



Assembly Meeting

To be held at 9.00 am to 16.00 pm on 14th July at via Zoom Video Conference

Agenda - Open Business

1. **Welcome to Assembly members & apologies for absence 9.00**

ITEMS FOR NOTING

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

2. **Code of Conduct & Remit of Assembly and COG 9.00 – 9.05**
Governance Manager
3. **Declarations of interest 9.05 – 9.10**
Governance Manager
4. **Minutes of the Open Business the Assembly meeting 9.10 – 9.15**
17th March
To note and approve the minutes of the meetings – any points of material correction or amendment should be notified to the Chief Executive at least 48 hours in advance of the meeting
Governance Manager
5. **Matters arising from the Open Business minutes not specifically included in the agenda 9.15 – 9.20**
None
6. **President's Report 9.20 – 9.25**
To note report from the immediate past-President
President
7. **Treasurer's Report 9.25 – 9.30**
To note the latest report
Treasurer
8. **CEO's Report 9.30 – 9.35**
To receive a verbal update
Chief Executive
9. **Education & Professional Development 9.35 – 9.50**
 - a) To note latest update
 - b) To receive a verbal update on any relevant items from the ESC meeting on 6th July
 - c) To receive an update on CPCS project*Director of Education & Professional Development*

Assembly Meeting 14th July - OPEN

10. 2021 AGM 9.50 – 10.20

a) To discuss the following motions passed at the 2021 AGM:

i) Publicly commit to encouraging activity by RPS Locals, where they do or can exist, and cease the de facto prohibition of locally run events (potentially on-line and in due course face-to-face).

ii) Urgently restore some autonomy to RPS Locals via their Steering Groups, including provision of an effective way for them to contact RPS members in their area.

iii) Where votes are held in Board and assembly business these should be recorded against individual board or assembly members and recorded in the minutes

iv) When officers and assembly members are elected, votes should not be by secret ballot. Votes should be recorded against individual board or assembly members and recorded in the minutes.

v) All votes should be recorded against individual board or assembly members and recorded in the minutes of the open business

vi) Allow members to contribute to all responses to consultations from the RPS, and to publish views of members to understand how the response was formulated.

b) To receive an update on the following motions passed at the 2020 AGM:

i) RPS AGM should always be conducted remotely so that members from all geographical locations have the reasonable opportunity to attend

ii) Pharmacist members of the consultant approval panels must be RPS members

Chief Executive/Director of Pharmacy & Member Experience

11. Inclusion & Diversity 10.20 – 10.40

a) To discuss & approve recommendations on EDI

b) To note the latest update on I&D work

Director of Pharmacy & Member Experience

12. Fellowship Review 10.40 – 11.10

To discuss proposed amendments to the Fellowship process

Chief Executive/Governance Manager

To note the following reports: 11.10

13. Updates from the National Boards

National Board Chairs

14. Science & Research

Chief Scientist

15. Schedule of Meetings for 2022

Governance Manager

16. Any other business 11.10 – 11.20

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

17. Date of next meeting 11.20

To note the dates of the Assembly Working Day and Meeting, 16th & 17th November



Title	Code of Conduct & Remit of Assembly
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas alison.douglas@rpharms.com Governance Manager Paul Bennett
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	Members are reminded of the Code of Conduct for Members of the Society Members are also reminded of the remit and powers of the Assembly.
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	2 – We will be the professional voice of pharmacy
Actions/decisions required of the Assembly	To note

**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 14th July 2021**DECLARATION OF INTERESTS****Claire Anderson**

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Work with FIP, Associate Director FIPed
- Trustee Commonwealth Pharmacy Association
- Research and development grants from NIHR, Boots

Martin Astbury

- Morrison's Pharmacy pharmacist (employee)
- Pharmacy Research UK charity trustee
- member of the RPS Pharmaceutical Publications (PhP) board

Sharon 'Sibby' Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
- Policy Forum lead, Rushcliffe Conservative Association
- Both daughters, Junior Doctors
- Father, retired Pharmacist
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Andrew Carruthers

- Senior Pharmacist – Medicines Governance at NHS Greater Glasgow & Clyde
- Member, RPS Scottish Pharmacy Board
- Self-employed, community locum pharmacist

Kathleen Cowle

- Employed by Davidsons Chemists
- Member, RPS Scottish Pharmacy Board (2016-)
- Daughter is a pharmacist with NHS Lothian
- Son-in-law works for Lloyds Pharmacy

Thorrún Govind

- Locum Pharmacist-various pharmacies
- Pharmthorrún Ltd
- Pharmacist – Boots
- Trainee solicitor- Hempsons

- Journal of Pharmacy Management-Editors Council
- **Trustee- OCD UK**
- **Editors Council- Journey of Pharmacy Management**
- ProperG LTD
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press

Mike Hannay

- Managing Director, Medical Technologies Innovation Facility (MTIF),
- Non-Executive Director, National Rural Health & Care Centre,
- Non-Executive Director, MediLink East Midlands,
- Trustee, Linkage – a charity supporting people with learning disabilities,
- Hannay Holdings (Partner),
- Visiting Professor, De Montfort University
- Honorary Professor, University of Leicester

- Advisory Board member, APS
- Science & Research Board member, RPS
- Member of University of Bath Pharmacy Advisory Group

Alisdair Jones

- partner works in the NHS as an occupational therapist,
- member of national executive as Treasurer to the PDA Union.
- member of the governing body of St Mary's Primary Academy, Folkestone.
- Member of The Pharmacist Cooperative
- Member of the Primary Care Pharmacy Association

John Marriott

- University of Birmingham – full time salaried professorial appointment
- HRA RES – honorarium for Research Ethics Committee Chair post
- Member of the Pharmacy Schools Council

Ruth Mitchell

- Community Pharmacist, Professional Standards and Quality Manager Boots UK
- Member of the Welsh Pharmacy Board RPS
- WCPPE trainer for advanced inhaler techniques
- Volunteer for Macmillan and Alzheimer's Society
- Member of Welsh Pharmacy Board, RPS
- Dementia Volunteer

Erutase Oputu

- Barts Health NHS Trust
- Trustee Medicines for Muheza
- UK Black Pharmacists Association
- UK Clinical Pharmacists Association

Lynne Smith

- Governance Services Team, Bolton Council

- Lay Committee member, Royal College of Anaesthetists

Cheryl Way

- NHS Wales Informatics Service
- Chair, National Association of Women Pharmacists, Cardiff Branch since 2007
- Member RPS Digital Forum
- Member Welsh Pharmacy Board, RPS
- Member, Pharmacy: Delivering a Healthier Wales Delivery Board
- Member, Welsh Government e-prescribing Expert Panel
- United Kingdom Clinical Pharmacy Association
- International Pharmaceutical Federation
- Guild of Healthcare Pharmacists
- UK Faculty of Clinical Informatics
- RPS Wales Board
- MRPSII

Andre Yeung

- Chair, LPN – Pharmacy (Northumberland, Tyne and Wear)
- Pharmacist Advisor – Andre Yeung Ltd
- Senior Specialist Advisor Public Health – Newcastle City Council
- Director at CPCS Support Ltd
- Advisory board for Durham University Business School
- Treasurer, RPS

Minutes of Assembly Meeting held on 17th March 2021 – HELD VIA VC

Present: Sandra Gidley (SG) - Chair, Claire Anderson (CA), Sibby Buckle (SB), David Carter (DCar), Martin Astbury (MA), Suzanne Scott-Thomas (SST), Jamie Hayes (JH), John Marriott (JM), Ewan Black (EB), Jonathan Burton (JB), Mike Hannay (MH), Lynne Smith (LS), Andre Yeung (AY)

Staff In attendance: Paul Bennett (PB), Karen Baxter (KB), Jeremy Macdonald (JM), Robbie Turner (RT), Helen Gray (HG), Rick Russell (RR), Gail Fleming (GF), Luigi Martini (LM), Elen Jones (EJ), Ravi Sharma (RS), Alison Douglas (AD), Corrinne Burns (CB), Claire Morrison (CM), Vicky Taylor (VT), Catherine Walker (CW)

Observers: 24 Members registered to observe the meeting

Apologies: Thorrun Govind (TG)

Item	Paper	Notes and actions	Action by
Item 01 Welcome & apologies		SG welcomed all present to the meeting and Assembly and staff members introduced themselves. She noted that a number of members of the Society would be observing the proceedings of the open section of the meeting and welcomed them. Apologies were received from Thorrun Govind.	
Item 02 Code of Conduct & Remit of Assembly	21/03/ASB/02	The Code of Conduct and current remit of Assembly were noted.	
Item 03 Declarations of Interest	21/03/ASB/03	The declaration of interests paper was noted. AD informed the meeting she had received an update from SB in advance of the meeting. SG reminded Assembly members that they	

		should declare an interest at the start of each individual agenda item if a particular conflict existed.	
Item 04 Minutes of the Open Business of 17th November	21/03/ASB/04	The minutes of the meeting held on 17 th November were agreed as a true and accurate record.	
Item 05 Matters Arising		<p>a) Strategy PB confirmed that the Executive team had continued to work with Assembly members since the last meeting to finalise a new 2021 – 2026 Strategy for the Society. Following a productive session at the Working Day meeting on Monday, it was hoped that Assembly would formally approve the final version of the document at the session later on in the meeting today.</p> <p>The new document would help the Society address the key challenges facing it in both the short and the longer term and bring clarity of direction.</p> <p>Once agreed, a formal presentation of the document will be prepared and the Strategy would be formally launched as soon as possible, hopefully next month to coincide with the Society's 180th anniversary. It would also be available for members to see in time for the AGM in May.</p>	
Item 06 National Pharmacy Boards	21/03/ASB/06	The latest updates from the National Pharmacy Boards were noted.	
Item 07 President's Report	21/03/ASB/07	The latest report from the President was noted.	
Item 08 Treasurer's Report	21/03/ASB/08	The latest report from the Treasurer was noted.	
Item 09 CEO's Report		<p>PB highlighted the significance of the last year for the Society. The move to remote working had been in place for a whole year now and all the teams had worked hard to ensure the Society could continue every aspect of its work successfully.</p> <p>He commended the work of all the teams, particularly in the finance department, who had diligently worked to ensure that 2020 had ended positively in terms of finances and the year had ended in surplus overall. He noted that the strong financial controls in place, and the lack of any face-to-face meetings, had not detracted from the organisation's ability to</p>	

		<p>deliver for members. He also recognised that many members of the Society had faced an incredibly challenging time delivering front line pharmacy services in the middle of a pandemic and was proud of the work pharmacists had delivered.</p> <p>The recent move to a digital-only version of the PJ, although not popular with a small number of members, had been welcomed as a positive step for its future overall. He thanked all those who had contacted the team with their thoughts on the changes and sought to re-assure members that the PJ would still retain its role as a formal record of the Society with the team working to ensure historic articles would be readily available.</p> <p>He reminded members of the great work the Science & Research team were doing in producing the PharmSci Today podcasts which have been attracting large audiences and some big name guests such as Jason Leitch, National Clinical Director for Scotland.</p> <p>PB noted that nominations for the 2021 National Pharmacy Board elections had opened on 11th March and encouraged anyone thinking of standing to ensure they submitted a nomination by the deadline of 1st April. He noted that as the Society was championing inclusion and diversity it would be great to have nominations from pharmacists from the widest possible range of backgrounds. AD and the Business Managers for England, Scotland and Wales were thanked for their work in pulling the nominations site together.</p>	
Item 10 Education & Professional Development	21/03/ASB/10	The latest report and minutes of Education & Standards Committee meeting held on 2 nd February were noted.	
Item 11 Science & Research Committee	21/03/ASB/11	Luigi Martini (Chief Scientist) joined the meeting for this item. The latest report and minutes of the Science & Research Committee meeting held on 9 th February were noted.	
Item 12 2021 Events	21/03/ASB/12	The calendar of dates for events planned for the coming year, including the AGM on 26 th May, was noted.	
Item 13 Inclusion & Diversity	20/13/ASB/12	PB reminded members that at the November Assembly meeting Assembly members had recognised the need to ensure the RPS did all it could to ensure the profession was as diverse, fair and welcoming as possible at every level. The I&D team were therefore asked to explore ways for the Society to be overtly anti-racist, especially as a number of people from	

		<p>diverse backgrounds have told us they haven't experienced the profession as a welcoming place.</p> <p>Since November the team had been working with Assembly and other members to produce a proposed RPS Anti-Racist statement which Assembly now took great pleasure in formally approving. The team were commended for their work bringing this together and the President encouraged members to attend one of the ABCD group meetings.</p> <p>RT also thanked all the members of the profession who had taken the time to contact the Society to tell of their experiences, some of which very difficult to share.</p>	
<p>Item 14 180 Years of Pharmacy</p>		<p>Catherine Walker (Museum Officer) joined the meeting for this item.</p> <p>PB informed members that the RPS would be celebrating its 180th Anniversary on 15th April. He felt this brought a great opportunity to re-enforce the Society's reputation as <i>the</i> professional body for Pharmacists and Pharmaceutical Scientists, recognise and celebrate our Royal patronage, celebrate the past by making core content from the RPS museum available on-line and promote the future as a modern, outward looking organisation.</p> <p>Although plans for many of the events initially considered could no longer be face-to-face and had had to be brought in line with the continued COVID restrictions, the teams had now pulled together extensive plans to celebrate this milestone with a number of different events including:</p> <ul style="list-style-type: none"> • support for International Women's Day and focus on gender equality throughout March • History of RPS virtual exhibition • celebratory 180th certificate for the 600 longest serving and 600 newest members of the Society • 180 years social media card for all members • launch of new 2021-2026 Strategy in April • virtual event to celebrate new Fellows and Charter Award recipient • launch of RPS Inclusive Workplace pledge in May <p>CW then gave a presentation on the work done to bring the museum collection alive on-line. She was thanked for all her work to capture the collection digitally and create such an appealing on-line exhibition, not least as she had only been able to visit the museum physically a couple of times.</p>	

		<p>SB asked if there were any plans to use members of the Society who might want to volunteer to work with the museum collection. PB confirmed that the member volunteers were already an important part of the museum's work and the team would always encourage any members who were interested in participating, but noted that opportunities to do so had been limited over the last year by the COVID restrictions. The team will consider the best way to utilise any member support in future and also how best to promote any volunteer opportunities when they arose. CW added that she already worked very closely with the Retired Pharmacists' Group to best capture the stories of older pharmacists.</p> <p>EJ informed members that the WPB were currently working with a digital artist to capture pharmacy activities during COVID and reflect the diversity of people at work during the pandemic.</p> <p>SG asked if there were any plans to capture the social history of the profession. She replied that she was particularly keen to develop this, alongside the medical history, and felt the social elements of all the Society's collections would be brought to life via the museum's micro-site, which held details of photographs etc and presented a great opportunity to highlight the people behind the Society.</p> <p>She went on to add that the museum was keen to capture and record the consequences of COVID over the last year in a number of different ways once a clearer understanding of the overall picture can be gained.</p>	
Item 15 Any Other Business		<p>SG hoped the observers had found the meeting interesting and noted that they may find attending the next round of National Pharmacy Board meetings as observers of interest too as the Board meetings were the forum for the Society's policy and professional practise work,</p>	
Item 17 Date of Next Meeting		<p>The dates of the Assembly Induction Day and Meeting, 13th & 14th July, were noted. At present it was not known if it would be possible to hold these meetings face to face or whether virtual attendance would still be necessary.</p>	

ACTION SHEET – Assembly Meeting 17th March OPEN BUSINESS

Item	Action	Who by	When

DRAFT

President's report to Assembly – March 2021

This is my final report as President and it is fair to say that the last two years did not pan out in the way that I, or indeed anyone, would have hoped.

In some ways business has continued as usual, with the routine cycle of internal meetings such as Board Chairs' Forum, Audit and Risk, Finance and Investment Committee, Remuneration Committee, Science and Research Committee and the Education and Standards committee. The Science and Education committees have new Chairs and I was involved in the recruitment process for those positions.

The country board meetings now all take place on the same day and from a staff and President perspective this is a much more efficient and effective way of doing things, compared to a number of people travelling to three separate meetings. I have particularly enjoyed the regular meetings of the Pharmaceutical Press Board as this is a particularly exciting and fast moving part of the organisation.

