

Assembly Meeting 20th July 2022 **OPEN BUSINESS**



**ROYAL
PHARMACEUTICAL
SOCIETY**

Assembly Meeting

To be held at 9.00 am to 16.00 pm on 20th July at via Zoom Video Conference

Agenda - Open Business

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

2. **Items for Noting 9.00 – 9.05**

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

- a) Code of Conduct & Remit of Assembly and COG
- b) Declarations of interest
- c) Minutes of the Open Business Assembly Meeting 16th March
- d) National Pharmacy Board Reports
- e) President's Report
- f) Treasurer's Report
- g) Education update & minutes of Education & Standards Committee 3rd March
- h) Science & Research update & minutes of the Science & Research Committee 16th June
- i) Inclusion & Diversity update
- j) Schedule of Assembly meetings 2023

3. **Matters arising from the Open Business minutes not specifically included elsewhere on the agenda 9.05 – 9.20**

- a) Panel of Fellows/Membership Committee EDI data
To receive an update
Head of Professional Belonging
- b) Governance Infographic
To note the new infographic
Chief Executive/Governance Manager
- c) De-carbonisation of Investments
To receive a verbal update
Chief Operating Officer

4. **CEO's Update 9.20 – 9.35**

To receive a verbal update
Chief Executive

5. **2022 AGM 9.35 – 11.55**

To discuss all motions submitted at the 2022 AGM
Chief Executive

BREAK 11.55 – 12.00

Assembly Meeting 20th July 2022 - OPEN BUSINESS

- 6. Independent Participation & Corporate Comms Review 12.00 – 12.30**
To receive a verbal update
Associate Director PMEX/Luther Pendragon
 - 7. Professional Leadership Commission 12.30 – 12.55**
To receive a verbal update
President/Chief Executive
 - 8. Supervision 12.55 – 13.00**
To receive a verbal update
President/Chief Executive
 - 9. Risk Management Policy 13.00 – 13.05**
To note and approve
Chief Operating Officer
 - 10. Any other business 13.05 – 13.10**
Any other items of business to be notified to the Chief Executive 48 hours before the meeting
- Date of next meeting 13.10**
To note the dates of the Assembly Working Day and Meeting, 15th & 16th November
– meeting to be held via Zoom

LUNCH 13.10 – 13.40



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 20th July 2022**DECLARATION OF INTERESTS****Claire Anderson**

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

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
- 'The Menopause Group' Pharmacy Consultancy
- Both daughters, Junior Doctors
- 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

Mary Evans

- Interim ICS Chief Pharmacist BLMK ICS (Beds Hospital NHS Foundation Trust)

Thorrún Govind

- Locum Pharmacist-various pharmacies
- Pharmthorrún Ltd
- Pharmacist – Boots
- Solicitor- Hempsons
- Social Media Consultancy
- Trustee- OCD UK
- 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

Erutase Oputu

- Barts Health NHS Trust
- Trustee Medicines for Muheza
- UK Black Pharmacists Association
- UK Clinical Pharmacists Association
- Member of The Pharmacists Co-Operative
- Member of the Guild of Healthcare Pharmacists

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB
- Member of Pharmacy Delivering a Healthier Wales

Lynne Smith

- Governance Services Team, Bolton Council
- Lay Committee member, Royal College of Anaesthetists

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC Area Pharmaceutical Committee 2015-2021; chair 2015-2019, vice chair 2019-2021
- Member NHSGGC Area Clinical Forum Committee 2015-2021; chair 2017-2021
- Member NHSGGC Area Drugs and Therapeutics Committee 2004 - present; Chair Communications subcommittee 2004 – 2016
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 - present
- Manager Glasgow 2014 Commonwealth Games Athlete Village Pharmacy

Cheryl Way

- United Kingdom Clinical Pharmacy Association
- International Pharmaceutical Federation
- Guild of Healthcare Pharmacists
- UK Faculty of Clinical Informatics
- RPS Wales Board
- Digital Health & Care Wales
- Member, Hayes Point Right To Manage Company Board

Minutes of Assembly Meeting held on 16th March 2022 – via VC

Present: Claire Anderson (CA) - Chair, Martin Astbury (MA), Sibby Buckle (SB), Andrew Carruthers (AC), Kathleen Cowle (CW), Thorrund Govind (TG), Mike Hannay (MH), Alisdair Jones (AJ), John Marriott (JM), Tase Oputu (TO), Lynne Smith (LS), Cheryl Way (CW), Andre Yeung (AY)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Helen Gray (HG), Rick Russell (RR), Vicky Taylor (VT), Ravi Sharma (RS), Elen Jones (EJ), Clare Morrison (CM), Alison Douglas (AD), Corrinne Burns (CB), Aman Doll (ADoll) – Item 13 only

Observers: 10 Members registered to observe the meeting

Apologies: None

Item	Paper	Notes and actions	Action by
Item 01 Welcome & Apologies		CA welcomed all to the meeting. There were no apologies. Noted that Ruth Mitchell was having technical issues and would join the meeting as soon as possible.	
Item 02 Code of Conduct & Remit of Assembly	22/03/ASB/02	The Code of Conduct and remit of Assembly were noted.	
Item 03 Declarations of Interest	22/03/ASB/03	Declarations from all members were noted. CW advised that she was no longer a member of UKCPA.	

Item 04 Minutes of last meeting	22/03/ASB/04	The minutes of the meetings held on 16 th & 17 th November were agreed as a true and accurate record.	
Item 05 Matters Arising		<p>a) ESG Following the decision taken at the last Assembly meeting RR reported on progress to divest from investment in fossil fuels. The segregated Ruffer fund has already enabled the Society to apply criteria to immediately disinvest from these areas but the smaller fund held with L&G, which is not as segregated, doesn't allow for this level of specification. L&G are, however, currently moving to create two new funds (bonds and equities) which will be disinvested and the Finance & Investment Committee agreed the Society should move its funds into these.</p> <p>b) Panel of Fellows Following the change in membership of both the Panel of Fellows and the Membership Committee, all members of both bodies were asked to provide voluntary EDI data. This exercise has not yet concluded but once it has the data will be circulated to Assembly.</p> <p>ACTION – ADoll</p>	ADoll
Item 06 National Boards	22/03/ASB/06	The latest update was noted.	
Item 07 President's Report	22/03/ASB/07	The latest report from the President was noted.	
Item 08 Treasurer's Report	22/03/ASB/08	The latest report from the Treasurer was noted.	
Item 09 Chief Executive's Report		<p>a) Executive Team PB noted that there had been commentary recently on various social media channels referencing the possible re-structure of the Executive Team within the Society. This speculation would have been harmful to the individuals involved in what is a private and confidential matter and also to the wider RPS staff who were working extremely hard to deliver on the RPS mission, vision and strategy. The commentary had also not been accurate and, consequently, the Society had made two public statements to clarify the situation. It would not possible to comment further on the matter as the consultation process with the individuals</p>	

		<p>concerned must remain private and confidential. Once any final decision was reached an announcement would be made as appropriate.</p> <p>In the interim, PB strongly re-affirmed the RPS's commitment to its education agenda and he noted the Society would be further investing into this area which was a primary strand of the 2021-26 Strategy.</p> <p>b) 66ES Following a significant gas leak at 66ES recently, the road outside the building had to be closed by Transport for London to allow the gas company to carry out extensive repairs. PB confirmed there had been no harm caused to staff or the building thanks to the prompt action taken by the on-site Facilities Team who were thanked for their swift response. He also confirmed there had been minimum disruption to operations.</p> <p>The Executive team are currently considering options to best re-configure and rejuvenate the ground, 3rd and 4th floors at East Smithfield and were looking forward to being able to re-open fully to members and the public once any necessary on-site work had been completed.</p> <p>c) Ukraine Following the devastating events in Ukraine, the Society had made a public statement on supporting the efforts of health professionals there by making Medicines Complete and other Society publications free for them to use. In addition, the Society was also working with other organisations to support their efforts and further details were available on the website along with additional information on the work of Medicines Sans Frontier and Research4Life.</p> <p>d) FIC Following the adoption of amended terms of reference at the November Assembly meeting, two new external financial experts have now been appointed to the Finance & Investment Committee and the team were now looking to appoint an additional external expert to the Audit & Risk Committee.</p> <p>e) Chief Technology Officer Recruitment to the CTO role has been ongoing following the departure of Jeremy MacDonald and PB hoped to be able to make a more public statement on this as early as next week.</p> <p>f) Chief Scientist Recruitment to this role is also ongoing with a closing date for applications of 21st March. Any individuals interested in potentially applying were encouraged to visit the Saxton Bampfylde website for details.</p> <p>The Society continued to work in partnership with the newly appointed CPhO in England, PSNC Chief Executive and GPhC Chair, with meetings scheduled with all three.</p>	
--	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

