



Roadshow Report

Together we can shape
the future of pharmacy



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1. Foreword

October and November 2024 were very busy months for the RPS leadership team and many of its elected officials, as we travelled the length and breadth of Great Britain to outline and seek feedback on our proposals for change and our ambitions to become a royal college – the Royal College of Pharmacy.

We wanted to hear from pharmacists and pharmaceutical scientists (whether members or not) about their thoughts on plans for reforming the constitution and governance of RPS. Encouragingly, many members, non-members and pharmacy stakeholders shared our view that a question this important is worth travelling for. The result was a rich set of conversations that have helped us to shape and finesse our final proposals so that they reflect the views of members, potential members and the wider pharmacy community for a future in which pharmacy is recognised and valued for its vital and expert role in the safe and effective use of medicines and in the care of patients and the public.

This report is an encapsulation of those events, broadly covering who attended, what happened and, most importantly, what people wanted to ask about and gain clarity on. The reason for this write-up is to share more widely the proceedings, and to help attendees and non-attendees to understand the important reasons behind the changes being proposed.

But these events were also a marker, a tangible symbol of the kind of organisation we intend to become. Alongside the detail of the proposed changes to our constitution and governance – which will determine how we are organised, how we make decisions and how we are held accountable – this report aims to demonstrate the value we place on engagement with RPS members and potential members. This isn't something we've always got right in the past, but it is something we are committed to doing better. Effective leadership of a profession as complex and rapidly changing as pharmacy requires that its professional leadership body works hard to ensure it is listening to its members and communicates effectively with them.

What we heard, during the roadshows and other engagement events, was feedback not only on proposed changes to our constitution and governance (C&G), but on our organisation itself and the kind of professional leadership body our members and stakeholders believe is needed. Pharmacists, pharmaceutical scientists and pharmacy have a lot to be proud of, and we believe the time has come for pharmacy to take its rightful place alongside the other health and medical disciplines as the Royal College of Pharmacy.

To all those who attended one of our events, and anyone reading this report, thank you for engaging with this important process. We are listening and will continue to do so.

Signed on behalf of the Roadshow delivery team:

Claire Anderson, RPS President

Paul Bennett, RPS CEO

Karen Baxter, RPS Deputy CEO

Tase Oputu, Chair, English Pharmacy Board

Jonathan Burton, Chair, Scottish Pharmacy Board

Geraldine McCaffrey, Chair, Welsh Pharmacy Board

2. Introduction

This report is about a series of events held around Great Britain and online to explain and discuss proposed changes to the constitution and governance of RPS.

The draft proposals were developed following an independent review and are driven by the needs of pharmacy at a time of considerable change in the health landscape. As the role of pharmacy within health and care is fast evolving, the reforms are designed to enable RPS, as a professional leadership body, to operate with greater flexibility and to have more impact and influence, to the benefit of patients, the public and pharmacy.

Details of all the proposed changes are published on the RPS website, but central to the reforms are:

- 1) to seek to become a royal college, created as a registered charity and, as required by charity law, overseen by a board of trustees
- 2) to reform and redefine the Assembly to create a new Senate with a GB-wide remit for professional leadership, to retain national boards as National Councils to scrutinise and guide our policy work in each of the nations; respecting and acknowledging the devolved nature of healthcare
- 3) the incorporation of Pharmaceutical Press as a wholly owned subsidiary and limited company.

There are numerous steps in the process by which these proposals can become a reality. Ultimately, no change to the RPS charter can take place without a vote by RPS members, in which two-thirds of votes cast (i.e. of those members who vote) must be in support.

We wanted to provide opportunities for meaningful engagement at an early stage around the draft proposals to enable pharmacists and pharmaceutical scientists (whether members or not) to feed into its ongoing development and ensure the final, fully detailed proposals reflect these discussions.

The roadshows and other engagement activities, outlined in section 3 of this report, were undertaken to enable RPS members, potential members and students – and other stakeholders – to scrutinise and help further refine the proposals. They also, as we found, provided a forum for wider discussion about the long-term future of pharmacy, and the important role of RPS as the professional leadership body.

As we document in section 4, discussions at the events helped us to re-examine how we described the reform proposals. They enabled us to prioritise aspects of the plans for C&G reform and future strategy that most matter to members and stakeholders. Most of all, the process emphasised the importance of continued engagement and collaboration.

In time, as we reshape our organisation, we will need to set out a new strategy. The conversations at these engagement events have provided important insight as we plan this process – and make clear the importance of co-creation of future strategy alongside our members. It is our ambition to be an organisation that communicates effectively with and listens deeply to its members and potential members.

In that spirit, section 5 of this report gives details of those topics that emerged from audience questions, and through informal discussion after the sessions, which proved most significant to participants. We have reproduced them here, with detailed answers, so that the whole pharmacy community can have sight of these discussions.

This report marks a milestone in the process by showing what we have learnt through the information-sharing, engagement and consultation phase of our C&G review and reform programme and our proposals for change. In section 6, we look at the next steps of the process now this phase has closed.

3. Scope and purpose of this work

During October and November 2024, the RPS leadership team and senior elected officers embarked on a series of engagement events to meet with RPS members and other stakeholders around Great Britain.

This engagement involved 15 roadshow events in different cities in England, Wales and Scotland. It also included some online events and presentations at meetings to make sure as many people as possible had the opportunity to meet and talk about the proposed changes.

Though we planned the event locations to ensure as many as possible could attend, we know not everyone was able to come to an event who might have wanted to. In addition to the in-person events, webinars for students and for members/non-members were arranged to enable wider engagement.

We also responded to feedback and added an extra event in the East of England (in Cambridge).

Other sessions:

- Online sessions including a dedicated online session for students
- RPS Wales Conference
- North Wales meeting of RPS members
- Session at the RPS Annual Conference in London on C&G reform and professional leadership

Roadshow stops



Who attended?

There were over 1,000 registrations for the roadshow and two online events and more than 540 attended.