There have been a number of meetings with other pharmacy organisations, which are all fairly routine. Paul and I recently met with Pharmacy Schools Council to discuss the changes to early years training and indeed, this subject has taken up a lot of staff time as events have been moving at considerable pace. Hence, I also participated in a workshop on Initial Education and Training, which we hosted alongside GPhC and APTUK.

I have also attended meetings at the MHRA; namely the Valproate network which RPS have been influential on over the last few years and also the pregnancy and breastfeeding advisory group.

I also attended, virtually, the first regional forum of FIP. The aim of the meeting was to start discussions on realigning the priorities and outline some of the work going on with regard to NCDs, prevention and medicines safety. Indeed, there have been a number of meetings with FIP to discuss the future of how the two organisations can work better together and to discuss the value we obtain from membership. There have been no face to face international meetings this year and the virtual meetings will continue in September. It is a regret that engagement has been difficult but if we aim to be a global influencer in the world of pharmacy then I firmly believe that we need to make the relationship work better for us. In addition to the FIP meetings I also attended the Commonwealth Civil Society Forum (virtual), in my capacity as one of the CPA councillors.

Within the organisation the work on diversity continues. I have received regular updates from Amandeep Doll and have tried to join in with as many of the ABCD evening sessions as I can. This is an aspect of member engagement which has grown in a positive way over the last couple of years and I would urge board members, new and old, to join in with sessions if they can. My thinking has been challenged, in a very positive way, and people have shared some very powerful

personal stories which we can all take time to reflect on. The race microaggressions workshop was particularly interesting and provided a lot of opportunity for reflection.

RPS has also been hugely influential in developing the workforce pledge and I dropped in to a couple of the member workshops – to listen. It was a huge piece of work for the staff to take all the comments and turn the pledge into a coherent whole. I was delighted to see that many of the employers have signed the pledge and I would urge all Assembly members to sign, if they haven't already done so. This is only the beginning and the real challenge is to work with others to ensure that the pledge is not a tick box exercise but a real, living document which will help improve working conditions for pharmacists.

We also held our second virtual AGM and it is good to see the increased opportunities for member engagement, compared to the situation when I first became a Board member.

On a very happy note there were two events which had to be virtual but it would have been lovely if they could have been face to face. I refer to the 180th birthday party of RPS which both staff and elected members were able to join, and also the Fellows evening at which we were able to celebrate the new Fellowships and also present the Charter Award to the thoroughly deserving Rose-Marie Parr.

It is always useful to look back because it is only then that you can see how far you have travelled. As I look back on my time at the RPS I see an organisation that is now more member focussed, more transparent and more inclusive. Some will feel that there is still a way to go but the direction of travel has been a good one and I am confident that the engagement with members will develop even further.

I leave with a tinge of disappointment about what I was not able to do and that I was not able to personally meet more pharmacists during my two years, but I also leave with a sense of pride about the way that RPS staff responded to the Covid crisis. They were relevant, empathetic and inspiring.

All that remains is to thank the many people I worked with at the RPS and to wish you all the very best for the future.

Sandra Gidley FRPharmS

Dear Assembly Colleagues,

Thanks in advance for taking the time to read my July 2021 statement as Treasurer of the Royal Pharmaceutical Society.

The below text, extracted from the RPS Regulations, outlines the role of the Treasurer.

The Treasurer monitors the implementation of the Society’s financial policies and accounts to the membership for that, including:

allocation of resources against strategic priorities
financial performance against budget
asset strategy
reserves and investment policies

I will try my best to keep this update to the point by highlighting just a few key areas for your consideration aligned with the above. If you have any questions then please don’t hesitate to get in touch.

RPS performance in first half of 2021

I said in my last statement in March that looking back at 2020 we had a surprisingly good year bearing in mind the COVID related difficulties we faced with a positive bottom line performance and good control over costs.

As Treasurer, I’m pleased to say that the positive financial performance carried through the new year and into the first half of 2021. We’ve had really strong performance up to the end of May.

Overall revenues are very positive to budget year to date and looking healthy from a forecasting point of view also. Costs are under budget significantly and our year to date surplus is ahead of budget. When you split down the financials by department the performance is good in almost all respects whether that be publishing revenues, membership retention, or cost control etc.

The above alone would be positive enough however our Ruffer investment fund has also delivered us some excellent performance and growth this year with very strong growth in May alone pushing our reserves into a very positive situation.

I must congratulate the Chief Executive and all of the teams for their skill and hard work in delivering these results. They are hard to fault.

Looking towards the second half of 2021

That said however, I think it important to temper the very positive results above with a reminder that in addition to the executive team, Assembly and its committees should be constantly looking ahead to identify risk and to take prudent decisions to protect both our investments and the operational performance of the organisation. Our investments in particular, like all investments, are subject to fluctuations in the market and we should therefore prepare ourselves for likely volatility over coming months.

When looking outwards from the RPS at the wider economy we can see that things are always changing with some countries struggling with levels of unemployment ‘post-pandemic’ and there are growing concerns around inflation in the US and now in the UK. These represent very real threats to the performance of the organisation and so must be factored into the decisions we make.

Our investments

As Treasurer, I am responsible, along with the other Finance & Investment Committee members, for the prudent management of our investments. So, looking forward through to the end of this year I am very pleased that we have a new investment strategy being proposed at this Assembly meeting that should enable us to diversify and protect our investments whilst also placing more focus on our responsibilities as a leadership organisation.

In terms of diversification, our goal is to provide stable support for the programs and activities of the RPS into the longer term whilst also providing opportunities to innovate and create new products and services. To achieve this goal, executive colleagues, acting on the recommendation of the Finance and Investment Committee, have created an exciting financial proposal for our investments and I look forward to hearing your views.

In terms of leadership, the new investment strategy should be a framework that underpins our Economic, Social and Governance responsibilities by increasing our focus on the impact that our investments have on the world around us.

Whatever our decision it is undoubtedly the case that we can deliver an investment return for the organisation whilst also considering economic factors like waste and pollution, resource depletion, greenhouse gas (GHG) emissions, deforestation, and climate change, building in the social track records of companies in areas like diversity, working conditions, local communities, health and safety, and conflict and incorporating governance factors such as the tax strategy of organisations, executive remuneration, donations and political lobbying, corruption and bribery, and board diversity.

Review of FIC & ARC Terms of Reference

Also to be considered at this Assembly meeting is a review of the terms of reference Finance and Investment and Audit and Risk Committees. In this paper we consider the make-up and functioning of these committees and excitingly it presents an opportunity to bolster the new committee with additional expert lay-members with a finance background. As Treasurer and Chair of Finance and Investment Committee I observed that we have no expert lay-member on the committee currently and I believe that by bringing in additional expertise and experience it enable us to deliver even better performance and governance here at the RPS.

For those of you who have worked with lay members and industry experts at Assembly meetings, at ARC and PHP Board, I know you will understand how beneficial it is to have this additional diversity of input. I believe this is especially important because of the committees role in undertaking rigorous financial review and providing advice and challenge over all agenda items.

I look forward to discussing this further with you all at Assembly.

RPS Dashboard

As Treasurer I'm obviously very keen that non-executive Assembly members have access to timely and accessible information, both financial and non-financial, when they need it. We currently send Assembly members the Business Information Pack each month and although this contains a wealth of very useful financial information about the organisation it does not help colleagues stay abreast of the performance of the organisation as easily as I would like.

Therefore, as some of you will know, I've been talking about the RPS dashboard for quite some time and I think we are almost there! The RPS dashboard will be a report that will provide Assembly with a suite of colourful, graphical and easy to read displays of all of the metrics you need to perform your role as governors of the RPS. My hope is that this shorter document, focussing on key departments and metrics, will save you time, allow you to stay closer to the figures and enable you to make better judgements about how we may support the organisation to deliver on its mission and vision.

Assembly will still receive the Business Information Pack so can refer to that document for any additional detail required.

Last thoughts...

I'd like to end by congratulating the Chief Executive and the RPS teams for delivering a really positive first half of 2021 and I'm pleased with how the forecast looks for the second half of the year.

Our challenge will be to control our costs, maximise the opportunities as they present themselves and reduce risk wherever we see it. I know that we at Assembly will continue to play our part by offering appropriate oversight and challenge but also encouragement, support and advice as appropriate.

Thanks for taking the time to read this update regarding the implementation of our financial strategy, the use of resources and assuring our financial performance here at the RPS.

Yours Sincerely,

Andre Yeung

Assembly Meeting July 2021

Title	Education and Professional Development activities update to Assembly
Open, confidential or restricted	Open
Author Position in organisation Telephone Email	Gail Fleming Director of Education and Professional Development 020 7572 2358 gail.fleming@rpharms.com
Headline summary of paper	Education and Professional Development activities report Jan to June 2021
Purpose of item (for noting/discussion/ decision/approval)	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 National Boards

1. Background

In 2021 our focus has been on making up for delays to our 2020 work programme due to Covid 19, taking forward the implementation of our assessment and credentialing strategy and developing our member education offer. This work, as well as other educational activity across RPS will be brought together to create an RPS Education Strategy which will be a key enabler of delivery of the new RPS Strategy 2021-2026.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met in February 2021 led by the new chair, Professor Andy Husband. The minutes are attached [here](#). An additional unscheduled meeting was also held in May 2021 to propose a response to the Education & Training element of the consultation on professional regulation as well as a recent CPhO paper on postregistration education and training.

The Advanced Pharmacist Assessment Panel (APAP) met in March and June to ratify advanced assessment outcomes and monitor the progress of the advanced pharmacist programme outputs.

The Assessment Regulatory Committee (ARC) met in May to review an appeal received against an assessment outcome. The appeal was refused by the committee.

2b Early Careers Pharmacist Advisory Group

The Early Careers Pharmacist Advisory Group (ECPAG) welcomed Emma Boxer as the newest member of the group. She brings a breadth of knowledge from her early career spent in research and working in academia, community and hospital pharmacy.

The ECPAG met in April 2021 where they discussed and provided feedback on Health Education England's Pharmacy Skills Passport project and the RPS Advanced Pharmacy Practice project. The ECPAG also provided views into the RPS Connect project. The group expressed a desire for the correct capabilities, security and functionality of the platform to be in place, whilst still being user friendly. The group noted that they would like this to be more than just a peer networking tool and to be seen as a source of information by RPS members.

The group has contributed to discussion on the GPhC Initial Education and Training standards reforms. The focus was particularly around the standards and learning outcomes, and the group noted that they welcomed the changes and saw the proposed expansion in skills as extremely valuable, as long as they were feasible to achieve (particularly around prescribing and supervision).

2c External stakeholder meetings

In April 2021 we co-hosted a workshop to explore the future of pharmacy postregistration education and training with the GPhC and APTUK. The CPhOs produced a paper to inform discussions with their views on future requirements. This will be an area of focus moving forward and will impact upon our future work plans.

We also attend a monthly meeting of the GPhC Initial Education & Training Advisory Group as well as country specific stakeholder meetings in Scotland and Wales. In England we attend the HEE Interim Foundation Pharmacist Programme Steering and Operational Groups.

The Pharmacist Apprenticeship Employer group has recently reconvened and met in early June. The RPS did not attend this meeting. It is not clear at present what the plans of the group are or how this relates to the IET reform programme.

The RPS has been invited to join an HEE Pharmacy Technician and Pharmacy Support Staff Workforce Development Strategy Steering Group. We have accepted this invitation and await a date for the first meeting,

3. Initial Education and Training

3a. Pre-registration Pharmacists / Foundation Trainee Pharmacists

In light of the changes to the scheduled dates for the GPhC registration assessment, the timing of the RPS revision programme and mock exam was pushed back to June 2021. We currently have just under 700 trainees enrolled on the course.

In addition to this we have secured a block booking with HEE London and South East to provide our mock exam and feedback to all of their commissioned trainees.

We have also secured a contract with Northern Ireland Centre for Professional Learning and Development (NICPLD) to provide clinical webinars and exam support to all NI pre-registration/ foundation trainee pharmacists commencing August 2021.

We have secured a 3-year contract to provide the e portfolio solution for all foundation trainee pharmacists in England commencing training in August 2021.

Based on the popularity and success of our provisional registration WhatsApp groups, we have set up four new groups for the 2020/21 cohort, with approx. 130 members each.

3b. Students

Over February to May, we supervised three University MPharm research projects, providing students with an opportunity to conduct projects to evaluate and inform RPS products and services and at the same time supporting them to develop valuable research and evaluation skills.

We have received positive feedback from all students and the university supervisor about their experience.

All students have submitted the following abstracts the Pharmacy Education 2021 conference:

- An exploration of the development needs of mentors and mentees using a national mentoring platform
- Supporting and educating pharmacists in critical care during the COVID-19 pandemic: an exploratory study
- The learning needs of provisionally registered pharmacists in the UK

3c Student Interns

Following the success of our well established PhP intern programme as well as previous voluntary placements in Education, we have worked with colleagues in the PMEX directorate to develop a new paid summer student internship. We have appointed 4 MPharm students to work for us for a 4 week period in June/ July during which they will support the delivery of some of our core business as well as learning more about the RPS.

4. Foundation/ Provisional Registration

4a. Provisional Registration

Guidance and support

Throughout 2021 we have continued to advocate for provisional registrants to ensure that they have a fair and equitable experience in relation to professional registration. We wrote to the GPhC on two occasions raising our concerns in relation to access to the assessment for overseas trainees and seeking clarity on assessment processes and future arrangements.

We have developed and refreshed our online revision resources to enable trainees to confidently prepare for their assessment and also updated advice and guidance for those who are unsuccessful. We hosted a webinar for trainees that were unsuccessful in the March registration assessment. This was well received and we will be planning a similar session for the July assessment.

We have set up new WhatsApp groups for those preparing for practice (4 groups with approx. 720 members) and resitting their assessment (2 groups with approx. 200 members).

In addition, we have delivered two careers (in March and May) webinars for pre-registration trainees, provisionally registered pharmacists, and early career pharmacists on searching for jobs, and preparing for interviews and careers in community pharmacy. Further sessions are planned in over the course of 2021 focussing on various sectors of practice.

E-portfolio

We made some significant improvements to our e-portfolio in Q1 and Q2 based on user and stakeholder feedback, including:

- Functionality to categorise and count uploaded files, including paper based SLEs
- An improved action plans area, so actions can easily be filtered and prioritised
- A new LNA summary area enabling learners to track and review progress
- Extended timelines for 360° feedback tool, to enable learners a longer period to collect feedback which is helpful in the current pandemic situation

Our contracts to provide an e-portfolio and a support line service to provisionally registered pharmacists and newly qualified pharmacists undertaking the HEE interim foundation pharmacist programme (IFPP) have been extended until end of August 2021. At the end of May we have supported with 329 enquiries. Engagement with the portfolio continues to increase, with 1173 learners and 431 collaborators (across GB); however, we did observe a plateau in activity during March as provisional pharmacists prepared for and undertook the registration assessment.

Alongside day-to-day e-portfolio services, we continue to provide additional support to users and have delivered three webinars about how to use supervised learning events to support development (mini-CEX and MRCP), and how to effectively use the learning needs analysis and 360° feedback tool. We have also produced new guidance about the 360° feedback tool, including a user flow diagram, guidance on how to provide effective feedback for educational supervisors/tutors, and guidance for patients.

We have also been contracted by HEE, to develop a new peer assessment tool which allows learners to collect feedback from peers and remote supervisor on a clinical case from their practice, thus prompting reflection and facilitating their development. This has been developed at pace and is due to go live early June.

We are currently working with HEE to scope out requirements for the end of programme process for their Interim Foundation Pharmacist Programme.

4b Post Registration Foundation curriculum

The post-registration foundation pharmacist programme assessment task and finish group concluded in February 2021 and the recommended assessment strategy is an evidence based programmatic assessment which builds up an authentic picture of the learner's ability by undertaking multiple low stakes assessments throughout the duration of the training programme.

The complexities around incorporating the independent prescribing (IP) qualification into training programmes aligned to the RPS curriculum required additional discussions with stakeholders to ensure sufficient flexibility for employers, educational commissioners and HEIs/other training providers whilst meeting academic regulations. There are two overarching models for training programmes:

In the **integrated** model, IP and non-IP is integrated into a single programme and a joint assessment is undertaken by the HEI delivering the IP (+/- non-IP content) and the RPS, which results in simultaneously awarding the IP certification and the RPS post-registration foundation credential.