		<p>Following the conclusion of the CEO update, TO wished to make a number of comments. As both a new Board and Assembly member, although she was getting better at understanding the different remits of both these bodies and that of the Executive in terms of delivering the Society's Strategy, she had found the recent activity on social media difficult and was concerned about the impact this had had on the individual members of staff involved.</p> <p>She felt it was important Assembly members understood more about the proposed direction of travel and PB's thoughts in this area as it would be useful to see how it was intended that the Strategy be delivered going forward, but appreciated that this might well need to be done in confidential business.</p> <p>TO additionally noted that, alongside a commitment to Education, the Strategy also included a commitment to Inclusion & Diversity and she therefore sought re-assurance on the work in this area too.</p> <p>PB acknowledge all these points and agreed it was important for Assembly to have clarity on the proposed re-structure but that by necessity this would need to be done in the confidential section of the meeting. He stressed the importance of respecting the confidential nature of the consultation process with the two individuals concerned and of handling this matter sensitively. In terms of delivering on the content of the Strategy, it was entirely appropriate to explore aspects of the current structure of the Executive team and address any potential challenges that might get in the way.</p> <p>MA observed that since PB had joined the Society the amount of time and resources dedicated to Education and I&D had increased hugely and he was confident that both these areas would continue to flourish going forward.</p> <p>AJ shared TO's observation that understanding the role and remit of the Boards and Assembly took some time and that possibly some of the Society's members did not fully appreciate the different areas of responsibility which had added to the unhelpful comments on social media. He felt this may therefore provide an opportunity to better explain the various roles within the governance of the Society. PB noted that he had already been discussing potential ways to do this with the President and agreed it would be helpful to make it easier to understand the Society's governance structure and to ensure those members who were interested in the governance of the Society were kept updated where possible.</p> <p>ACTION – PB</p>	PB
Item 10 Education &		[Secretary's Note: the narrative for this item on the agenda should read 'to note the minutes of the Education & Standards Committee meeting held on 3 rd March'. The minutes of the meeting on 3 rd March	

Professional Development		<p>were not yet completed by the time of this Assembly meeting and will therefore be included in the open papers for the July Assembly meeting.]</p> <p>ACTION – AD</p>	AD
Item 11 Science & Research	22/03/ASB/11	Minutes of the meeting held on 10 th February were noted.	
Item 12 2022 Events	22/03/ASB/12	The calendar of dates for events planned for the coming year was noted.	
Item 14 Climate Change	22/03/ASB/14	<p>This item was brought forward on the agenda.</p> <p>The latest update on Climate Change activities was noted, in particular:</p> <ul style="list-style-type: none"> • RPS is now a full member of UK Health Alliance on Climate Change, joining other membership organisations and Royal Colleges and opening up the opportunity to work more closely with them in this area. EJ now attended first operational meeting and will have the ability going forward to input information on which areas the Society might want the Alliance to prioritise & will be providing regular updates to Assembly. Noted that CA also represented the Society on the Alliance’s governing Council. • working with Natural Resources Wales to discuss pharmaceutical pollution in water • Environmental Impact Policy welcomed by Science & Research Committee who want to collaborate further and prioritise going forward • working with NHS(E) on creating a pledge on climate action • collaborating with ABPI and pharmaceutical industry • meeting with government and opposition members across all three countries (eg Wales Future Generations Commissioner to discuss policy recommendations) <p>EJ was commended for her work in this area. CM added that the Society had recently met with the Green Party spokesperson in Scotland who will be raising questions on RPS’s behalf in parliament there.</p> <p>MH noted that although ABPI members made up around 10% of medicines manufactured in the UK, thought must also be given to the production of generics which, in effect, resulted in ‘exporting’ pollution to other countries.</p>	

		<p>TO felt that, with such a broad agenda, thought should potentially be given to creating a strategy to sit alongside the new policy which would better help Assembly to monitor and track progress against its objectives.</p> <p>EJ noted that teams do already have various business plans that sit behind the related workstreams for this area. These were still quite fluid at present as the Society continued to explore all opportunities but she would be happy to share with Assembly members. She confirmed that the current budget for this area was £5k and that she would be able to provide more concrete feedback on the benefits of work in this area as part of the standing item at Assembly.</p> <p>PB added that RR was looking at current reporting capabilities across the business as a whole to better create easily accessible performance monitoring resources such as the dashboards.</p>	
Item 13 Inclusion & Diversity	22/03/ASB/13	<p>ADoll joined the meeting for this item and the latest I&D update was noted, in particular:</p> <ul style="list-style-type: none"> • Equality Impact Assessments now introduced for all new products to ensure not inadvertently discriminating or putting up unnecessary barriers • ensured previous EQIA findings taken into account • products will be reviewed annually <p>ADoll was commended for her work in this area.</p> <p>AY noted the intent to develop an I&D dashboard and felt this would be quite challenging to establish. A Doll replied that she intended to use findings from a number of sources (focus groups, questionnaires etc), as well as existing data, which would then be brought together in one place. RS added that this formed part of a wider advocacy measuring exercise which would look at the impact of the organisation over all in terms of which products and services members and non-members interacted with.</p>	
Item 15 Museum Collection		This item was deferred to the July Assembly meeting.	
Item 16 Any Other Business		None.	
Dates of Next Meeting		The date of the Assembly Induction Day 19 th July and Assembly Meeting 20 th July 2022 were noted.	

ACTION SHEET – Assembly Meeting 16th March OPEN BUSINESS

Item	Action	Who by	When
Item 05(b) I&D	I&D data for new Panel of Fellows/Membership Committee to be circulated to Assembly	ADoll	When collection of data completed
Item 09(f) Governance	Possible ways to better explain structure and provide updates on organisational governance to be explored	PB	As soon as possible
Item 10 ESC	Minutes of March ESC meeting to be included in July Assembly open papers	AD	July

Assembly meeting July 2022

Title of item	Update from National Boards
Open, confidential or restricted status	Open
Authors of paper	Clare Morrison, Elen Jones, Ravi Sharma
Positions in organisation	Country Directors
E-mail	clare.morrison@rpharms.com elen.jones@rpharms.com ravi.sharma@rpharms.com
Purpose of item	To update Assembly on the work of the National Boards for the period February 2022 to June 2022
Item summary	This paper provides an update on the work of the country teams' policy and advocacy work
Risk register items	n/a
RPS strategy links	All
Actions/decisions required of Assembly	For noting

GB activity

- We are developing and implementing pharmacy visions across all three countries.
- We continue to focus on workforce wellbeing and inclusion and diversity. This has included publishing the RPS policy on [Workforce: Improving capacity and culture](#) On [inclusion and diversity](#), we continue to work on Inclusive Pharmacy Practice, ran a Disability Awareness Campaign, published aged related microaggression resources. continue to collect Equality, Diversity & Inclusion Data, and have celebrated LBTQIA history month, International women's day, transgender day of visibility and PRIDE.
- We have developed and published our [campaign asks around Pharmacist Independent Prescribing](#). We have published national guidance for [Expanding the scope of practice for prescribers](#) and held a launch event. We have also worked with the Royal College of Nurses on support events to be a Designated Prescribing Practitioner.
- We published a position statement on [The Role of Pharmacy in Pharmacogenomics](#) and raised awareness through stakeholder engagement, with webinars being planned.
- We continue to work on environmental sustainability, including speaking at the Clinical Pharmacy Congress to promote our [sustainability policies](#) alongside the Guild of Healthcare Pharmacists. In June, we launched our [Climate Change Charter](#) in partnership with Pharmacy declares in June to get pharmacy teams thinking about the small changes they can make which will make a big difference.
- We have developed and published our policy on [Long Covid](#)
- We gave evidence to the UK HRT Taskforce.
- We responded to over 30 consultations across GB. These can also be found on our website [here](#). UK-wide consultations responses covered:
 - UK Government: Covid-19 inquiry
 - MHRA: consultation on Aquiette (oxybutynin hydrochloride) POM to P
 - UK Government: Hub and Spoke dispensing
 - GPhC: consultation on remote hearings
 - FPHC: supervised overdose prevention centres
 - Home Office: amendments to the poisons act 1972 consultation
 - MHRA: **proposals for legislative change for clinical trials**
 - UK Government: **Disability workforce reporting consultation**
 - UK Government: home affairs committee inquiry into illegal drug use
 - GPhC: Equality standards guidance
- RPS has ongoing discussions with NHS, government, royal colleges and wider stakeholders across GB on issues such as women's health, changes to health and care services, inclusion and wellbeing, sustainability, workforce and pharmacy education.

Activity in England

- The RPS continues to have discussions with NHS and other stakeholders on NHS reforms in England. The **Health and Care Bill** has been passed in Parliament. 42 Integrated Care Systems will be established across England on a statutory basis on 1 July 2022. We developed [RPS recommendations for Integrated Care Systems](#)
- We engaged with the team leading the **Fuller Stocktake** and invited members to help inform our consultation response. The report was published in May and highlighted the role of pharmacists to support patient care. It also noted potential for changes to primary care commissioning.
- RPS England gave oral evidence to the **Health and Social Care Committee** inquiry on workforce in May, highlighting key issues to MPs including:
 - The risk of burnout and the need to help boost staff retention.
 - Staff wellbeing, including a zero tolerance of abuse from the public.
 - The importance of professional development and protected learning time to enhance patient care and support rewarding careers.
 - The potential of new pharmacist independent prescribers and the need for investment in the current workforce.
 - The need for better workforce data and a pharmacy workforce strategy.
- We have been engaging with a number of **Department of Health and Social Care** policy initiatives, including meetings on vitamin D, mental health and access to medicines.
- We continue to support the work of the **All-Party Pharmacy Group** in Westminster, in discussion with co-sponsors. A session on workforce was held in April.
- We continue to support the work of the **Prescription Charges Coalition** in England. We have previously expressed concern at the Government's plan to raise the qualifying age for free prescriptions to 66. The Government is yet to announce a decision. It said in May that charges would not be increased this year. We continue to call for prescription charges to be scrapped altogether.
- The Government reversed its policy for **mandatory COVID-19 vaccinations** for staff in CQC-regulated activities in England.
- We responded to consultations on:
 - English Government: vitamin D call for evidence
 - NICE: vaccination uptake in the general population