The largest groups of attendees were community and hospital pharmacists, with academia the third largest group. We also met retired members, primary care pharmacists, students, foundation trainees, pharmaceutical scientists, pharmacists working in industry and many others.

The job titles of the professionals who attended included:

- Pharmacist
- Community Pharmacist
- Foundation Trainee Pharmacist
- Pharmacy Student
- Locum pharmacist
- Clinical Pharmacist
- Chief Pharmacist
- Lead Pharmacist
- Director
- Retired Pharmacist
- Senior Lecturer
- Foundation Trainee Pharmacist
- Superintendent Pharmacist
- Deputy Chief Pharmaceutical Officer (England)
- Chief Pharmaceutical Officer (Wales).



The RPS presenting and hosting team:

Claire Anderson, RPS President
Paul Bennett, Chief Executive
Karen Baxter, Deputy Chief Executive
Liz North, Associate Director of Communications and Marketing
Tase Oputu, Chair of the English Pharmacy Board and Assembly member
Jonathan Burton, Chair of the Scottish Pharmacy Board and Assembly member
Geraldine McCaffrey, Chair of the Welsh Pharmacy Board and Assembly member
James Davies, Director, England
Elen Jones, Director, Wales
Laura Wilson, Director, Scotland
Neal Patel, Associate Director of Membership
Joseph Oakley, Associate Director of Assessment and Credentialing.

RPS Assembly and Board members hosted all events

Scottish, Welsh and English Board and Assembly members attended and/or hosted all of the events, chairing Q&A sessions, presenting and helping to answer questions as well as greeting and hosting the networking elements of the events.

RPS staff attended and supported all events

Staff from across RPS supported and attended events, helping facilitate and register attendees and capturing questions – and we are appreciative of their time and that of the RPS events team, communications and marketing team, data team and administration team in enabling the success of the roadshows.

4. Summary of proceedings

The roadshow events brought together a range of pharmacists and pharmaceutical scientists, and other stakeholders, from different settings and sectors who gave their time in the evenings or at weekends to discuss the RPS C&G reform.

Speakers from the RPS team presented on different aspects of the proposals. The composition of the presenting team differed slightly from event to event. Speakers began with a description of the context for proposed changes before going into the detail of the proposals.

A central part of these events, and following the presentations from the RPS team, was the Q&A session with spoken questions from the audience and the opportunity to submit questions using the Mentimeter platform via QR code. This system gave people the option to submit a question anonymously if they wished. Many of the conversations sparked in this part of the event continued into informal discussions afterwards, when food was served.

We also invited people to submit questions by email at any time via a dedicated feedback email address. These questions have further informed our thinking on the final shape of the proposals to go to members, and every email has been reviewed by the programme team and responded to.

Details of the questions and discussions are given in the following section. The remainder of this section is a summary of the main points from the presentations.

Context

The presentations began with an explanation of the present context for pharmacy, and the challenges the profession faces:

- Rapidly changing pharmacy landscape in the UK
- Professional and care quality repercussions of increased expectations on pharmacists and the wider pharmacy team
- Rapid changes in medicines development
- Impact of accelerating technology change on the pharmacy team and patient expectations.

The presentation also explained that the Commission created by the Chief Pharmaceutical Officers of England, Scotland, Wales and Northern Ireland on professional leadership, and the UK Pharmacy Professional Leadership Advisory Board (UKPPLAB), forms part of the context and background into which these proposals for change are put forward.

The need for change

The next part of the presentation outlined the various factors that were driving the need for the changes proposed.

Professional drivers

- The need for the professional leadership body to be able to respond to change
- Addressing the existing governance structure that is opaque to members and stakeholders.

Organisational drivers

- Good practice to keep governance under review
- Governance members have proposed improvements
- Strategic ambitions
- Organisational effectiveness.

The presentation went on to explain the links between charter change and the fulfilment of RPS's vision for professional leadership. See overleaf.

4. Summary of proceedings (continued)

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What future state are we trying to create?



A charter that:

- Enables us to deliver our mission, vision and strategy,
- Better articulates who we are for pharmacy and for patients,
- Does not unduly constrict operations.



A corporate structure that:

- Is more typical of organisations like us and thus recognisable,
- Ensures appropriate relationship between the publishing company and professional leadership body,
- Enables efficient, effective operations.



Governance that:

- Supports greater agility and transparency of decision making
- Is modernised and fit for purpose for the next 10 to 20 years,
- Better manages workload and creates clarity around roles,
- Has effective logistics that enable smooth transitions following elections.

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Details of the proposed changes

The next part of the presentation began by describing the 18-month journey towards the current proposals. This process involved an external review of RPS governance, detailed comparisons with other professional bodies, stakeholder interviews and member surveys and careful consideration of the future needs of the organisation and pharmacy workforce. This led to a proposal, agreed by the Assembly, to make the following key changes:

- RPS to become a registered charity, overseen by a Board of Trustees
- RPS to seek to become a royal college – the **Royal College of Pharmacy**
- Retention of an elected body to focus on professional leadership – amended from the current Assembly to form the Senate, with more clearly defined roles
- Retention of National Boards (to be renamed National Councils) to focus on devolved national health policy
- Establishment of Pharmaceutical Press as a wholly owned subsidiary

Assembly becomes Senate and changes composition

Current	Proposed
14 members	15 members
President elected by Assembly	President elected by all National Board members
Treasurer	No requirement for Treasurer
National Board Chair (England, Scotland and Wales)	National Board Chairs become Vice Presidents, one of whom works with the Finance expert appointed to the Trustee Board
8 National Board members (6 England, 1 Scotland, 1 Wales)	6 National Board members (2 England, 2 Scotland, 2 Wales)
Pharmaceutical Scientist	4 more flexible positions to replace the 3 defined positions
Lay member	One is expected to be a Pharmaceutical Scientist, and one is expected to be an educationalist
Academic Member appointed by Pharmacy Schools Council	All will be appointed against a role profile by a standardised selection process
	NEW ROLE - Student or Foundation Pharmacist

Charter change requires a two-thirds majority of members' votes cast in favour and approval from the Privy Council. Charitable status requires agreement from the charity regulators in England, Wales and Scotland.