In the **modular** model, IP content is delivered through a discrete IP course offered by an accredited HEI provider. The RPS undertake the final assessment and award the post-registration foundation credential; separate IP certification is recognised through accreditation of prior certified learning.

The curriculum consultation was launched in April and closes on the 18th June 2021. We are offering Q&A sessions to our main stakeholder groups to support engagement with the consultation process and help inform stakeholder responses.

E-portfolio solution

An e-portfolio user group convened during April and May to draw on user experience to inform the specification for the post-registration foundation e-portfolio. There was good engagement across geographies and sectors; the learner nominations struggled to attend and a separate meeting is planned in June to capture their voice before progressing to the build phase. We will also incorporate lessons learned from the current RPS e-portfolios (e.g. provisional registration, consultant pharmacist and the transition programme). The e-portfolio will be ready for new training programmes starting in autumn 2021.

Proof of concept

We are collaborating with HEE (and potentially other stakeholders) to undertake a proof of concept study evaluating the quality of written feedback in supervised learning events (SLEs). The findings will inform supervisor / collaborator training to optimise the effectiveness of SLEs; this is fundamental to all of the RPS post-registration curricula.

Post-registration foundation training programmes

The RPS has sought to establish collaborative partnerships for the first wave of training programmes aligned to the curriculum and the following is a summary:

Scotland NES are currently developing a new Post-registration Foundation Programme aligned to the RPS curriculum. The programme will be open to newly qualified pharmacists working in all sectors and will launch in September 2021. The programme will be modular, with potential to move to integrated. The RPS post-registration foundation programme lead has been seconded to NES 0.4 WTE to support the development and implementation of the new programme.

Wales HEIW are currently out for tender for an HEI delivered post-registration foundation programme aligned to the RPS curriculum, with a view to starting in 2022. Their programme will be integrated.

England We are aware that The University of East Anglia (UEA) is currently developing a new post-registration foundation programme aligned to the RPS curriculum. The intention is for this to be an integrated programme.

We are not currently aware of any other developments within England but continue to seek collaborative partnerships.

Abstract

Our abstract has been accepted as a short oral presentation for the An International Association for Medical Education (AMEE) conference in August 2021:

'Designing a novel programme of national assessment for early career pharmacists: Painting a blank canvas'

Timelines:

Formal consultation	Closes 18 th June 2021
Publish curriculum	July 2021
Assessment proof of concept pilot	July-Sept 2021
e-portfolio launch	August 2021

5. Advanced and Consultant Practice

5a. Advanced Pharmacist Credentialing

In 2021 the Royal Pharmaceutical Society began a programme of work to develop new advanced credentialing processes for pharmacists working in patient focussed roles.

The work is now underway to develop a core advanced curriculum and credentialing assessment as well as two pioneer modular specialist credentials in critical care and mental health. Key outputs since the previous Board report are:

- Development and broad agreement of the advanced core curriculum purpose statement
- Development of the advanced core clinical domain outcomes and descriptors
- Agreement of the assessment principles and philosophy for advanced core
- The agreement of the development groups for the curricula underpinning the two specialist credentials

A high-level summary of progress against development timelines is provided below.

Programme element	Expected Delivery Date	Status and comments
Core Advanced Curriculum	October 2021	Green
Core Advanced Assessment	October 2021	Green
Specialist MH credential	October 2021	Amber – contracting mechanism to be confirmed
Specialist CC credential	October 2021	Amber – contracting mechanism to be confirmed

5b. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data: 2021

	Post titles	Sector	Country	Initial outcome	Resubmission outcome	Final outcome
Jan – Mar	Consultant Pharmacist Older People	Secondary	England	Approved	N/A	Approved
	Consultant Pharmacist Genomics	Secondary	England	Provisional	Pending	Pending

Consultant Pharmacist Posts in Genomics across England

NHS England have funded 7 regional posts to lead on the development and integration of pharmacogenomics into practice as part of the Genomic Medicines Service Alliance (GMSA). The chief pharmacists for each of the regional services have an ambition for these roles to be consultant pharmacist posts and have worked collaboratively on developing the required documents and supporting information.

This is a unique situation where posts are being developed as part of a new system/infrastructure. A request has been made for one post submission to be reviewed and

all other posts to be based on the same documentation and automatically approved as a consultant pharmacist post.

The submitted post was reviewed by a consultant pharmacist post approval panel. The panel identified that there are elements of the submission that need to be updated with local/regional context in order to be able approve the post and feedback has been given directly to the applicant.

The RPS is keen to avoid duplication and make the process as seamless as possible for applicants, in doing so the following elements needed to be considered:

- All posts must be approved, in line with the consultant pharmacist guidance
- Collaboration across regions in the development of posts should be supported, as this drives consistency
- Duplicate assessment should be avoided as it is an unnecessary use of resource
- The post approval process should take account of local and regional influence on a role as well as national drivers

Based on the considerations above it is recommended that the information provided as part of the initial submission can be used by each of the regional GMSA services with no additional assessment of the core submission.

A template was devised and has been shared with the GMSA chief pharmacists. In recognition of the reduced burden associated with reviewing a part submission, a 50% reduction on the post approval assessment fee has been offered.

5c. Consultant Pharmacist Credentialing

Following on from the launch of our standardised consultant pharmacist post approval process, the RPS launched a credentialing process in October 2020 for individuals to be assessed as meeting the entry standard for consultant-level practice.

The [Consultant Pharmacist Curriculum](#) has been developed in line with the [RPS Curriculum Development Quality Framework](#) which defines the standards to be met by any RPS post-registration pharmacy curriculum.

Pharmacists must work towards the curriculum outcomes by compiling an electronic portfolio to demonstrate their learning in collaboration with a professional coach and expert mentors. This forms the basis of the assessment, which is carried out by the Consultant Pharmacist Competency Committee (CPCC). We continue to seek expressions of interest from appropriately qualified individuals to join the Consultant Pharmacist Competence Committee (CPCC) pool of assessors. We particularly welcome expressions from pharmacy system leaders, academic pharmacists and non-pharmacist consultant-level practitioners.

Since the launch of the consultant pharmacist credentialing process, we have received 3 portfolio submissions – 1 submission in the first window and 2 submissions in the second window.

Consultant pharmacist individual credentialing outcomes 2021

	Gender	Sector	Country	Outcome	Ratified date
Applicant 1	F	Primary care	England	Standard not met	17 March 2021

Applicant 2	F	Hospital	England	Standard met	1 June 2021
Applicant 3	F	Hospital	England	Standard not met – insufficient evidence	1 June 2021

The successful candidate is currently a member and will therefore be eligible to use the suffix: MPharmS(Cons) to demonstrate their successful completion of the credentialing process.

E-portfolio solution

Individuals undertaking the credentialing process are granted access to the RPS consultant pharmacist e-portfolio to record and compile their learning and assessment evidence against the curriculum outcomes. Collaborators, including expert mentors and the professional coach, can access the RPS e-portfolio to undertake supervised learning events (SLEs), record feedback and provide judgements and narrative against the learning outcomes. The consultant pharmacist e-portfolio is open to both members and non-members who wish to compile their evidence against the consultant pharmacist curriculum outcomes.

The following data summarises user engagement for the consultant pharmacist e-portfolio since its launch in October 2020.

	Number of users	
	Learners	Collaborators
	351	171
Members	294	N/A
Non-members	57	N/A

An e-portfolio user group has been established to:

- Represent and share the experience of consultant pharmacist e-portfolio users
- Provide feedback on the e-portfolio to the RPS through a range of mechanisms
- To inform recommendations on the continuous development of the consultant pharmacist e-portfolio and processes to optimise user experience.

We have received feedback from users around changes that could improve e-portfolio functionality:

Feedback	Action	Timescale
Users are finding it difficult to get collaborators to complete SLEs as the collaborators do not want to register onto the e-portfolio	We have implemented an SLE ticketing process which will enable users to email an SLE ticket link directly to their collaborator. This means collaborators will no longer need to register onto the e-portfolio to access SLEs.	Developed in 2 weeks, with testing taking place for 10 days and an anticipated launch in mid-June
User would like more patient survey guidance including an additional needs version	We also created more detailed patient survey guidance including instructions on how to complete the survey on the e-	Launched on 13 th May 2021

	portfolio and via paper. We have created an additional needs version of the survey and have created and patient survey information leaflet.	
Users would like the ability to add a title to SLEs	Add the functionality to add titles to SLEs.	Developed with the SLE ticketing process and will launch in mid-June.
Users would like the ability to link SLEs within the e-portfolio	We are currently working with our consultant pharmacist e-portfolio user group to explore how we can develop a user-friendly process to link SLEs within the e-portfolio.	July 2021

Member support webinars

As part of the RPS member benefit offer, we have been hosting monthly webinars to support pharmacists with their learning for the credentialing process. These webinars are open to all; however, they are free for members and a payable fee of £50 for non-members.

Month	Webinar content	Number of attendees	Attendee type	Engagement metrics – views
January	Effective use of SLEs to evidence learning – Clinical (1)	47	RPS Member – 46 RPS international member – 1	59
February	Effective use of SLEs to evidence learning – Clinical (2)	157	RPS Member – 183 RPS international member – 21 RPS Student/pre-reg – 7	15
March	Effective use of SLEs to evidence learning – Non-clinical	65	RPS Member – 90 RPS international member – 5 RPS Student/pre-reg – 0	14
April	Effective use of SLEs to evidence learning – Reflective practice	70	RPS Member – 104 RPS international member – 7 RPS Student/pre-reg – 3	10

Member feedback summary

Month	Webinar content	Polls	Feedback
January	Effective use of SLEs to evidence learning – Clinical (1)	82% would recommend webinar to colleagues 82% thought the webinar met their learning objectives	'I am at a very early stage in the credentialing process however have grasped an idea of what is expected of me and useful to know it can be done at a speed to suit individual's work and personal life'.

February	Effective use of SLEs to evidence learning – Clinical (2)	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Definitely a much better event with real life worked examples and a current consultant pharmacist present as part of the panel. Would be great to have more worked examples on how consultant pharmacists developed their portfolios and the different practitioners and scenarios they used as part of their evidence submission'. 'Great community of practice'.
March	Effective use of SLEs to evidence learning – non-clinical	97% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Good focussing on just 3 SLEs per session so that not overloaded. Good to have clear indication of what situations each SLE could be used for. Like having consistent approach to delivery across the series as reinforces main points such as specificity of feedback and informing collaborators of the expectations. 'It was easy to follow, explained well and the examples help a lot'.
April	Effective use of SLEs to evidence learning – Reflective practice	100% would recommend webinar to colleagues 98% thought the webinar met their learning objectives	'This has been really useful and thanks for taking feedback comments on board'. 'Useful detailed session'.

Abstract

Our abstract has been accepted as a short oral presentation for the An International Association for Medical Education (AMEE) conference in August 2021:

'From serendipity to standardisation: Designing and implementing a national curriculum to credential entry-level consultant pharmacists'

6a. Courses and Programmes

Community Pharmacist Consultation Service CPD Course

In March 2020 the RPS, partnering with RCGP, was awarded a contract with Health Education England to facilitate CPD workshops to support the delivery of the Community Pharmacist Consultation Service (CPCS) to community pharmacists in England. Course delivery commenced in October 2020 and by the end of April we had delivered 179 courses to just under 4000 pharmacists. We have reviewed feedback from facilitators, chairs and learners on a monthly basis, and via our RPS RCGP CPCS Quality Team monthly meetings, assure the ongoing quality of the course content and delivery. We are receiving very positive feedback on the quality of programme content, facilitation and operational delivery, with a Q1 learner evaluation response rate of over 40%. Our focus over Q1 has been stakeholder engagement

to support learner recruitment, with agreements with a number of employers including Tesco, Well and Lloyds. Following consultation with HEE, we have opened the training up to pre-registration pharmacists, to prepare them for registered practice. To date we have trained pre-registration cohorts for Well and Lloyds pharmacies with bookings in place for Kamsons, Greenlight and Imaan Healthcare.

Antimicrobial Stewardship Training Programme

Our HEE funded RPS Antimicrobial Stewardship (AMS) Training Programme was launched in November 2020 to a further 30 learners from community, primary care, CCG and hospital areas of practice. Delivered in collaboration with Public Health England and UKCPA, this blended learning programme has been adapted to the digital environment, and aims to upskill pharmacists to apply PDSA cycles (Quality Improvement methodology) and behaviour change interventions to improve AMS in their workplace. In March 2021, we completed the final assessments for learners, with 4 learners from across different sectors of practice achieving 'exceeds expectations'. We are now focusing on developing an AMS showcase event in October 2021 to share experiences and learning from this cohort to a national audience.

Over Q1/2, we have worked with the Commonwealth Pharmacists Association to scope a potential expansion of this programme to a global audience, with focus groups held with 8 African nations to identify potential learning needs around leadership and Antimicrobial Stewardship training.

Transition Programmes

We continued working with NHS111 in Wales, and HEIW to support the delivery of the Transition programmes – supporting 32 pharmacists new to NHS111 and 24 pharmacists new to General Practice in Wales. Over Q1/2 2021 we have built and tested a new e-portfolio for NHS111 which is due to go live in June. We are also in negotiations with HEIW regarding a contract for e-portfolio development for their GP transition programme

6b. Educational Events

In Q1/2 we have secured collaboration agreements with a number of significant national organisations for the delivery of our new member benefit webinar series' within our RPS Live Content Streams: 'Clinical Updates and CPD' and 'Safer Use of Medicines'. We have now launched the following digital education series':

- MHRA – delivery of 1 initial session with view to further collaborations. Delivered March 2021
- RPS/NICE Education Series – 1 year contract for small group learning sessions aligned to updated NICE guidance. Launched April 2021
- RPS hosted Joint Royal College Medicines Safety Education Series: initial 1 year collaboration collaborating with Royal College of Physicians, Royal College of General Practitioners, Royal College of Nursing, British Pharmacological Society, Royal College of Paediatric and Child Health. This series has also been publicly supported by NHSE/I and HEE. Launched April 2021.
- CPCS Supplementary webinar series (for RPS members), based on topics requested by learners via our CPCS CPD course evaluation review. Launched May 2021, and to date collaborations with:

- PharmOutcomes
- British Association of Dermatology
- PhP:
 - Critical Illness – aligned with launched of new PhP Critical Illness resource

Month	Webinar content	Number of registrations	Number of post session recorded views
January	Clinical Trials and Pharmacy: Get Involved!	175	26
March	RPS and MHRA: How to navigate medicines reclassifications	158	59
March	Long COVID: What is it and how to manage it	355	N/A
April	Critical Illness – Using the latest MedicinesComplete resource in practice	190	N/A
April	NICE Webinar Series (1) - How can NICE help you?	295	36
April	Joint Royal Colleges Webinar Series (1) - The risk-benefit see-saw: high risk medicines and the impact of context	385	57
May	CPCS member series (1) – PharmOutcomes – a live demo and Q&A	197	N/A

Additionally, we are delighted to have had an abstract accepted for presentation at the Association for Medical Education in Europe conference 2021, sharing details of our highly valued RPS COVID-19 Education Programme of webinars and training resources for pharmacy professionals deployed to Care Homes and Critical Care settings.

6c. Operational infrastructure

RPS Live

In November 2020, the Education Delivery Team led the establishment of new ways of working across the RPS, bringing together all teams in the organisation that deliver live content (webinars, podcasts, social media events) for members. Based on insight from the Early Careers Programme and previous market research, we agreed to categorise our live content into the following content themes:

- News and Views
- Science and Technology
- Careers
- Safer Use of Medicines
- Clinical Updates
- Assessment and Credentialing
- Inclusion and Diversity

The Education Delivery Team now chairs the RPS Live Planning Group, Scheduling Group (with co-chair from RPS Events team) and Quality Group. Following our first RPS Live

Planning meeting in December 2020, and first RPS Live Scheduling meeting in January 2021, we were able to publish on our website, a 6-month calendar of RPS Live events across the above content streams for the very first time.

For Q1 and 2 we scheduled and reviewed feedback collected from circa 90 events (excluding CPCS sessions).