- NHS England: consultation on revoking vaccination as a condition of deployment across all health and social care
- NICE: self-harm draft guideline
- NHS England: Fuller Stocktake
- DHSC: Healthcare regulation: deciding when statutory regulation is appropriate
- DHSC: 10-year cancer plan
- DHSC: Health and social care integration: joining up care for people, places and populations

Activity in Scotland

- We met with the **Minister for Public Health, Women’s Health and Sport** to discuss Pharmacy 2030 and the enablers needed to make the vision a reality.
- We met with MSPs on the **Health, Social Care and Sport Committee at Scottish Parliament** for an informal evidence session to raise awareness of our RPS Scotland vision Pharmacy 2030.
- RPS Scotland provided oral evidence to the **Health, Social Care and Sport Committee at Scottish Parliament** as part of their inquiry into Alternative Pathways to Primary Care. Watch the full evidence session here: <https://www.scottishparliament.tv/meeting/health-social-care-and-sport-committee-march-15-2022> The committee published its [report](#) in June which included various quotes from RPS and responded to points we had raise, including its conclusion that: “the need for a single patient electronic record that would enable all primary care practitioners to access a patient’s information is more urgent than ever”.
- We approached the **Scottish Academy of Medical Royal Colleges** to join forces to achieve more **environmentally sustainable prescribing**. Following a successful round table meeting of Royal Colleges in Scotland, we published a [joint statement](#) at the end of June stating our commitments as professional leadership bodies and calling others to join our new national movement, details available.
- We hosted a **Scottish Parliamentary Event, ‘Pharmacy 2030: A vision for the future of pharmacy’**. [The event](#) on 8 June was sponsored by the Convener of the Health, Social Care and Sport Committee, Gillian Martin MSP. Maree Todd MSP, Minister for Public Health, Women’s Health and Sport, provided a speech. It was attended by the Chief Pharmaceutical

Officer Alison Strath, National Clinical Director Jason Leitch, politicians and guests from across pharmacy and health care in Scotland.

- We hosted a **celebrating best practice event** in Glasgow on 29 May which was attended by pharmacists from across Scotland, via the new RPS Regions. 19 examples of best practice were shared, and Professor Alison Strath, Chief Pharmaceutical Officer for Scotland, provided the keynote address. Delegates voted for their [winning example of best practice](#) which was won by Alex Matos of NHS Tayside for a pharmacogenomics service. A panel session closed the day to highlight the collaborative approach of pharmacy organisations in Scotland to achieve change together with speakers from RPS, General Pharmaceutical Council, NHS Education for Scotland, Community Pharmacy Scotland and the NHS Directors of Scotland. A recording of the plenary sessions is [available](#).
- We took part in two Scottish Government events aimed at reducing drug deaths to promote the pharmacy profession and the recommendations within our policy, and we are now a member of the Scottish Government's [National Drugs Mission Oversight Group](#) and attended the first meeting in June.
- RPS Scotland held a **celebratory event** at 44 Melville Street where twenty-five pharmacists were given formal recognition for their distinction in pharmacy and services to the pharmacy profession through the RPS Charter Award, RPS Fellowships and Consultant Pharmacist certificates.
- We spoke at the NHS Scotland event about Pharmacy 2030 and showcased some examples of best practice across Scotland. We also presented a poster about Pharmacy 2030 at the event.
- We met with various MSPs to discuss environmental sustainability, single shared patient records, health inequalities, pharmacy workforce issues, and have been planning a round table on disability in the autumn.
- Regular engagement has continued throughout with the Chief Pharmaceutical Officer and her team, General Pharmaceutical Council in Scotland, NHS Directors of Pharmacy, NHS Education for Scotland, Community Pharmacy Scotland, National Pharmacy Technician Group Scotland, Pharmacists' Defence Association and other external stakeholders.
- We responded to consultations on:
 - NHS Scotland climate emergency and sustainability strategy

- Scottish Government: Health and social care strategy for older people
- Scottish Government: Alternative pathways to primary care
- Scottish Government: Chronic pain strategy
- Scottish Government: Future Pandemic Personal Protective Equipment Supplies
- Scottish Parliament: Inquiry into Health inequalities
- NHS 24: strategic planning survey
- Scottish Government: cancer strategy

Activity in Wales

- We have engaged with Members of the Senedd/Welsh Parliament about the **workforce pressures** impacting on the pharmacy profession.
- We hosted a parliamentary event at the Senedd on 9 March, sponsored by the Chair of the Health and Social Care Committee, Russel George MS. At the event concerns were outlined about the **wellbeing of the profession** as highlighted by the results of the annual RPS Workforce Wellbeing Survey and recommendations for action were put forward.
- RPS continued to support Members of the Senedd in a **plenary debate** in the Senedd 30 March dedicated to support for the pharmacy profession in Wales. The debate, instigated by the RPS wellbeing parliamentary event, recognised the vital work pharmacists have undertaken throughout the pandemic, as well as their crucial role in supporting primary and secondary care and raised concerns about the results from the 2021 RPS Workforce Wellbeing Survey, which shows that nine out of 10 respondents were at high risk of burnout and one in three had considered leaving the profession altogether. A motion, including ensure a call for dedicated protected learning time within working hours for wellbeing and study was presented and received unanimous cross-party support across the Senedd. The debate can be viewed at: <http://www.senedd.tv/Meeting/Archive/ad4e7a2c-35cb-4a9e-882f-8ef517b2ebc6?autostart=True>
- A meeting was held with the **Welsh Health Minister, Eluned Morgan MS** on 6 April. This meeting, supported by the Chief Pharmaceutical Officer for Wales, provided an opportunity to outline the work RPS was supporting to develop 2025 goals for the pharmacy vision in Wales, to discuss workforce and wellbeing across the profession and the interaction between pharmacists and other health professionals, and to highlight work being undertaken by RPS on sustainability. The Minister was very supportive of the work of the pharmacy profession and called for a greater focus on developing the skill mix and encouraging recruitment in Wales via the Train, Work, Live campaign.

- Engagement with **Members of the Senedd** has continued and arrangements are being made for visits to hospital and primary care sites with Members of the Health and Social Care Committee. This programme of engagement and advocacy is critical in helping politicians understand more about the key issues facing the pharmacy team in Wales.
- Attendance at the **spring party political conferences** of Welsh Labour, the Welsh Conservative Party, and Plaid Cymru allowed for ongoing engagement between RPS Wales and key Members of the Senedd in March and April. Conversations with the First Minister, Health Minister, Chair of the Health and Social Care Committee, and Health spokespeople for each party provided further opportunities to build working relationships and to promote key calls to action for pharmacists in Wales. A big thank you to Welsh Pharmacy Board Member, Richard Evans, for representing the RPS at these events.
- Regular contact has been maintained with the **Welsh Government** via the Chief Pharmaceutical Officer and his deputies. Over the past months, RPS Wales has been working closely with the CPhO and Welsh Government officials from the Pharmacy and Prescribing branch on engagement with the profession to help determine 2025 goals for *Pharmacy: Delivering a Healthier Wales*, the vision for pharmacy in Wales.
- RPS Wales has continued to input into work with the Welsh NHS Confederation's Health and Wellbeing Alliance calling on the Welsh Government to develop a cross-departmental review **into health inequalities**. We have supported a document, endorsed by over 40 royal colleges and third sector organisations, making recommendations to the Welsh Government on tackling health inequalities and on 24 February submitted evidence to the Health and Social Care Committee inquiry into mental health inequalities.
- We responded to consultations on:
 - Welsh Government: hospital discharge and its impact on patient flow
 - Welsh Government: tobacco control strategy for Wales and delivery plan
 - Welsh Government: mental health inequalities
 - HEIW: developing a strategy mental health workforce plan

Next steps

- The RPS has started to develop a policy to highlight the role of pharmacy in tackling health inequalities.

- We are leading the review and update of the [vision for pharmacy in Wales: delivering a Healthier Wales](#) with a number of focus groups held virtually and in person all over Wales over recent weeks.
- We are developing a [Vision for Pharmacy Practice in England](#)
- We are continuing to work to promote our new [Pharmacy 2030](#) vision in Scotland through professional and political engagement, including focusing on sharing best practice.
- We are continuing to promote our [sustainability policies](#) and ongoing work in this area and collaborate with other stakeholders and professional bodies.
- We will continue to develop policies on areas of significance and relevance to pharmacists.
- We are developing a policy on Protected Learning Time.
- We will be responding to consultations from Governments across GB.

Thorrún Govind, Chair, English Pharmacy Board
Andrew Carruthers, Chair, Scottish Pharmacy Board
Cheryl Way, Chair, English Pharmacy Board

Claire Anderson - President's report March-June 2022

External events

It has been a very busy few months with far more external events and meetings than before. It has been great to be out and about more and meet members, fellows, and board members in person. A highlight was being invited to the reception that Prince Charles held for community pharmacy at St James Palace. I was introduced to him and talked about the role of the RPs and about how transformative pharmacist prescribing can/will be. I was also seen lurking in the background on the BBC One Show feature of the reception!

