u> > <u>Documentation</u>	75%	<ul style="list-style-type: none"> • Entry / Transfer of Title forms completed and returned • Thank you letter with accession number or IR number despatched to donor • Full record on MODES • Item numbered according to marking and labelling procedure, tagged and/or boxed with short description • Item safely stored 	Museum Officer with student and volunteer help	High – top priority	Whole process to be completed within one month from item's initial entry to Museum. In the case of very large groups of items (10+) 2 months is allowed.

Recent acquisitions 2007-2012	Note: Cataloguing progress recorded in the 'Acquisitions – Documentation Progress' file on <u>Box > PLB PDS Museum > Documentation</u>	50%	<ul style="list-style-type: none"> Entry / Transfer of Title forms completed and returned Thank you letter with accession number or IR number despatched to donor Full record on MODES Item numbered according to marking and labelling procedure, tagged and/or boxed with short description Item safely stored 	Museum Officer with student and volunteer help	High – top priority	
Proprietary medicines (8,000)	<p>Process well underway</p> <p>Note: Cataloguing progress of Todd numbered medicines recorded in the 'Todd Numbered Proprietary Medicines - Cataloguing Progress' file on <u>Box > PLB PDS Museum > Collections Management > Cataloguing and Rationalisation of Collections > Collection Areas - Cataloguing and Rationalisation of</u></p>	50%	<p>Note: These items need full records to establish Health and Safety needs.</p> <ul style="list-style-type: none"> Accession items, checking their entry status, and associated information carefully, especially to avoid unwanted duplicates. All proprietaries stored according to conservation standards. Re-store any Controlled Drugs in Strong Room 	Museum Officer	High – top priority	tba

Controlled Drugs (Strong room) (250)	RPS collection on MODES. Needs auditing annually.	100%	<p>Note: These items need full records to comply with Home Office drug licencing requirements.</p> <ul style="list-style-type: none"> • Add new locations as required • Add any recently acquired Controlled Drugs to Strong Room store • Follow the '<i>Standard Operating Procedures</i>' for controlled drugs • Audit controlled drugs annually against the '<i>Inventory of Controlled Drugs...</i>' <p>Note: the '<i>Inventory</i>' and 'S.O.P.' files are on <u>Box > PLB PDS Museum > Collections Care > Controlled Drugs</u></p>	Museum Officer	High – top priority	Audited annually
Medicine chests (27)	Untidy records, and 1 un-accessioned item	96%	<ul style="list-style-type: none"> • Accession item with no record • Sub number individual objects stored within the medicine chests. • Re-store any Controlled Drugs in Strong Room • Research contents and add to catalogue records 	Student placement supervised by Museum Officer	High	tba
Displays in building (circa 1,000)	All complete. As any objects move, need locations updating.	100%	<ul style="list-style-type: none"> • As any objects move, need locations updating 	Museum Officer	High	N/A

Off-site store (Martinspeed) (circa 8,500)	New items sent from HQ are accessioned Note: Files (including inventories and documentation queries) relating to Martinspeed on <u>Box > PLB PDS</u> <u>Museum > Collections Management ></u> <u>Collections Storage ></u> <u>Martinspeed</u>	45%	<ul style="list-style-type: none"> Audit objects in storage at Martinspeed, including framed items - to locate objects without accurate or current locations. Resolve final documentation queries relating to movement of objects Accession, mark/label entry level numbered (IR) objects, always checking against existing documentation. Check standard of packing as accessioning. 	Museum Officer, with volunteer support	High	tba
RPS Archives (on-site store) (2062 catalogued items / groups of items on MODES Complete)	Data from Access database transferred to MODES Complete in 2019 Archive records in MODES data cleaned and locations updated in 2019-2020	80-90% on MODES Complete	<p>Note: Collection includes the RPS archive and archival material relating to individuals and organisations with connections to the RPS.</p> <ul style="list-style-type: none"> Sort, catalogue or dispose of unsorted archival items and any duplicate or non RPS archive items (mostly in on-site store, room 2). Add basic record for individual items or grouped items to MODES Complete. 	Museum Officer (2020)	High	tba

Early Printed Collection (on-site store) (3507 books, on MODES Complete)	<p>The 'Books before 1861' index cards used to compile the '<i>All Rare Books</i>' Excel spreadsheet in 2008.</p> <p>Collection audited against the '<i>All Rare Books</i>' Excel spreadsheet, with additional books found added, in 2014.</p> <p>Data from the '<i>All Rare Books</i>' Excel spreadsheet (except the 'Scotland collection' books) migrated to MODES Complete in 2019.</p> <p>Library volunteer currently fully cataloguing these books on the RPS Library catalogue (Daniel Hanbury book collection completed in 2020)</p>	Approx. 95% on MODES Complete	<p>Note: Only rare books published before 1861 should be added to this collection i.e. books that we wish to retain long-term with the same status as the Museum and Archive collections.</p> <ul style="list-style-type: none"> • Catalogue additional books • Check 'Books before 1861' index cards in the library for catalogue numbers and further information (check which of these books are now in the early printed collection and which are in the archive). • Books transferred from RPS Scottish office in 2010-2011 still need to be added to MODES Complete. These books are currently listed on a separate sheet, entitled 'Scotland collection', in the '<i>All Rare Books</i>' Excel spreadsheet. 	Librarians and Library volunteer (and Museum Officer)	High	tba
Silver (86)	COMPLETE	100%	<ul style="list-style-type: none"> • Add any additional items to MODES 	Keeper	High	Completed 2009
Delftware (219)	COMPLETE	100%	<ul style="list-style-type: none"> • Continue to complete full MODES records using Delftware publication • Check all records have attached images 	Keeper	High	Completed 2009

Oil Portraits (33)	COMPLETE	100%	<ul style="list-style-type: none"> Check MODES records for completeness, accuracy and consistency Check all images added to records 	Keeper	High	Completed 2009
Ephemera (15,000)	Recently acquired items and alphabetically boxed items A-Z (IR.2007.48) have been fully recorded including images.	60%	<ul style="list-style-type: none"> Make decisions about disposals, then accession remaining unnumbered items. Move all ephemera to designated storage, to conservation standards. Scan images as part of accessioning process 	Project for placement students to continue. To meet deadline, will need additional staff.	Medium	2014
Prescription envelopes (circa 5,000)	Some records complete	10%	<ul style="list-style-type: none"> Continue to complete full MODES records (for XZ numbered items) Scan to add to records 	Museum Officer	Medium	tba

Photographs (and negatives) (7,000)	Accessioned photos in conservation standard storage (Archival Polyester Enclosures and Solander boxes) All information from record cards (both Todd classification & SZ number cards) entered on MODES Complete. Accessioned photographs audited and locations updated on MODES Complete. Note: Cataloguing progress recorded in the ' <i>Photographs - Cataloguing Progress</i> ' file on <u>Box > PLB PDS</u> <u>Museum > Collections Management > Cataloguing and Rationalisation of Collections > Collection Areas - Cataloguing and Rationalisation of</u>	80%	<ul style="list-style-type: none"> Audit un-accessioned photograph collection in museum on-site store (locate, match to existing documentation, list undocumented items) Make decisions about disposals, then accession remaining unnumbered photos (Note: decide whether to allocate photos to blank SZ numbered records on MODES) Research implications of copyright law, and check copyright of our collections in line with findings (Note: some photos probably transferred from the Pharmaceutical Journal) Complete the removal of all photographs and negatives (i.e. un-accessioned items) to conservation standard storage. Identify nitrate and acetate negatives (need specialist advice), and cost, find funding for, and carry out copying programme. Continue to scan images and attach to MODES record as part of accessioning process. 	• Museum Officer	Medium	tba
Microscopes, scales and balances (67)	COMPLETE All information from record cards (Todd classification) entered on MODES Complete.	100%	<ul style="list-style-type: none"> Create MODES template Transfer existing records to template Use valuation report to assist Accession items with no records Add photos to records and new photography for rest 	Project for Keeper as part of off-site store project	Medium	N/A

Mortars (320)	COMPLETE All information from record cards (Todd classification) - and from Ernest Saville Peck's original object cards - entered on MODES Complete.	100% Yes, although locations need auditing to check for accuracy	<ul style="list-style-type: none"> • Create MODES template • Transfer existing records to template • Use valuation report to assist • Accession items with no records • Add photos to records and new photography for rest 	Keeper of the Museum Collections	Medium	Completed by the Keeper in 2014
Materia medica (2,000)	ALMOST COMPLETE All information from record cards (Todd classification) - and Harrod's catalogue - entered on MODES Complete. <u>Accessioned collections include:</u> Burges Collection of Materia Medica, John Eliot Howard Collection, the Corbyn Cabinet, and the Herbarium created by George Todd.	90%	<ul style="list-style-type: none"> • Accession items using hard copy catalogues as research aid. • These items need full records to establish Health and Safety needs. • Two pharmacy student materia medica collections: <ul style="list-style-type: none"> ◦ IR.2011.10: accessioned ◦ IR.2011.19: still need to be accessioned 	Volunteers (supervised by former Assistant Keeper)	Medium	tba
Non-delftware ceramic drug jars (800)	All information from record cards (Todd classification) entered on MODES Complete. Needs cross-referencing to actual objects.	80% Locations need checking	<ul style="list-style-type: none"> • Use Delftware template for base of complete records • Transfer existing records to template • Accession items with no records • Add photos to records and new photography for rest 	Project for Museum Officer as part of off-site store project	Medium	tba

Shop rounds (400)	All information from record cards (Todd classification) entered on MODES Complete. Needs cross-referencing to actual objects.	90%	<ul style="list-style-type: none"> • Use Delftware template for base of complete records • Transfer existing records to template • Accession items with no records • Add photos to records and new photography for rest 	Project for Museum Officer as part of off-site store project	Medium	tba
Prints, Drawings & Paintings	<p>ALMOST COMPLETE</p> <p>All information from record cards (Todd classification) entered on MODES Complete.</p> <p>Note: Cataloguing progress for prints recorded in the '<i>Caricatures and Prints - Cataloguing Progress</i>' file on <u>Box > PLB PDS</u> <u>Museum > Collections Management > Cataloguing and Rationalisation of Collections > Collection Areas - Cataloguing and Rationalisation of</u></p>	90%	<ul style="list-style-type: none"> • Check MODES records for completeness, accuracy and consistency • Scan images and add to record 	Keeper	Medium	tba

Caricatures (220)	COMPLETE Note: Cataloguing progress recorded in the 'Caricatures and Prints - Cataloguing Progress' file on <u>Box > PLB PDS</u> <u>Museum > Collections Management > Cataloguing and Rationalisation of Collections > Collection Areas - Cataloguing and Rationalisation of</u>	100%	<ul style="list-style-type: none"> Check the locations of framed caricatures at Martinspeed store recorded on MODES (audit required) Catalogue un-accessioned caricatures not in PZ number system 	Keeper	Medium	Completed 2017
Oral history (114)	ALMOST COMPLETE Data from Access database transferred to MODES Complete in 2019 (in <i>RPS Audio and Video Recordings</i> file). Subjects of recordings researched, and additional info added to MODES in 2019. If known, copyright status added to MODES in 2019. Copyright forms scanned and added to Box in 2019. 4 phases of transfer to CD play copies complete.	95% recorded on MODES Basic record of each also on RPS Library catalogue	<ul style="list-style-type: none"> Summarise and transcribe interviews Investigate copyright status further Maintain proper storage requirements for CDs Digitise key recordings and make accessible 	Museum Officer	Medium	Dependant on external funding

Film (13)	No records on MODES Complete Note: Collection on short term loan (for storage purposes) to the London Metropolitan Archives June 2012 (LO 2012.3)	0%	<ul style="list-style-type: none"> • List holdings • Investigate transfer to film archive, with digital copies in return • Decide on documentation status for films • Decide on indexing procedure for films • Investigate storage requirements for video, and implement • It has been confirmed that none of the films are on high-risk nitrate stock 	Museum Officer	Low	tba
Medals & badges (400)	45 medals recorded on MODES (all YMB and some WZ numbered items + recent acquisitions) 111 badges recorded on MODES (some WZ numbered items + recent acquisitions)	25% No - majority to accession	Note: Hard copy list of Todd-numbered medals in filing cabinet (YMB & WZ numbers?) <ul style="list-style-type: none"> • Create MODES template • Transfer existing records to template • Accession items with no records (including gaps in WZ numbered medals and badges number sequence) • Add photos to records and new photography for rest 	Museum Officer, or discrete project for volunteer	Low	tba

Database-related actions

Database	Action	Lead staff	Deadline
MODES Complete	Upgrade MODES for Windows to MODES Complete	Museum Officer	COMPLETED 2011
Access - Archive	Import into MODES Complete	Museum Documentation Assistant	COMPLETED 2018
Access – Early Printed Collection	Import into MODES Complete	Museum Documentation Assistant	COMPLETED 2017
MODES Complete	Transfer Entry and Loan files across from MODES for Windows to MODES Complete	Keeper	tba
MODES Complete	Transfer images database from the Y Drive to MODES Complete server	Keeper	N/A
Excel IR lists (Entry level records of museum objects)	Retain	Museum Documentation Assistant	N/A
Other databases and lists	Check and retain if not duplicate	Museum Officer	tba

Catherine Walker
Museum Officer

2022

[Not yet] REVIEWED AND APPROVED BY THE CHAIRS AND OFFICERS GROUP OF THE ROYAL PHARMACEUTICAL SOCIETY,
ON BEHALF OF THE RPS ASSEMBLY [insert date]



Accreditation

Access policy



Name of museum: Royal Pharmaceutical Society Museum

Name of governing body: Royal Pharmaceutical Society of Great Britain Assembly

Date on which this policy was approved by governing body: March 2025

Policy review procedure:

This policy was approved by the Society's governing body, the Assembly of the Royal Pharmaceutical Society in March 2025.