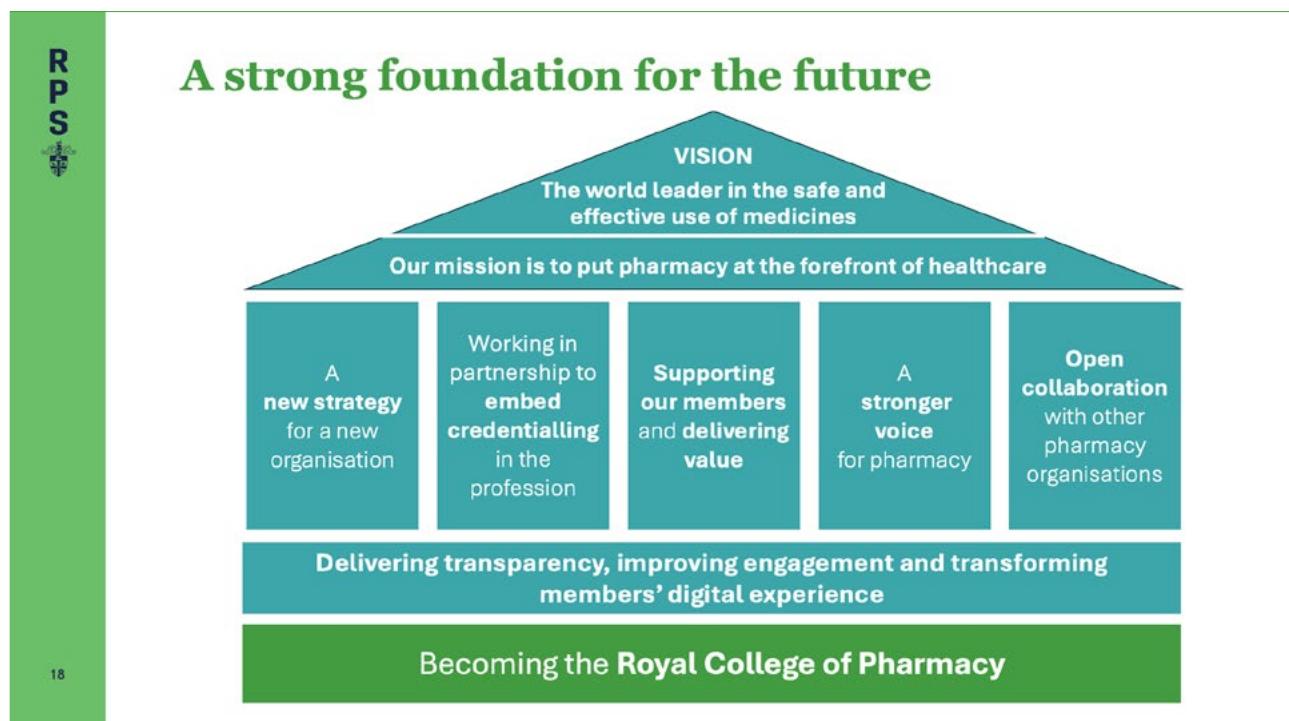
Material changes to the charter were outlined as follows:

- Patients to be at the forefront of our work, and public benefit at our core, to align better with our purpose and intended charitable status

- The vision of promoting the safe and effective use of medicines to be enshrined in our constitution, with relevance to all health professionals that work with medicines
- Where possible within the charter, retaining only a high-level description of governance to allow future flexibility

Next, details were shared of the proposed makeup of the Senate and Board of Trustees.

4. Summary of proceedings (continued)



The case for change

Finally, a short presentation laid out the case for change, placing the change process and the foundational role of the proposed Royal College in the context of a holistic vision for the future of the organisation.

Crucially, this highlighted how credentialing would play a central role in delivering on the vision for RPS as a royal college and demonstrated the need for the co-creation of a new organisational strategy.

Changes to the presentations

The summary above gives an outline of the presentations but is not an exact replica of each event. In fact, the presentations evolved across the series of events as we heard from those attending what they wanted to understand.

The early roadshows focused on the proposed C&G changes, but attendees told us that they were convinced by the rationale for the change and the details shared in the presentation. Attendees also wanted to hear 'where this fitted' with the RPS's vision and plan for the future.

There was also keen interest in hearing more about other aspects of RPS's work, including ambitions to improve the experience of RPS members, more detail on ambitions for credentialing, plans for attracting more members and more about the RPS team's ongoing commitment to engagement.

To reflect the longer journey of change for RPS, of which the C&G programme forms a foundational element, we introduced a slide showing our vision for the future shape of RPS activity, including the co-creation of a new strategy, which is a significant and vital next step toward the future as we begin to enact the proposed governance reforms.

There was palpable interest and excitement in discussions about the future vision for what RPS (or the Royal College of Pharmacy) can achieve as a professional leadership body. In response to this element of discussions we added a session on professional leadership to the schedule of the RPS Annual Conference in November.

The evidence from discussions and conversations throughout the roadshows and other events is that there is a clear desire for RPS to continue to communicate and engage proactively with members and stakeholders. This is part of a transition that we describe as moving from being a 'broadcast organisation' to a 'listening organisation'. Future developments, such as a commitment to creating our future strategy with input from members, will help make good on this promise.



5. Questions

This section pulls together the key themes from the Q&A sessions and informal conversations that followed the presentations at the roadshow events and other engagement sessions. Not all of these relate to the C&G proposals, but they are included here for transparency.

We have grouped the questions by theme to help any members, non-members or other stakeholders who could not attend one of the events to find answers to the issues that most matter to them. In addition to this report there is extensive information and an FAQ on the RPS website at www.rpharms.com/about-us/changeproposals/changefaq.

The purpose of the C&G changes

These questions address the ‘big picture’ of what RPS is looking to achieve through charter and governance changes.

What do the proposed changes mean for the role of RPS?