I attended the Clinical Pharmacy Congress in London and met many members and fellows there.

I attended meetings of the short life working group on clinical academic careers

I have been invited to represent the RPS on The UK Commission on Pharmacy Professional Leadership the first meeting is on July 19th.

I was privileged to be invited to speak on behalf of the profession at the event at University of London to celebrate the life of Peter Kopelman who chaired the RPS Faculty Board, which would eventually grow into our Education and Standards Committee.

I gave a vote of thanks at the RPS UCL lecture, *The Future of the Pharmaceutical Industry*, at the Royal Society.

I attended a celebration regarding telemedicine at the House of Lords. I spoke about GPs and Pharmacists working together at the Menopause Mandate event at the House of Commons.

I attended the Pharmacy Schools Council to discuss my role as president and RPS work in education and research.

Visits

The Welsh RPS office arranged for me to visit a community pharmacist prescriber in West Wales. He was extremely proud about how his practice had been transformed and he was working closely with primary care, using linked patient records to record his activities. We then visited the hospital Pharmacy department in Carmarthen, had a tour and talked to clinical pharmacists, pharmacist prescribers who were running clinics and technicians.

I visited Northumbria with Team England. The day started in the Sunderland PCN discharge hub where clinic pharmacists and technicians work together, we also learned about a community pharmacy inhaler project. We spent the afternoon learning about the Northumberland integrated care model at the Northumbria Specialist Emergency Care hospital. Most of the pharmacists and technicians have joint appointments across acute and primary care including care homes. Their clinical work is making an amazing difference. We also visited North Oxfordshire PCN and met GPs, Pharmacists and technicians who are working together across the PCN providing clinical services. We went to Topside Pharmacy, Chipping Norton and met with the PCN Community Pharmacy lead.

My visits in Scotland had to be cancelled due to COVID but are being rearranged for the autumn.

Internal meetings and events

The Fellow's dinner held at the Law Society was a wonderful event. I was delighted to be able to present certificates to new fellows

Internal meetings have included board meetings, as well as joint meetings and EPB. I attended the SBP and WPB and of course the EPB. I also attended Appointments Committee, Remuneration Committee, Finance and Investment Committee, Audit and Risk Committee, Education Standards Committee, Science and Research Committee, Pharmaceutical Press Board and Superintendents meeting. I chaired the very lively AGM.

I have regular meetings with Paul Bennett and the three country directors. Elen Jones also regularly briefs me on the Sustainability work.

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

I attended the Scottish board in Edinburgh March which was followed by a reception where we awarded RPS Fellowships and Consultant Pharmacist certificates. I also attended the June working day and meeting where I was able to meet the 3 new board members. This was followed by a reception in the Scottish Parliament for the Pharmacy 2030 Vision for Scotland where I met Alison Strath the chief pharmacist and MSPs Gillian Martin and Maree Todd. Maree is a pharmacist.

I attended the Welsh Pharmacy Board working day in Cardiff and welcomed two new board members.

I was on the shortlisting and interview panels for the Chief Scientist and the Chief Education and Membership Officer.

I have been involved in commissioning the member participation and communications review.

Media

I have played a part on the media coverage on HRT and HRT shortages as well as hay fever medicines shortages. I appeared twice on BBC Radio 4 Today programme and on BBC breakfast. There has also been huge coverage in national newspapers.

Dear Assembly Colleagues,

This is my June 2022 statement as Treasurer of the Royal Pharmaceutical Society (RPS). 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

Bearing in mind the timeframes, this update is a transcript of my recent AGM update.

The treasurer has a key role in ensuring oversight of the finances of the Royal Pharmaceutical Society.

So over the next five minutes, I'm going to give my views as Treasurer on our financial performance in 2021, our work to increasingly incorporate ESG factors into financial decision making, investment strategy and performance, my view of our financial governance arrangements and finally the year ahead in 2022...

Please note I will not be going into the detail as this will be covered within the financial update.

1 - Financial Performance in 2021

As Treasurer, looking back is an opportunity for me to highlight to members the very strong financial performance at the Royal Pharmaceutical Society in 2021. Overall, we delivered a fantastic operating surplus for the year, significantly ahead of budget and pleasingly our revenues were also significantly ahead of budget. This strong performance was mainly due to the Publishing business, however all major revenue lines at the RPS performed well. The whole RPS team have also done a fantastic job of managing costs across the organisation. The cumulative effect of these efforts has been an extremely satisfying financial result for 2021 which allows us to Secure the future of the organisation and to re-invest in our membership and publishing products and services.

2 - Environmental, Social and Governance factors (ESG)

In September 2021, we formally recognised the scale and importance of the situation by publishing a climate declaration. As Treasurer I think it is absolutely right that we prioritise and program ESG factors into our financial decision-making processes because the RPS is a professional leadership body and must therefore set the bar for others within and without pharmacy. However, I also recognise that whilst we use our position to 'do good' for the environment and society, we must also carry out our fiduciary duty to ensure the best possible financial performance of the organisation.

So it is with great satisfaction that I recognise the hard work completed within 2021 to deliver on our commitment to invest in ways that are responsible and sustainable – avoiding activities such as coal-mining and tobacco production. This work will continue in 2022, with the support and oversight of our finance and investment committee and the assembly, so that by the end of 2022 we will have ceased all remaining financial investments in fossil fuels.

3 - Investment Performance

As Treasurer I'm also pleased with the way that we have managed the assets of the Royal Pharmaceutical Society (RPS) to ensure that the operations and activities of the organisation continue and achieve the RPS's mission. As Chair of the Finance and Investment Committee I know that we have worked hard to review investment performance and to contribute to making the right short and long-term investment decisions and this has resulted in strong performance of our investments throughout 2021 and into 2022.

4 - Financial Governance

As Chair, I'm extremely pleased that after a robust recruitment process we have appointed two external experts to our Finance and Investment Committee. These two individuals have exceptional experience in finance and investments and I have no doubt that they will sustainably strengthen our financial governance here at the RPS with likely benefits for the longer term RPS performance.

In addition to building our skills base all Assembly colleagues now have access to an RPS Dashboard which takes key financial information and makes it very easy to read. Finance colleagues have worked really hard on its production so that you to them. My view is that this dashboard will improve our ability to oversee the performance of organisation and to ask questions, challenge and support as required.

5 - 2022 and beyond

As we all look forward into 2022, I believe that the budget we have set for the year will support the achievement of our objectives under the leadership of our Chief Executive but will also challenge our teams to deliver even better products and services for members and customers. Although my opinion is that the organisation is positioned well, the year ahead may be extremely challenging because of the continued economic fallout from COVID, general volatility in the markets, high levels of inflation and the events currently unfolding in Eastern Europe so the good controls we have in place, and have demonstrated, will help us continue to manage costs and to react quickly to any new challenges as they emerge.

Summary

In closing I would like to congratulate the Chief Executive and our RPS teams for delivering this level of performance in 2021.

This will be my last update as Treasurer of the Royal Pharmaceutical Society. It has been an great honour to be a part of the RPS for 3 years. I look forward to handing over to the next Treasurer so they can maintain a suitable level of oversight, challenge, support and advice for our executive teams.

I hope you have found this statement helpful for providing you with an update on my work. Jon who is Head of Finance will provide more detailed financial update in just a moment.

Thank you.

Yours Sincerely,

Andre Yeung

Assembly meeting 20th July 2022

22/07/ASB/02(g) - Open

Title	Education and Professional Development Q1 2022 activities update to Assembly
Open, confidential or restricted	Open
Authors Position in organisation Telephone Email	Beth Ward, Head of Education Elizabeth.Ward@rpharms.com Helen Chang, Head of Professional Development Helen.Chang@rpharms.com Joseph Oakley, Head of Assessment and Credentialing Joseph.Oakley@rpharms.com
Headline summary of paper	Education and Professional Development activities report January till March 2022
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. Strategy

Work is underway across RPS teams to implement the 5-year education strategy through our annual business planning and objective setting process.

One of the cross-cutting themes that featured in our education strategy was our approach to research and evaluation relating to our education activity. As a result, a project is underway to enable us to produce a new Education Research and Evaluation Strategy.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met on March 3rd 2022. The committee debated the extent of accreditation of prior certified learning towards RPS post-registration credentials as well as approving the RPS core advanced curriculum for publication. They received an update on the Mentoring platform and discussed proposed future focus activities.

The Advanced Pharmacist Assessment Panel (APAP) met on March 8th 2022. The panel ratified the ten provision consultant credentialing results for release as well as the consultant post and Faculty outcomes for this reporting window. Paul Forsyth presented the findings and recommendations from the first review of the consultant pharmacist curriculum and credentialing process; the panel ratified the report and accepted all recommendations. The panel also endorsed the publication of the final RPS core advanced curriculum following consultation.

2b Early Careers Pharmacist Advisory Group

The Early Careers Pharmacist Advisory Group (ECPAG) welcomed two new members: Joseph Thomson, Foundation trainee pharmacist, Wales, and Erin Gilmour, a recently qualified clinical Pharmacist, Scotland. Both have brought a fresh perspective, particularly to the training and support requirements of Foundation and newly qualified pharmacists.