Under the provisions outlined below there is a requirement that the policy be reviewed and any modifications approved by Assembly by March 2030.

The access policy will be published and reviewed from time to time, at least once every five years.

Date at which this policy is due for review: March 2030

The museum takes account of users' needs, guided by a policy statement setting out a commitment to give everyone access to collections and associated information

1. Introduction

- 1.1. Access to the collections, and their potential as a resource for learning lie at the heart of what it means to be a museum. This policy guides the direction that the Museum has taken since 2002 to make its collections as accessible as possible, to provide learning opportunities for the broadest number of audience groups and individuals.
- 1.2. This policy takes regard of clauses 1, 2, 3, 4, 5 and 8 of the Museum's formal Constitution adopted by the Society's Assembly, its Governing Body, in April 2013. These are reproduced in Annex 1.
- 1.3. This policy should be considered in parallel with the Museum's Collections Development Policy. Both policies will be published and reviewed at regular intervals of not more than five years. The due date of the next review will be noted in the policy document.
- 1.4. The Access Policy is supported by a two year operational action plan, which details how the policy will be implemented within the above parameters. The plan's objectives will be reviewed annually for the Museum as a whole, and at an individual level through the appraisal system.
- 1.5. This policy document is due for revision by **March 2030**

2. Definitions and Statements

2.1. Museums Association definition of a museum

'Museums enable people to explore collections for inspiration, learning and enjoyment. They are institutions that collect, safeguard and make accessible artefacts and specimens, which they hold in trust for society.'

2.2. Museum mission statement

- 2.2.1. The Royal Pharmaceutical Society Museum exists:
 - 2.2.1.1. to promote public and professional understanding of the history of the practice of pharmacy in Great Britain in its

fullest medical, professional, social, political and international context.

- 2.2.1.2. to enable public and professional appreciation, exploration, learning and enjoyment of artefacts associated with that history.
- 2.2.1.3. to collect, safeguard and make accessible material evidence, artworks and associated information relating to the history of pharmacy as practised in Great Britain.

2.3. Access policy statement

The Museum of the Royal Pharmaceutical Society aims to work, within the policy agreed by its Governing Body, towards an inclusive **and diverse** service which is welcoming, continually responds to the needs of its current users, proactively seeks out relationships with new audiences, and makes considering the provision of appropriate access a part of everyday practice.

3. Principal aims

We will work to achieve the following aims, within the policy agreed by the Museum's Governing Body and subject to the available resources

3.1. Overcoming barriers

- 3.1.1. To seek to remove barriers to access to the collections and services.
- 3.1.2. To find new ways to maximise and broaden the physical, intellectual and sensory accessibility to the collections and services, regardless of age, gender, ethnicity, financial status, disability, prior knowledge, interest level, or ability.
- 3.1.3. To overcome the limitations to general public access to the collections, we will also provide services, research and outreach activities by alternative accessible means.
- 3.1.4. To realise the potential of ICT to provide access to collections and service information.
- 3.1.5. To fulfil our duty under the Equality Act to undertake any “reasonable adjustment” required by users. To recognise that we will have to continue to develop our access policy in line with the Act.

3.2. Quality services for all

- 3.2.1. To create a service that promotes learning, inspiration and enjoyment.
- 3.2.2. To allow all users the same high quality service with reference to the Museum's collections and information, and the staff's expertise and time.

3.3. Building new audiences

- 3.3.1. To promote and publicise the Museum and its services to as wide an audience as possible, through appropriate channels.
- 3.3.2. To continually research who our "non-users" are, and what barriers they are experiencing to using our services.
- 3.3.3. To be proactive in building relationships with current non-users, diverse audiences, and socially excluded groups. To sustain partnerships that have been built with new users for longer than one initiative or one project's lifespan.

3.4. Accessible collections

- 3.4.1. To maintain an awareness of the balance between preservation and access, and between the Museum's responsibility to past donors, current audiences and future users.
- 3.4.2. To make the level of access to different parts of the collection explicit, and to explain the reasons why material may be unavailable, such as health and safety, limited resources, confidentiality, or timescale.
- 3.4.3. To continue to work on the documentation of the collections to Accreditation standards in order to improve the quantity and quality of information about each object, and to organise and manage that information to make it accessible to users.
- 3.4.4. To make provision for virtual or off-site access to the collections, in terms of the internet, the **museum microsite**, outreach, loans, digitisation or publishing.

3.5. Maximising resources

- 3.5.1. To work in partnership with other organisations to overcome the restrictions on the use of our venue, and on our resources in terms of staff, time and money.
- 3.5.2. To work with other museums to improve access to our collections, including lending or transferring objects where access will be enhanced.
- 3.5.3. To achieve the museum's aims as far as finances will permit. To supplement the museum budget with directed fundraising. To

be constantly on the lookout for possible funds or grant opportunities.

3.6. Inclusive interpretation

- 3.6.1. To make all interpretation and information accessible to all.
- 3.6.2. To use appropriate language, fonts, labelling size, and positioning for written interpretation.
- 3.6.3. To use alternative formats such as audio guides, captioned film, or braille, where appropriate.

3.7. Commitment to continual improvement

- 3.7.1. To continue to develop and to learn from users and potential users to improve access and services, by building evaluation into everything we do.
- 3.7.2. To train staff to work towards removing barriers to access where possible, in terms of customer care, disability awareness, equal opportunities and also making collections accessible, for example in terms of storage, website development and outreach.

4. Access assessment

- 4.1. The Royal Pharmaceutical Society moved to new premises in 2015. The move provided the museum with the opportunity to assess and improve its access arrangements.
 - 4.1.1. In the new building the museum displays are located together in the publically accessible ground floor reception area.
 - 4.1.2. There is step free access into the building via automatic doors and an entrance ramp.
 - 4.1.3. There is a disabled toilet near the museum displays on the ground floor reception area.
 - 4.1.4. The museum text in display cases is situated so as to be accessible to visitors.
 - 4.1.5. Additional display text is available in handouts next to the displays.
 - 4.1.6. The museum plans to make copies of museum display text available in large font in folders at reception for visitors to use.

Annexe 1

Provision under the Museum's constitution

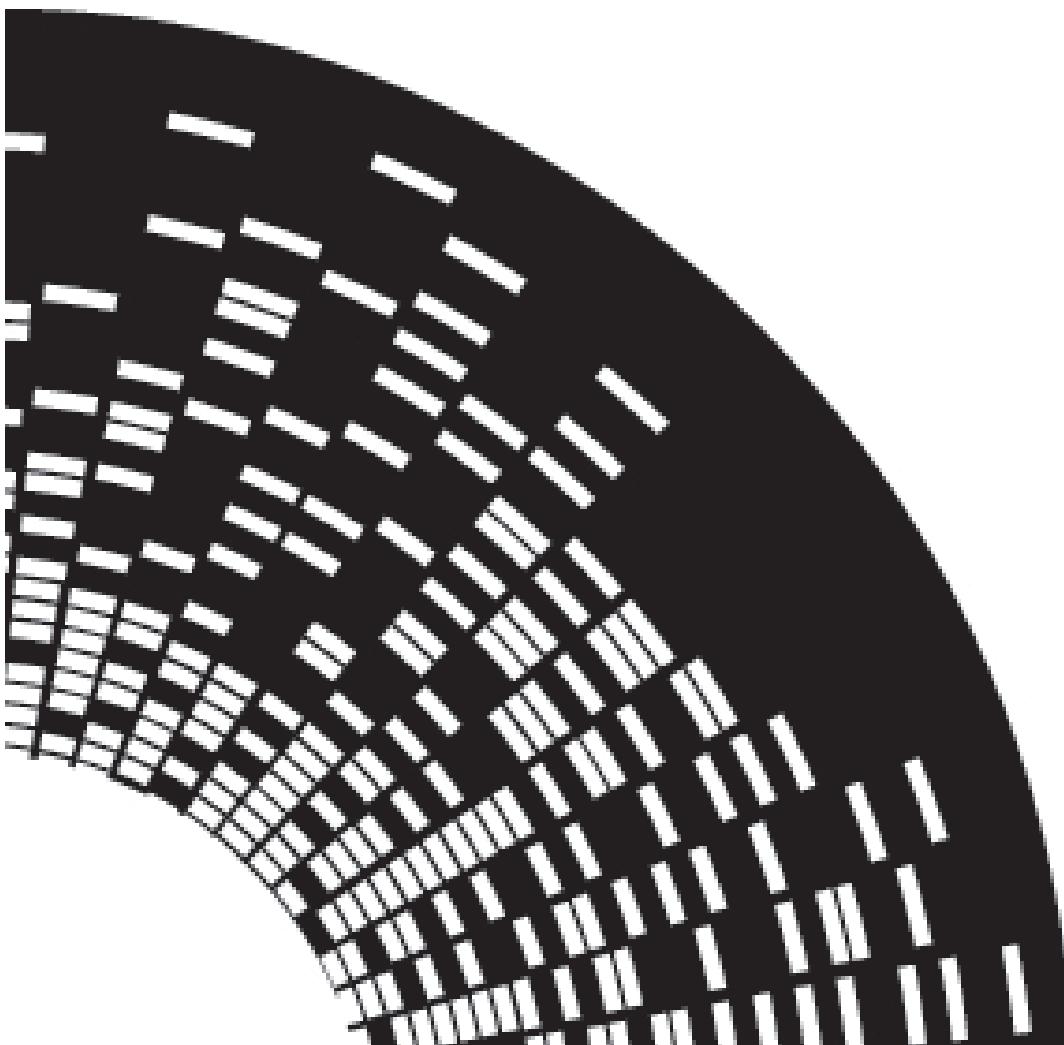
Note should be taken of the following clauses which form part of the Museum's formal Constitution, adopted by the Society's Assembly in April 2013:

1. As part of its commitment to professional and public education, the Society will maintain a museum whose collections reflect the principles and practice of British pharmacy from its earliest origins to date and, in particular, the history and work of the Royal Pharmaceutical Society of Great Britain.
2. The Museum will collect, document, preserve, exhibit and interpret material evidence and associated information for the benefit of Society members and the wider public.
3. The Museum will seek to promote an understanding of the history of British pharmacy and the professional role of the pharmacist.
4. The Museum's governing body will be the Assembly of the Society. In fulfilling this responsibility Assembly will take account of the Museums Association's Code of Ethics for Museums.
5. The Museum's collections will be the property of the Society, but deemed to be held in trust for the benefit of current and future members and the wider public. The Museum's collections will not be treated as disposable assets, nor used to generate income for non-museum purposes, nor used as collateral for loans.
8. The Society will ensure that the Museum is allocated adequate resources of funding, space and staff for the maintenance of professional standards of collection management, care and interpretation and to meet the basic requirements of Arts Council England Accreditation Scheme. In addition, and subject to Assembly's approval, external funding from public, charitable or commercial sources may be sought to support either special projects such as temporary exhibitions or publications, or any more major, permanent re-development.



Accreditation

Documentation Policy



1. Introduction

Accurate, comprehensive and accessible collections documentation provides the basis for all the work a museum does. This policy guides the direction that the RPS Museum will take to maintain and improve its documentation and, in line with Arts Council England's Museum Accreditation guidance, 'to ensure that the museum fulfils its responsibilities in relation to the security, management and access of its collections'.