RPS Live is now a key feature of our member offer, with insight and analytics gathered and reviewed at our Quality Group showing initial trends around relevance and value to members segmented by career stage and sector, as well as insights around the link between new member recruitment and registration to RPS Live content.

We are now leading an Equality Impact Assessment of RPS education and events delivery, supported by the PMEX team, to ensure that our programmes and events meet the needs of our members and attendees, and that they are not inadvertently discriminating against any protected group.

Learning Management System

In Q1/2 we commenced work with the Operations Team to gather requirements and develop a business case for a new Learning Management System to support the delivery of our Education Delivery Strategy. This system will replace our existing Moodle platform that currently supports the delivery of:

- AMS Training Programme
- NHS111 Transition Programme (Wales)
- GP Transition Programme (Wales)
- Pre-registration Mock Exam
- Assessor Training (credentialing pathways)

In Q2 we will be developing our 5-year Education Delivery Strategy. This technology will be integrated with our new e-portfolio platform, and will be key to our plans to extend our education offer to the wider membership and beyond.

7. Mentoring

To date we have 1735 registered* users on our mentoring platform. 1364 mentees (850 are active), 541 mentors (392 are active). 1331 mentoring requests have been made (630 are in progress, 163 already completed).

**We are working with our platform provider to encourage registered users to set up their profiles so they can be added to our pool of searchable mentors. If they do not do this within a year of accessing the platform their details will be removed. Thus, we may see a drop in numbers of registered users.*

Mentoring guidance and resources

We have worked closely with our mentoring development group to scope and develop training content for mentors. A new webinar series will be delivered through 2021, starting in early June.

We have also been planning and co-ordinating peer support events for experienced mentors, a safe space for established mentors to enhance and refine their mentoring skills. This will be launched at the end of June.

To further embed quality and provide a more strategic steer for our mentoring service going forward, a new Mentoring Advisory Group has been recruited.

Publications

We have published two papers and had an abstract accepted for the Life Long Learning conference in June 2021.

Peer reviewed publications:

- Reflections of mentors and mentees on a national mentoring programme for pharmacists: An examination into relationships, personal and professional development. *Research in Social and Administrative Pharmacy*, 2021, <https://doi.org/10.1016/j.sapharm.2021.04.019>.
- Reflections of mentors and mentees on a national mentoring programme for pharmacists in the United Kingdom: An examination into organisational culture and systems. *Research in Social and Administrative Pharmacy*, 2021, (In Press).

Abstract:

- Understanding the mentoring needs of hospital and community pharmacists at different career stages

Title	AGM Motions
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Robbie Turner – Robbie.turner@rpharms.com Director of Pharmacy and Member Experience Paul Bennett and Robbie Turner
Purpose of item (for noting/discussion/ decision/approval)	For discussion and consideration
Item Summary	The motions included in this paper are for consideration by Assembly. Additional information to support this item have been included
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	For consideration

Motion Set 1 – carried by members at the AGM

“The Covid-19 pandemic has meant that RPS priorities and focus have needed to adapt. In England, one consequence has been that events and activities run for members by RPS Locals have ceased. Some Steering Groups have continued to function but cannot refresh SG membership (especially with students and pre-reg trainees) because they have no means or authorisation to contact RPS members in their area. This risks further collapse of a RPS local presence and obliteration of the network of contacts established with clinicians, LPCs, local authorities, sponsors and others.

Centrally hosted formulaic events cannot serve RPS member needs and foster engagement in the same way as locally run events.

Many other organisations have found GDPR-secure ways to maintain local functioning through the pandemic (we have ideas). Swift action with minimal expenditure could prevent loss of local goodwill built up over decades.

We therefore urge the RPS to:

- 1) Publicly commit to encouraging activity by RPS Locals, where they do or can exist, and cease the de facto prohibition of locally run events (potentially on-line and in due course face-to-face).*
- 2) Urgently restore some autonomy to RPS Locals via their Steering Groups, including provision of an effective way for them to contact RPS members in their area.”*

Information for consideration to help inform discussion.

In the past there has been variation in the quality of events hosted by RPS local groups. There has also been variation in costings per head for such events. Evidence of recruitment to membership through RPS local activity has not been notable, however we believe there to be a link to retention of some members, this is difficult to quantify. Several RPS Local steering groups have done great work to continue to build the presence of RPS with members at a local level.

RPS value opportunities for face to face engagement, bringing with it important networking opportunities for members and a crucial touchpoint for staff and board members with the wider membership.

We have two strong new membership products which will overlap with the aspirations for RPS Locals.

RPS Connect (launch late 2021/early 2022)

The new RPS Connect, digital networking service, offers new opportunities for us to enable members to engage and connect on many different levels. We envisage networks being created for every RPS Local so that members can keep conversing and sharing ideas between face to face meetings / events.

RPS Live (already launched)

RPS Live was established in early 2021 building on the success of live webinars during the early phase of Covid in 2020. RPS Live has established processes to identify and prioritise key themes for education and event delivery, as well as evolving processes to review impact and quality. The benefits of RPS Live are that CPD can be provided to a large national audience (eg our Covid webinars have attracted >1000 attendees) and we can maximise our reach across GB. RPS Locals

have an important role to play in identifying learning needs within their local area . Working with RPS Connect, it should be possible to build on the learning from national educational events.

RPS Locals

National Boards agreed to continue to support RPS Locals recognising the need for:

- a. Member networking across a geographical footprint; opportunities to identify and resolve local practice issues, networking for career development.
- b. Bringing RPS products and services to life; making sure they deliver the most value to members, the profession, and the public
- c. Informing RPS priorities and policy development; highlighting innovative practice and identifying challenges RPS could help solve. Improving two way conversation between National Boards/RPS Team and our members.

National Boards also tasked RPS to develop an RPS Locals operating model for launch in 2022 which was based around the following principles:

- a) 1 large face to face event (a ‘symposium’) per Local per year (either organised by a RPS Local ‘steering group’ with support from the RPS team, or fully organised by RPS team if required), *plus*
- b) At least 3 blended events per year (national online content using RPS Live structures with local networking online with an intention to move to a hybrid model of face to face and online.), *plus*
- c) Continuous online communication between events

Motion Set 2 – carried by members at the AGM

“For too long the RPS have operated a voting system which is not open and not transparent or if it is, it is not obvious to the membership, for whom the board is accountable. The membership cannot see who voted for what. So that confidence in the board can be reinstated and to give the membership the confidence it so richly deserves, the voting records of the board need to be transparent.

1) Where votes are held in Board and assembly business these should be recorded against individual board or assembly members and recorded in the minutes

2) When officers and assembly members are elected, votes should not be by secret ballot. Votes should be recorded against individual board or assembly members and recorded in the minutes.

3) All votes should be recorded against individual board or assembly members and recorded in the minutes of the open business”

Information for consideration to help inform discussion.

Voting in Assembly/Board business

In discussion of agenda items, the intention is to reach agreement by consensus. The Chair will conduct the meeting in such a way as to ensure that all members can contribute and that no member or members dominate the discussion. If there are several contributions supporting one viewpoint, the Chair shall make an opportunity for those of differing views to contribute. There is no automatic right for all members wishing to speak to an item to be heard. If a consensus emerges,

then the Chair may curtail discussion and seek agreement to the proposal. Where a consensus decision is reached the Chair shall ask the Board to confirm this verbally.

For more information about the role of consensus decision making you can read "Seeds for Change. Short Guide on Consensus Decision Making"

If a vote is necessary to resolve a debate it shall be determined by a simple majority of votes cast. The names of members of the Board voting for and against a recommendation or resolution and those abstaining from voting will be recorded. This process can be changed by Assembly/Boards in the meeting with a two thirds majority vote.

The consensus nature of our decision-making means that votes are only required relatively infrequently. The recording of names against votes is already within the regulations so Assembly/Boards only need to not move for these to be anonymous at each item.

Voting in elections

Voting for all governance posts are currently undertaken by secret ballot. There is nothing to prevent this being amended to an open vote should the Boards and/or Assembly agree.

Open voting would be significantly simpler from an administration perspective removing the need for systems and processes to maintain anonymity of voting. There is a risk that open voting may allow for coercion.

Publication of all votes in open business

In the interests of openness and transparency every effort should be made to include items in open business wherever possible. However, the Chief Executive/Director, in consultation with the President/Chairs may determine that an item(s) for discussion is confidential or, in exceptional circumstances, restricted. Such items will appear on separate, confidential or restricted agendas.

Items may be considered as confidential when:

1. They are position papers to be used in negotiations or in making submissions to outside bodies
2. They are part of a continuing discussion and the outcome could be jeopardised by disclosure
3. They are reports of Society activities upon which decisions will be made and all or part of the report content will not be released or published
4. They contain information that has been sent to the Society in confidence
5. They contain sensitive business/commercial information
6. The fact that a specific topic under consideration is, in itself, confidential
7. The matter is confidential for some other identifiable reason

The publication of voting records for confidential business may risk the confidential nature of the item being considered.

Motion Set 3 – carried by members at the AGM

“I propose to allow members to contribute to all responses to consultations from the RPS, and to publish views of members to understand how the response was formulated.”

Information for consideration to help inform discussion.

We currently have a [Responding to Consultations page](#) on the website where all consultations that RPS have responded to are hosted.

The page currently states – *If you would like to provide your input to consultations we are responding to, please email consultations@rpharms.com.*

On each of the country pages, there is a section on [policies and consultations](#). Within this page, all our open consultations which we are planning on responding to are noted with the relevant closing date. Again, we invite contributions for members to inform our responses here.

Consultation responses follow our agreed policies for the profession. We do not set policy through the response to consultations unless in exceptional circumstances.

When making decisions on whether RPS responds to a consultation, the policy team and members from the guidance team work collaboratively to review all relevant consultations and score them against agreed criteria. Country directors and teams will also need to take into consideration competing priorities on team members time. We regularly utilise the knowledge of expert advisory groups and all consultations are shared with the board for input, then signed off by board chairs. On the rare occasion that a consultation has come to our attention at short notice we may go directly to board chairs, but this is an exception to the process.

It may be useful to also host the list of open consultations on the *Responding to Consultations Page*. The country pages have recently been updated and we may want to promote how people can get involved more through our comms channels. We will be able to get even greater member engagement using RPS Connect as it develops.

Motion Set deferred from 2020 – carried by members at the 2020 AGM

I propose that pharmacist members of the consultant approval panels must be RPS members.

Information for consideration to help inform discussion.

The membership of consultant pharmacist post approval panels is set out in NHS guidance. Panel membership will include a clinical expert in the area of practice of the post, a pharmacy leader with a system wide role, representation from an education commissioner and a member from the post approving organisation (ie RPS). The numbers of appropriately qualified panel members is small. The requirements for panellists to be RPS members was discussed at the Education and Standards Committee in July 2020. The recommendations of the ESC were *“ it was important to have the right skills sets and credible panels and that this was more important than being an RPS member.”* A review at the time showed that all bar one panel members at that point in time had been RPS members.

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 14th July 2021

21/06/ASB/11 - Open

Title	RPS Membership Equality, Diversity and Inclusion Data
Open, confidential or restricted (if not in open business please state why)	Open
Author (include email/phone)	Rhona Auckland rhona.auckland@rpharms.com Science and Research Officer
Director responsible	Amandeep Doll amandeep.doll@rpharms.com Head of Professional Belonging
	Robbie Turner Robbie.Turner@rpharms.com Director of Pharmacy & Member Experience
Purpose of item (for noting/discussion/ decision/approval)	For discussion and agreement on actions outlined.
Item Summary	This paper reports the RPS membership EDI data collection and recommendations
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	RPS Inclusion and Diversity Strategy and RPS 5 year strategy
Actions/decisions required of the Assembly	<ol style="list-style-type: none"> 1. Explore possible strategies to address these findings, including how we can improve our reach and engagement across the different groups represented in our profession and encourage them to engage proactively. 2. Engage with the RPS ABCD members to discuss potential solutions in increasing numbers completing the EDI data collection survey and explore possible reasons for these results. 3. Engage with the RPS Early Careers Pharmacist Group to explore the possible lack of engagement from early career members. 4. To develop and submit an EDI data business case as part of our long term solution in collecting membership through our membership database

RPS Membership Equality, Diversity and Inclusion Data 2021

Introduction

In June 2020 we published our strategy for [improving inclusion and diversity across our profession](#). The strategy was developed and co-created with members of the profession. Both RPS members and non-members provided input through a profession wide survey and series of workshops across Great Britain.

The strategy is built on three strategic pillars:

- To create a culture of belonging
- To champion inclusive and authentic leadership
- To challenge barriers to inclusion & diversity.

As part of our Inclusion and Diversity Strategy, we have committed to collecting Equality, Diversity, and Inclusion (EDI) data for of our membership to understand more about the impact of our work. Over time we hope that this data will also give an increasingly accurate picture of the make-up of our membership helping to ensure our services are inclusive and accessible to all. As a professional leadership body, we need to ensure there is diverse representation in our decision-making processes, national boards and advisory groups.

This report presents the findings from our first EDI survey. Although this is only a snapshot and may not be indicative of our membership it gives us a good starting point for future data collection and tracking of progress. Although not necessarily an accurate comparison due to the relatively small proportion of members choosing to complete the survey we have compared our findings to GPhC data sets, giving us a baseline to build on in future years. This data sits as part of our ambitious inclusion and diversity programme set over the next 5 years life of the I&D strategy (2020-2025).

Some of the actions we have undertaken already are:

- Speaking on topics that impact the profession from an I&D perspective, which we will continue to do.
- Launched and established our [Action in Belonging, Culture and Diversity Group](#). An inclusive intersectional action group to enable networking across the

profession and help shape the delivery of the RPS I&D strategy, the group meets every two months.

- Working in partnership with NHS England, NHS Improvement and APTUK on the [Joint Inclusive Professional Practice plan](#) for England to reduce health inequalities and supporting the workforce
- Reviewing and improving our internal processes such as RPS Fellowship and RPS National Board elections from an I&D perspective
- Launched the [RPS Inclusion and Wellbeing Pledge](#) for the profession to demonstrate their commitment to creating a culture of belonging and prioritising wellbeing.
- RPS Assembly published the [RPS Anti-racism Statement](#) and to support the profession in this we have additionally launched our [Race Microaggression Reference](#) and delivered an [Allyship Workshop](#)

At the last Assembly meeting it was agreed RPS membership EDI data would be collected as an optional anonymous survey.

EDI Survey

The survey was open to RPS members from 21st January 2021 to 18th April 2021 and response rate of 7% was achieved. The survey was promoted, regularly, through RPS communication channels, including membership newsletters, social media and working groups. The key data points are consistent with previous RPS surveys. A summary of the main findings are presented below.

- The majority of respondents are *pharmacists* (71%), work in *England* (78%) and are *female* (61%).
- In terms of nationality, over half of respondents (56%) identified as being from the United Kingdom (56%), with over 107 other nationalities represented in the remaining 44%.
- There was a diverse spread across *career stages* and *main area of practice*, with 40% working in *community pharmacy*, 23% in *hospital pharmacy*, and 10% in *general practice*.
- Almost a third of respondents had been practicing for *30-39 years* (29%), a quarter for *20-29 years* (25%) while just under a fifth (18%) had been practicing for *11-19 years*.

- Three-quarters of respondents (73%) identified as *white*, followed by those from *Asian or British Asian background* (17%) and then *Black or Black British* (6%).
- The majority of respondent were *heterosexual* (86%), and *married* (61%), with just less than one-third (29%) of the sample reporting that they had never been *married* or *registered a civil partnership*.
 - Approximately 5% of respondents selected '*prefer not to say*' when asked to state their *sexual orientation*, which is ~4% higher compared to other questions throughout the survey (where only 1% selected '*prefer not to say*'), suggesting this is still considered a sensitive topic of discussion for a number of respondents.

Comparison to GPhC workforce data

Comparisons of the RPS EDI survey data for pharmacist respondents (*74% of total survey respondents as students, retired members and 'other' have been removed*) with GPhC workforce data for pharmacists (2019¹) have been made, where appropriate, as this provides some indication of how representative our sample is compared to the wider workforce. The data is compared in the table below.