The ECPAG met in January 2022. The new RPS Connect platform was demonstrated and was well received. The group agreed to test the platform capabilities and functionality and to provide feedback on how user friendly it is. The group also discussed the RPS Core Advanced Curriculum consultation feedback, and shared views around how to overcome potential barriers raised and minimise these in practice, in particular, that clarity is provided around supervision. The group additionally received an update on the pharmacogenomics workstream and were keen to see how this would revolutionise pharmacy practice and patient care. They agreed training pharmacists to deliver this agenda (data storage, testing, application etc) would be key and the impact would be pivotal in minimising inequalities currently present in healthcare.

3. Initial Education and Training

3a. Students

The RPS will be delivering paid student internships in Summer 2022 for four third year pharmacy undergraduate students. The students will spend four weeks at the RPS working across several directorates and departments within PLB, learning about the work we do, our vision and mission. They will also have the opportunity to develop essential skills, working collaborative to develop a roadmap for student support, which the RPS will use to shape our future student offer.

Recruitment plans have been developed and interviews will take place in early April.

3b. Foundation Trainee Pharmacists

Foundation training revision programme

We have worked closely with the Events and external revision team to improve the format and quality of sessions to ensure that there is greater coverage of the registration assessment framework and features activities that promote active learning. Delivery of the revision course commenced in March.

Contract to support clinical training for foundation trainee pharmacists (NICPLD)

The delivery of clinical training session for Northern Ireland Centre for Professional Learning and Development (NICPLD) foundation training year programme 2021/2022 continues. We have delivered three sessions in Q1:

- a) immune system and malignant disease (February)
- b) respiratory, gastrointestinal system, genitourinary tract (March)
- c) paediatrics (March).

Feedback from trainees continues to be very positive.

Development of mock questions for a half and full mock are underway. These will be delivered within a new assessment platform, TestReach.

E-portfolio for Foundation Trainee Pharmacists in England

Phase 3 functions were released in January 2022. This included a new multisource feedback tool, functionality for users to delete records, and new reporting tools. We have also developed and launched progress review forms to align with GPhC requirements. The focus for the next phase of developments are a patient survey, improved access for educational programme directors, and functionality to allow trainees to have more than one portfolio. We are also working with HEE to explore enhancements and innovative tools to improve the learning and user experience for the 2022/23 cohort.

We continue to provide essential technical support for trainees, designated supervisors, and other users, and support HEE with the delivery of training webinars.

Guidance and support

We delivered a career session in February to showcase the range of pharmacy careers and provide advice on how to secure roles in various sectors. The event was attended by 125 delegates positive received: "*The webinar was very useful and enjoyable*". 100% of delegates would recommend the event to a colleague.

4. Postregistration Foundation

E-portfolio

Phase 2 of the RPS post-registration Foundation e-portfolio was completed and released in January 2022. This phase focused on the design and development of new tools to support training and professional development, such as a patient survey, multi-source feedback tool, and an interim progress review process. We delivered training webinars to NES and HEE to inform users of the new tools.

4a Post Registration Foundation curriculum

GPhC independent prescribing regulations

The GPhC consultation has now closed and they are undertaking a thematic analysis of the results. Broadly, the removal of the two year rule has been supported by respondents, with organisational respondents more in favour of the change than individual registrant respondents. It is our understanding that the GPhC are preparing to present the findings to GPhC Council in May.

Training programmes

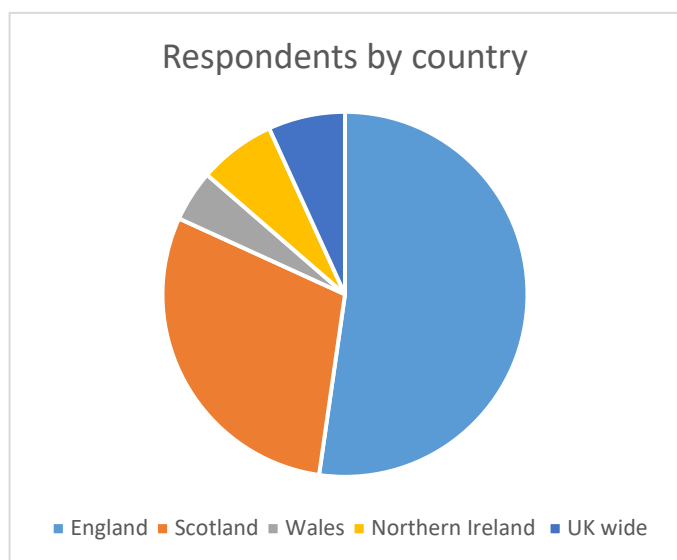
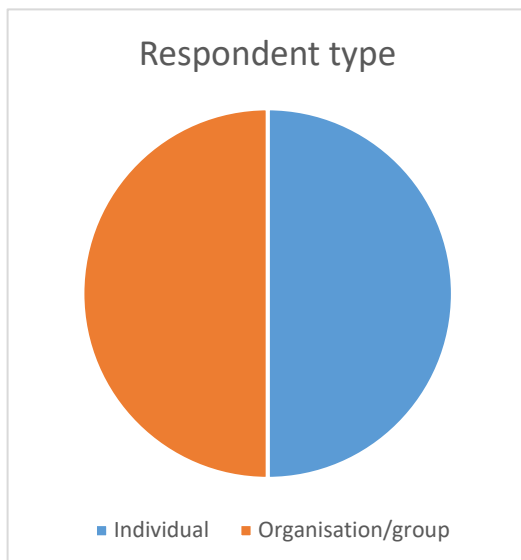
Updates on the training programmes of which we are aware are below:

Scotland	192 pharmacists are currently undertaking national NES programme in Scotland aligned to the RPS post-registration Foundation curriculum.
Wales	Cardiff university have been awarded the tender to deliver the training programme aligned to the RPS post-registration Foundation curriculum in Wales. HEIW has confirmed that expressions of interest and uptake had been positive with an initial cohort of 52 starting in September 2022.
England	RPS continues to work closely with the NQP team in HEE to plan the promotion of the programme in England for next year's cohort. It is anticipated that the take up of this optional programme will be bolstered given the greater lead in time to plan and promote the pathway to next year's cohort.

5. Advanced and Consultant Practice

RPS Core Advanced

The RPS Core Advanced curriculum consultation closed in early January with **44** respondents:



There was general consensus from respondents that:

- the articulated standard of expectation for an advanced pharmacist was appropriate to meet the current and emerging needs of patients and the healthcare system.
- the outcomes-based approach was flexible and robust enough to provide the requisite level of assurance.
- there were some clear barriers and challenges to the successful realisation of this level of practice for pharmacists and the implementation of the curriculum and credentialing assessment in practice.

APAP and ESC endorsed the publication of the curriculum. An early release version of the full curriculum was shared with key educational stakeholders at the end of April. The curriculum and credentialing programme will be launched more widely to the profession by the end of June 2022, in parallel with the advertisement of the associated A&C roles charged with supporting the curriculum's implementation.

RPS Advanced Specialist credential development

Critical care in collaboration with UKCPA

- Final draft versions of the contractual partnership agreements have now been prepared and are undergoing review by each of the parties prior to signing. Once signed, the joint board will be constituted to approve the final curriculum and assessment programme.

Mental health in collaboration with CMHP

- An independent mapping exercise has been completed between the RPS Core Advanced curriculum and CMHP credentialing process. This allows the organisations to agree a clear APCL pathway for candidates to avoid assessment duplication between the different credentialing pathways.
- Once agreed by both CMHP and RPS governance bodies, we can then progress to formal agreement between parties regarding the sign off and delivery of the joint curriculum and credential.

Primary care commissioned by HEE

- A second meeting of the curriculum T&F group has taken place; it is becoming clear that this credential will likely comprise predominantly of describing the advanced clinical and procedural skills that need specially assuring for those pharmacists delivering services in primary care settings.
- We are currently now engaging with stakeholders to ensure we have an understanding of the services pharmacists in primary care settings will be delivering in the next five years across GB. Once these are clear, we can then move to undertaking a Delphi study to define the core clinical and procedural skills that need assuring to safely deliver these services.

5a. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data:

	Post titles	Country	Initial outcome	Resubmission outcome	Final outcome
Oct-Dec	Consultant Pharmacist Oncology	England	Provisional	Approved	Approved

	Consultant Pharmacist Cardiology	England	Provisional	Approved	Approved
	Consultant Pharmacist Antimicrobial Stewardship	England	Provisional	Approved	Approved
	Consultant Pharmacist Antimicrobial Stewardship	England	Provisional	Approved	Approved
	Consultant Pharmacist Adult Nutrition Support and Intestinal Failure (NSIF)	England	Provisional	Approved	Approved
	Consultant Pharmacist, Antimicrobials	Northern Ireland	Provisional	TBC	TBC
	Consultant Pharmacist Palliative Care	Northern Ireland	Provisional	TBC	TBC

5b. Consultant Pharmacist Credentialing

Consultant pharmacist individual credentialing outcomes 2021

	Window	Country	Outcome	Ratified date
Jan-March	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	Scotland	Standard met	08/03/2022
	Application 4, 2022	England	Standard not met	08/03/2022
	Application 4, 2022	England	Standard not met - insufficient evidence	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	Scotland	Standard met	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	England	Standard not met - insufficient evidence	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022

6. Education

6a. Courses and Programmes

Community Pharmacist Consultation Service CPD Course

In March 2020 the RPS, partnering with RCGP, was awarded a contract by Health Education England to facilitate CPD workshops to support the delivery of the Community Pharmacist Consultation Service (CPCS) in England. Course delivery commenced in October 2020 and by the end of the contract on 31st March 2022, we had delivered courses to 8,422 learners. Overall, we received very positive feedback on the quality of programme content, facilitation and operational delivery, with a learner evaluation response rate of over 30%. Across the entire programme, 97% of learners stated they would recommend the programme to colleagues.