This policy should be considered in parallel with the Museum's Collections Development Policy. Both policies will be published and reviewed at regular intervals of not more than five years. The due date of the next review will be noted in the policy document.

The Documentation Policy is supported by a four-year operational action plan, which details how the policy will be implemented within the above parameters. The plan's objectives will be reviewed annually for the Museum as a whole, and at an individual level through the appraisal system.

Detailed guidance on the Museum's documentation procedures can be found in the Museum's Procedural Manual.

Date on which this policy was approved by governing body: This policy was approved by the Society's governing body, the Assembly of the Royal Pharmaceutical Society: **March 2025**

Date at which this policy is due for review: **March 2030**

2. Background

The RPS Museum collections are made up of around 50,000 objects. To be able to effectively manage these collections it is therefore essential to have easily accessible, up to date information relating to them. The museum holds collections information in the following formats:

- Digital catalogue records on the Museum's collections management system, Modes Complete. This is the primary source of collections information and all new acquisitions entering the Museum's permanent collections are entered on this database.
- Hand-written 'Initial Record' registers listing acquisition details and descriptions of all objects entering the Museum from 1984-2003, and Entry Forms listing the same from 2003-present. As of 2016 these all have a digital backup, with the exception of a small number of Entry Forms not located on file.
- Prior to 1984, objects entering the Museum collections were given an alphanumeric code and have individual record cards, which are held in a secure store on site.

- Object history files, comprising detailed lists, correspondence, research and articles on items in the Museum collections, held in a secure store on site.
- In addition there are separate inventories of the RPS Archives on Modes Complete, the Early Printed Collection on Modes Complete, and the controlled drugs collection in a Word document.

Further background details can be found in the Museum's Procedural Manual.

3. Principal aims

We will work to achieve the following aims, within the framework outlined and agreed in the Museum's Forward Plan and Documentation Action Plan, and subject to the available resources:

- Continue to maintain and improve collections information in order to better manage and use the collections for the benefit of staff, visitors, and researchers.
- Reduce the Museum's documentation backlog and widen access to the collections by recording collections information – both new and retrospective – according to the principal procedures and minimum professional standards set out in SPECTRUM 5.1 – the UK Standard for Collections Management. Detailed guidance on meeting the minimum standards for each of SPECTRUM's primary procedures can be found in the Museum's Procedural Manual.
- Ensure consistency and accuracy throughout the cataloguing process by complying with procedures in the Museum's Procedural Manual and training all new staff and cataloguing volunteers in the use of the Museum's collections database, Modes Complete.
- Fulfil legal, ethical, and health and safety obligations by keeping up to date information on controlled drugs, COSHH and loans from other institutions.

4. Security and Preservation

Museum objects are accessioned / catalogued on the computerised database Modes Complete, which currently holds 33,000 records. The server on which Modes Complete is located is backed up daily by our IT dept. Access to Modes Complete is password protected, with a hierarchy of individual user accounts to provide an audit trail and to restrict advanced editing functions to the Museum Manager. A Researcher account allows read-only access to the database while hiding confidential information such as location, donor details and valuation.

Paper documentation records are stored in the museum office, which is locked when not staffed, or in a filing cabinet in the museum's secure strongroom. Initial Record registers and Entry Forms also have a digital backup.

RPS Museum will stay informed regarding updates and improvements to computerised documentation systems to ensure improved and long-term accessibility to collection information. In 2012 RPS Museum upgraded the

computerised cataloguing system from Modes for Windows to Modes Complete, to improve access to collection information. In 2015 RPS Museum upgraded Modes Complete to the latest version (v1.3).

In accordance with the Museum's Documentation Action Plan, current inventories of the RPS Archive collection and Early Printed Collection will be transferred to Modes Complete in order to improve access, record quality and security.

Written by Matthew Johnston, Museum Documentation Assistant, February 2017
Reviewed by: Catherine Walker, Museum Manager, January 2023

Group visit charging

Group visit charges were reintroduced on 16th May 2022.

The charge is £10 per person. Group organisers must complete and return a Guided Tour Order Form. Payment then must be made in a single payment in advance of the tour.

There is a maximum of 15 people per tour, but additional tours can be accommodated for the same group. For example, if a group is made up of 30 people, two separate tours would be delivered, and the fee would be £300 total. There is a minimum booking of 5 people per tour.

Tours last for 45-60 minutes, led by the Museum Manager or a Volunteer Tour Guide. The tour covers the Museum displays on the ground floor of the London Office at 66 East Smithfield.

There is no charge for:

- Members of the RPS
- Members of RPS Staff
- School groups in Great Britain
- Pharmacy Students in Great Britain

There is a possibility of waiving the fee/offering a concession at the discretion of the Museum Manager, particularly if a charge seems likely to prevent a group from visiting, or if a reciprocal agreement can be made.

Royal Pharmaceutical Society Museum

Learning and Access Strategy

January 2023 – January 2028

The RPS Museum Mission Statement

The Museum of the Royal Pharmaceutical Society exists:

- to support the aims and objectives of the Royal Pharmaceutical Society, in particular to “provide access to the profession’s heritage for members and the public” (Royal Pharmaceutical Society Business Plan 2012/3)
- to help promote the Society and support its advocacy of pharmacy in Great Britain
- to collect, safeguard and make accessible archives, material evidence, artworks and associated information relating to the history of pharmacy as practised in Great Britain
- to enable public and professional appreciation, learning and enjoyment of artefacts and archives associated with that history

Introduction

This policy outlines the Learning and Access Strategy for the RPS Museum. The aims of this strategy focus on the Museum’s mission statement points:

- To help promote the Society and support its advocacy of pharmacy in Great Britain
- To enable public and professional appreciation, learning and enjoyment of artefacts and archives associated with that history

In order to enable the public appreciation, learning and enjoyment of the collection, it is important that we engage with the public. This includes reaching out to local schools, community groups and university groups. It is also important that we make the collection as accessible and inclusive as possible, so those groups feel a sense of belonging when visiting the collection.

This would allow the museum to contribute towards the aims of the Society, supporting the advocacy of pharmacy in Great Britain, including through the Society's policy on corporate social responsibility. This work meets commitment 1.1a in the Corporate Social Responsibility Policy on Community, focusing on 'How we interact with our local and wider communities and behave as a good corporate citizen.' (RPS Corporate Social Responsibility Policy 2022)

Key Aims

Aim 1: To attract more interest from schools (primary and secondary)

Aim 2: To attract more interest from the local community, including families

Aim 3: To maintain relationships with pharmacy students and lecturers

Aim 4: To make the Museum widely accessible and engaging to all audiences

Aim 1: To attract more interest from schools (primary and secondary)

Key Objectives	Focus audience	How	Staff responsible	To aim to achieve by:	Measure of success
Increase school visits to the Museum	Schools in the surrounds of the Museum Schools interested in visiting the Museum	Evaluate formerly used schools' resources for re-use Review interpretation links with the national curriculum Outline which key stages to focus on Develop a range of offers at different price points, e.g. Tours, self-guided trails, and workshops Explore possibility of external freelance support in developing a programme Explore possibility of external freelance support in delivering workshops Develop price point for different schools offers. Liaise with other museums for joint offer e.g. old	Museum Officer Volunteers Placement Students Possible Freelance Support	2025	<p>Report on:</p> <ul style="list-style-type: none"> • resources available to re-use and how • how the museum collection and interpretation can link with the national curriculum. • identifying appropriate key stages <p>Report on possibility of:</p> <ul style="list-style-type: none"> • External freelance development support • External freelance delivery support. <p>Develop and publish self-guided trail</p> <p>Develop and deliver at least one schools workshop</p>

		operating theatre, Florence Nightingale museum, Tower of London			Income generated from schools offer
Create outreach opportunities for schools	Local Primary Schools Brownies/ Scouts other groups that may want to hire boxes.	<p>Create a survey to evaluate the desire for schools in the surrounding areas to receive loans boxes. What areas of the curriculum do they want these boxes to cover?</p> <p>Evaluate formerly used schools' loans boxes</p> <p>Determine the most appropriate theme based on feedback from teachers.</p> <p>Create a suit of loans boxes that can be collected and returned by teachers to be used in classrooms.</p> <p>Select objects from Peter Homan's collection that can be used.</p> <p>Purchase any additional resources that can be used: dressing up equipment for experiments.</p>	Museum Officer Placement Student	2024	<p>A report to reveal the needs of local schools</p> <p>The development of at least two different loans boxes (either different themes or different key stages)</p> <p>A policy for hiring boxes including how long the boxes should be hired for, and what the price point should be.</p> <p>A range of teacher's notes for how the boxes can be used.</p>

		<p>Develop a process for hiring these boxes</p> <p>Develop potential costs</p> <p>Market these boxes to appropriate online and community directories.</p>			
To make the Museum available to schools through online resources	<p>All schools across GB</p> <p>Prioritise schools unable to visit the physical museum for example schools in Wales and Scotland.</p>	<p>Create a suit of self guided trails to lead schools through our museum website</p> <p>To create downloadable resources for schools</p> <p>Create a schools webpage</p> <p>Liaise with a designer for trails and resources</p> <p>Write copy for resources or repurpose old resources</p>	<p>Museum Officer</p> <p>Placement Student</p> <p>Website comms team</p>	2025	<p>A schools page on the museums website.</p> <p>A suite of schools resources to download from the museum website</p> <p>Increased traffic the museum webpages</p>
To market opportunities for schools	External directories	<p>Marketing the schools offer to external directories</p> <p>Market the museum to tour and educational visit</p>	<p>Museum Officer</p> <p>Placement Student</p>	2025	<p>Multiple listings on external directories</p> <p>Listing on LMoHM site</p>

	<p>Local community groups</p> <p>Tour and educational visit brokers</p>	<p>brokers – international and national</p> <p>Create a comms strategy with wider RPS comms</p>	<p>Wider RPS Comms team</p>		<p>A written comms strategy</p>
<p>Encourage students from local schools to carry out a week of work experience (16+)</p>	<p>Local schools</p> <p>Local A-level students</p> <p>Local colleges</p>	<p>Set up annual work experience placement with local schools and colleges</p> <p>Remove barriers that might dissuade those from taking part e.g. for religious or financial reasons</p> <p>Create tasks appropriate for 16-18 year olds</p> <p>Find out the work experience co-ordinators for local schools and colleges</p> <p>Determine what outcomes are wanted for students taking part in work experience.</p>	<p>Museum Officer</p> <p>People Team Support</p>	<p>2023-2028</p>	<p>At least one A-level student on a week long placement per year</p>

Aim 2: To attract more interest from the local community, including families

Key Objectives	Focus audience	How	Staff responsible	To aim to achieve by:	Measure of success
Develop a new programme of evening or weekend events	Retired Pharmacists Pharmacists working in local area e.g. Royal London Hospital Local families Local residents Pharmacist's families	Develop an annual event programme including at least one weekend and one evening event. Develop a survey to understand potential audiences Carry out evaluation on delivered events Reach out to external event partners	Museum Officer Events Team Retired Pharmacist Group Volunteers	2023-2028	Developing and delivering at least one weekend and one evening event a year Increasing annual events based on lessons learned from previous events Develop a report on results of surveys to understand potential audiences Develop a report to understand evaluation on delivered events
Plan and deliver event for Open House London	Retired Pharmacists Pharmacists working in local area e.g. Royal London Hospital Local families	Develop at least one open house event each year Use Open House resources to promote the event Reach out to local venues to arrange combined events	Museum Officer Events Team Volunteers Open House Volunteers	2023-2028	One Open House event each year Increased visitor figures for Open House event each year

	<p>Local residents</p> <p>Pharmacist's families</p> <p>Existing Open House audience members</p>			
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Aim 3: To maintain relationships with pharmacy students and lecturers

Key Objectives	Focus audience	How	Staff responsible	To aim to achieve by:	Measure of success
Develop and deliver online resources for the teaching of the History of Pharmacy	GB Schools GB Universities Online visitors interested in History of Pharmacy Media enquiries	Update existing suit of online learning resources Ensure all learning resources are online in an easy to access format Pick key areas of the History of Pharmacy to focus on Write copy for resources or repurpose old resources Revisit and reevaluate resources to ensure they are being used and are useful	Museum Officer Website comms team Placement Student Volunteers	2026	A suit of learning resources aimed at each target audience Learning resources are available on the website Analytics show visitors are using resources
Nurture relationship with BPSA	Members of the British Pharmacy Students Association	Create a survey of BPSA students' needs Develop a tour programme aimed at pharmacy students Contact pharmacy university departments to	Museum Officer Comms team	2027	Increased take up of guided tours for BPSA students A least one partnered event