Table 1: Comparison of RPS EDI data to GPhC data for pharmacists

	GPhC %	RPS %
Sex		
Male	38	33
Female	62	66
Age group		
16-24	4	4
25-34	39	14
35-44	27	20
45-54	18	27
55-64	11	26
65+	3	8
Race/ethnicity		
White British	36	60
White Other	7	11
Mixed	1	2
Asian or Asian British	37	16
Black or Black British	6	6
Arab	<0.5	1

¹ GPhC 2019 Workforce Survey: <https://www.pharmacyregulation.org/sites/default/files/document/gphc-2019-survey-pharmacy-professionals-main-report-2019.pdf>

Other	2	3
Not known	10	1
Disability		
Yes	1	5
No	97	93
Prefer not to say	2	1
Sexual orientation		
Heterosexual /straight	91	87
Gay women / lesbian	<0.5	1
Gay man	2	4
Bisexual	1	2
Other	0	2
Prefer not to say	6	4

*In the RPS EDI survey this includes asexual and respondents who opted to self-describe.

Considerations

This report provides a baseline of equality, diversity and inclusion data for the RPS membership. Our first EDI survey reflects our commitment to making inclusion and diversity central to the profession, giving us information that will be critical in our aim to create a culture of belonging and monitor the impact of our work. In it's first year the RPS Inclusion and Diversity strategy has helped us reach and provide a platform for under-represented groups and hear their lived experiences, however, this is only the start of our journey.

In comparison to the representation in our ABCD group with 411 members is as follows:

- 83% pharmacists, 2.4% pre-registration students, 1.7% pharmacy techs, 0.2% pharmacy support staff, 1% pharmaceutical scientist and 12% other
- Predominantly from hospital (28%), community (21%) and academic (16%) areas of practice
- 72% women and 28% men
- 10% have stated they have a disability
- 63% are from a Black, Asian and Minority Ethnic community
- 8.5% are from the LGBTQIA+ community

Our 2021 EDI data highlights that work is needed to understand the reach and level of engagement with the RPS across the profession to ensure our work is reflective of our members and the wider workforce.

Certain groups appear to be poorly represented (e.g. *Asian or Asian British* professionals, younger professionals (*25-34 age range*)), while other groups are over-represented (e.g. *White* professionals and those in the *45-64 age range*). Future work will look to explore

possible strategies to address these findings, including (but not exclusively) how we can improve our reach and engagement with members from diverse backgrounds and encourage them to engage proactively. Particularly wanting to encourage early career and Black, Asian and Minority Ethnic members to engage.

Alongside this it is important to acknowledge that EDI data collection is just one part of our Inclusion and Diversity strategy. As our workstream grows and we continue to engage with the profession, we hope to develop trust and a sense of belonging that will encourage more members to share their data with us to enable the Inclusion and Diversity workstream to grow year on year. As has been evidenced with other memberships organisations collecting EDI data, individuals may feel uncomfortable answering questions about their diversity and this improves through demonstrable commitment to inclusion and diversity strategies.

It is also important to highlight anonymous data collection is a short- term solution as we consider longer term solutions of collecting membership EDI data through our members database.

Actions

1. Explore possible strategies to address these findings, including how we can improve our reach and engagement across the different groups represented in our profession and encourage them to engage proactively.
2. Engage with the RPS ABCD members to discuss potential solutions in increasing numbers completing the EDI data collection survey and explore these results further.
3. Engage with the RPS Early Careers Pharmacist Group to explore the possible lack of engagement from early career members.
4. To develop and submit an EDI data business case as part of our long term solution in collecting membership through our membership database

Title	Inclusion and Diversity (July 2021)
Open, confidential or restricted (if not in open business please state why)	Open
Author (include email/phone) Director responsible	Amandeep Doll Head of Professional Belonging amandeep.doll@rpharms.com 0207 572 2353 Robbie Turner, Director of Pharmacy and Membership Experience
Purpose of item (for noting/discussion/decision/approval)	To provide an Inclusion and Diversity update to Assembly to ensure accountability of delivery.
Item Summary	This paper provides an update on the Inclusion and Diversity Strategy and programme delivery workstream
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 pledge • Staff absence and sickness
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	To note

Policy and Stakeholder Update to the July 2021 RPS Assembly

Inclusion and Diversity

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.

Summary of activity /achievements to date

1. Action in Belonging, Culture and Diversity (ABCD) Group

An inclusive, intersectional action group open to all that work in pharmacy and pharmaceutical scientists, both members and non-members of RPS across Great Britain. The aim of the ABCD group is to work collaboratively with individuals and existing networks across the pharmacy profession to enable networking and to support the delivery of the RPS Inclusion and Diversity strategy, capturing individual group needs and ensuring intersectionality.

We have received support from existing well-established networks, such as UK Black Pharmacist Association (UKBPA), BPSA, APTUK and the Women in Pharmacy Group. It is a group where individuals will come together to help us shape ideas, to create and build networks across the profession and help deliver a number of actions:
<https://www.rpharms.com/recognition/inclusion-and-diversity/abcd>

To date 411 members across the profession have joined, demographic data of the group:

- 83% pharmacists, 2.4% pre-registration students, 1.7% pharmacy techs, 0.2% pharmacy support staff, 1% pharmaceutical scientist and 12% other
- Predominantly from hospital (28%), community (21%) and academic (16%) areas of practice
- 72% women and 28% men
- 10% have stated they have a disability
- 63% are from a Black, Asian and Minority Ethnic community
- 8.5% are from the LGBTQIA+ community

A number of actions have been undertaken and are under progress with volunteers from the ABCD group, including:

- a. Development of a series of microaggression references to support members of the profession to identify what microaggressions are and the implications of such actions. We have developed a Race Microaggression Reference accompanied by a workshop to support the use of the reference, explain what microaggressive behaviour is and what to do if you have been a victim or witnessed such behaviour. We are currently developing a Disability Microaggression Reference which will be launched in July

2021. Sexuality and Gender Microaggression references will be developed throughout the year.

- b. With ABCD volunteers we have developed a number of reference groups who are sharing their experiences of working in pharmacy and informing us of how we can shape our resources, events and celebrations for particular groups. These include:
 - **Ability Reference Group:** we have met to discuss attitudes to disability in pharmacy and to help shape our disability awareness campaign launching in December 2021.
 - **LGBTQIA+ Reference Group:** we have met to discuss attitudes to sexuality and the importance of inclusive language and not making assumptions. The group are also helping to shape PRIDE celebrations.
 - **Women in Leadership Design Group:** volunteers are helping design the agenda and content of our next Women in Leadership event being held in July.
- c. Following each of the ABCD meetings, a number of individuals have been inspired to share their experiences of working in pharmacy. Examples include individuals sharing their experiences of having a visible and non-visible disability, the importance of visibility of LGBTQIA+ role models and inclusive language. One blog in particular from a pharmacy student has resulted in Health Education England (HEE) reviewing the ORIEL platform to ensure accessibility information is clearly stated we are also supporting HEE to run a Equality Impact Assessment Workshop to consider the ORIEL platform on all protected characteristics.
- d. We will continue to promote the ABCD group, to ensure broad representation across the profession and allyship.

2. RPS Inclusion and Wellbeing Pledge

We have launched our RPS Inclusion and Wellbeing Pledge. The pledge has been created with members of our profession, we ran four focus groups where attendees informed us of their views and experiences, alongside these we engaged with more than 20 organisations across the profession, including unions, employees, the NHS, regulators, pharmacy schools and students. It has been great to hear the continued support for our Inclusion and Diversity and Wellbeing work, as well as feedback on how we can take this forward in a long lasting and meaningful way.

The pledge can be signed by individuals, teams and organisations. With the aim to foster a culture of belonging and wellbeing for all members of the pharmacy profession. It will be underpinned by resources and guidance to create fair and transparent processes and support visibility, representation and progression across groups.

3. Equality, Diversity and Inclusion (EDI) Data Collection

We ran an anonymous survey to collect EDI data from our members from January to April. We will be presenting the data to Assembly in an additional paper and using the

data internally to provide us with more information on the demographics of our membership.

This survey is an immediate solution to collecting data on the representation of our membership. We are planning a more long-term solution to collect this data.

We are continuing to collect EDI data for our national boards and assembly, and our each of our expert advisory groups as well as educational programmes.

4. Inclusive Pharmacy Practice - Health Inequalities

Working with the three Chief Pharmaceutical Officers across England, Scotland and Wales to support with inclusive pharmacy practice.

England: We have worked with NHSE/I and APTUK to produce a Joint National Plan for Inclusive Pharmacy Professional Practice. We are working collaboratively to deliver actions under each of the themes, evaluate progress and to support in delivery of the second national Roundtable event in July. We are also hosting a joint webinar with NHSE/I and APTUK to showcase how RPS is addressing diversity in senior leadership within the organisation.

Wales: A statement of Inclusive Pharmacy Practice has been drafted, discussed and agreed through the Welsh Pharmacy Partnership Group.

Scotland: Scottish Government and other pharmacy organisations are committed to changing the culture to make pharmacy more inclusive and to better support workforce wellbeing. It was agreed to use the RPS pledge as a step towards this, and then for further discussions to take place about other actions needed.

5. Advocacy Asks

Throughout each of the ABCD meetings members have been clear about the advocacy asks that we should be lobbying pharmacy organisations for and what steps we as an organisation should be taking to ensure we are addressing key issues to ensure pharmacy is an inclusive profession.

We have published the advocacy asks on the RPS website, capturing what we have heard so far and what actions we have undertaken. This will continuously be added to and updated as we progress through the strategy and focus on particular areas in more detail and highlight changes in key particular areas.

6. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment template, which has been piloted on the Consultant Pharmacist Credentialing Process. We will be running a EQIA workshop on RPS Post-registration Foundation Pharmacist curriculum and one considering our live online events.

An EQIA process and training is being developed to introduce EQIAs to new products.

7. Consultation Responses

a. GPhC Equality, Diversity, and Inclusion Strategy

We are submitting a response to the GPhC on their Equality, Diversity and Inclusion Strategy. The response will be shaped through engagement with the RPS Early Career Pharmacist expert group, RPS National Board members and a workshop for ABCD members and RPS members more broadly to feed in their thoughts to our response.

We have also invited the GPhC to our next ABCD meeting for them to discuss the strategy and for ABCD members to share their views directly to the GPhC.

b. Welsh Government proposed Race Equality Action Plan for Wales ‘An Anti-racist Wales’

We responded to an open consultation on the Welsh Government’s proposed Race Equality Action Plan for Wales.; ‘*An Anti-racist Wales*’. The response endorsed the ‘anti-racist’ approach and highlighted the RPS’ own anti-racist statement published earlier this year. Detailed comments were provided on the actions included in the section focused on ‘health services and health outcomes’ which focused on the themes of leadership and accountability, workforce data and intelligence, access to health services and tackling health inequalities. Throughout we highlighted issues of importance to pharmacy and signaled our ambition to work with and support Welsh Government once the action plan is finalised.

c. Women’s Health Strategy: Call for Evidence

An organisational response has been submitted to the Department of Health and Social Care’s open consultation seeking to collect views on women’s health. We ran a workshop open to both members and non-members of the RPS to inform our consultation response. We heard both from personal experiences and the impact women’s health inequalities have on a personal level and the role pharmacy staff can play in addressing these in the services they provide.

8. Address Black students’ awarding gap at both undergraduate and post graduate level.

To support with ensuring there is visibility and representation for pharmacy students, we are working with the Pharmacy Schools Council to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. We are exploring the option of building a network of diverse guest lecturing pharmacists who pharmacy schools can approach to provide lectures in their specialist areas.

We have attended GPhC workstreams on initial education and training (IETs) reform and have asked for I&D needs to be embedded with the IETS and to consider cultural competence in greater detail.

9. Antiracism Statement

With Assembly we have released [an RPS antiracist statement](#) and stance for the organisation. The statement states the organisation position on being actively anti-racist and a list of actions we will be undertaking as part of this.

A panel discussion was held with Paul Bennett and RPS members to discuss the importance of taking on an antiracism stance and how allyship plays an important role in removing barriers and addressing racial inequality.

To continue and encourage meaningful constructive discussion across the profession we have held an Allyship workshop to discuss what privilege means, and the ways in which white people can engage with people of colour to promote Allyship. The session also covered racial stereotyping, cultural appropriation, feminism and race and shared important resources. We will continue to run workshops and events to encourage these discussions further.

10. Skills Recognition Scotland

Skills recognition Scotland is a pilot project set up to reduce Scotland's skills gaps by formally recognising and accrediting the skills and qualifications of people from overseas who have come to Scotland for a number of reasons.

The project is looking to remove some of the barriers migrants and refugees face when trying to work by providing training and matching them with employers. Pharmacy, along with engineering, have been part of the initial phase of this pilot. As part of the project, the pharmacists have their RPS fees paid for them.

We were then asked to support by explaining what the RPS does and the resources we can provide to help them. We met with students and gave a presentation which showed them everything RPS has to offer and answered any question they had. This was also recorded to allow those who could not attend the opportunity to watch at a later date. If the pilot is expanded this support is something we would look to offer on an ongoing basis.

11. Review of RPS Fellowship Nomination and Awarding process

We have reviewed the RPS Fellowship nomination and awarding process, so members can be reassured that there are no barriers to eligibility and appointment. To check there is consistency in assessing how members have made an exceptional contribution to pharmacy have undertaken a number of actions:

- We've invited Fellows to submit their equality, diversity and inclusion data through our survey
- Trailed removing the name of the nominee and those nominating them from each application at the next Panel meeting
- Provide all existing and new panel members with unconscious bias training

An additional paper of recommendations along with governance and assessment recommendations will also be discussed at assembly.

12. Drumbeat Events and Celebrations

Over the last quarter we have celebrated and engaged in important discussions on:

- LGBTQIA+ History Month:
 - We had a number of blogs from different members from the LGBTQIA+ community sharing their experiences
 - The February ABCD meeting was focused on LGBTQIA+ celebrations and discussing the importance of representation, visibility and inclusive language. We also considered how we can deliver more inclusive patient care to LGBTQIA+ patients and people.

- Women in Pharmacy:
 - We celebrated International Women’s Day sharing some quotes of women within or work closely with the RPS on the importance of gender equality
 - Across the month of March we held a number of online live events to highlight the different roles women are undertaking in Pharmacy, such as Women in Technology, Women in Leadership, Women In Science and Research. We also considered the impact of the caring burden on women during COVID.
 - Paul Bennett wrote a blog on the importance of allyship for women to ensure there is gender inequality.

Over the coming months we will be celebrating Pride, Windrush Day and South Asian Heritage Month.

Showcasing the diversity and intersectionality of our members sharing their experience through blogs, Facebook lives and RPS Local events in collaboration with existing networks.

13. Positive Engagement and Impact

Overall, we have seen an increase in engagement and diversity in applying for expert advisory group positions and national board candidates.

We have received good engagement and feedback from the live events and workshops that we are hosting around Inclusion and Diversity.

There has been really positive engagement with our lived experience blogs demonstrated through high open rates with our lapsed and registered users.