Feedback from learners includes:

- *This is one of the most effective online courses I have participated in. The breakout sessions were very well implemented and the course was enjoyable.*
- *I am more likely to attend other webinar training sessions after completing this one.*
- *I thought this entire course was excellent and I will certainly be recommending it to my fellow peers. The clinical facilitators instilled increased confidence in delivering this service. The SBAR tool and referral to Urgent care were particularly useful.*
- *This was an excellent balance of group discussion, sharing best practice and interaction. Great facilitators made it relevant and therefore particularly useful. would certainly recommend to other pharmacists.*

Feedback from facilitators includes:

- *I feel sad that the NHS CPCS project has come to a close. The facilitator role was rewarding with attendees showing enthusiasm and participation. The workshops were fantastic and support from RPS and RCGP and the collaboration worked very well. It was a privilege to be involved in the project and hopefully I will get the opportunity to work with you in the future.*
- *I thoroughly enjoyed the whole educational experience and to have been able to bring 40 years of GP practice to the project gave me great sense of satisfaction which I hope helped the delegates. I also learned much along the way*

Feedback from employers includes:

- *TESCO PHARMACY: "Firstly I just want to say huge thank you to you and your team, you have done an excellent job in organising the sessions and make them run smoothly. Pharmacists I have spoken to have said the quality of the training is really good and been delivered in such a way that reflects their daily practice. They have been able to relate the training with their interaction with patients. They will definitely applying their clinical and consultation skills better."*

Community Pharmacist Consultation Service Clinical Training Course

To further support building the confidence of pharmacists to deliver the service, we received approval from HEE to develop and deliver a further 12-month programme of clinical training.

From May 2022 – April 2023, our programme of interactive two-part, small group learning webinar courses will look at core clinical areas, providing skills to diagnose, intervene, and help patients directly.

Areas covered include:

- Eye care
- Dermatology
- Respiratory
- Paediatrics
- Women
- Clinical consultation and assessment skills refresher

These sessions will offer training for up to 5000 learners across the 12-month period.

In collaboration with RCGP, each session will be delivered by a pharmacist Chair, expert pharmacists and medical clinical educators, GPs and advanced primary care practitioners clinical facilitators.

In Q1 we recruited an expert Community Pharmacist Advisor, Clinical Educators and Clinical Facilitators, and commenced development of content for the first and second modules of learning.

NIHR E-learning for Pharmacists and Pharmacy Technicians

In November 2021 we were awarded the contract by NIHR to develop an online learning platform to develop 9 e-learning modules to enable learners to develop knowledge and insight into research methodologies and issues vital to delivering clinical research for the pharmacy profession.

The primary audience for all of the modules will be pharmacists and pharmacy technicians new to research, across all sectors and stages of practice, regardless of professional seniority (or level of clinical experience). We are currently in the process of writing the content for each module and are working with an external company to produce the online learning platform. Eight of nine modules are in development phase or awaiting final approval, and the final module is due to commence in the coming weeks as planned.

Transition Programmes

In Q1 we secured a contract with HEIW to develop a new e-portfolio for the GP Transition Programme in Wales. Development is to commence in Q2.

6b. Educational Events

Free for members

In Q1 we have delivered educational events in collaboration with a number of significant national organisations as part of our member benefit webinar series' within our RPS Live Content Streams: 'Clinical Updates and CPD' and 'Safer Use of Medicines'.

We have also secured agreements to continue our highly popular NICE and Joint Royal College Medication Safety Series in 2022.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
Jan	Community Consultations Support Series - Common Ear Conditions	124	100
Feb	Pharmacy management of long term conditions - mental health	291	98
Feb	Community Consultations Support Series – Common foot conditions	137	100
Mar	Community Consultations Support Series: Nose and throat	145	100

Annual Conference – Programme Development

In February, we established an Annual Conference Programme Development Short Life Working Group, to support the development of the annual conference programme. Due to availability of content development group members, the first Annual Conference planning meeting was delayed until April. As agreed at the February Boards meetings, an update will be provided by email following the meeting.

Pay to access (reduced fee for members)

In Q1, we partnered with the Royal College of Nursing to develop and deliver a half-day digital training small group learning workshop to support healthcare professionals who are new to, or considering taking on the role of Designated Prescribing Practitioner.

Our first event in January was sold out (70 registrations) within weeks of advertising, with learners attending from across GB, across professions and across sectors.

The event was highly successful with 100% of learners recommending the session to a colleague, and 100% of learners stating it met the intended learning outcomes.

Due to the high demand, we delivered a second event in March 2022, with 61 attendees, and again 100% of learners recommending the session to a colleague, and 100% of learners stating it met the intended learning outcomes.

We will continue to scope what support can be provided to DPPs as part of our work with the cross directorate prescribing workstream.

6c. Operational infrastructure

RPS Live

RPS Live is comprised of live content delivery (webinars, podcasts, social media events) for members from all parts of the organisation. Content is categorised into the following content themes:

- News and Views
- Science and Technology

- Careers
- Safer Use of Medicines
- Clinical Updates
- Assessment and Credentialing
- Inclusion and Diversity

In Q1, we undertook a review of the 2021 programme, with a view to using learning to support further development and improvement of the programme.

Between January and December 2021, we delivered **166 RPS Live events which were attended by approximately 14,200 delegates (these numbers do not include CPCS event delivery).**

At the end of each live session, delegates are polled, and overall, 97% would recommend our webinars to a colleague.

In February we developed a survey to gain member feedback from our expert advisory groups, panels and committees, to determine how we could improve our programme for members working in those respective specific areas of practice. Questions related to the relevance and appropriateness of content themes offered, appropriateness of scheduling times, format of sessions.

In March, we invited the Chairs of these groups to a focus group to explore common themes identified through the survey.

Key insights gained include:

<i>Theme</i>	<i>Recommendation</i>
<i>Science and Technology Content Stream</i>	We need to be clear about the subject matter in this workstream and consider how to make it relevant to practice. It is recognised that once a new Chief Scientist is in post, they will be able to lead on this with the support of SRC and SRT. A 'tagline' for content streams could help to show relevance e.g. 'Using S&T to improve patient care'
<i>Lunchtime vs evening webinars</i>	Variety of time of day is important - look to schedule some shorter (less than 1 hour) lunchtime webinars, or even shorter bite sized 'essential learning' (5-10min) slots in the future for those who would like to attend live during the day. Look at how you promote that RPS Live webinars are recorded and available on demand on the RPS website for members to choose the best time for them to access.
<i>Reintroducing Face to Face events</i>	Focus on key events such as the Science and Research Summit and Annual Conference, as these are relevant across wide audiences, and provide good opportunities for networking. For smaller events, topics should span across content streams: Consider topics that span across different streams and look to broadcast across multiple channels to engage more interest. These topics might also be the best to consider for adding networking opportunities. Cross-stream topics might also be the best to consider for face-to-face events in the future. Encourage speakers to reference key themes such as medicines safety and sustainability, in any topic they are presenting on.
<i>Small group learning vs plenary style</i>	Small group learning is clearly superior to plenary style, however at this time, avoid small group learning unless commissioned. With the current climate of covid, it is still too risky. In future, consider deposits.

Alternative formats to webinars	Consider YouTube videos, TED talks, supporting infographics, small group learning, e-learning, and podcasts
----------------------------------------	-------------------------------------------------------------------------------------------------------------

Additionally, we proposed the concept of developing a process which would enable all members to submit educational content requests which was well received.

This will be further developed in Q2, with a view to piloting in 2022.

Additionally, we will continue to develop our process of programme review to ensure we are gaining insights from across the breadth of the profession.

Learning Management System

In Q1 we completed a procurement exercise to acquire a new learning management system to support the expansion of our education offer, and provide an optimal user experience. Our longer term ambition is to provide an enhanced user experience through full integration with other RPS platforms and systems. This new platform will be initially utilised for the delivery of the CPCS Clinical Training Programme.

Contract award and implementation is due to take place in Q2.

7. Mentoring

To date we have 1703 registered users on our mentoring platform. 1373 mentees (1129 are active), 520 mentors (428 are active). 1909 mentoring requests have been made (664 are in progress, 356 already completed).

Platform developments

An improved declaration of suitability process has been implemented for mentors. This process enables mentors to identify their development areas in mentoring skills and behaviours. This will also provide valuable data for the RPS about training mentor training needs which will inform the guidance and resources we produce and deliver.

Engagement and communications

We delivered two presentations to students at the University of Nottingham about our mentoring service to highlight the benefits and value of the programme. These were well received and we have seen an uptake of users since, specifically registered mentees at University of Nottingham.

We have delivered regular mentoring comms to our members both via email and social media in the first quarter of 2022. Recent mentoring posts saw on average 16,000 impressions (compared to the typical 2000 impressions generally seen). We will continue to promote mentoring through the use of social media, blogs and direct member emails.

Mentoring advisory group

The Mentoring advisory group met in February 2022 to sign off proposals for the improved declaration of suitability process, and to review and discuss the purpose of the platform mentoring survey. A survey working group has been established to redesign and improve the existing survey and also provide recommendations on an approach to service evaluations.