		<p>advertise museum and resources</p> <p>Reach out to tutors to offer guided tours to students</p> <p>Investigate attending BPSA conference</p>			
To continue to market museum with students in mind	<p>Pharmacy students across GB</p> <p>Members of the British Pharmacy Students Association</p>	<p>Liaise with comms team regarding specific contact with pharmacy students and members</p> <p>Market the museum on directories aimed at pharmacy students</p>	<p>Museum Officer</p> <p>Comms team</p>	2026	<p>Comms strategy for marketing to students</p> <p>Listings on directories aimed at students.</p>
Attract new groups to established guided tour programme	<p>U3A groups</p> <p>Local history groups</p> <p>Social groups</p>	<p>Explore groups that may want to take a Museum Tour</p> <p>Reach out to groups to promote guided tours</p> <p>ensure the museum is listed on external directories</p> <p>promote guided tours on RPS comms channels</p>	<p>Museum Officer</p> <p>Comms team</p>	2027	<p>Increase in guided tour visits</p> <p>A comms strategy for promoting tours</p> <p>An increase in accurate RPS tours information on external directories</p>

Aim 4: To make the Museum widely accessible and engaging to all audiences

Key Objectives	Focus audience	How	Staff responsible	To aim to achieve by:	Measure of success
To make the Museum more accessible to its widening audience	Local community Local working pharmacists Pharmacists' families School groups Student groups Anyone with additional needs that may be a barrier to them visiting the museum.	Ensure information about museum facilities is put on the website so that visitors can plan their journeys Create a sense of belonging and openness by creating events and services that local people want to use Ensure our focus audiences know about the museum and its services Listings on local community directories Posters on community noticeboards	Museum Officer RPS comms team Volunteers Student Placements Facilities team	2023-2028	Facilities information present on the web page Increased visitors from focus areas At least one partnership event with local community
To continue in the plan to make the Museum collections accessible online	RPS members who might not be able to visit the RPS museum	Continue to add more objects to the museum website Continue to add more museum Monday posts on social media	Museum Officer Student Placements Volunteers	2023-2028	Increased content on the Museum microsite Continued museum Monday posts Regular blog posts

	<p>Researchers or visitors who may not be able to visit the RPS Museum</p> <p>School groups that may not be able to visit the RPS Museum</p>	<p>Continue to add more online exhibitions to the Museum webpage</p> <p>Continue to add oral histories to the Museum webpage</p> <p>Ensure that content is accessible to supportive technologies like screen readers.</p> <p>Liaise with Inclusion and Diversity group to ensure that content is accessible to people with additional needs.</p>			
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Strategy for Ensuring the Viability and Sustainability of the RPS Museum

Executive Summary:

The Museum of the Royal Pharmaceutical Society is part of the wider business and contributes to the Society's aims. It is responsible for the heritage of the Society and the wider pharmacy profession. The Museum is not currently financially independent, requiring support from the wider business for services such as facilities, HR, and IT. This strategy seeks to enhance the museum's ongoing viability and sustainability. This strategy aims to achieve these goals by implementing targeted initiatives, forming strategic partnerships, and continue to leverage and grow digital platforms to broaden the museum's reach.

Museum Mission Statement

The Museum of the Royal Pharmaceutical Society exists:

- to support the aims and objectives of the Royal Pharmaceutical Society, in particular to "provide access to the profession's heritage for members and the public" (Royal Pharmaceutical Society Business Plan 2012/3)
- to help promote the Society and support its advocacy of pharmacy in Great Britain
- to collect, safeguard and make accessible archives, material evidence, artworks and associated information relating to the history of pharmacy as practised in Great Britain
- to enable public and professional appreciation, learning and enjoyment of artefacts and archives associated with that history.

Introduction:

The Royal Pharmaceutical Society's Museum is a renowned institution dedicated to preserving the history of pharmaceuticals and advancing education in the field. To secure its future, this strategy outlines a roadmap for financial sustainability while maintaining a commitment to education and community engagement.

The RPS Assembly acts as the governing body of the Museum. The Museum has its own targets, set by both the RPS and Arts Council England as part of their accreditation process. The Museum has no active role in wider Society policy making.

Current State Analysis:

Financial Status: The current value of the museum collection is £2.5million and the rare books a further £1million. The Museum running costs are close to £85k (including 20k of overhead re-charge) per year which includes 1 FTE member of staff, and it is responsible for the collection, online content, events, and displays in the office of 66 East Smithfield. The Museum also has responsibility for the Scottish Collection, although this not formally part of the Museum. While the Museum has some income through people and premises research, guided tours, and image sales, this totals around £1k per year.

Audience Engagement: Currently the Museum sits within the Professional Leadership Body arm of the Society. While the Museum sits within the PLB, the Museum is not solely a member benefit, but is open to the public. The Museum was closed for over 2 years during the Covid-19 Pandemic and currently has visitor figures of around 1000 visits per year.

Strategic Goals:

1. **Financial Viability:** Achieve cost neutrality within three years through diversified revenue streams including formation of strategic partnerships.
2. **Enhanced Education:** Develop and implement engaging educational programs that align with the museum's mission.
3. **Digital Expansion:** Expand the museum's digital presence to reach a wider audience and promote online accessibility.
4. **Community Engagement:** Strengthen connections with the local and global healthcare community, emphasising corporate social responsibility (CSR) goals.

Key Strategies:

1. Financial Viability

- **Revenue Diversification:** Explore new revenue streams, such as paid events, workshops, and memberships, to supplement traditional funding.
- **Strategic Partnerships:** Form partnerships with other pharmacy organisations and pharmaceutical companies to sponsor exhibits, programs, and events. Through the development of a stakeholder engagement plan, we will identify and engage potential partners through targeted outreach and relationship-building efforts. The partnering organisations will have values that are aligned to that of the RPS.
- **Membership Program:** Launch a membership program with tiered benefits to encourage recurring donations and foster a sense of community. e.g 'Friends of the Museum' scheme. This would take the form of a 'bolt on' offer to select when renewing or applying for membership. Society members selecting this option could then gain rewards from the Museum, such as free access to Museum events, a newsletter, and a gift in the form of postcards or other potential Museum merchandise.
- **Grant Application:** The Museum could establish projects with other charitable organisations such as other museums, universities or the BSHP. In partnership with another charity, the Museum would be eligible for grant funding that it could not currently apply for alone. The grant would be applied for via the charitable partner organisation, and the Museum would help to execute the project.

2. Enhanced Education

- **Pharmacy Curriculum-Linked Programs:** Collaborate with Schools of pharmacy to develop programs aligned with academic curricula.
- **Workshops and Lectures:** Expand the range of educational offerings with regular workshops, lectures, and educational events. Future short term aims include developing a schools' workshop programme and increasing the event offer.

3. Digital Expansion

- **Virtual interaction:** Continue to grow the virtual exhibits to make the museum accessible to a global audience.
- **Online Workshops:** Create online workshops and educational resources to engage global audiences beyond physical visits.

- **Social Media Engagement:** Continue to Increase social media presence with regular updates, highlights, and interactive content.

4. Community Engagement

- **CSR Initiatives:** Develop and promote CSR initiatives to showcase the museum's dedication to community well-being.
- **Volunteer Programs:** Grow the partnership with the retired pharmacist
- **Public Outreach:** Increase public awareness through targeted marketing campaigns and community events.

Financial Viability Plan:

Assumptions;

- The estimated costs for running the museum will continue to be around £90k annually, this includes an overhead re-charge of £20k.
- RPS will cover any VAT that's to be paid and re-charge costs as it's continued contribution to the museum.
- Any surplus will be re-invested into the museum to enable new initiatives to be explored and trialled.
- The value added from SCR events will be tracked and logged
- Target costs to be covered within the 3yr strategy will be £70k

initiative	2024 income target	2025 income target	2026 income target
Strategic partnerships	20k	30k	50k
Friends of the museum and merchandise	£1k	£3K	£5k
Tours / workshops / events	£1.5k	£1.5k	£5k
grants		£5k	£5k
Growth in asset value or efficiencies	£5k	£5k	£5k
Total income	£27.5k	£44.5	£70k

Risk Management:

Risk Identified	Mitigation Strategy
Partnering with organisations that come into disrepute	Identifying key values of the RPS that partners must also be committed to. Contracts that protect the RPS and enable us to immediate dissolve the partnership should anything negative happen.

Conclusion:

This comprehensive strategy is designed to position the Royal Pharmaceutical Society's Museum as a financially sustainable and globally recognised institution. By implementing these initiatives, we aim to secure the future of the museum while fulfilling our commitment to education, innovation, and community engagement.

Collections Recovery Plan Handbook

Date last reviewed: June 2024

Contents

I've found a problem. What should I do first?

See flowchart on front of this folder

For **fire**, sound the alarm and evacuate

For **flood**, contact reception

For **theft**, contact reception

For **insect infestation**, contact lead person for area, then the Facilities Supervisor

I need help...

Getting assistance	Internal help (minor incident)	2
	External help (major incident)	4
	Salvage experts	4
	Conservators	4
	Extra pairs of hands	4
	Insect infestation	4
	Insurance	5

How to find RPS

Faxable sheet for external help/suppliers	6
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I need more supplies...

What equipment and materials have we got in the building?	7
External contacts to get more supplies	8

I need to move material into another area

Internal help	9
External help	

Handling and moving damaged material

Back up copies of location documents (Originals in situ)	14
Key facts documents + annotated floor plans	

I need help...
Getting assistance

Staff Contact List

Security/Building contacts	Internal number	Home & Mobile numbers	Travel time to RPS	Travel Method
Alice Rivett Reception	0207 572 2233	TBC	25 Minutes	Walk/Bus
Hector Rendon Facilities Assistant (Security)	0792966 6419	07929666419	25 Minutes	Cycle/Bus
Professional Support contacts				
Catherine Walker	2286	07792007118	1hr 20 minutes	Train or Car
Karen Horn Librarian (Wednesday-Friday)	2449	07855 872 621	+2hrs	Train

In the event of a major incident, the Society-wide Business Continuity Plan will be implemented.

This covers:

- Relocation of office functions
- Contact with utility companies
- Emergency financial arrangements
- Emergency communications strategy

Contact Jonathan Jarrett, Head of Finance, Facilities and Estate (extension 2474).
Report to Jonathan Jarrett to be escalated, and to refer to the Business Continuity Plan.

External help (major incident)

Salvage experts – books and paper records

Ring Harwell Drying & Restoration Service: 0800 019 9990 / 01235 432245 (call centre) or 01235 434373 (24 hour hotline)

- We subscribe to their Priority User Service and our number is 243.
- Your call is answered by Harwell's Site Police.
- Explain you need assistance from Harwell and someone will call you back.

Harwell primarily treat books and paper but they will also assist with other collections (e.g. museum).

Salvage of undamaged museum objects

If you need to move items out of an area (including packing, boxing and transporting off site), contact Crozier at 020 7735 0566 (For out of hours see page 9).

Conservators

Collection area	Conservator	Contact details
Paper (including caricatures, ephemera, labels)	Harwells	01235 434373 (24 hour hotline) Priority User Service number: 243
Portraits/framed works	Painting Conservation Studio	020 7697 0205 contact@paintingconservationstudio.co.uk
<ul style="list-style-type: none">• Metal (including silver collection)• Materia medica• Plastics• Textiles• Glass• Photographs• Plaques• Film• Mixed materials e.g. medicine chests, pill machines, syringes• Wood• Plastics <p>Stained glass</p>	Plowden & Smith	Plowden & Smith Office hours: 0208 874 4005 info@plowden-smith.com Out of hours: 07714 895071 (Kevin Smith, Managing Director)
Proprietary medicines	Find freelance conservator	https://www.conservationregister.com
Scientific instruments	Find freelance conservator	https://www.conservationregister.com

Extra pairs of hands

You can contact colleagues from other museums who are able to help via the London Museums of Health and Medicine: (LMHM@JISCMAIL.AC.UK)

Insect infestation

In the event of an insect problem, report the incident to reception and the facilities helpdesk for internal monitoring, and contact Safeguard Pest Control 01959 565 333

service@safeguardpestcontrol.co.uk

Insurance

Contact, Carla Oliveira (2294) or Jon Jarrett (2474) in the Finance team to inform them of damage/actions taken.

Current insurance valuation reports are held for the following collection areas (in storage and on display):

- portraits
- delftware storage jars
- bell-metal mortars
- medicine chests
- scientific instruments
- caricatures
- silver
- Early Printed Collection

The reports are in the strong room, and Finance should have 2nd copies.