14. Next Steps: 2020-2021 Milestone Plan

Q1 2021 (Jan – March)	Q2 2021 (April – June)	Q3 2021 (July-Sept)	Q4 2021 (Oct – Dec)
Promotion of RPS I&D programme and opportunities for members to share their lived experiences and sharing best practice	Promotion of RPS I&D programme and opportunities for members to share their lived experiences and sharing best practice	Promotion of RPS I&D programme and opportunities for members to share their lived experiences and sharing best practice	Promotion of RPS I&D programme and opportunities for members to share their lived experiences and sharing best practice
Engage and co-create the RPS Workforce Inclusion and Wellbeing Pledge and accompanying guidance/s with ABCD members and key stakeholders	Publish the RPS Workforce Inclusion and Wellbeing Pledge with accompanying resources	Co-design disability awareness campaign with ABCD group members and key stakeholders	Launch disability awareness Campaign
Launch the RPS EDI data collection membership survey	Publish and develop action plan from RPS EDI data collection membership survey	Review progress on action plan	
Drumbeat celebratory activities and events working with stakeholders/partners e.g. LGBTQIA+ History Month and International Women's Day	Drum beat celebratory activities and events working with stakeholders/partners	Drum beat celebratory activities and events working with stakeholders/partners	Drum beat celebratory activities and events working with stakeholders/partners e.g Black History Month
Publication of our RPS ABCD group co-created I&D policy asks	Updating members of progress with I&D policy asks and adding new ones as necessary.	Updating members of progress with I&D policy asks adding new ones as necessary.	Updating members of progress with I&D policy asks adding new ones as necessary.
Publish a series of microaggression reference resources (Race)	Hold engagement events and webinars with partners for members on transforming workplace culture and promoting good wellbeing linked to RPS Workforce Wellbeing work	Publish a series of microaggression reference resources on Disabilities & Gender	Publish a series of microaggression reference resources (LGTBQ+)
Identify areas where further intelligence and evidence needs to be gathered (ongoing)	Forming a LGBTQIA+ reference group	Engage and develop family friendly and fairer hiring panel polices with ABCD members and key stakeholders	Space for additional delivery based on feedback and engagement with the RPS ABCD group
Engagement and collaboration with key stakeholders to discuss actions and enable change (ongoing)		Publish guidelines on improving hiring panels to address bias in recruitment and publish family friendly policies for employees	
Formed an ability reference group to help share our disability awareness campaign		Publish RPS Gender, Race and Ethnicity Pay Gap Reports	

Title	Fellowship Review
Open, confidential or restricted	Open
Author (include email/phone)	Alison Douglas
Position	Governance Manager
Director responsible	Paul Bennett
Purpose of item (for noting/discussion/ decision/approval)	For decision
Item Summary	To approve proposed amendments to the current Fellowship process
Related Risk Register item (where applicable)	Reputation
Related RPS Strategy item (where applicable)	Goal3. Being at the heart of pharmacy and pharmaceutical science Goal 6. Creating a sense of belonging
Actions/decisions required of the Assembly	For decision

PROPOSED AMENDMENTS TO THE FELLOWSHIP PROCESS

Background

The RPS Panel of Fellows is appointed by Assembly to review all Fellowship nominations and has the authority to designate Members to be Fellows. RPS Fellowship is an honour and mark of achievement recognising a significant contribution to pharmacy.

The Panel has diligently carried out its duties on behalf of Assembly under the experienced Chairmanship of Dr Gill Hawksworth alongside the six panel members of experienced and distinguished Fellows and they should be recognised and thanked for their hard work.

Following on from a recommendation of the 2019 Governance Review to consider the current level of autonomy of the Panel and an initial exercise to consider the mechanics of the existing process, it was announced in February 2021 that we would be reviewing the RPS Fellowship nomination and appointment process, to ensure that any barriers to eligibility are removed and to check there is consistency in assessing how members have made an exceptional contribution to pharmacy. This review was broadly welcomed and in supporting statements from the CEO and Chair of Panel it was clearly stated that our ambition was to embed inclusion and diversity, fairness and equality in the procedures (<https://www.rpharms.com/about-us/news/details/Review-of-RPS-Fellowship-process>).

Alison Douglas (AD) (Governance Manager), Amandeep Doll (ADoll) (Head of Professional Belonging), Kate Hopkins (KH) (Membership Manager) and Joseph Oakely (JO) (Head of Assessment & Credentialling) have undertaken a detailed review with the full cooperation of the Panel. The areas of recommendation following their observation have been discussed with the Chief Executive, President and Chair of the Panel of Fellows, with the views of the Panel members incorporated where possible, and fall broadly within four areas:

- a) Governance
- b) Assessment
- c) Inclusion & Diversity
- d) Operational

All the recommendations have been drafted with a view to consider ways to make the process as fair as possible, dispel any perception that Fellowship is somehow a ‘closed shop’ or ‘old boys’ network’, widen the diversity of Fellows within the Society, remove perceived obstacles to obtaining Fellowship, and bring through a new cohort of future leaders for the Society and profession in general whilst remaining as light-touch as possible and preserving the status of Fellowship as a high honour when it is bestowed upon a member.

a) Governance

i) 12 years of membership

In several documents/places relating to the criteria for Fellowship of the Society we stress Fellowship is not a ‘long service’ award but is, rather, achievement/merit based (*‘nominations for younger pharmacists who meet the eligibility criteria are more than welcome and will be considered in the same way as nominations for more experienced pharmacists.’*). It could therefore appear incongruous to stipulate that an individual can only be nominated once they have been a member of the Society for 12 years, as this does give the appearance of rewarding loyalty as a member to the Society on some level.

The required length, 12 years, appears to be arbitrary and would be a barrier not just for younger members (potentially allowing a perception of a degree of ‘ageism’ or discrimination against younger pharmacists) but for any member of any age who might join the Society at a later point in their more established career. It was particularly noted that this could be potentially discriminatory in a socio-economic way as, for a number of reasons, individuals may not have been able to afford to become a members of the Society until later on in their career

However, the fact that Fellowship is the Society’s ultimate recognition for members should be kept in mind and it may be that if the length of membership was reduced it might appear that the status of the title had been diminished.

Members of the Panel felt it was entirely appropriate to set a minimum number of years before nomination would be suitable for an award based on overall career achievements and that, given any length could only ever be arbitrary, 12 years would on balance be appropriate. However they felt that this did not necessarily have to be years of membership of the Society and might just as readily be 12 years of registration as a Pharmacist.

R1 – It was not felt to be beneficial to simply reduce the number of years required (as an argument could always potentially be made for a potential nominee who was ‘just a year short’), but the requirement of a 12 year minimum length of membership before nomination to Fellowship should be considered and a decision taken whether to retain at the current level or remove length of service entirely from the criteria.

Should the decision be to retain the minimum length requirement consideration should be given to the relative merits of making this a minimum length of registration as a pharmacist rather than as a Member of the Society.

ii) Requirement for existing Fellow to nominate/support

The current requirement that an individual must have support from at least one current Fellow (as either a nominator or supporter) was supported by the existing Panel members. However this could potentially perpetuate a perception that Fellowship is a ‘closed shop’ or ‘old boys network’ (ie be more about ‘who you know’ rather than what you have achieved) and is reliant on nominees being known by a network of pharmacists who have already been awarded Fellowship. There will, undoubtedly, be pharmacists who are making outstanding contributions to the profession who are not part of such a network at present. It was noted in particular that pharmacists from Black, Asian & Minority Ethnic backgrounds may not be in the same networks as their white colleagues and therefore may not have the same opportunities to be nominated.

At present, we currently allow that *‘in exceptional circumstances where a nominator does not know any RPS Fellows, the Panel is prepared to review an individual’s CV before the meeting, to assess their suitability for Fellowship. If the candidate would potentially be a suitable candidate, Panel members could then suggest the names of Fellows who may be happy to add their name as support to the nomination form.’* If the Panel is happy in such instances to find someone who can simply ‘add their name as support’, and presumably has no in-depth knowledge of the individual, why is it a necessity to have and what particular significant or positive insight is it that a Fellow can be said to bring that a Member cannot.

The requirement to have a Fellow act as a supporter if an individual was applying for a re-instatement of Fellowship could be kept, if desired, as presumably once a Member becomes a Fellow they will then participate in the existing network to some degree so would then have individuals they know and could contact to act in this capacity.

Panel members were reluctant to completely remove reference to a Fellow acting as a nominator or supporter but were broadly supporting of removing the mandatory nature of this aspect.

R2 – Remove the mandatory nature of the requirement for an existing Fellow to either nominate or support a nomination. The requirement for an existing Fellow to support an application for re-instatement should be retained.

iii) Family Members

At present it is perfectly acceptable for an individual to be the nominator for a member of their own family ('please note that if you are nominating a family member for Fellowship, *although a supporting statement is welcome*, it is advisable not to act as the primary nominator'). As with ii) above this is an aspect of the current process that could be perceived as perpetuation of the 'old boys club' or 'closed shop'. Panel members were fully supportive of this proposal although noted that such nominations were rare.

R3 – Remove ability for any family member to be part of the nomination process

iv) Accountability

At present there is no oversight or approval of the recipients of Fellowships prior to them being awarded and accepted. Assembly are simply notified via a list of names, and there is therefore no governance scrutiny over the Panel workings at all. Whilst the removal of Assembly from the approval process is completely appropriate, some element of light-touch oversight and recognition of the Panel's overall accountability is necessary from a good governance perspective. This could be easily achieved by provision of the minutes, suitably redacted, of the Panel meetings retrospectively (ie once the nominees have been notified of the outcomes etc) to Assembly for information, as is the case for the other Boards and Committees that form part of the Society's governance processes.

Panel members felt this was an unnecessary step and added that the need to make redactions to the minutes would make them almost meaningless to Assembly members. However, having seen the minutes from the last two meetings, this is not the case in reality – redacting the names of individual nominees would only take a couple of minutes at most and leave most items of the minutes completely unaffected.

R4 – Minutes of Panel meetings (suitably anonymised where necessary) to be presented to Assembly for information in line with other governance meetings.

v) Reputational Risk

Although unlikely, there is a risk that an individual who has been accepted for Fellowship by the Panel might be the subject of an investigation under the Society's Conduct Scheme. Potential outcomes of any such investigation, should the case against a member be found to be upheld, could be the removal from membership of the Society or the downgrading of their membership from Fellow to Member. Clearly there would be a significant risk to the Society's reputation if it were to announce the awarding of a Fellowship to an individual who then, potentially in the very next week or month, had their Membership terminated as a result of a Conduct Panel ruling.

As any complaint brought against a member under the Conduct Scheme must in the very first instance be investigated by the Chief Executive and Governance Manager it is proposed that the list of nominees be passed to them in order to check against any live conduct investigations. Should an nominee be the subject of a current investigation the Chief Executive and Governance Manager would notify the Membership Manager and the nomination for the individual would be paused pending the outcome of the investigation. The confidentiality of the Conduct Scheme process prevents the members of the Panel themselves from being informed of this action and Panel members were supportive of this proposal overall.

R5 – List of nominees for Fellowship to be passed to CEO/Governance Manager prior to papers being sent to Panel members to be checked against any current Conduct Panel cases.

b) Assessments

Whilst the Panel of Fellows do not see Fellowship as a review akin to more formal assessments like Faculty or the Society's patient focussed Credentialling Assessments, the nature of the reviews of nominations do undoubtedly amount to a form of assessment. Having observed two meetings of the Panel, JO categorised the assessment of nominations overall as a low/medium stakes assessment and therefore recommended a number of proposals be adopted which reflect aspects of the current RPS Assessment Quality Principles.

i) Conflicts of Interest

As noted under Section C(i) below, the recent trial of anonymised nominations made it more difficult for Panel members to declare an interest for any application and could potentially lead to members attempting to assume who an individual's nominators might.

Having observed the working of the Panel during the in-meeting assessment of nominations, JO would recommend that a more assessment oriented approach to managing actual or potential conflicts of Panel members would be beneficial.

R6 – The current Conflict of Interest policy specifically developed for RPS Credentialling Assessments (see Appendix A) should be adapted for, and adopted by, Panel members. [Note. A conflict is not the same as the work of the nominee simply being known by, or familiar to, a Panel member who may have legitimate reason to share their observations and experience during panel consideration].

R7 - If a conflict is identified the reviewer should then be recused from reviewing the application or contributing to the discussion and should not be permitted to provide personal insight or experience of any nominee out with the information stated on the nomination form.

ii) Self Nomination

Although self-nomination is currently an option, this is not widely known or publicised and the single self-nomination considered at the last Panel meeting was felt, by members, to be somewhat self-promoting and therefore potentially not as worthy as the other 3rd party nominations. This should not be the case, as it is perfectly acceptable to self-nominate under the existing process and is often common practice in other spheres and professional bodies.

R8 – Ensure self-nomination is retained and Panel members are trained to recognise this as equitable to third party nominations.

c) Inclusion & Diversity

ADoll similarly attended meetings of the Panel with a view to helping ensure the Fellowship process is inclusive and all nominees have an equal opportunity to be awarded Fellowship.

i) Anonymising nominations

As part of their overall considerations of the Panel assessments, both JO & ADoll believed the trial of nominee redaction confused the assessment process rather than helped it. Although in principle it might appear to be equitable and remove the likelihood of potential bias. made it extremely difficult for Panel members to be able to correctly declare any potential or actual conflicts of interest, it was felt this could also potentially lead to more incorrect assumptions being made as to the possible identity of nominees (and indeed nominators).

It was noted when observing the meeting of the Panel before the anonymisation trial that occasionally Panel members could be unconsciously swayed by the names of the nominators. This should not be the case, and in order to avoid potential repetition of this, the names of the nominator and supporter should be removed from the form prior to circulating to the Panel.

R9 – Anonymising applications should not be introduced for nominees, but could be kept for nominators

ii) Diversity of Panel

Noted that although all current members of the Panel have undergone unconscious bias training, the current Panel composition is not fully representative of the Membership or profession as a whole at present and also lacks any representation from one of the nations.

ADoll, KH and Ravi Sharma (Director for England) have therefore reviewed the current recruitment process and accompanying recruitment literature for Panel members and Chair and have created a new Standard Operating Process (based on the SOP adopted for the recent recruitment to the new Advisory Groups) which will help encourage applications from as wide a range of candidates as possible by actively promoting the recruitment of a more diverse Panel.

However, all applications received for Chair and membership of the Panel are considered by the Appointments Committee (President, Treasurer, National Board Chairs plus CEO and Panel Chair in an advisory capacity). At present the new composition of this Committee is not known as it is dependent on the outcome of a number of votes at Board and Assembly level to determine the new post holders however, should the overall composition of the new Committee prove to be non-representative, the possibility of either the RPS Head of Professional Belonging or a member of the ABCD Group being called on to advise the Committee in the same way as the CEO and Panel Chair should be permitted to help ensure decisions are objective and without bias.

R10 – Appointments Committee should be permitted to seek additional advice/input if necessary for consideration of Panel and Chair applications if necessary.

Should the recruitment exercise in any given year result in an overall composition of the Panel that is non-representative, the possibility of the Panel being able to similarly call on the Head of Professional Belonging to provide advice to help ensure decisions are objective and without bias should be permitted.

R11 – The ability to seek advice and input from Head of Professional Belonging if necessary to ensure diversity if the Panel composition is non-representative should be included in the terms of reference for the Panel.

R12 – Unconscious Bias training to be complemented with I&D Workshop for Panel members

iii) Diversity & Inclusion Data

EDI information is not currently routinely collected for Fellows or for nominees. ADoll has noted it would not be possible to collect this information at the point of nomination as the nominator would not be able to complete this on behalf of the nominee and so would not be possible to report on how many people were nominated. However, it would be possible to collect this information once the award has been made, to better measure diversity within the Fellowship network.

R13 – EDI data to be requested when nominees are informed of their award.

d) Operational

i) Assessments at the Meeting

Assessors currently state their verdict on each nomination out loud in turn at each meeting. It is recognised that hearing decisions of other assessors out loud could potentially influence the decision of the later assessors.

Panel members are asked to submit their scoring prior to the meeting to allow for this to be collated, stating ahead of time whether they accept, reject or feel the nomination would benefit from discussion at the meeting. Those nominations which require discussion can then be discussed in turn during the meeting, and the submitted outcomes from each Panel member shared on-screen, thereby avoiding any bias that might arise from comments/input from other members on the day and saving time at the meeting on the day.

R14 – Panel members should review all nominations separately and submit their initial outcome prior to the meeting. Uncontroversial, unanimous decisions can then be made remotely and not discussed in real-time within the meeting.

ii) Remuneration of Panel members

Unlike the Society's other governance bodies, members of the Panel are not currently entitled to claim a day rate allowance for attendance at meetings. This automatically introduces a degree of bias as to who would be likely to be in a position to be able to apply to be a Panel member. It is important to point out that this was not a matter raised by any current or previous Panel member and is addressed here only in the interest of removing any unintended bias that may arise by not making the role sufficiently attractive to someone who may not be in a position to give of their time freely.

R15 – Panel members should be entitled to claim the Society's day rate allowance for attendance at Panel meetings under the terms of the Expenses Policy.

iii) Education & Training

At present the first bullet point requirement under 'Brief Biography' is completion of a section covering education and training. If the award is purely based on merit this would potentially appear to place undue significance to an individual's purely academic achievements and would also be a potential duplication of information as we do require a CV to be provided.