The proposed constitutional reforms are designed to enable RPS to operate more effectively in the future. By putting in place a new corporate structure with appropriate governance, we are ensuring the different functions that RPS carries out will have the right oversight and support the organisation in its quest for excellence and to be flexible to meet changing needs in future.

While the RPS has a number of roles, the focus of the change proposals are on the professional leadership aspects of its work.

What difference will being a Royal College make?

As a royal college we will continue to enhance and develop our core activities as a professional leadership body; those of policy and advocacy, education, credentialing, standards and guidance, science and research and patient safety – all activities typically undertaken by a royal college.

The purpose of a royal college is widely recognised in the health and care system and the term is increasingly perceived as a ‘shorthand’ for trusted and respected organisations within the healthcare space, and in the minds of journalists and the public. We believe that by becoming a royal college we can better raise the profile and status of pharmacy and be able to gain greater traction with the policymakers we seek to influence.

Currently we have to explain who we are and what we do (to journalists, to policymakers and to senior stakeholders), which wastes valuable time better spent describing the value of and issues facing pharmacy to those who have the ability to make meaningful change.

The proposed change to becoming a royal college would mean that pharmacy professional leadership will take its seat alongside the professional leadership bodies of other health and medical royal colleges.

What difference will the proposed changes make to RPS's roles and function?

As a professional leadership body we will be more effective if we are recognised externally for our leadership role through royal college status; and overseen by a Board of Trustees that combines professional leadership with relevant organisational expertise, underpinned by charity regulatory scrutiny and reporting.

As a membership organisation, members will remain integral to our work and we will continue to be led by elected members – through a majority of elected members on the Board of Trustees, and through the Senate. The role of the Senate and country councils and that of their members will be clearly defined, for example, by the development of role descriptions, guidance and onboarding support.

As the RPS's (and future Royal College of Pharmacy's) successful business, Pharmaceutical Press will become a limited company and a wholly owned subsidiary of the Royal College of Pharmacy, giving it the operational independence to thrive commercially, whilst continuing to return its surplus (i.e., profits) to the Royal College charity to support the charity's professional leadership activity.



What is the purpose of charitable status for the Royal College?

As part of the C&G review we looked at the corporate structure of many other health and medical royal colleges and professional leadership bodies. Most were charities, while most of the others who were not charities were unions – RPS is neither. RPS is currently anomalous in that it has no form of regulator, and in reviewing the options we identified that charitable registration was the best fit for the organisation and aligns with many other royal colleges.

A successful application for charitable status will create independent regulation for the organisation and address some of our members' questions about transparency in our operations. It also signifies to those in the healthcare space that our focus is on the wellbeing of patients and the public, through the work of pharmacists and pharmaceutical scientists.

Charitable status also requires that we are overseen by a Board of Trustees, to whom the organisation's Executive team will be accountable. Whilst the Board of Trustees will be profession-led, we will also bring in the other professional skills required to run a large and complex organisation, such as financial expertise and the expertise of an experienced charity chair. In this way we can secure expert oversight and have the most appropriate scrutiny and accountability for our work.

We also know that it is easier for charities to work with other charities. As we look to bring the voice of patients into our work, to compliment the professional skills we already have access to, we expect to create deeper relationships with patient charities. We believe that our charitable status will make this easier to achieve.

5. Questions (continued)

How will the views of members be heard in the new Royal College and charity?

At present, members influence and contribute to the work of RPS in a number of ways – by standing for election and taking part in our governance, joining an Expert Advisory Group (EAG), contributing to policy and practice consultations or by participating in webinars, surveys and discussions online and at in-person events such as the roadshows or engagement events. We committed on the roadshows to co-creating the new strategy in collaboration with members, and in the future we intend to put in place ways that members can share their views. Ultimately we want to ensure that dialogue with members is demonstrably a two-way conversation.

Will being a Royal College help RPS to educate the public on what pharmacists do?

Yes. Royal college status is a signifier of trust and authority that is widely used and understood in the media and by policymakers. It will help us to cut through in our communications, supporting our ambitions to do much more to raise awareness and understanding of pharmacy and the work of pharmacists, pharmaceutical scientists and the wider pharmacy team.



Professional leadership and collaboration

These questions focus on leadership and the role of RPS, as the professional leadership body for pharmacy, in engaging with the health system.

What is the role of a professional leadership body?

A professional leadership body's role is to champion a professional discipline or specialty and to foster the development and drive for excellence in the practice of the professional discipline.

RPS's core activities as a professional leadership body include our work in policy and advocacy, where we seek to influence the policy and practice agenda and promote pharmacy to policymakers within government and the health system through support for training and continuing professional development for pharmacy professionals; through the setting of standards and development of professional guidance to support practice; and through the development of a robust and effective credentialing system. With its knowledge business, Pharmaceutical Press and through the work of its science and research function, RPS also serves as a vital knowledge hub for the safe and effective use of medicines.

We have said that these proposals for change are part of RPS's ambition to fully inhabit its professional leadership role as a future Royal College. This means championing and advocating for pharmacy, pharmacists and pharmaceutical scientists. It means having patients and the public at our core, being guided by our values and being unafraid to speak out and advocate strongly in order to advance our mission.

These changes are proposed at a time when this need has never been more urgent, with the accelerating pace of change in the pharmacy landscape, across practice, medicines and technology.

Our role as a professional leadership body has benefits for individual professionals, supporting them to thrive in their work and so improve the health of patients and the public, and helping to shape the wider health and care system.

We believe that the entire pharmacy ecosystem will benefit from the changes we are proposing and that the stronger and more influential a Royal College of Pharmacy is then the more the 'halo effect' of increased awareness, understanding, standing and credibility will support others in the ecosystem, such as trade bodies, unions and regulators, to fulfil their roles.

The proposed C&G changes place this vision and its aims at the forefront. Operating as a registered charity, like most other royal colleges, means that we are accountable to the charity regulators for the public benefit we provide.

What do the proposed changes mean for the role of the regulator?