Electronic copies of the reports are saved in the Museum folder in a folder named Insurance.

How to find RPS

Email sheet for external help/suppliers (needs updating)

□

Our address:

Royal Pharmaceutical Society Museum
66 East Smithfield
London
E1W 1AW

The museum is a 5-minute walk from St Katharine Docks and a 10-minute walk from Tower Bridge and the Tower of London (see the map at the bottom of the page for more details).

By Bus

The 100 bus stops at Bus Stop TS or Bus Stop TN on East Smithfield, and is a 3-minute walk to the Museum.

By Train or Tube

Tower Hill Underground and Tower Gateway DLR stations are both a 10-minute walk to the Museum.

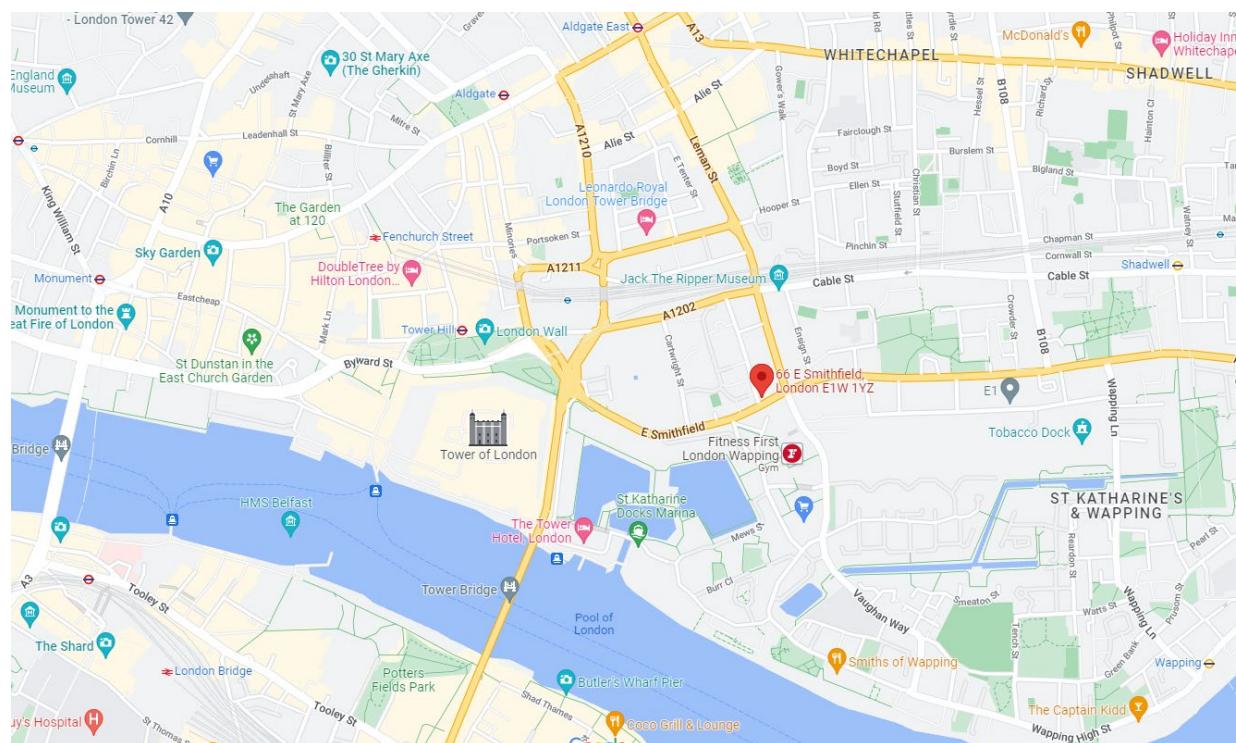
Shadwell Overground Station is a 12-minute walk.

By Bike

Cycle Hire Docking Stations are available on Dock St and the Museum is close to the CS3 Cycleway.

By Car

The Thomas More NCP carpark is at 1 Nesham St, London E1W 1YU



I need more supplies...

What equipment and materials have we got in the building?

We have 2 ReactPaks: (*check and update locations*)

- 1 stored in the basement store opposite the entrance doors
- 1 stored on the Museum/Library office on the ground floor

Each contains:

For protection of Recovery Team:

- 4 disposable aprons
- 4 pairs disposable vinyl gloves
- 2 pairs slip-on stretchable boots with skid resistant soles
- 2 dust masks

For Clean-Up:

- paper towels
- 2 large cellulose sponges
- cotton deck mop and handle (handle breaks down into 3 pieces)
- mop bucket
- 2 extra-heavy duty rubbish bags
- 8m barricade tape

For Preparing Written Damage Survey:

- clipboard
- lined pad
- 2 pencils
- 100 index cards
- china marker

For illumination:

- waterproof torch,
- 2 alkaline D cell batteries (for torch)

For Deflecting Water:

- 2 sheets polyethylene sheeting (915mm x 3.7m)
- 2 sheets polyethylene sheeting (915mm x 5.5m)
- 30m roll all-purpose heavy-duty tape
- tape dispenser

For wrapping/packing wet books:

- Polyethylene inner-foiled clingfilm (1000 - 273x381mm sheets)
- Rescubee crate
- 3 x nylon cable ties

Other disaster recovery material in the building:

Material	Location
Vacuum cleaner that sucks up water	Contact Security
Paper towels	Through Security/Cleaner
Mops and buckets	Through Security/Cleaner
Binbags	Through Security/Cleaner
Torches	Through Chief Fire Marshal
Nitrile gloves	Museum office – top drawer next to

	volunteer computer
Handheld humidity and temperature sensor	Museum office – top drawer next to volunteer computer
Screwdrivers/hammers/tools	Museum office – top drawer next to volunteer computer (Extras through Security)
Object labels	Museum office – middle drawer next to volunteer computer (spare in Museum Store)
Cotton tape	Museum office – middle drawer next to volunteer computer
Sealable plastic bags	Museum Office – middle drawer next to volunteer computer (Spare in Museum Store)
Sealable plastic bags	Museum office – middle drawer next to volunteer computer (extra in museum store)
Sticky labels	Stationery shelves
Plastazote	Museum Store (Shelving in workshop space)
Absorbent sheets	Museum Store (Shelving in workshop space)
Acid free blotting paper	Museum Store (Shelving in workshop space)
Flat pack boxes	Museum Store (Shelving in workshop space)
Absorbent sponges	Museum Store (Void between shelving in workshop space)
Acid free tissue	Museum Store (above Plan Chest)

External suppliers of conservation equipment

Conservation and storage supplies	Preservation Equipment Ltd	Vinces Road, Diss, Norfolk IP22 4HQ	01379 647400 info@preservationequipment.com
Conservation and storage supplies	Conservation By Design Ltd	9 Newmarket Court Kingston Milton Keynes MK10 0AG	01234 846 300. info@cxdltd.com
Hire of crates	Harwell Document Restoration Services	Dalton Building, Maxwell Avenue, Harwell Science and Innovation Campus, Didcot, OX11 0QT	0800 019 9990 / 01235 432245 (call centre) or 01235 434373 (24 hour hotline) Our Priority User Service number is 243

I need to move material into another area

Before moving anything:

1. Set up area where objects can be moved to.
2. Put on plastic gloves (protects you from material and vice versa)
3. Wait for colleagues to arrive before salvaging damaged material

Important:

- Take enough time to handle objects carefully
- Do not 'clean' or 'wipe' anything

Priorities:

- If **paintings** wet remove these first. See guidance sheet below.
- **Next** protect undamaged material that is under threat with plastic sheeting (in Reactpak) or remove if possible.
- **Next** clear floor areas to allow safe routes through to items
- **Next** remove items in order of priority, then systematically.
- **Check boxes.** If box wet but contents dry, rebox.
- Consider leaving **large heavy objects** until more portable objects have been moved.
- In the aftermath of a **fire**, salvage wet objects before those just smoke / fire damaged.

Internal help

Contact the Workplace Account Manager, Victoria Jennings (x2234) to identify any other rooms in 66-68 East Smithfield that are available

External arrangements – salvage agreements in place

Off-site storage, including transportation and packing (museum objects)	Crozier	163 Clayton Road UB3 1BD Middlesex	020 7735 0566 london@crozierfinearts.com 9:00 am to 5:00 pm Monday to Friday Sarah Nicholls Manager UK Art Services and Storage - Galleries and Private Clients 0207 840 1250 SarahNicholls@crozierfinearts.com Warehouse Manager Gus Szermer 07889 642217 Out of Hours: The first point of contact is Richard Conlon 07718636361, then Simon Eley 07846844716 and Christopher Corinthe 07432663027
Salvage/drying /restoration (paper-based material and books)	Harwell Drying and Restoration Services	Harwell International Business Centre, B404.13, Harwell, Didcot, OX11 0RA	01235 434373 Our Priority User Service number is 243

Handling and moving damaged material

Before moving anything:

1. Set up area where objects can be moved to.
2. Put on plastic gloves (protects you from material and vice versa)
3. Wait for colleagues to arrive before salvaging damaged material

Important:

- Take enough time to handle objects carefully
- Do not 'clean' or 'wipe' anything

Priorities:

- If **paintings** wet remove these first. See guidance sheet below.
- **Next** protect /remove undamaged material that is under threat.
- **Next** clear floor areas to allow safe routes through to items
- **Next** remove items in order of priority, then systematically.
- **Check boxes.** If box wet but contents dry, rebox.
- Consider leaving **large heavy objects** until more portable objects have been moved.
- In the aftermath of a **fire**, salvage wet objects before those just smoke / fire damaged.

Don't forget: Set up documentation system so items can be tracked and treatment recorded. (Index cards, lined pad and pencils are in ReactPak.)

HANDLING GUIDELINES - Unglazed Paintings

First put on your gloves!

Locations: **at Crozier, basement stores, ground floor displays**

High priority – serious effects of water damage occur extremely quickly.

Ring painting conservator Amanda Paulley (Painting Conservation Studio) 020 7281 9997 (studio) and/or frames conservator Annie Ablett 020 8449 4234

- Remove from frame in a safe dry place. Do NOT separate paintings from stretchers. If backboard remove that too, or anything else that could stop air reaching back of painting.
- Collect any fragments of paint that have come off.
- Keep wet paintings horizontal and paint side up, with nothing touching the surface.
- Dry slowly in this position, if possible raised on blocks so air can circulate underneath. (If short of space can lean against wall as long as paint isn't coming away.)
- Avoid direct sunlight
- Do not touch surface of painting. Professional conservator can use blotting paper but we shouldn't.

HANDLING GUIDELINES - Books & Paper

First put on your gloves!

Locations: Library, basement stores, ground floor displays

- If a sufficient number of books/paper damaged, call Harwell who will start work on arrival. If there is a significant delay in Harwell arriving, can begin putting material in polythene bags, but take Harwell's advice over phone (can be counter-productive in a major incident).
- If dealing with a small number of books that are superficially wet:
 - Push book from shelf. Don't pull.
 - If spine is detached, secure by bagging/cotton tape.
 - Bandage if shape is distorting
 - Air dry if superficially wet.
- In all instances, leave books and paper as found – open or closed, folded or unfolded.

HANDLING GUIDELINES - Framed and glazed art on paper & photos

First put on your gloves!

Locations: basement stores, ground floor displays, Crozier

- Remove from frames in a safe dry place, unless art is stuck to glass.
- If image sticks to glass, leave it in the frame, dry glass side down.
- If glass can be removed, dry slowly, image side up with nothing touching the surface.

HANDLING GUIDELINES - Photographic material

First put on your gloves!

Locations: basement stores

- Remove from any frame or mountings.
- Immerse prints and glass plate negatives in cold water in their wrappings. Use a sink (e.g. in Museum Store, or a plastic crates)
- Where photographs are stuck together consult a photograph conservator.
- Wash colour prints and glass plates in cold water for 15 minutes. Black & white prints and negatives (colour and black and white) for 30 minutes.
- Remove from their wrappings and lay out flat, emulsion side up on blotting paper.
- Ensure the drying environment is as dust-free as possible.
- Incline glass plate negatives slightly to speed drying.
- If the volume is too great for immediate attention, **either** keep wet in a container of water for no more than 48 hours. Air dry. **Or** Freeze. If possible interleave each photo with silicone release or waxed paper. **DO NOT FREEZE GLASS PLATE NEGATIVES.**

HANDLING GUIDELINES - Herbarium and 'Materia Medica' Specimens

First put on your gloves!