However, Panel members noted that full CVs can often be hard to obtain and felt that this section should be retained but would be supportive of the mandatory aspect being removed.

R16 – The mandatory nature of the section requesting specific additional information on education and training should be removed.

Assembly Action

Assembly members are asked to consider and approve the recommendations in the paper, with a view to implementing those agreed as soon as possible following the July Assembly meeting, allowing time for any amendments required to the Regulations to be gazetted if necessary. The next meeting of the Panel would normally take place in November.

**Alison Douglas
Governance Manager
July 2021**

RPS Assessor conflict of interest policy

1. Purpose

- The Royal Pharmaceutical Society (RPS) is committed to providing fair and objective assessments to all candidates in line with its assessment quality principles and standards.
- The purpose of this policy to provide guidance to those assessing on behalf of the RPS on how to handle potential conflicts of interest with candidates that may arise as a result of their role.

This policy:

- Provides a definition of a conflict of interest in the context of RPS assessment and credentialing activities
- Sets out examples of actual or perceived conflicts of interest
- Outlines the process and actions to take when an assessor believes there is a potential conflict of interest

2. Definition

For the purposes of this guidance a conflict of interest is defined as:

A set of circumstances by which an assessor considers that their prior knowledge of and/or relationship to a candidate may have, or be perceived as potentially having, an effect on their ability to reach a fair and objective assessment judgment.

3. Examples of conflict of interest

It is not possible to provide a definitive list of examples of conflicts of interests but the following are examples of situations that could lead to actual or perceived conflicts of interest:

Assessing a candidate :

- is a close friend, family member or partner / former partner
- with whom the assessor has had a performance issue
- who the assessor has directly managed
- who the assessor has directly supported or assessed to develop any evidence for the assessment
- about whose ability or competence the assessor, from previous knowledge of experience of the candidate, may have or may be perceived as having a biased or pre-conceived opinion.
- with whom the assessor has had previous conflict or disagreement professionally and/or personally

Assessing a candidate where there could be a(n):

- career or direct financial benefit to you, the assessor, as a result of a candidate achieving a certain outcome
- indirect financial benefit to you as the assessor e.g. a job or promotion is awarded to your relative as a result of a certain outcome

4. Conflict of interest resolution process

It is the duty of the assessor to disclose any actual or potential conflict of interest to the RPS.

Once an assessor is made aware of the identity of a candidate and they believe that there may be an actual or perceived conflict of interest were they to assess the candidate, the following process must be followed:

- The assessor must declare any actual or potential conflict of interests to the RPS with immediate effect in writing to education@rpharms.com.
- An RPS administrator will remove the conflicted assessor and replace the assessor with someone who has no such conflict
- Most situations require no further action than the declaration of the conflict of interest to RPS. However, in some cases there may be some follow up action, in order for the conflict of interest to be managed appropriately going forwards.

By not declaring any actual or potential conflicts of interest in line with his policy, the assessor, at the absolute discretion of the RPS, may be referred to the RPS Assessment Regulatory Committee for assessor misconduct. This could lead to the assessor being removed from the RPS assessor pool meaning they may not be eligible to undertake any future assessment activity on behalf of the RPS.

For any further information, contact education@rpharms.com

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting March 2021 – 14th July 2021

21/07/ASB/13 – Open

Title	Update from National Boards - Policy and Stakeholder
Open, confidential or restricted (if not in open business please state why)	Open
Author (include email/phone)	Heidi Wright and policy team Heidi.wright@rpharms.com 0207 572 2299
Director responsible	Ravi Sharma, Director for England Clare Morrison, Director for Scotland Elen Jones, Director for Wales
Purpose of item (for noting/discussion/decision/approval)	To update Assembly on the work of of the National Boards through the Policy and Stakeholder group from February 2021 – June 2021
Item Summary	This paper provides an update on the work undertaken by the policy and stakeholder group
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	To note

Policy and Stakeholder Update to the July 2021 RPS Assembly

As a GB wide team, we are leading on Workforce Wellbeing (WWB), Inclusion and Diversity (I&D), Independent Prescribing and RPS Connect workstreams across the organisation. This involves setting agendas for the project meetings, developing and updating project plans and ensuring actions are set and achieved. For WWB and I&D we have established member engagement groups that meet bimonthly and the leads for these projects undertake the admin and running of these member group meetings.

We continue to work on COVID-19 related activity and a COVID response team (CRT) ensures work is discussed, prioritised and actioned as necessary. The CRT and the wider organisation are also proactively focusing on other priority areas for Pharmacy and RPS too. We are also involved in Early Careers Pharmacists project.

We have recently established three expert advisory groups for Primary Care Pharmacists, Community Pharmacists and Digital Pharmacy. The support for these groups will be provided by the policy and stakeholder team members. The first meetings of these groups will be held in July and August.

In England we are exploring Integrated Care Systems and what this means for pharmacists and pharmacy. In Wales, work continues on driving the priorities identified in the vision document, Pharmacy: Delivering a Healthier Wales. In Scotland, developing the vision for pharmacy in 2030 continues to be a key focus of our work.

RPS Mission: We put pharmacy at the forefront of healthcare.

RPS Vision: We are the world leader in the safe and effective use of medicines.

Policy development

Policy has been developed at speed during the COVID19 pandemic, but we still ensure engagement with members and the boards as much as possible to help inform and decide the RPS position. We are continuing to work in an efficient way to produce reactive policies, which ensure support and leadership for pharmacists where needed.

We are currently developing a policy position on the RPS views on hub and spoke which we will develop with board members and the wider membership. We are attending DHSC led meetings, involving a huge range of stakeholders across pharmacy, which will help inform our policy position. A consultation on this topic is expected later this year and we will develop our policy position prior to this.

We have recently published our updated policy on Pharmacist Independent Prescribers, which reflects the current landscape and takes into account the learnings from the pandemic. (The previous policy was published in 2018.)

We developed and published our RPS Position Statement on COVID-19 vaccination for pharmacists.

In June RPS Scotland published our drug use policy 'Pharmacy's role in reducing harm and preventing drug deaths' ahead of a Scottish Government parliamentary debate. It

made 14 recommendations which covered the detail of how we think pharmacy can expand on the fantastic work they already do in this area. The Chair of the Scottish Drugs Deaths Taskforce said: “RPS Scotland showing strong leadership with this policy on the professional role of pharmacy to help manage drugs harms. I fully support all recommendations.”

We are also working on a position statement on Women’s health to tie in with the Scottish Government Women’s health group work on a health plan to tackle inequalities.

We are exploring the development of policy work on sustainability and long covid.

All of our current policy asks related to COVID-19 can be found at <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/coronavirus-policy-asks> and our previous policy wins can be found at: <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/coronavirus-policy-asks/policy-wins>

All of our general policies can be found at <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z>

Consultations:

As a policy team we continue to respond to consultations both GB wide and country specific. Since February we have responded to 28 consultations. This includes a response to the DHSC consultation on Women’s Health which was partly informed by members of our ABCD and WWB groups, as well as a consultation on regulating healthcare professionals which covered education and training, registration, fitness to practice and governance.

Public affairs and stakeholder engagement

Public Affairs Update

Supporting pharmacists and pharmacy teams through the COVID-19 pandemic continues to be a focus. At the start on June, representatives from the RPS and over 20 professional bodies and health organisations met with the government and NHS officials to call for UK Infection Prevention Control Guidance to be updated and for enhanced PPE for frontline healthcare workers. This followed a joint letter to the Prime Minister in February.

The RPS engaged widely with pharmacy stakeholders on the RPS Inclusion and Wellbeing Pledge, including a webinar which brought together more than 20 organisations from across the profession including unions, employers, the NHS, regulators, pharmacy schools and students. The launch of the pledge on 9 June was supported by CPhOs in England, Scotland and Wales.

The RPS has had initial discussions with NHS and other stakeholders on proposed NHS reforms in England, with a Health and Care Bill and a more detailed NHS implementation plan expected in due course.

We have also been engaging with NHS stakeholders on the role of pharmacists in managing the long-term effects of COVID-19 (‘long COVID’), including through the

Welsh NHS Confederation’s health and wellbeing alliance and the NHS England and NHS Improvement long COVID taskforce.

We continue to support the work of the All-Party Pharmacy Group in Westminster, in discussion with co-sponsors. In March the APPG chair led a Westminster Hall debate which recognised the enormous contribution of pharmacists during COVID-19, with MPs from across political parties backing calls for increased funding for community pharmacy. A virtual meeting of MPs and Peers in April looked at the issue of sustainable funding and how pharmacy can support the NHS recovery. This followed the APPG report in December.

RPS continued to advocate for pharmacy ahead of the Scottish Parliament elections. Each of the main political parties had manifesto pledges that reflected some of the asks in the RPS Scotland manifesto. These included access to records, better IT, vaccinations and staff wellbeing.

Following the election, we have started work to build relationships with the new health teams and this will continue over the summer. Instead of sending a typical information email, we created an “elevator pitch” style video about RPS which has been sent to all MSPs with a personalised message for those with health roles.

The Scottish Government has outlined areas of work that it has committed to undertaking in the first 100 days of this session. Areas include reducing drug deaths, women’s health and mental health. In response to these priorities, the RPS Scotland team has produced a new policy on pharmacy’s role in reducing harm from drugs, is currently producing a policy statement on women’s health and is sharing our policy on mental health produced in autumn 2020. In addition, RPS Scotland is currently producing a new Pharmacy 2030 vision for the pharmacy profession which will underpin our engagement with politicians and other stakeholders going forward.

Work is also under way with BMA Scotland to create a joint statement on the Pharmacotherapy Service, in response to concerns raised by RPS members in Scotland. This is being developed in collaboration with the NHS Directors of Pharmacy and Scottish Practice Pharmacist and Prescribing Advisers Association.

We engaged with the main political parties ahead of the Welsh Parliamentary elections. This included virtual meetings with party spokespeople for health, promoting the Manifesto for Pharmacy in Wales with election candidates, and amplifying video messages from Board Members across social media platforms. Commitments made by the main parties which aligned to the RPS Wales manifesto were achieved most notably in increasing the roll out of electronic prescribing, extending the role of community pharmacy in prescribing, and ensuring access to CPD. The prospects for pharmacy were outlined in a blog piece for members and the profession.

A series of joint statements have been made with BMA Cymru, RCGP Wales and Community Pharmacy Wales on electronic prescribing, access to shared electronic records and wellbeing support. Work is currently underway to publish a co-signed statement of opinion about the need to accelerate electronic prescribing in Wales. This

will be aimed at Members of the Senedd to help create momentum in Wales and the intention is to complete this before the summer recess.

Steps are also being taken to introduce RPS Wales and our priorities to the new Members of the Senedd. This will also include developing relationships with new members of the Health, Social Care and Sport Committee once announced. A meeting has also been arranged to meet with the Welsh Parliament's Research Team to discuss priorities for this parliamentary term. We worked with other royal colleges and third sector organisations to develop a position paper and number of recommendations on tackling health inequalities in Wales for consideration by the newly formed Welsh Government.

In May, Health Minister Lord Bethell replied to our letter on the Falsified Medicines Directive¹, stating the Government's commitment to working with stakeholders on a future national falsified medicines scheme.

The England, Scotland and Wales country team webpages have been updated.

Other work

Members of the Stakeholder and Policy group have also been involved in supporting the other workstreams. This includes:

- Answering member queries coming in via social media and via the support team
- Responding to GB press enquiries
- Developing content for Facebook lives, Prezcasts, webinars, and parliamentary briefings
- Active participation in project teams supporting the ECP workstream and Community Pharmacist Consultation Service CPD delivery.

Next steps

As we start to embed new ways of working our policy work will continue alongside improved engagement with members. One of the main focuses is on how pharmacy will evolve, shape and adapt to the new ways of working as the pandemic is controlled. We will continue to review our engagement with members and explore how this can be further enhanced.

Claire Anderson, Chair, English Pharmacy Board
Jonathan Burton, Chair, Scottish Pharmacy Board
Suzanne Scott-Thomas, Chair, Welsh Pharmacy Board

¹ www.rpharms.com/about-us/news/details/RPS-calls-for-action-to-fight-counterfeit-medicines

Assembly Meeting July 2021

21/07/ASB/14 - Open

Title of item	Science and Research Team and Museum update to Assembly
Open, confidential or restricted	Open
Author of paper	Gino Martini
Position in organisation	RPS Chief Scientist
Telephone	Tel: 0207 572 2214; Mob: 07543 551 900
E-mail	Luigi.Martini@rpharms.com
Purpose of item (for decision or noting)	For noting
Item Summary	This paper summarises activities of the Science and Research Team and the Museum
Related Risk Register item (where applicable)	N/A
Related RPS Strategy item (where applicable)	N/A
Resource implications (where applicable)	N/A
Actions/decisions required of the Assembly	The Assembly is to note the update.

SCIENCE, RESEARCH AND MUSEUM UPDATE TO ASSEMBLY

1. Background

This paper outlines Science, Research and Museum activities undertaken since January 2021 to present.

2. Science and Research Team activities

The research team continues to provide support to other RPS teams/workstreams through internal research support requests, along with our external research work. As part of our research team support function, we have delivered, and continue to deliver, the following activities:

- **COVID-19:** continue to support the intelligence and research function of the COVID response team, including the production of a weekly bulletin containing the latest updates and developments to help inform and prioritise RPS activities. The Chief Scientist continues to lead external media activities.
- **Mental health and wellbeing:** continue to support the implementation of the 2020 Workforce Wellbeing survey findings into the policy workstream. Conducted further analysis to identify themes that were integral to the development of the I&D and Workforce Wellbeing pledge.
- **Inclusion and diversity:** worked with the I&D group to develop the Equality Diversity and Inclusion survey, which was launched in January; the results are currently being analysed to inform future RPS activities. Also working with the I&D group to develop the RPS I&D annual survey.
- **Health inequalities:** worked with the policy team on the role of pharmacy in health inequalities. The research team undertook a literature search focused on health inequalities in the UK, their causes and how they can be tackled as well as current and future roles of pharmacy teams.
- **Independent prescribing:** supporting the intelligence and research function of this workstream.
- **Digital networks:** supported the intelligence and research function of this workstream to understand the needs for the re-development of the RPS online networks. Developed and analysed the digital networks survey – produced final research report including recommendations.
- **Community Pharmacy Consultation Service:** Supporting the evaluation of the HEE commissioned-CPD courses delivered as part of the NHS CPCS – the evaluation includes feedback provided by learners and facilitators.
- **Project students:** supported the supervision of MPharm project students from the University of Nottingham, doing an internship with the education team. The projects are focused in the evaluation of RPS products and services including the mentoring platform and the critical care resources first launched during the first wave of the pandemic.

We have continued to provide *ad hoc* research support services to RPS members, including responding to science and research enquiries and reviewing research funding applications, surveys, reports, articles, etc. We have also continued to hold one-to-one support sessions with members via Skype.

2.1. Raising the profile of Science and Research in Pharmacy

- The Chief Scientist continues to lead various external media activities, in particular, around COVID-19.
- Contributed to the National Institute of Health and Care Excellence (NICE) consultation: Reviewing our process for health technology evaluation.
- Letter published in *The Times* on research into controlled drugs - “What HS2 can and should do for the country”, 18 May 2021 - stimulated by an article about a TV programme: *The Psychedelic Drug Trial is on May 19 at 9pm on BBC2*.
- Responded to an Advisory Council on the Misuse of Drugs (ACMD) calling for barriers that restrict legitimate research with controlled drugs to be removed (other than synthetic cannabinoids) and

highlighted that allowing flexibility around licensing, storage, formulation and the clinical supply of controlled drugs would facilitate more fundamental research to occur in the UK.