RPS and the General Pharmaceutical Council (GPhC) became separate entities in 2010 and will continue to fulfil their separate roles as, respectively, the professional leadership body and the regulator. RPS works closely with the GPhC and would continue to do so as a royal college. The relationship is particularly important when set against the backdrop of changes in the role of pharmacy within the health system and the establishment of professional and regulatory standards. Pharmacy needs a strong ecosystem that includes both an effective regulator and effective professional leadership body.

What will the changes mean for relationships with other Royal Colleges and system bodies?

Royal college status will put pharmacy on an equal footing with other health and care professions, which already enjoy the public and policy recognition that royal college status bestows. We believe this will support ongoing relationships with royal colleges and other organisations within the health and care system, such as charities working with patient groups. It will remove any confusion about our role and purpose as a professional leadership body, and creates a clearer and more effective organisational framework to support our work.

What will these changes mean for RPS as a membership organisation?

Our activities as a professional leadership body are closely linked to, but distinct from, the membership services we also provide. While the focus of the proposed changes to our C&G are to ensure we are operationally effective, now and into the future, and can have the stronger, louder voice that pharmacy deserves - we are also committed to developing and improving the experience of our members.

Among our priorities for improving our members' experience is enhancing our digital capability and improving our activities through better use of technology. We will also drive member value, enhance transparency and ensure that our communications and dialogue with members is clear, engaging and valued.

We are investing in our engagement capability and in-person member events, of which these roadshows and other engagement events are examples. These activities will enable networking and help foster a sense of community. We are also looking to replicate this sense of community online. Diversity and inclusion remain incredibly important to us in everything we do and are at the core of our work as both a professional leadership and membership organisation.

Members will begin to see the green shoots of this work across the course of next year.

5. Questions (continued)

How will the changes impact on the rest of the pharmacy ecosystem?

We believe the proposed changes will have a beneficial impact on the whole of pharmacy. The effect of a Royal College of Pharmacy raising awareness and understanding of pharmacy and the work of pharmacists, pharmaceutical scientists and the wider pharmacy team will ensure that policymakers and the public better understand and value the work of pharmacy professionals to the mutual benefit of all.

The proposed changes will provide greater clarity of our role and purpose and help us to be a more effective partner. We are committed to continuing to work collaboratively with all organisations serving pharmacists and other pharmacy professionals.

What about other membership organisations for pharmacists and pharmacy professionals?

Our charter at present is constraining and not fit for the future and our governance in need of modernisation. This is why changes to our charter, constitution and governance are the focus of these proposals for change.

We currently work in collaboration with other specialist pharmacy groups and professional leadership bodies, and though our proposed charter changes will enable us to be more flexible and potentially support closer working with other organisations in the future, that is not part of this programme.

While the relationship between RPS and pharmacy technicians is not part of our C&G review, we have said that we are open to a future discussion with pharmacy technicians about ways we can come together in terms of professional leadership, and with an understanding of pharmacy technicians as fellow pharmacy professionals under the same regulator. We recognise the Association of Pharmacy Technicians UK (APTUK) as the professional leadership body for pharmacy technicians in Great Britain, and as such, the starting point for any professional conversations in the future.

It would also be vital to ensure the support of members of both organisations for any change. It is not for us to seek to impose a decision on either the membership of another organisation or our own members, without appropriate consultation, discussion and agreement. This is therefore a long-term conversation, and any discussions held in the future would need to be collaborative and involve appropriate consultation and agreement on all sides.

And whilst we are aware that other pharmacy specialist interest groups are interested in deepening their relationship with us, we similarly do not seek to enact any such change as part of this proposal as it is a matter for collaborative discussion.

In the meantime we are keen to continue to build relationships and work more closely with APTUK and pharmacy specialist interest groups in terms of future opportunities.

Credentialing

Credentialing is a central tenet of how RPS (as the new Royal College of Pharmacy) will drive change for pharmacy, and emerged as a significant and important theme in discussions at the events. It was raised in every roadshow discussion and the main questions and answers are captured below.

RPS, in collaboration with the pharmacy profession, has been developing our credentialing model over the last four to five years and we recognise there is much work ahead of us, in continued partnership with many others in the pharmacy ecosystem, to ensure the full value of credentialing can be realised to the benefit of pharmacy, pharmacists, patients and the public.

How can long-standing practitioners evidence their level in a manageable way?

We recognise that introducing a new system of assurance is always going to be challenging and that there will be growing pains. We are particularly conscious of the needs of those who have gained extensive skills over many years of practice without the requirement to

formally describe and document these. We are in the final stages of drafting a collaborative strategy developed by RPS and the Pharmacy Schools Council (PhSC) commissioned by NHSE, describing how Higher Education institutions (HEIs) in England and RPS can work collaboratively to better support pharmacists to advance practice. This will be published in 2025.

We also offer Accreditation of Prior Certified Learning (APCL) for those who have undertaken certified learning (such as academic qualifications) which can exempt pharmacists from assessment from a proportion of our curricula. Current exemptions are listed on our APCL directory.

We will continue to develop materials and guidance to support those who wish to undertake credentialing and are currently exploring how technology solutions can help with this.

We do not believe that it is the RPS alone that will bring the credentialing model to life in a way that supports the profession and reassures patients, and it will be a long-term journey to truly embed this approach in the profession.

Will the credentialing model work for community pharmacists?

Yes it will. We recognise that currently there are system barriers for community pharmacists but we can see through work in Scotland and Wales that as the model of service delivery evolves, community pharmacists are increasingly able to demonstrate their level of practice through the credentialing approach.

We also recognise that there is ongoing work for us in supporting pharmacists to create a compelling portfolio and we are committed to finding solutions here.

What about pharmacists and pharmaceutical scientists in non-patient focused roles?

The purpose of credentialing is assurance for patients and so it is designed for those in patient focused roles. However, we recognise that credentials can confer recognition

and we hear loud and clear that those in roles that are not patient focused are keen for a mechanism for recognition.

This will take time and wider collaboration to create and is part of our ongoing consideration of how we can support our members and the wider profession.

What role will HEIs play in credentialing?

HEIs are an essential part of the system and have the skills and capacity to provide training and development to support pharmacists to meet the curriculum requirements for their level of practice.