Locations: basement stores, ground floor displays

- Treat within 24 hours to prevent mould growth.
- Avoid direct handling.
- Separate herbarium sheets with plastic sheeting, freezer or waxed paper.

- Air-dry with good ventilation.

HANDLING GUIDELINES - Ceramics

First put on your gloves!

Locations: ground floor displays, Crozier,

- Handle with care during salvage – biggest initial problem will be risk of breakage.
- If surfaces are stable, blot with lint-free towels. Air dry using fans.
- If ceramic is broken, cracked, or has mineral deposits or old repairs, place in a clean, transparent polythene bag until it can be treated. Seal bag and monitor for mould.

HANDLING GUIDELINES - Medicines

First put on your gloves!

Locations: ground floor displays, basement stores

- Handle with extreme care, bearing in mind that chemicals involved may be hazardous as a result of fire or flood. If in doubt, do not put yourself at risk and seek advice. As a minimum gloves, mask and an overall should be worn.
- Keep items upright, particularly bottles and jars with contents.
- Be wary of paper and card packaging that may no longer be sound.

HANDLING GUIDELINES - Furniture & Wood

First put on your gloves!

Locations: basement stores, Crozier

(Corbyn cabinet, materia medica cupboard, Presidential chair, Allen and Hanbury chairs and 2 tables)

- Keep drawers in place but remove contents.
- Lift from bottom of the object.
- Rinse/sponge surfaces gently to clean. Blot.
- Air-dry slowly. Possibly under polythene to prevent warping/splitting. Also dehumidifying room with gradual changes to dehumidifier setting will draw moisture out slowly.
- Finishes may develop white haze. This does not need immediate attention.

HANDLING GUIDELINES - Metal

First put on your gloves!

Locations: ground floor displays (mortars), basement stores (silver), ground floor displays, Crozier

- Treat unstable (corroded) metal objects within 24 hours – thereafter stable metal.
- Rinse/sponge and blot.
- Air-dry.
- If object has applied finish, do not clean. Air-dry, keeping flaking surfaces horizontal.

HANDLING GUIDELINES - Glass

First put on your gloves!

Locations: ground floor displays, basement stores, Crozier,

- Treat after less stable materials.
- Pat dry, do not rub.
- Air-dry, using fans.

HANDLING GUIDELINES - Stone

First put on your gloves!

Locations: ground floor displays, Crozier

- Treat after less stable materials.
- If smooth-surfaced, blot gently and air-dry.
- If rough-surfaced or has applied finish, do not blot, but air-dry on plastic or clean towel.
- Air-dry using fans.

Standard Operating Procedures (SOPs) for Controlled Drugs Collection

Royal Pharmaceutical Society Museum

Reviewed June 2024

Home Office Note: The following headings should either form the basis of, or inform, additional points for licensee SOP documents. SOPs should take account of regulatory requirements and security practices.

Check application of Regulations

- When completing the annual renewal form for the museum's controlled drugs licenses we will check all current guidance notes and regulation information on the Home Office Drugs Licensing website.

Orders and arrangements for receipt of controlled drugs

- The museum does not order controlled drugs.
- If the museum is offered a donation of controlled drugs will we liaise with a courier company licensed to handle controlled drugs or a GPHC Inspector for the safe and legal arrival of the donation into the museum.
- As the museum does not have an acquisitions budget we will have to consider whether the cost of transporting / couriering a donation of controlled drugs to us is justified before accepting any donations.

Acceptance of deliveries & procedures upon receipt

- Upon arrival into the museum an **Entry / Transfer of Title** form for the donation of controlled drugs will be completed immediately. All the controlled drugs must be listed on this form, giving as full details as possible. The form also records donor details and the date of entry into the collection.
- An electronic copy of the Entry / Transfer of Title form for the donation will also be listed on the **Entry file** on the museum's computer database **MODES for Windows**.
- A copy of the Entry / Transfer of Title form will be attached to the donation. The donation will be **stored in the Strong Room** prior to, and after, being accessioned into the museum's permanent collection.

QC/QA handling

- Not Applicable.

Production and packing runs

- Not Applicable.

Procedures for accepting orders and controlled drug dispatch

- The museum does not accept orders of or dispatch controlled drugs in a commercial sense.
- The only time a controlled drug will leave Museum of the Royal Pharmaceutical Society's care is if it is loaned out to another museum with a valid licence to possess controlled drugs.
- Prior to agreeing to the loan we will request copies of the museum's controlled drugs licences to possess.
- The conditions on Museum of the Royal Pharmaceutical Society's Loans Out form will reflect the need for the controlled drug(s) on loan to be kept in a securely locked display case.
- Prior to dispatch we will ensure that the courier transporting the loan is licensed to handle controlled drugs.

Record keeping and cross-checking processes

- All details of the **Museum of the Royal Pharmaceutical Society's controlled drug collection** are stored electronically on the museum's computer database MODES For Windows.
- All details of the **Science Museum's controlled drug collection** previously on loan to the Museum of the Royal Pharmaceutical Society are stored electronically on the museum's computer database MODES For Windows.
- Details of accessioned controlled drugs are recorded on the main MODES file.
- Details of new donations / un-accessioned controlled drugs are recorded in the MODES Entry file.
- Details of the **Museum of the Royal Pharmaceutical Society's controlled drug collection** are also recorded on an electronic inventory. The inventory lists all the drugs by location (i.e. cupboard number, shelf number, and box number). The inventory has been compiled to allow audits of the controlled drug collection to be taken accurately and quickly.

Controlled drug store access, operative and management responsibilities

- All controlled drugs are stored in the museum's Strong Room.
- The Strong Room is kept locked at all times.
- There is a security camera facing the door of the Strong Room.
- The keys to the Strong Room are stored in a secure key safe. The key safe is kept locked at all times and securely fixed to a concrete wall.
- The key safe is only accessible via typing the correct code into the number pad. The code is only known to the Museum Manager and the Facilities Workplace Account Manager

Controlled drug destructions

- The museum will aim to not collect duplicate examples of controlled drugs (i.e. 2 examples of each identical controlled drug) and therefore destruction of controlled drugs will not usually be required.
- If duplicates are found, prior to accessioning into the museum collection, these will be stored in a separate box stored in the strong room cupboard marked 'For destruction'.
- A denaturing kit will be kept on site, supplied by Initial-Rentokil. This process for disposal will also be recorded in our Collection Documentation Policy, in addition to our SOP.
- We will denature any controlled drugs marked for disposal using the Initial-Rentokil Controlled Drugs Destruction Kit and will contact a Metropolitan Police Controlled Drugs Liaison Officer to witness the denaturing process and disposal of the controlled drugs in a Pharmaceutical Bin. This will be documented in the object record on MODES Complete, and the Controlled Drugs inventory.
- Once placed in the pharmaceutical bin Initial-Rentokil will securely transport the controlled drugs to a treatment facility for licensed disposal. We may contract another company if Initial-Rentokil are no longer trading.
- Once the controlled drugs have left 66 East Smithfield, we will record this on the object record on MODES Complete, and we will keep this record permanently. We will also record this information in the controlled drugs inventory.
- Initial have a home office license to remove pharmaceutical waste. They will supply documentation in the form of a certificate of destruction, and this will be scanned and added to the MODES record, placed in the physical object file and controlled drugs inventory where it will be kept permanently, for at least 7 years.

Theft, loss or adverse incident reporting and handling

- If a controlled drug is missing from its correct location (as recorded on MODES For Windows); firstly we will check previous locations (as recorded on MODES For Windows).
- If still not found will immediately report the loss to the police and the Home Office Drugs Licensing unit.

Copyright Policy

Museum of the Royal Pharmaceutical Society

Date Reviewed: June 2024

Introduction

This policy outlines the approach that the Museum of the Royal Pharmaceutical Society will use to guide its management of Copyright and Intellectual Property Rights (IPR).

This guidance is based on and adapted from the RPS Copyright and Database Rights Policy 2024 and the Copyright, Designs and Patents Act, 1988.

All Museum staff and volunteers will be expected to adhere to this policy, which forms part of training and inductions at the Museum.

The Museum Manager is responsible for the management of Copyright and IPR, and for communicating this policy to other staff and volunteers.

Ownership of Rights

The Museum cares for collections which are protected by intellectual property rights, including copyright.

The Museum has a collection of 40,000 objects, made up of medicines, pharmacy equipment, prints and photographs.

In addition, the Museum holds the copyright of its collection of oral history recordings. Photographs taken of the museum collection are copyrighted to the Museum.

Currently the Museum has little information regarding the ownership of collections items. There is a section of our Entry forms to address transfer of copyright for new acquisitions.

As per our Volunteer Policy 2021, any research, photographs or written material produced or acquired by the volunteer during the course of their volunteering is the property and copyright of the RPS.

Use of Rights

The Museum and RPS produces promotional material for which images need to be cleared for use.

The Museum uses social media platforms such as Facebook and X (Twitter) and needs to have sufficient rights clearances in order to upload copies of collections.

The Museum regularly publishes material to the main RPS website as well as the RPS Museum Microsite and needs to ensure it has suitable rights clearances in place.

The museum has a series of illustrations, and new licenses will be required to use these in a retail setting.

Management of Rights

The RPS uses the collections management system Modes Complete, which we use to document information about our collections, including digital assets. These systems are closed, and only accessible to Museum staff and volunteers.

The Museum Manager is responsible for managing the rights of material held in the Museum and is supported by wider RPS teams such as our Legal and IT teams.

Protection of Rights

The Museum protects its own rights as per the RPS Copyright and Intellectual Property Rights Policy. Any suspected infringements of the Museum Copyright is passed on to the Legal team. Any records of the suspected infringement will be retained.

The Museum protects the rights of others by ensuring that volunteers and new starters are aware of the copyright policy as part of the induction process.

Access To Content

Staff and collections volunteers have access to copyrighted material through the Modes Collection Management System.

There are different levels of access to this database, some may have a view only access while the Museum Manager has full access to upload or use images.

The Museum makes a number of images available online via the RPS website, the Museum Microsite and social media platforms.

All requests by both public and staff are to be referred to the Museum Manager.

All enquirers requesting permission to distribute or reproduce our museum resources will be asked to complete our reproduction form (appendix A) which includes:

- details of who will be able to access the material (i.e. the intended audience)
- the intended use of the material (e.g. whether the material is for commercial use or non-commercial educational activity)
- information about how the material will be distributed e.g. printed or web only

- an assurance of how the material will be kept up to date

The museum team will apply discretion when dealing with requests and will support wider dissemination if they feel this will benefit the profession, support stakeholder engagement or support the aims and objectives of the Society.

Crediting

When allowing the reproduction of museum material, all reproductions, regardless of licence must clearly attribute the content to the RPS via the following statement: "This material has been reproduced courtesy of the Royal Pharmaceutical Society Museum.

Infringements

Any suspected infringements of the Museum Copyright must be passed on to the Legal team via a Legal Request Form. Any records of the suspected infringement must be retained, such as screenshots of websites.

*Catherine Walker
Museum Manager
2024*

Appendix A

Royal Pharmaceutical Society Museum

Reproduction Agreement

Purpose of reproduction: ('the Purpose')	Commercial Project <ul style="list-style-type: none"> Publication (book/periodical) <input type="checkbox"/> Inside illustration <input type="checkbox"/> Cover <input type="checkbox"/> Advertising/ Promotional <input type="checkbox"/> Television <input type="checkbox"/> Website <input type="checkbox"/> Powerpoint presentation <input type="checkbox"/> Exhibition <input type="checkbox"/> Other (please state) <input type="checkbox"/> Educational/Non-Commercial Project <ul style="list-style-type: none"> Thesis <input type="checkbox"/> Lecture/ talk <input type="checkbox"/> Exhibition <ul style="list-style-type: none"> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Powerpoint presentation <input type="checkbox"/> Website <input type="checkbox"/> Other (please state): medal <input type="checkbox"/>
Rights required for commercial projects ('the Rights')	<ul style="list-style-type: none"> UK or single language in one country <input type="checkbox"/> UK + Commonwealth or World English language (excluding USA) <input type="checkbox"/> World English language including USA <input type="checkbox"/> World all languages <input type="checkbox"/> Television, regional/national <input type="checkbox"/> Television, international <input type="checkbox"/> Other (please state) <input type="checkbox"/>
Title of Publication/ Programme: ('the Publication')	
Title of lecture/ talk/presentation: ('the Presentation')	
Date of release/ lecture/talk/ presentation	
Fee payable under Clause 12 below: ('the Reproduction Fee')	

In consideration of the Licensee paying the fee..... payable under Clause 12 of this Agreement ('the Reproduction Fee') the Royal Pharmaceutical Society Museum ('the Museum') hereby agrees that the Licensee may use the Image(s) for the Purpose upon the terms and conditions contained below.