RPS Education & Standards Committee meeting report

Thursday 3rd March 2022: 10.00-12:00

Venue: Zoom platform

Attended

ESC Board members:

Andy Husband – Chair (AH)
Anthony Cox (AC)
Fiona Hughes (FH)
Alykhan Kassam (AK)
Sally Lau (SL)
Philip Newland-Jones (PNJ)
Charlotte Richardson (CR)
Ramandeep Sandhu (RSa)
Raminder Sihota (RS)
Matthew Shaw (MS)
Heather Smith (HS)
Lynne Smith (LS)
Anne Watson (AW)

Apologies

Ruth Edwards (RE)
Gail Fleming (GF)
Amareen Kamboh (AK)
Debra Roberts (DR)

Assembly Representative:

Claire Anderson (CA)

Invited Guests:

Janet Gilbertson (JG)

RPS Staff members:

Paul Bennett (PB)
Helen Chang (HC)
Sarah Crawshaw (SC)
Stephen Doherty (SD)
Joseph Oakley (JO)
Anna Qazi (AQ)
Kina Vyas (KV)

1. Welcome & apologies

AH welcomed all members and acknowledged apologies.

Matters arising:

PB provided context around recent speculation about changes in the RPS executive leadership team on social media and in the pharmacy trade press.

PB emphasised that a proposed restructure of the executive team, which places the roles of Director of Education and Director of Pharmacy and Member Experience at risk of redundancy, is currently at proposal stage and the RPS is engaging in a meaningful consultation. Conversations with individuals with roles identified as at risk must be managed in an appropriately sensitive and confidential manner. PB emphasised the RPS's continued commitment to delivering the RPS Education strategy, including the development of post-registration curricula and assessments.

2. Core advanced curriculum

ESC were provided with a thematic summary of the RPS core advanced curriculum consultation with associated implementation action plan. They were asked to approve the publication of the post-consultation version of the curriculum, noting the processes and changes described.

It was noted a wide range of stakeholder groups had responded to the consultation with reasonable representation across different parts of the UK and from different pharmacy sectors. As part of the consultation, an equality impact assessment workshop was undertaken with the feedback being woven into the consultation response.

A thematic summary of responses from the consultation was created; suggested changes were triaged for review either internally or escalated to the joint curriculum/assessment T&F group for approval. It should be noted that no significant changes were made post-consultation to the curriculum outcomes in the programme of learning.

Following comments were noted from the committee:

- The appendices document wouldn't open with details - ST to send out appendices as a separate doc post meeting
- The approach taken is very transparent and easy to follow
- Committee was pleased to read the comments on multidisciplinary teams
- Question regarding what precisely respondents raised regarding sustainability? The consultation response from the organisation was passionate about the climate change and sustainability and a meeting was arranged to explore their response further. The feedback and suggested amendments relating to sustainability were escalated to the T&F group. It was decided to incorporate sustainability more explicitly into the non-exhaustive outcome descriptors at this stage; sustainability within the curriculum will be annually reviewed to make sure the right balance is achieved.
- With regards to the accessibility of the curriculum for first-language Welsh speakers, we state in our assessment regulations that credentialing assessments are undertaken in English for all candidates. However, any evidence can be undertaken in Welsh, but an official translation will need to be provided for assessment. We'll be working with HEIW to develop processes to support this.
- Following the barriers and challenges raised in the consultation particularly for the community sector, the development of exemplars is very much appreciated

It was noted the curriculum document was approved for release by the ESC.

3. Accreditation of prior certified learning (APCL) principles

JO presented ESC with high level APCL principles to shape the development of an APCL policy for RPS post-registration credentialing assessments. The committee was asked to consider and approve the draft principles. It was noted we are suggesting a relatively open and flexible approach to APCL learning for the (partial) exemption of low and medium stakes outcomes in our advanced curricula. The committee welcomed the approach taken, but suggested the principles and policy should be reviewed more often than every 5 years given the case by case subjective approach to the process. It was agreed a review every 3 years would be more appropriate. It was confirmed that the RPS consultant pharmacist outcomes all build on the RPS Core Advanced outcomes and that these represent the entry-level standard to these levels of practice. The importance of mentorship to support individuals to meet the outcomes was stressed here.

It was suggested by ESC to create FAQs on APCL applications and make sure the communication around it is clear for candidates.

ESC approved the APCL principles.

4. Mentoring update

Janet Gilbertson the Chair of Mentoring Advisory Group joined the meeting. A paper on mentoring update was provided prior to the meeting with detailed plans for the year. ESC were asked for feedback and comments on the proposed future focus and to consider any other data/information we should include in future updates.

ESC commented as per below:

- liked research publications
- outcomes didn't come strongly from the paper, it would be good to see what difference the mentoring made to the mentees and how the process transformed both the mentees and mentors' careers (maybe some case studies, examples from both mentees and mentors could be included going forward)
- in terms of functionality of the templates on the platform, how's that utilised within the platform and what can we do to make the platform more fit for purpose?
Only about 10% of users tend to use all the templates. We're working with our platform provider to gather more data on what's being used.
- Linking it better with other pieces such as credentialing would be helpful as it's quite a standalone platform at the moment
- What's the sustainability of mentors and how are we dealing with that?
We're not hearing from the mentees that they're not finding mentors at the moment. Our ratio targets are set and we are monitoring them closely.
- What's the mentorship like around clinical and research aspect of pharmacy? We don't have many PIs who are clinicians. How can we encourage more colleagues to mentor in these areas?
Part of our longer term plan is to explore cross professional mentoring (e.g. in research). We want to make sure that when registering on the mentoring platform they're professionals with mentoring capabilities even if they're not members.
- Is it possible to formalise private mentoring arrangements via the mentoring platform as there aren't that many consultant pharmacists?
There's a process within the platform for consultant pharmacists to register as expert mentors to support those who are working through the credentialing process towards the consultant process.
- It is important to emphasise near peer mentoring as well as those very experienced mentors and target post-reg foundation pharmacist to mentor those going through foundation etc.
- Would be nice to see professional recognition for mentoring (e.g. mentees to nominate mentors for awards).
Recognition is on the plan for this year

ESC found the update on mentoring useful and would like us to continue to share updates at future meeting.

5. A&C activity update

ESC members were provided with a summary of the assessment and credentialing data for noting ahead of the meeting. Data included:

- Legacy Foundation portfolio assessment outcomes summary
- Faculty assessment outcomes summary
- Consultant post approval outcomes summary
- Consultant pharmacist credentialing outcomes summary

Following comments were noted:

- It is a challenge to get system leaders to prioritise reviewing consultant pharmacist posts currently; proposal to flag that as an issue with NHSE
- What is the approval rate for posts?
Posts are almost always provisionally approved then approved on second review. It was noted
- AW asked whether the contents of the paper were able to be shared with external stakeholders
JO confirmed the data in this paper are confidential, however the annual assessment report in ENC 5 is intended to be a public document to ensure all stakeholders receive the same information at the same time.
- JG sought clarity on the role of a professional coach for consultant credentialing. JO clarified that the role of professional coach is to have a holistic view of a candidate's progress against the curriculum outcomes akin to an educational supervisor. They have an important role in acting as a critical friend for candidates, reviewing the quality of the evidence and advising candidates when the portfolio is at the level required for submission. JG fed back that this clarity is currently not well understood by candidates or the system. JG agreed to work with the A&C team outside this meeting to develop further resources to improve understanding of the professional coach role.

6. NIHR update

SC provided an update on the project. Main points were noted:

- Background:
 - RPS applied to NIHR e-learning for Clinicians Research Programme competition in April 2021
 - Successfully awarded unconditional funding for our proposal
- Proposal:
 - To develop a series of nine e-learning modules to develop knowledge and insight into research methodologies and issues for pharmacy professionals
- Audience:
 - All pharmacists and pharmacy technicians new to research, across all sectors and stages of practice
- Purpose:
 - To support more pharmacy professionals to engage in research
 - To support pharmacists to develop the necessary skills for the research domain of the RPS post-registration credentialing pathways
- Project Update
 - First module to be completed by 21st March, currently 5 modules are underway.
 - We switched Modules 3 and 2 around

- Some screenshots of the actual modules were presented

SC thanked those who are helping to review the modules. The project looks great and is very much needed. Further questions and comments noted from ESC:

- Is there a link to GPhC certification as part of the programme?
We are not sure but we'll check with the content creators if it's already there or can be incorporated.
- Were the learning objectives set to or is that to extend throughout learner journey?
- Pharmacy Technicians are welcome to use it. How's that promoted or advertised?
These will be hosted on NIHR learn platform so available for all who want to access them. We're working to make sure all emails can access it (nhs.net and ac.uk addresses included). We need to double check if Welsh and Scottish domains are included in access. NIHR funding is usually for England so this could be tricky.
- brilliant sense of cohesion of how everything fits together with curricula and mentoring
- Who owns the IP for this content? We can double check and let ESC know.

7. RPS Annual assessment summary report

ESC were asked to note the content and format of the first draft RPS annual assessment summary report. It was noted that transparency is one of the RPS assessment principles and that the annual publication of credentialing assessment outcomes with the profession aligns with this principle. We want this document to be meaningful and useful for the system.

ESC were asked to approve the RPS annual assessment summary report 2021 prior to design and external publication.