As the trainers of pharmacists coming into the workplace, HEIs can also prepare all pharmacists for credentialing. For example, by helping trainee pharmacists to develop a habit of evidencing their work, they will help the credentialing process to become a normal part of professional life.

Pharmacists working in HEIs are an essential part of the collective professional design and delivery of credentialing. Academic pharmacists have formed an important part of all curriculum design task and finish groups, competence committees across all levels require at least one assessor to have academic experience, a number of our most experienced competence committee chairs are based in academic roles and we also have a number of academic pharmacists across all levels of our educational governance.

We are also working with a number of HEIs to design an innovative HEI-delivered programme that incorporates RPS credentialing as part of the academic award or exploring how to support newly qualified pharmacists towards credentialing.

A number of universities are now aligning their postgraduate programmes to our curricula outcomes and have begun signposting pharmacists towards credentialing following completion of their qualifications.

5. Questions (continued)

How will RPS embed credentialing into the wider system? How will employers be involved?

Whilst RPS has a key role to play we recognise the need to work with others (as illustrated by our work with HEIs above) in order to ensure credentialing works for the patient, the pharmacist, the employer and the system.

We recognise that collaboration is vital in order to enable the integration of credentialing, and we are committed to continued engagement with employers across Great Britain during 2025 and beyond to highlight the value of credentialing for them and their employed pharmacists. We will continue working closely with the Chief Pharmaceutical Officers, Pharmacy Deans and other NHS leaders, and will collaborate with professional representative bodies and other stakeholders to demonstrate the value credentialing brings to the profession, patients and the wider healthcare system.

NHS education commissioners have already supported pharmacists to engage with credentialing by, for example, providing access to the RPS post-Portfolio, supporting post-registration foundation candidates through credentialing via national training programmes and funding candidates through core advanced credentialing. We will continue to advocate for employer and system support for the further rollout of credentialing.

Credentialing has already been integrated into NHS policy as a requirement to progress to consultant pharmacist roles, in all sectors, as articulated in the NHS Consultant Pharmacist Guidance. Integrating all levels of credentialing meaningfully into the profession will require collective action and support and delivering this will not be achieved by the RPS or any future royal college in isolation. To be fully woven into the profession, credentialing needs to be integrated into job descriptions, job plans and career progression. We continue to drive for this through our advocacy work.

And of course, pharmacists need to be supported. We agree that ensuring pharmacists have the time, space and support to develop professional practice portfolios is essential to integrating credentialing meaningfully in the profession. We have advocated for this through our Protected Learning Time policy and we recognise the need for more effective job planning. RPS curricula describe the recommended level of commitment from employers required to support a pharmacist undergoing a credentialing pathway.

Will credentialing help me to recruit?

For the employer and wider system, credentialing provides an objective and validated assurance mechanism for an employees level of practice within and across organisations which can inform fair and valid career progression and recruitment decisions, assure consistency across the system and improve workforce portability. We have heard of pharmacists having to 're-prove' their level of practice when they have moved employer, sector or location, with some having to restart a training pathway from scratch to meet specific regional or national training requirements. This is not efficient or effective for the service, the employer or the pharmacist and is addressed by embedding credentialing in the profession.

How long will it take to roll credentialing out to the whole workforce?

It's hard to be precise about this. We have made very substantial progress in a short space of time and are focused on continuing to develop credentialing. At the outset we thought this would be a ten-year journey to fully develop a credentialing model and we are about four to five years in at the moment. It will take longer to fully embed into the profession.

The detail of the proposals

These questions arose in several of the Q&As and informal discussions and are useful for providing clarity on aspects of the proposals.

What are the reasons for the changed composition of the Senate compared with the current Assembly?

As a charity we will need to appoint a Board of Trustees to oversee the running of the charity. This requires that we bring in some different skills to our governance and also ensure that each of our senior governance bodies have clear remits in order to avoid confusion and conflict.

The Board of Trustees will take on the legal and financial responsibility for the organisation and so this will no longer be a matter for Assembly, although a number of Assembly members will be appointed to the Board of Trustees.

This means that there will be some key differences in the role of Assembly and its members and the change of name from Assembly to Senate is to signify this change.

The Senate, like the Assembly, will remain the professional heart of the organisation and will be able to focus more strongly on professional matters. Its role will be to lead the organisation in all professional matters, including those that are strategic, and it will have responsibility for GB-wide professional leadership and policy.

The change in emphasis in role also leads to a fresh look at the function the members of the Senate are there to fulfil and the skills they will need to succeed in the role, as well as ensuring there is greater continuity for some of the senior roles, in particular the President. This is addressed by creating three Vice President roles, which will be filled by the National Board Chairs (or National Council Chairs, as they will be in future).

Each member of the Senate is there to bring the most diverse possible view to the thinking and is not there to represent any particular sector or geography. Where sector-specific or geographic thinking is required to support on an issue, the Senate will have access to expert advisory groups and the National Councils. We will therefore draw two members of each Council on to the Senate in order to help ensure those connections.

We will also retain some flexibility about appointments to ensure the full range of our remit is reflected on the Senate. We therefore expect the four roles designed as flexible (and therefore appointed, not elected through the Councils and membership vote) to be filled by an educationalist and a pharmaceutical scientist, with the other roles filled according to a defined requirement. This enables the Senate to remain flexible and able to ensure it has the necessary expertise to meet whatever challenges arise.

The Senate will also contain a student or Foundation-level pharmacist, to ensure that early-career pharmacists' voices are heard, and to develop the next generation of professional leaders.

What will the role of country boards be?

The National Boards for England, Scotland and Wales will continue to have responsibility for policy at the national (devolved level, ensuring that our work is meeting needs in each part of Great Britain. However, under the new governance structure, with Assembly reconstituting and becoming the Senate, the links and differences between the bodies will be clearer.

It is proposed that the name of the national boards should change to National Councils, to avoid confusion with the Board of Trustees of the charity.

5. Questions (continued)

Why the Royal College of Pharmacy (as opposed to pharmacists)?