Date:	
Signed by/ for and on behalf of the Licensee	Signature: Name: (please print).....
Signed for and on behalf of the Museum:	Signature: Name:

Terms and conditions for the reproduction of photographs and transparencies

Permission to reproduce is dependent on the full acceptance of the Terms and Conditions detailed below and will be automatically withdrawn should any part be infringed.

1. The Licensee is granted permission to reproduce the Image(s) in the Publication / the Presentation for the Purpose only.
2. The Rights that are granted to the Licensee in respect of the Image(s) are non-exclusive. All reprints, further editions or use of the Image(s), other than for the Purpose, including reproduction for an increase in the Print Run, necessitate a new application to the Museum and payment of a further fee. This also applies to television programmes where permission to reproduce covers one transmission only.
3. Copyright in the Image(s) remains the property of the Museum unless otherwise stated.
4. The Licensee must satisfy himself that all necessary rights, releases or consents which may be required for reproduction of the Image(s) are obtained, and the Museum gives no warranty or undertaking that any such rights, releases or consents are or will be obtained whether in relation to the use of names, people, trade marks, registered or copyright designs, or works of art depicted in any picture.
5. The Licensee agrees to indemnify the Museum in respect of any claims or damages or any loss or costs arising in any manner from the reproduction without proper rights or consents of any of the Image(s).
6. The Museum shall not be liable for any loss or damage suffered by the Licensee or by any third party arising from the use of any or any part of the Image(s).
7. All reproduction of the Image(s) must include the acknowledgement 'Royal Pharmaceutical Society Museum' along with caption details supplied.
8. If the Image(s) or any work reproduced in the Image(s) has not been previously published then any publication rights are hereby assigned absolutely to the Museum for the full period of such publication rights.
9. No part of the Image(s) may be manipulated, masked out, cut down, superimposed with typed matter, or in any way defaced without prior agreement.
10. Application to reproduce a detail from any work will be considered only upon receipt of a sketch or marked-up photograph, showing the area to be reproduced. The caption must include the word 'Detail'.
11. Service fees will be charged to cover administrative costs and despatch of the Image(s). Licensees will be warned of these charges in advance. Payment of service fees does not give rise to any rights in the Image(s).
12. The Licensee must pay the Reproduction Fee payable by reference to the scale of fees set out in the document Reproduction Fees.
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For more information please contact:

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The Museum of the Royal Pharmaceutical Society

Human Remains Policy 2024

This policy has been prepared in response to the document *Guidance for the Care of Human Remains in Museums* (October 2005, Department of Culture, Media and Sport) and has taken into account its suggested requirements and procedures.

This policy was revised in June 2024

Introduction

The Museum of the Royal Pharmaceutical Society has seven items in its collection that derive from parts of the human body.

These items are as follows:

- Pieces of skull (FAC19)
- Mummified human hand (FAM6)
- Mummified human flesh and jawbone with teeth (FAM7)
- Skin (FAC16)
- A sample of congealed blood (FAS1)
- 2 bladder stones - 'Calculi taken from the bladder of an Irish gentleman' (FAC2/A and FAC2/B)

The term 'human remains' in this policy, as with the DCMS Guidance, refers to parts of the bodies of once living people, osteological material including individual bones or fragments of bone and teeth, and soft tissue including organs and skin.

The seven items all came from a collection of 17th and 18th century *materia medica*, assembled by John Burges (1754-1807). This collection was bequeathed to Dr Everard Augustus Brande, Court Apothecary to Queen Charlotte. In turn Brande presented the collection to the Royal College of Physicians in 1809. In 1926 the collection was presented to RPSGB.

Burges was an apothecary, and it is possible that he received many of his specimens from his friend Brande. The origins of the collection, and the seven items of human remains within it, cannot be traced further back than this. It is therefore not possible to discover whether any consent was obtained from the community of origin when these items were first acquired from that community.

All **seven** items are kept in glass specimen jars. They were originally housed in individual hand-made cardboard boxes and kept in wooden cabinets of drawers. The *materia medica* collection was transferred into specimen jars in the 1960s (although some of the animal specimens, human remains falling into this category, were bottled before this and displayed at the Bloomsbury Square HQ). All pieces, except for the 2 bladder stones, are currently on display. The bladder stones are in storage. They have not received any treatment to them since their entry to the museum. The mummified remains are the only items that are known to have been the subject of research¹

¹ 'Pharmaceutical Society Holds Mummy's Hand', *Pharmaceutical Journal*, 1988, vol 241, p 809 and 'Cooking with Mummy', *The Fortean Times*, July 1999, pp 34-38.

We believe it is appropriate to hold our existing collection of human remains because they provide examples of the inclusion of human material in the *materia medica* of an apothecary in the 17th and 18th centuries.

Acquisition

At the moment we hold the items listed in the introduction. If the museum adds to its collection of human remains in the future it will only do so if

- it is satisfied that it can hold the remains in a lawful manner.
- provenance has been clearly established.
- there is no suspicion of illicit trade.
- the remains are of potential value to the museum or the wider scientific community.

Any acquisitions of human remains will be undertaken within the procedures and considerations of the Museum's Collections Development Policy (2021).

Loans

If human remains are loaned to another institution (usually an accredited museum) it will be on condition that it meets with the ethical and practical considerations detailed in this document. The museum prepares condition reports, summarising the state of any material to be loaned, as a normal procedure for its loans-out. It is particularly important that this is done for loans of human remains as this type of material can be far more fragile than it may appear.

Any loans-out will be undertaken within the procedures and considerations of the Museum's Collections Development Policy (2021) and the Care and Conservation Policy (2022).

Storage, Conservation and Collections Management

At present the pieces of skull (FAC19), skin (FAC16), blood (FAS1) and bladder stones (FAC2/A and FAC2/B) are all in excellent condition. By their very nature the mummified human remains are in a more delicate state. There is no evidence that their condition is unstable. To aid our monitoring of their condition a photograph will be taken on a regular basis and compared with previous photographs. We will seek advice from an accredited conservator if a change in condition suggests that any preventative conservation measures may be required.

As with the rest of the collection, every effort will be made to keep the human remains in a stable environment. Relative humidity should be within the range of 40% - 65% and should not fluctuate 4% or more in any 24-hour period. Temperature should be within the range of 16°C - 24°C and should not fluctuate 10°C or more in any 24-hour period. The area in which the human remains are kept is monitored for pests.

If any conservation is undertaken it will be performed by an accredited conservator trained and experienced in caring for biological materials. This is in accordance with the Museum's Collections Care Policy (2022). Accredited freelance conservators can

be drawn from the Institute of Conservation's Conservation Register (www.conservationregister.com).

Public Display

There are many valid reasons for using human remains in displays, including to educate people in past medical practices. However, this museum will only display human remains if it is our belief that they make a material contribution to a particular interpretation, and if that contribution could not be made equally effectively in another way. We will always aim to ensure that the displays are accompanied by sufficient explanatory material.

We will seek to maintain the same environmental conditions in display cases as is specified for stores in which human remains are kept. In addition, because organic materials are light sensitive, UV light will be monitored and excluded as far as possible.

Access

Our human remains will be stored and displayed securely. Access to them will be allowed only to authorised staff and visitors with specific permission from the Museum Manager under agreed supervisory arrangements.

*Catherine Walker
Museum Manager
2024*

Museum Stores Access Policy

Last Updated: June 2024

This document sets out the access policy for the Museum and Library Stores in the basement of 66 East Smithfield.

There are three separate rooms that make up the Store in the basement of 66 East Smithfield (Appendix A):

- Room One: Workspace, Library and Archive store
- Room Two: Museum and Archive store
- Strongroom: Controlled drug and hazardous material store

The Store in the basement of 66 East Smithfield is where the majority of the Museum's 45,000 strong collection is kept. There are roughly 42,000 Museum Objects on site, as well as around 2000 archival files.

The East Smithfield basement Store also holds the Library's Early Printed Collection and an overspill of books, pharmacopoeias, and other printed material from the Reading Room, where space is limited.

Access to the Store

Full access

The Museum Manager has full access to the Store including Rooms One and Two, and the Strongroom. This is for Museum collections management. They have access to all key presses but do not know where all the Library books are stored.

The Facilities Workplace Account Manager has access to all rooms in the Store, including Rooms One and Two, and the Strongroom. This is for the day-to-day maintenance and facilities management of the space, as well as for business continuity purposes. They do not know where museum objects or library books are kept or how to access particular cabinets, but they do have access to all key presses.

Limited access

The Librarian and library volunteer have access to Rooms One and Two. This is for Library collections management. They have access to the key presses for these spaces, but do not have access to the key press for the strongroom and do not know where all the museum objects are stored.

The COO and the Head of Finance, Facilities and Estate have access to Rooms One and Two of the Store for the purpose of facilities management and business continuity. They do not have access to the Strongroom and do not know where Museum objects or Library books are kept.

President's Chain

The President's chain is kept in Room Two in a locked cabinet. The key to this cabinet is kept in the Strongroom key press. Typically, the Museum Manager will retrieve or return the President's chain when needed.

In the absence of the Museum Manager the CEO has access to the Store for the purpose of collecting or returning the President's chain.

In this instance the CEO has the code to Room One, to place the chain in the desk pedestal under the black key press lefthand side of Room One. This will be collected by the Museum Manager on their return, to be put back in its permanent location.

This can be carried out in reverse if the Museum Manager is absent when the President's chain is needed. Given advanced notice, the President's chain will be placed in the desk pedestal under the black key press on the lefthand side of Room One.

This is intended as a secure temporary solution to provide short term protection of the President's chain, without the additional full access required to put the chain in its permanent location.

Security

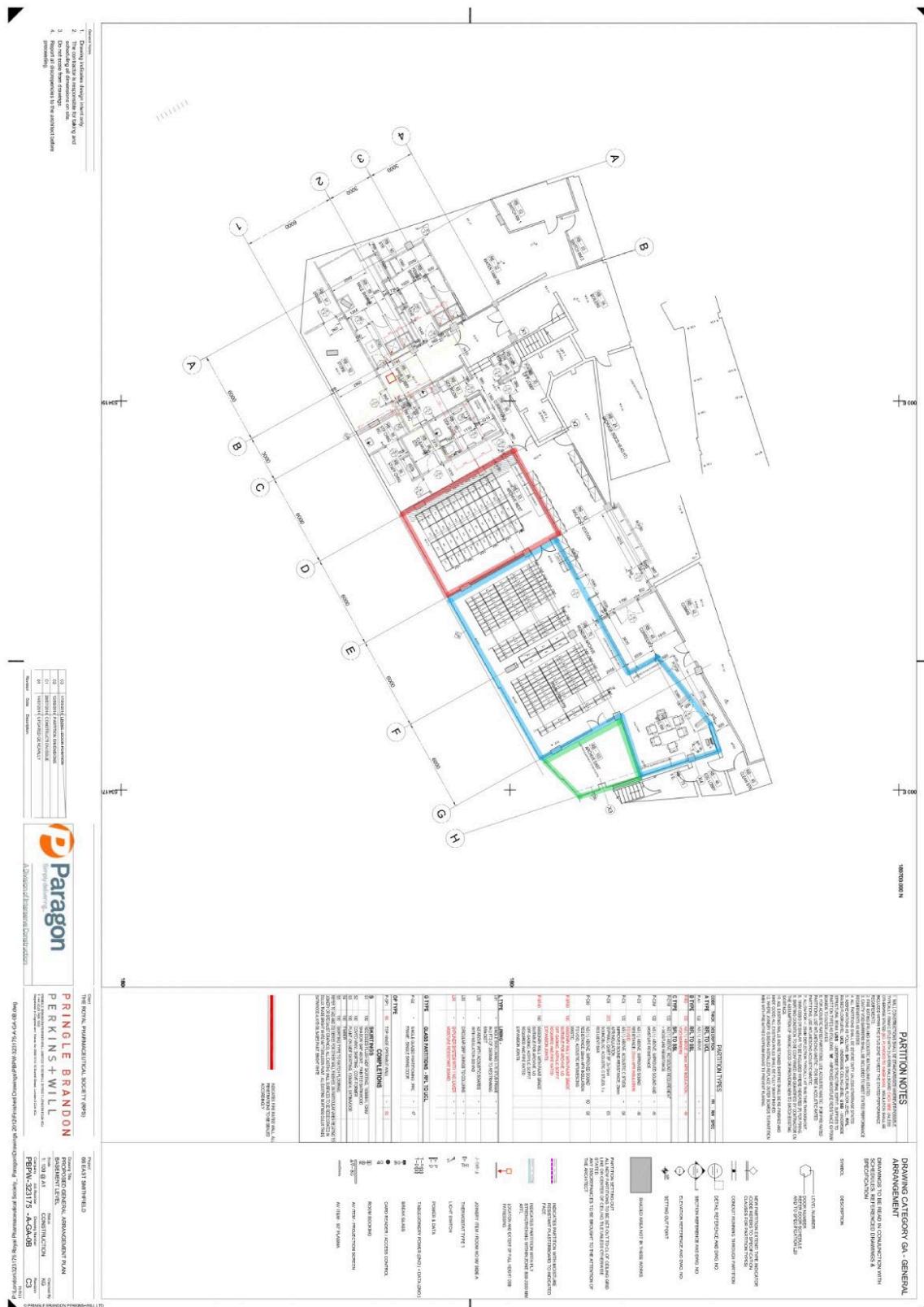
On the occasion of staff changeover in any of the above roles, the codes to the key safes will be changed and circulated to the above members of staff. Periodic changes of codes will take place from time to time to reduce security risk.