2.2. Podcasts

[PharmSci Today podcasts](#)

#	Interviewees	Topics
29	Ian McCubbin OBE, Manufacturing Advisor for the UK Vaccine Taskforce, and former Senior Vice President for Global Manufacturing and Supply at GlaxoSmithKline	Observations on a long and distinguished career in pharmacy and, more recently, on being at the heart of the pandemic response.
28	David Hipkiss, CEO of Enesi Pharma	Developments in solid dose formulation and needle-free delivery for vaccines
27	Dr Derek O'Hagan, Senior Advisor Vaccines R&D at GlaxoSmithKline	The latest developments in vaccines for COVID-19 and the many ways a background as a pharmacist has been useful in industry.
26	NHS Lothian pharmacy team: Melinda Cuthbert, Claire Hannah, Jenny Scott, Julie Harrold, Fiona Clarke and Anne Neally.	The team discuss their experiences of working through the COVID-19 pandemic: both individual and group stories of troubles, triumphs and dedication.
25	Chris Molloy, CEO of the Medicines Discovery Catapult	New ways to drive and support new developments in pharmacy, and examine how COVID-19 has affected the sector and how it develops new treatments and medicines.
24	Jason Leitch, National Clinical Director of the Scottish Government and a Senior Clinical Advisor to the Scottish Government.	Scottish and English government responses to the pandemic, the role of pharmacy during the pandemic, and recent successes in the fight against COVID-19.
23	Ravi Limaye, the Managing Director of medicine and vaccine specialists Wockhardt UK	The science behind different vaccines and the challenges of manufacturing them in bulk, as well as the effect COVID has had upon the UK.
22	Dr Clive Dix, Head of the UK's Vaccine TaskForce	New COVID-19 variants, how the UK will have to use COVID-19 vaccines in the future, and the role of pharmacists in tackling the pandemic.

2.3. Qualified Persons

2.3.1. Assessments' Programme

	No. of applications	No. of VIVAs	No. of Pass	No. of Fail	Total on QP register
2021	1	5	2	3	295
2020	6	7	5	2	310
2019	10	8	5	3	317
2018	10	7	5	2	344

Note: 2021 data up to March 2021

2.3.2. QP Assessments

The QP scheme continues to be run virtually. Virtual assessments have been well-received, with minimal technical difficulties and positive feedback from candidates and assessors. The scheme will be reviewed in July to develop a plan for resuming face-to-face procedures.

2.4. Science and Research Committee and Expert Advisory Groups

Professor Barrie Kellam formally appointed as the new SRC Chair at the SRC meeting on 9 February 2021. Professor Christine Bond (immediate part Chair) will continue being involved with SRC activities as a committee member and Chair of the Increasing the evidence for pharmacy working group.

At the last Science and Research Committee meeting on 9 February, nominations for the Hanbury and Harrison Medals were officially sought from SRC Committee members and their networks.

2.4.1. Safer use of Medicines SRC working group

- Working with the RPS Education Team to develop the Joint Royal College Safer Use of Medicines Education Series, involving four seminars across 2021, across the priority areas of the WHO global patient safety challenge: medication without harm and the NHS medication safety programme to deliver these. First webinar "*The risk - benefit see-saw: High risk medicines and the impact of context*" delivered on 27 April.

2.4.2. Increasing the evidence for pharmacy SRC working group

- Funding application submitted to the National Institute for Health Research (NIHR) for the development of e-learning resources to improve the clinical research awareness, knowledge and skills in pharmacy. The target population is those who have not followed an academic career path and/or who have had little or no experience of research delivery.

2.4.3. Adopting new technologies SRC working group

- Developing a series of webinars on a range of topics including:
 - CAR-T and immunocellular therapy - Is it worth it?
 - Immunocellular therapy - what is in the pipeline?
 - CAR-T and immunocellular therapy - Is your institution ready?
 - Big data and the Data lab

2.4.4. Antimicrobial Expert Advisory Group

- The group continues to meet on a monthly basis to discuss current issues around AMR/AMS.
- Supported the HEE-commissioned AMS training programme (led by the RPS Education Team) – final assessments and course evaluation completed.
- Contributed to the National Institute of Health and Care Excellence (NICE) consultations for the following guidelines:
 - Ceftazidime- avibactam – workshop.
 - Cefiderocol for treating severe aerobic Gram-negative bacterial infections – workshop.
 - Clostridioides difficile infection: antimicrobial prescribing - guideline consultation.
- Comments provided for the reviewing and updating of the HEE Level 1 AMR module on eLearning for Healthcare.

- Comments provided to the British Infection Association draft on *Best Practice Standards for the delivery of NHS Infection Services in the United Kingdom*.
- Contributed to the annual *English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) Report 2020/2021*.
- Working with the Education Team to develop a webinar, in collaboration with NICE, on the effective use of NICE urinary tract infection (UTI) guidelines in primary care and community (planned delivery: 8 July).

2.4.5. Industrial Pharmacy Advisory Group

- IPAG members participated in a Facebook Live Event for Women in Sciences recognition day held on the 11th February 2021.

2.5. International and Pharmaceutical Scientists' membership

Worked with the RPS Marketing and Communications Team to develop a new value proposition for [pharmaceutical scientists](#) and [international](#) members.

3. Museum activities

All at RPS were saddened by the loss of our long serving museum volunteer Peter Homan. Peter had a passion for pharmacy and pharmacy history that he generously shared with the museum and its visitors. Plans are being made to memorialise Peter in the museum, and he has kindly bequeathed his own personal pharmacy history collection to the museum.

The Museum Officer has been promoting the Museum through a range of online content for the 180 Anniversary Celebrations, included two exhibitions and an online quiz. The Museum Officer has been developing a new Museum microsite, that will allow online visitors to explore the collection, and see additional online exhibitions. In addition, the museum officer has been assessing the collection, and reviewing objects at Martinspeed, our off-site storage facility, as well as discussing opportunities for the Scottish collection. The Museum Officer continues to work closely with the Retired Pharmacist Group, on topics such as Volunteering and collecting Oral Histories.

'Pharmacy History' Enquiries:

Note: The Museum Enquiry service closed to non RPS-Members at the beginning of April 2014. The museum team still respond to media enquiries and enquiries from RPS Members and other museums.

Advice to Other Museums	4
Collections Enquiry	4
History – Profession / Practice	8
Object Identification	4
Offering Donation	15
People & Premises (family history enquiries)	29
Photo Services	4
Public access enquiry	2
Research Visit	7
Unspecified	5

TOTAL	82
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Increasing Status and Influence of the RPS - Museum Activities

- Continued to work with the Retired Pharmacist Group to develop a Friends of the Museum model, explore volunteering opportunities and to review the possibilities of Oral History research.
- Developed relationship with British Society for the History of Pharmacy by creating a video for their March 2020 conference, which has subsequently been used in the 180 celebrations.
- Liaised with the Scotland Team to develop plan to assess the Scottish collection and develop a display at 44 Melville St.
- Began the development of a Museum microsite to showcase more of the museum collection online, in the form of a catalogue and online exhibitions. The site will raise the profile of the museum and allow all members, not only those based in London, to have access to the museum collection.
- Recorded two Museum vlogs as part of the Remarkable Remedies Series:
 - Celebrating Women in Pharmacy <https://youtu.be/tsJOGcSWAog>
 - Guided tour of the Museum. <https://youtu.be/Yva7j6XhmcY>
- Published the following content for the 180 Celebrations:
 - Online exhibition exploring the 180 years History of the RPS
 - Online exhibition celebrating women in pharmacy
 - 50 objects added to the website to allow members to explore the collection remotely
 - Introductory video on the history of the RPS
 - A quiz on the theme of 180 years and surprising inventions by pharmacists
- Wrote Museum Treasure articles for Pharmaceutical Journal:
 - 01-2021: Oral Polio Vaccine, 1960s
 - 02-2021: Admune Mono Vaccine, 1976
 - 03-2021: Dean and Co Dispensing Chemist, c1911
 - 04-2021: Hortus Siccus, 1718 Written by Museum Volunteer Julie Wakefield
 - 05-2021: Robinson and Sons Gamgee Tissue Pneumonia Jacket, 1940-1953
 - 06-2021: Diphtheria Throat Swab, 1930s

The Museum Cataloguing project

The Museum Officer has been to our off-site storage facility Martinspeed and has begun assessing the collection stored there. So far, the Museum Officer has audited 2217 objects, and is roughly half of the way through the collection at Martinspeed.

Social Media

Facebook

26 posts on main RPS Facebook

Twitter

26 posts on RPS Twitter (#MuseumMonday).

People and Premises

Completed research orders this month: 0

Research orders in progress: 64 (enquiries are currently being held until access to the library is regained)

Title of item	Report of the RPS Science & Research Committee meeting held on 15 June 2021
Open, confidential or restricted	Open
Author of paper	Gino Martini
Position in organisation	RPS Chief Scientist
Telephone	Tel: 0207 572 2214; Mob: 07543 551 900
E-mail	Luigi.Martini@rpharms.com
Purpose of item (for decision or noting)	For noting
Item Summary	Report of the RPS Science & Research Committee meeting held on 15 June 2021
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Resource implications (where applicable)	n/a
Actions/decisions required of the Assembly	To note Report of the RPS Science & Research Committee meeting held on 15 June 2021

Report of the RPS Science & Research Committee meeting – 15 June 2021

Online Zoom platform
Time: 10.00 – 12.00

Attended

SRC Members:

Christine Bond
Duncan Craig
Catherine Edgeworth
Andrew Fox
Amira Guirguis
Richard Guy
Gillian Hawksworth
Yogini Jani
Oisín Kavanagh
Barrie Kellam (Chair)
Jayne Lawrence
Jacqueline Sneddon
Simon White
Elspeth Gray
Andrew Teasdale

Apologies

Mike Hannay

Assembly Representative:

Sandra Gidley – President

RPS Staff Members:

Paul Bennett – CEO
Gino Martini – Chief Scientist
Anna Qazi – Administration Manager
Laura Wilson – Policy Lead Scotland

1. Welcome & Apologies

Barrie welcomed all members attending the meeting and acknowledged apologies.

2. Report and actions from the SRC meeting held on 16 December 2020

The report was accepted as an accurate record.

Actions update - Harrison and Hanbury medals nominations.

ACTION: Duncan Craig to share the call for nominations via PhSC - Duncan

3. SRT activities

Update:

- the team are busy supporting Covid activities
- podcasts have been going very well and the next one planned is going to be a very interesting one
- the last English Pharmacy Board (EPB) that Barrie attended gave real positive feedback on science being cascaded down to the profession
- There is another EPB meeting with new members planned for next week

ACTION: Invite Barrie to the next EPB meeting for introduction to the new members - Gino

4. Deputy Chair appt

As a result of Barrie taking over as SRC Chair he felt that having a deputy would be very useful as there will be a lot going on with Barrie taking over as Head of the School of Pharmacy at Nottingham University.

Simon White was nominated as Deputy Chair for the Committee which was approved by all SRC members.

5. SRC moving forward

Presentation from Barrie on SRC moving forward following his 1:1 discussions with all SRC members.

ACTION: update the webpage with new Chair and members - Anna

Main points for discussion included:

- a) how to best help Chief Scientist and the Science and Research Team
- b) who are our key stakeholders and how can we better support them?
- c) pharmacists in industry: erosion of numbers
- d) do the working groups need refreshing?
- e) how do we align to collaborate and help the growing number of advisory groups?
 - Hospital Expert Advisory Group (HEAG)
 - Antimicrobial Expert Advisory Group (AmEAG)
 - Industrial Pharmacy Advisory Group (IPAG)
 - Early Careers Pharmacist Advisory Group (ECPAG)
 - Primary Care Pharmacists Expert Advisory Group (PCPEAG)
 - Community Pharmacy Expert Advisory Group (CPEAG)
 - Digital Pharmacy Expert Advisory Group (DPEAG)
- f) can we better collaborate with the Education & Standards Committee?
- g) better connections with the Schools of Pharmacy
 - research in the profession
 - Pharm Sci Degrees and student members
 - RPS PhD Studentships

- h) reinvigorate the Flagship Conference
 - collaborate more with the European Pharmaceutical Societies

Three pillars of working group suggestions:

- a) New Medicines and Emerging Technologies (e.g. Vaccines, Nano medicines, Biologics, Targeted Delivery)
- b) Safer Medicines & Medicines Usage (e.g. TiO₂, Nitrosamines, Benzodiazepines, Synthetic Opioids)
- c) Research throughout the Profession (Accessing Funding Opportunities NIHR/HEE, The Research Toolkit, Networks)

Key areas e.g. Pharmacogenetics and Digital Pharmacy overlap across some or all three pillars. SRC would integrate with all expert advisory groups

Comments from the committee:

- how this links to the recently launched RPS strategy especially shaping the future of pharmacy and medicine use
- the need to be mindful of our communication strategy as well and how we get that messaging out there to the profession
- consider the regulatory science and promote professional autonomy, establish balance between trust and credibility
- be proud of presence of the British pharmaceutical science at the national stage – quality of the scientists we have
- reputational aspect is important to make sure we communicate across all different groups directly to patients

Further points highlighted from the discussions included:

Who are our stakeholders - suggestions for considerations?

- UKCPA who have a lot of clinical research fellowships
- Industry trade associations - EFPIA, Medicines for Europe
- consultant pharmacists
- UKFCI (Faculty of Informatics)
- Not for Profit organisations - within 5 mins walk from London Office there is Diabetes UK, Fight for Sight and Royal Society for Public Health to name but 3
- our Patients
- pharmacists professional
- regulatory stakeholders, policy makers, politicians

Are there opportunities with the ESC?

- would support that fully especially working with education team on the recent webinars
- signposting people to SRC via ESC
- reinstate cross representation between two groups – Barrie invited to the next ESC meeting

ACTION: arrange a meeting between Barrie, Andy Husband (ESC Chair) and Gail Fleming – Anna

Better connections with the Schools of Pharmacy

- suggestions to rebuild the partnership with PRUK - should PRUK be included into SRC
- should we contact James Lind Alliance?
- should we speak to stakeholders to raise funds for PhD studentships

Key points generally addressing the 3 pillars around the messaging and phraseology:

- research led profession
- research active profession
- research and evidence led profession
- don't put safe medicines
- need to add descriptors for the headings

Further comments noted:

- Would like to see the ultimate output of this discussion clearly demonstrate alignment to the RPS Strategy and how this fits into any/ all of the seven goals
- Could we perhaps remind each other of our own research specialities and what we can offer the SRC?
- I love a diagram like this. The research bit I think needs to be across the whole diagram rather than a "set" on its own because it is underpinning everything here. A third set might be the "people" - an understanding of the need to develop/engage/include a workforce fit for the future you are describing

ACTION:

To produce a paper following today's conversation around the new framework and updated ToR for the next meeting - Barrie

Reinvigorate the Flagship Conference point was deferred to the next meeting due to time restrictions.

6. AOB

Congratulations were given to Elspeth on becoming RPS Fellow!

Existing working groups will be rebadged and a holding statement about the process while in transformation will be sent out by Barrie and Gino.

Titanium dioxide issue is still very much active. UK food standards agency is doing their own risk assessment.

ACTION:

Gino/Barrie/Andy/Oisín and Elspeth to meet separately to discuss next steps and approach from SRC point of view

Consider social media communications going forward.

Close

ACTIONS:

No.	Ref	Actions	Owner	Date Due
1.	Actions update	Duncan Craig to share the call for nominations via PhSC	Duncan	Post meeting
2.	SRC Activities	To Invite Barrie to the next EPB meeting for introduction to the new members	Gino	Post meeting
3.	SRC Moving forward	To update the webpage with new Chair and members	Anna	Post meeting
4.	SRC Moving forward	Arrange a meeting between Barrie, Andy Husband (ESC Chair) and Gail Fleming to discuss SRC opportunities with ESC	Anna	Before the next meeting
5.	SRC Moving forward	To produce a paper following today's conversation around the new framework and updated ToR for the next meeting	Barrie	Before the next meeting
6.	AOB – existing working groups	Barrie/Gino to send out a holding statement whilst the groups undergo transformation	Barrie	Post meeting
7.	AOB – Titanium dioxide	Gino/Barrie/Andy/Oisín/Elspeth to meet separately to discuss next steps and approach from SRC point of view	Gino	Before the next meeting

ASSEMBLY & NATIONAL BOARD MEETINGS 2022

Joint Board Meeting	2 nd February
Assembly Working Day	15th March
Assembly Meeting	16th March
Joint Board Meeting	21 st /22 nd June
Assembly Induction Day	12th July
Assembly Meeting	13th July
Joint Board Meeting	22 nd September
Assembly Working Day	15th November
Assembly Meeting	16th November

NB – an additional EPB date during the year will be added, date tbc