The RPS has both pharmacists and pharmaceutical scientists in membership. Assembly's decision to set these proposals before the membership with the new organisation named the Royal College of Pharmacy, reflects this.

Further, taking a widely available definition, pharmacy is the science and practice of discovering, producing, preparing, dispensing, reviewing and monitoring medications, aiming to ensure the safe, effective, and affordable use of medicines. Using the word Pharmacy in our name therefore speaks directly to the organisation's mission and vision as well as its membership.

What about other professionals who deal with medicines – would they be able to join the Royal College of Pharmacy?

We are aware that there is some limited interest from other professions (for example nursing). In future, it may be that we offer membership to other professional groups (perhaps in the way that the Royal College of Paediatrics and Child Health or the Royal College of Emergency Medicine does) but that is not part of the current proposal for change.

What happens to Pharmaceutical Press?

As a subsidiary of the Royal College charity, Pharmaceutical Press will have more freedom to innovate and grow as a business. While it will operate with more independence, it will be wholly owned and its purpose will continue to support the vision of the Royal College. It does this through its products – which focus on the safe and effective use of medicines – but also through the donation of its surplus (i.e., its profits), to the Royal College, to fund activities such as advocacy.

Why are patient voices not part of the governance proposals?

Patient voices are extremely important to our work. Engaging with patients' views is essential for ensuring our standards and guidance address the needs of those pharmacy works to support.

To achieve this we need to engage appropriately and effectively. One consideration was to include a seat for a patient voice on the Senate – but this risks tokenism, and in practice, an individual cannot speak for all patients or conditions, or provide meaningful representation for patients. Instead, we will continue to seek patients' views by working with organisations representing patients. This will give a broader set of perspectives on particular, relevant aspects of care. Our recent work on medicines shortages (www.rpharms.com/medicinesshortages) is a good example of where we can have impact by engaging meaningfully with patient groups and help bring the patient voice to life in our work on ensuring the safe and effective use of medicines.

How is RPS addressing diversity and inclusion within its governance structure?

RPS is committed to championing and supporting diversity and inclusion in all its work and increasing diversity across its organisation, representing different sectors, backgrounds and perspectives. The governance restructuring will enhance diversity and inclusion efforts by removing restrictive roles, ensuring open and transparent recruitment processes and fostering and supporting a continued focus on diversity and inclusion across its governance and advisory functions.

Impact of the proposed changes

Understandably, RPS members and other stakeholders expressed interest and concern about what the impact of constitutional change could mean for their practice.

What will C&G reform mean for individual professionals?

A stronger, more effective and more influential professional leadership body for pharmacy will impact on every professional working in pharmacy, whether or not they are currently members of RPS. We believe the changes will help us to ensure that healthcare professionals, policymakers, patients and the public understand the value, expertise and professionalism of pharmacists, pharmaceutical scientists and the wider pharmacy team, to the benefit of all. The stronger our voice is as a professional leadership body the better we can make the case for pharmacy and benefit others in the pharmacy ecosystem who are also seeking to promote pharmacy.

What will happen to post-nominals?

As members of a Royal College, our members will have new post-nominals that clearly specify membership of the Royal College of Pharmacy. While no final decision has been made, we expect RPharmS would be replaced by RCPPharm. So for example MRPharmS would become MRCPharm.

Will this change impact our membership fees?

The C&G programme will not impact membership fees. RPS currently enjoys a sound financial position thanks to careful management and the continuing commercial success of Pharmaceutical Press, and has built up sufficient funding to pay for strategic projects like this.

Questions relating to the impact of changes for particular groups of members

A number of particular groups of members were mentioned in several questions, so we have highlighted how we believe constitutional change and our vision for the future of pharmacy will affect these groups.

Pharmaceutical scientists

We continue to believe that Pharmaceutical Scientists are an integral part of the pharmacy system with an important part to play in our vision of medicines safety. They will therefore continue to be a valued part of our community and membership.

Pharmacists working in industry

Pharmacists working in industry are an essential part of the pharmacy ecosystem and we want to ensure they feel at home as members of our organisation. While we already have RPS members working in industry, we would like to attract more and need to consider how we can ensure their membership is attractive and of value to them. The proposed new name, the Royal College of Pharmacy, is intentionally inclusive and we hope will signal that we are working for all types of pharmacists and pharmaceutical scientists.



5. Questions continued

Community pharmacists

Some attendees highlighted the levels of stress faced in community pharmacy – something that RPS recognises and has sought to raise awareness of through our Workforce Wellbeing activity (in partnership with the Pharmacist Support charity) and advocacy work. The transition to a royal college will strengthen our voice, and have a positive effect on the work of others in the pharmacy ecosystem including the trade associations and others lobbying for community pharmacy, so enhancing advocacy for community pharmacy.

Retired members

We were delighted to welcome to the roadshows some pharmacists who had retired from practice but maintained their RPS membership. They provided a strong sense of the history of the organisation and profession. We were specifically asked if we had plans to remove retired pharmacists from membership and focus exclusively on current registrants/patient-facing pharmacists only. We were able to confirm categorically that we have no such plans and continue to see our retired pharmacists as a valued part of the organisation, now and in the future.

Students and the British Pharmaceutical Students' Association (BPSA)

Students are not eligible to vote on the proposed changes, but they have been part of the discussions and BPSA President, Emeka Onwudiwe joined the RPS team and hosted the Q&A session at a special online event for students on 28 October.

Associate RPS membership for members of the BPSA will continue under the Royal College. Under the changes proposed to the Assembly, the new Senate will have a space reserved for an 'early career' member be that a student, foundation trainee or early career pharmacist, ensuring that the early career voice is always heard in future.

There was some confusion expressed by students and others at roadshow events about the relationship between the RPS membership and BPSA membership. The BPSA is the student arm of the RPS and membership of the BPSA also confers student membership of the RPS. Our engagement team have been visiting schools of pharmacy and we intend to continue and deepen this relationship in order to make the benefits available to students much clearer.

The change process

A number of questions sought clarity on aspects of the change process, including the vote and the timetable for change.