Codes are not to be given to any third party without the knowledge of the Librarians and Museum Manager, who have responsibility for the collection. Writing down the code should be avoided unless kept in a secure location and should be memorised where possible.

Any work carried out in the Store by third parties must be supervised by a Librarian or Museum Manager unless it is physically unsafe to do so. In this instance the COO and Facilities Workplace Account Manager will be responsible for the security of the collection.

Appendix A Basement Floorplan

- Room One (Blue): Workspace, Library and Archive store
- Room Two (Red): Museum and Archive store
- Strongroom (Green): Controlled or hazardous material store



**ROYAL
PHARMACEUTICAL
SOCIETY**

Assembly Meeting 26th March 2025

25/03/ASB/06 – Open

Title	Constitution and Governance Review Update
Open, confidential or restricted	Open
Author (include email/phone)	Karen Baxter/Paul Bennett karen.baxter@rpharms.com paul.bennett@rpharms.com
Position	Deputy CEO/CEO
Director responsible	Deputy CEO/CEO
Purpose of item (for noting/discussion/ decision/approval)	To update on the progress with the C&G review with particular reference to the 2025 elections scheme and outcome of the special resolution vote.
Item Summary	Since the last Assembly meeting there has been material progress with the programme, leading to the special resolution vote of the membership. In addition, there has been further debate about the rationale for holding the next cycle of governance elections. This paper updates on programme progress, the further work scrutinising the timeline for the next election cycle and sets the scene for the outcome of the special resolution vote (note that this is pending the availability of the findings of the scrutineer, as the vote window closes on March 24 th at 5pm, less than 48 hours before this meeting).
Related Risk Register item (where applicable)	Future of Pharmacy Professional Leadership
Related RPS Strategy item (where applicable)	Shape the future of pharmacy and medicines use Being essential to professional practice Being at the heart of pharmacy and pharmaceutical science Working in collaboration and partnership Enhance our organisational effectiveness
Actions/decisions required of the Assembly	To note progress/To agree the timing of the next National Board and Officer elections/To receive the result of the SRV and agree next steps

PROGRAMME UPDATE

BACKGROUND

The Constitution and Governance process has been running since early 2023, reviewing the current constitution and governance arrangements and looking at the possibilities for future arrangements that may lead to Charter change. In July 2024 a final proposal, that necessitated Charter change was agreed by Assembly, after which a period of engagement with the RPS membership and wider stakeholders began.

At the last Assembly Meeting update, provided in November 2024, the roadshows had just been completed. Feedback was provided on the roadshows, pending a report due to be published in December. In addition, provisional drafting of the Charter was approved, pending further changes that might subsequently be requested by Privy Council Office during the informal engagement process, or Charity Commission. Finally, at the November meeting, Assembly agreed that submissions to the Privy Council Office and Charity Regulators should go forwards and approved the process (the Special Resolution Vote (SRV) process) by which we would seek the agreement of our Members to pursue this change.

This paper provides an update on the work undertaken since November.

PROGRESS SINCE LAST UPDATE

- Full (advanced) application made to the Charity Commission.
- Informal process concluded with the Privy Council Office.
- Stakeholder meetings and engagement, including (but not limited to) the GHP, PFNI, PDA, CCA, and NPA and continued dialogue through UKPPLAB.
- Starting the work to redraft the final Regulations (not part of the vote but referenced in Charter change descriptions). Regulation changes will be subject to the gazetting process in late 2025/early 2026, at an appropriate time to support our migration to charity and royal college should that be supported by the SRV.
- Starting the work to describe the detailed interaction of the proposed subsidiary with the royal college and mapping logistics of shared services.
- Starting strategy development with Boards. This process will continue across 2025 and involve Member engagement.
- Repositioning the organisation and its brand rearticulation to align with the proposed royal college future state.
- Ensuring internal teams remain engaged and informed about the changes, with briefings and drop in sessions, supported by written updates.

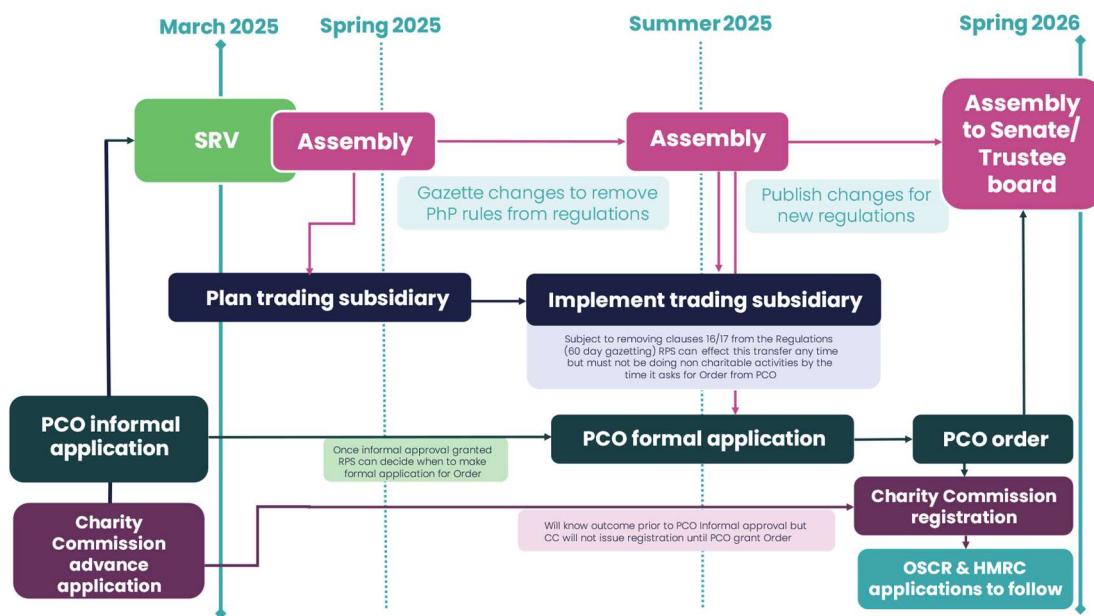
See also *Review of 2025 Elections and Special Resolution Vote*, below.

NEXT STEPS

The next steps are of course dependent on the outcome of the Special Resolution Vote and will include appropriate continuation of the activity described above.

TIMELINE

Outline C&G delivery timeline



REVIEW OF 2025 ELECTIONS

At the November meeting, a summary of the Working Day discussion, covering the debate over the proposal that the 2025 National Board and other governance post elections should be cancelled was provided. This would lead to an extension of terms of existing governance members of one year.

Assembly Members had generally agreed that it would be preferable to defer the elections at least beyond the period of the Special Resolution Vote process, but concerns had been expressed around the need for transparency and good governance. It was therefore agreed that the update to Regulations, that were needed in order to formalise this decision should be gazetted, which would allow RPS Members to provide their views, ahead of a final decision being taken.

Following this process, where the RPS received 5 responses, it was clear that only our intent in the event of a YES vote had been translated into the Regulations and further useful feedback was provided to Assembly, which was discussed in an additional Assembly meeting, held as Open Business, on February 11th.

The key consideration from the feedback and Assembly discussion are as follows:

- In the event of a NO vote, elections should be held as soon as logically possible: this was always Assembly's intention, but the gazetted Regulations did not account for this.
- Managed transition to a new shape of organisation, allowing for an appropriate level of organisational continuity, will necessitate adjusted terms for existing Board and Assembly Members.
- The RPS faces considerable distraction from delivery of the royal college proposal and its other ongoing advocacy work by holding with three votes/elections within a 1-year period.

- The need for the organisation to develop and provide appropriate onboarding and training as those elected in the next election cycle would potentially progress through the governance to become charity trustees.
- The difficulty in identifying an appropriate time to hold the elections: elections require a 3 to 4-month window, that avoids other key organisational events and ensures governance members take up posts in line with business planning requirements.
- Feedback included proposing a short delay to holding the elections, rather than a full cancellation of the 2025 elections.
- The request for a more detailed rationale for any delay or cancellation to be publicly available.
- Considerations around transparency of governance and protectionism of position.

Assembly therefore agreed minor amendments to the Regulations, following the gazetting process, to ensure it was clear that elections were delayed by up to a year.

In the event of a NO vote, elections can, as intended by Assembly and proposed by the Executive Team, be held as soon as practicable after the vote result is known.

Assembly also requested a further appraisal of the options to be brought to the working day in March for further interrogation, ahead of a discussion in open business where a final decision will be reached.

SPECIAL RESOLUTION VOTE (SRV)

At the Assembly Meeting held on November 20th 2024, the process underpinning the SRV was approved in open business and subsequently published again on the Charter changes pages of the RPS website. The process had been subject to legal advice to ensure it complies with our Charter and Regulations ahead of approval by Assembly.

At this time Assembly agreed the proposed date for the SRV of March 13th to March 24th 2025, subsequent to any requirements from the Charity Commission or the Privy Council Office that would necessitate moving the vote.

Subsequent to the November meeting, RPS embarked on three phases of communications activity, leading up to and including the vote window. During these phases the Frequently Asked Questions content was regularly updated as we addressed questions addressed to us through multiple channels, including the dedicated email address used since October: feedback@rpharms.com.

PHASE 1- LATE DECEMBER 2024 AND JANUARY 2025

Publication and promoting awareness of the roadshow report, which detailed the full discussions and questions asked during the roadshows that described the proposals and which took place in October and November 2024.

PHASE 2 – CHARTER UNVEILING FEBRUARY 12TH TO FEBRUARY 23RD

Whilst the change proposal had been discussed from October 2024 this phase gave Members the opportunity to read line by line how those changes would be described in the Charter and followed the completion of the phase of informal engagement with the Privy Council Office.

The proposed Charter was published alongside the current Charter, and a tracked changes version of the current Charter. This was supported by a short guide to the Charter changes and a summary version describing the changes in each section of the Charter.

This also included the Resolution that was to be put before Members during the vote window.

Awareness of the availability of this content was raised through email and social media channels, with media outreach resulting in articles in the pharmacy media. A webinar was held to explain the changes to the Charter and the webinar presentation added to the website. Questions from the webinar were grouped and answers added to the website FAQ to continue to clarify and demonstrate transparency.

PHASE 3 – VOTE CAMPAIGN FEBRUARY 24TH TO MARCH 24TH

During this phase the forthcoming vote window was frequently publicised through email and social media channels, supported by a series of pieces featuring the views and ‘perspectives’ of stakeholders who had attended one of the engagement events. Board members were also asked to contribute their views on why they thought the change was positive, and their quotes were used for social media cards that were then promoted online and added to the C&G web hub on the RPS website.

The FAQ continued to be updated regularly, and the ‘feedback’ email account remained in place to ensure questions from members and other stakeholders could be answered, with answers also added to FAQ. As the FAQ grew, for ease, a ‘top questions asked’ document was developed and added to the website.

This content was reinforced by a webinar describing the RPS vision for the future as a royal college and additional video content available through the RPS website and the Pharmaceutical Journal. A number of pieces also appeared in the pharmacy media.

During the vote window communications activity across all channels continued to encourage the membership to vote, including a countdown to ensure Members were aware of the timeframe left in which to vote.

As the vote closes less than 48 hours before the meeting, it is as yet unclear if we will be in a position to publicise the result, as we are dependent on receiving the result from the scrutineer. Nonetheless, we hope to be able to discuss the vote result at the meeting.