When will changes take place?

There are some further stages of this process to come. The work detailed in this report is part of the 'information' phase, and is to enable stakeholders to understand what is being proposed, and to help shape the final proposals that will go to the vote.

We anticipate the final proposals will be put to a vote for RPS members in early 2025. If approved, subsequent changes will follow, but the exact timetable for implementation depends on other parties such as the Privy Council (who approve royal college applications and amendments) and the Charity Commission (the regulator in England and Wales) and OSCR in Scotland.

How does the vote work?

The regulations surrounding charter change require that a special resolution be put to members, which they then vote upon. The special resolution will be drawn up based on the proposals made, along with any changes or refinements that have come as part of the engagement events and the feedback we receive or feedback from our ongoing engagement with the Charity Commission and Privy Council Office. To pass, the special resolution requires a two-thirds majority of the votes cast (i.e., those members who vote, not a majority of all members), to be in favour.

Why not an absolute majority of members?

The rules governing changes to the charter are different from the arrangements for activities from other types of organisations such as unions, which require an absolute majority of more than half of members. The rules are also a requirement of our existing constitution and must therefore be observed.

What about non-members?

The current constraints of our charter and our regulations for charter reform stipulate that only 'full Members and Fellows in good standing' are able to vote.

This means associate members such as students are not able to vote. However, we have worked hard to engage with students through this process, and have sought their views on the proposals as an important future part of the profession the future Royal College will serve.

How is this work being funded?

RPS currently enjoys a strong financial position, thanks to sound management and the continuing commercial success of Pharmaceutical Press. The C&G project is funded from monies reserved for strategic purposes, drawn from the 'surplus' income (ie profits) raised by Pharmaceutical Press. This is how much of RPS's professional leadership activity is funded - and is how future strategic projects will be funded.

5. Questions (continued)

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In summary, as a Royal College we will:

- **Create alignment** with the wider healthcare system where other professions are led by **Royal Colleges**
- Create **greater recognition** for pharmacy with **the public** and other **healthcare professionals** who understand what Royal College means
- **Signal our focus** on education, credentialing, and the assurance of professionals that **underpins patient safety**
- Create a governance structure **similar to those of other bodies to aid clarity**
- Have an external regulator giving our members, patients and the public **greater assurance**
- Have **greater capability to adapt and evolve** to keep pace with the change in our profession
- **Put patients** at the forefront of our work and **public benefit at our core**.

RPS's wider work

These questions are not strictly to do with constitution and governance but were frequently raised at the events, indicating their importance to many attendees. In several cases, the proposed changes will have impact on these areas.

How is RPS improving the visibility of pharmacists?

In our ongoing policy, advocacy, thought-leadership and public-facing work, RPS is promoting and improving understanding of the role of pharmacists and the wider pharmacy team. Recent examples are the work we have led on medicines shortages.

The changes we are proposing will enhance our capacity to cut through and further raise the profile of pharmacists and the wider pharmacy team. Attaining royal college status will put pharmacy on a more equal footing with other health and medical royal colleges in the public eye, giving us an ability to better raise awareness and understanding of pharmacy and the pharmacy team and we are committed to developing this work further.

What is RPS doing to attract early-career professionals and students to become members?

We heard very clearly through several questions and in conversation with attendees at the roadshows that there are concerns about new members of the profession choosing to join RPS.

We described our ambitions for membership and for the organisation, and that we want RPS and particularly the future royal college to develop a 'gravitational pull' with increased visibility that appeals to new members (including early and mid-career professionals), and attracts greater numbers to join.

As a membership organisation we also want to have a compelling set of benefits, which we will continue to develop and improve. We are working on an enhanced digital experience for

members, offering career-long support through the e-Portfolio, and developing training and CPD options that are designed to be flexible and support modern careers, underpinned by our ongoing work developing professional standards and guidance and with individual professional support for members.

We expect that becoming a royal college will help raise the profile and standing of pharmacy and pharmacy professionals in the eyes of policymakers, patients, the public and with medical and health professionals, and we heard from students and early career pharmacists that royal college status was attractive to them.

How will RPS/RCPharm respond to the needs of members in future?

It is extremely important that RPS (or the Royal College) stays aware of changing dynamics in the profession. We must do this through purposeful engagement with all our members and other stakeholders, and we see the engagement around C&G changes as an important signifier of our intention to do this. Through this ongoing contact, we will keep under review whether we have the correct infrastructure and support services in place to enable pharmacists and pharmaceutical scientists to flourish as professionals.

We believe we will be better able to adapt to future needs with the enactment of our proposals for change and particularly our charter. They are designed to build in flexibility, for example, by creating additional trustee roles and through the makeup of the Senate, so that if changes are needed in future we can make them quickly and without the complex process of constitutional change we are going through at the moment.

What will happen to the assets of RPS?

The Society is incorporated by royal charter, and its assets (buildings, cash, intellectual property, etc.) are legally owned by RPS as an incorporated body. The Royal College, as the successor body to the Society, will retain ownership of these assets.

6. Next steps

The events and conversations documented in this report are the result of a deliberate process of engagement about our proposals for constitutional and governance change at RPS. That process is multi-phased and ongoing. We have received important feedback from this exercise, all of which informs the further development of our proposals.

It was clear from several of the conversations we had during these events that many stakeholders, within RPS's membership and the wider pharmacy community, will want to examine carefully the final proposals and proposed wording for our charter when it is ready. The questions posed by members and stakeholders and outlined in this report have been taken into consideration in the final drafting.

If you were unable to attend a meeting and have questions or feedback that you would like to put to the team, you can do so via our dedicated email account:

feedback@rpharms.com

The next steps of the C&G process are:

- We will set out the finalised proposals for change January 2025
- We will launch a campaign to inform and inspire our members to vote in early 2025
- A membership vote is expected to be held in Q1 2025.

Please visit our website for more information on our proposals for change:

www.rpharms.com/change_proposals.

And for a detailed FAQ:

www.rpharms.com/about_us/change_proposals/change_faqs