Following comments were noted:

- Looking at outcomes based through the lens of one variable can be misleading; the drivers for differences in outcomes may be multifactorial with the complex interaction of multiple variables.
- Transparency is very welcome, context set up upfront would be very useful, including how long we've been doing it and why it is important (i.e. alignment with medical Royal Colleges) so the numbers are judged appropriately and not being misunderstood.
- The very small number of candidates makes making any valid inferences impossible.
- A narrative and context on the numbers presented, and what the RPS intends to do as result, needs to be clearer. Some panel members noted, however, that the small numbers make this difficult.
- The processes currently in place to help mitigate bias need to be explicitly stated in the document.

We would welcome ESC's input into a draft of an introductory narrative for this document.

Fear of misrepresentation shouldn't stop us from publishing this document but we need to include all the above and work closely with the RPS comms team.

Action:

JO to shape an introductory narrative to be included in the report and share a draft with ESC for comment.

8. AOB

SL raised an issue regarding IP competencies and the pressures that pharma companies put on prescribers to prescribe non-evidence based medicines for a commercial gain.

CA suggested to her to reach out to prof Tony Avery, the new NHSE lead for prescribing.

ACTIONS:

No.	Agenda Item	Action	Responsible	Due date
1.	RPS Annual assessment summary report	JO to shape an introductory narrative to be included in the report and share a draft with ESC for comment	Joseph	Post meeting

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 20th July 2022

22/07/ASB/02(h) - Open

Title	Science, Research and Museum update to National Pharmacy Boards
Open, confidential or restricted	Open
Author (include email/phone) Position	Professor Parastou Donyai Chief Scientist Parastou.Donyai@rpharms.com +44 (0) 20 7572 2275
Purpose of item	For noting
Item Summary	The paper summarises activities of the Science, Research and Museum Teams
Related Risk Register item (where applicable)	NA
Related RPS Strategy item (where applicable)	NA
Actions/decisions required of the Assembly	The Assembly is to note the update.

SCIENCE, RESEARCH AND MUSEUM UPDATE TO NATIONAL PHARMACY BOARDS

Background

This paper outlines Science, Research and Museum activities undertaken since January 2022 to present.

1. Science and Research Team activities

New Chief Scientist, Professor Parastou Donyai appointed on 17 May 2022 with official start date on 13 Jun 2022.

Science and Research Officer position vacant – team reduced to 1.2.FTE until a new Officer is recruited. QP programme responsibilities handed over to Support team.

1.1. Research support services

Research team continues to provide planned and *ad hoc* support to other RPS teams and workstreams, along with external research work:

- **Community Pharmacy Consultation Service:** Continue supporting evaluation of HEE commissioned NHS CPCS Courses (contract extension), including evaluation of learners' feedback.
- **Inclusion and Diversity** – Supporting development, analysis and reporting of annual EDI survey (launched on 25 May 2022). Complete survey [here](#).
- **Mental health and wellbeing:** Developing lessons learnt report from 2021 survey . Supporting development of the 2022 Workforce Wellbeing survey - planned launch Sep 2022.
- **Pharmacogenomics:** Provided evidence and support for the development of policy launched 18 May 2022.
- **BPSA Annual Research Poster Competition** – Reviewed 2022 poster submissions and selected winners.

Continue providing regular research support services to RPS members, via email and zoom, including responding to research enquiries, reviewing research funding applications, surveys, reports, articles, etc.

We are also currently supporting the development of RPS student internships for 2022.

1.2. e-learning to develop research capacity of pharmacy professionals

Developing a suite of 9 short (45 mins) e-learning modules to develop research awareness and capability in the pharmacy profession. Project funded by National Institute for Health Research (NIHR). Module content being written by the research team, with support from subject-matter experts (Module Leads) and OCB media (e-learning partner). Project status:

Module	Status
1: Introduction to Research	Module development completed
2: How to transform your ideas into a research project	Module development completed
3: Finding and evaluating evidence	Module development completed

4: Research methods – an overview	Module development completed
5: Quantitative methods – Data collection and analysis	All module content written. Module under review by different parties for final update by OCB Media.
6: Qualitative methods – Data collection and analysis	All module content written. Module under review by different parties for final update by OCB Media.
7: Practical considerations: Research governance, ethics and collaboration	All module content written. Module under review by different parties for final update by OCB Media.
8: Reporting, publishing, dissemination, and impact	All module content written and sent to OCB Media for development of the e-learning.
9: Applying for research funding and developing research proposals	Module content being developed by the research team with support from Module Lead.

1.3. Qualified Persons

QP Assessments

- Induction training organised and conducted for two new RPS QP Assessors.
- Pre-registration process for QP application formally implemented.
- Face-to-face QP assessments resumed. QP updates as below:

	No. of registrations	No. of applications	No. of VIVAs	No. of Pass	No. of Fail	Total on QP register
2022*	1	8	4	3	1	266
2021	9	4	6	3	3	279
2020	-	6	7	5	2	310
2019	-	10	8	5	3	317

* 2022 figures are up to 31/05/2022

QP Programme

- QP Tripartite meeting with MHRA and VMD held on 8 Mar 2022.
- QP Officers meeting held on 31 Mar 2022

QP Symposium

QP Symposium 'The Everchanging World of the QP' successfully delivered on 11 May 2022, at BMA House, London. Over 145 delegates registered. Feedback has been positive.

1.4. Science and Research Committee and Expert Advisory Groups

- Science and Research Committee – Meeting held on 10 Feb 2022 and on 16 Jun 2022.
- Antimicrobial Expert Advisory Group – Meeting held on 4 Feb 2022 and on 17 Jun 2022.
- Industrial Pharmacy Advisory Group – Meeting held on 13 Apr 2022.

Further information [here](#) (including meeting notes).

2. Museum activities

On the 16th May the Museum reopened for the first time since closing in March 2020 due to the COVID-19 pandemic. In addition to the public displays on the ground floor, the museum has also contributed to the reconfiguration of the new office space in 66 East Smithfield. Photographs of Museum objects, as well as some objects themselves, have been put on display in the newly themed meeting rooms.

The Museum is now able to trial guided tours, having recruited a Guided Tour Volunteer in April. We are already scheduled to join in Open House on Saturday 10th September, as well as a trail partnership with the Retired Pharmacists Group and Discover Medical London for a walking tour of London culminating in a visit to the Museum displays at 66 East Smithfield.

In addition to our new Guiding volunteer, the Museum has so far recruited five other volunteers. Three remote Oral History Transcribing Volunteers, as well as One Collections Audit Volunteer and One Object Digitisation Volunteer, who come into 66 East Smithfield on a regular basis. We also hope to welcome a number of placement students over the summer period.

2.1. 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.

'Pharmacy History' Enquiries

Advice to Other Museums	4
Archived Documents (archive enquiries)	
Collections Enquiry	
Exhibitions / Flying Boxes	
External Publicity	1
History – Profession / Practice	9
History – Society	
Internal Publicity	
Merchandise	
Object Identification	1
Offering Donation	10
People & Premises (family history enquiries)	16
Photo Services	5
Professional enquiry	
Public access enquiry	5
Research Visit	2
Therapy / Props / Mat Med	
Unspecified	
TOTAL	53

2.2. Increasing Status and Influence of the RPS - Museum Activities

Publicity

- The Museum has contributed to 17 Museum Monday posts on social media, including supporting the RPS's Disability Awareness Campaign, and International Women's Day.
- The Museum Officer wrote a blog post for International Women's Day which was published on the main RPS website.
- The Museum opened to the public on the 16 May 2022.

Collections

- The recruitment of two volunteers has enabled more collections work to be carried out.
- Our Collection Audit Volunteer has so far audited 430 objects stored at 66 East Smithfield.
- In February the Museum Officer visited the collection in Scotland and audited just under 300 objects.
- Reviewed the Museum's Documentation Policy.

Website

- A selection of Oral History recordings from the Museum Collection have been edited and are waiting to be added to the Museum Website.

Volunteers

- Welcomed six new volunteers to the team
 - Chang Xu – Object Digitisation Volunteer
 - Kathryn McRae – Object Audit Volunteer
 - Jean Griffiths – Guided Tour Volunteer
 - Lynda Grundy – Oral History Transcribing Volunteer (Remote)
 - Ruth Simmonds – Oral History Transcribing Volunteer (Remote)
 - Luke Whittle – Oral History Transcribing Volunteer (Remote)
- Organising 3 Placement Student Places to be carried out over the summer period.

Partnerships

- Continued to work with the Retired Pharmacist Group on a project to collect Oral Histories relating to COVID-19.
- Worked with Discover Medical London and the Retired Pharmacist Group to develop a walking tour of London culminating in a guided tour of the museum displays at 66 East Smithfield.

People and Premises

Completed research orders in this period: 14 (enquiries are currently backlogged due to restrictions in accessing the register during the COVID-19 pandemic).

Tours

Self-Guided Tours: 1 (since the Museum Reopened on 16 May 2022).

Outcomes from RPS Science and Research Committee

Thursday 16th June 2022 10am – 12noon

Held via [Zoom](#) platform

Present:

SRC Members:

Barrie Kellam (BK), Christine Bond (CB), Andy Fox (AF), Elspeth Gray (EG), Richard Guy (RG), Mike Hannay (MH), Gill Hawksworth (GH), Oisin Kavanagh (OK), Jayne Lawrence (JL), Cathy Edgeworth (CE), Andrew Teasdale (AT), Simon White (SW).

RPS Staff:

Claire Anderson, Parastou Donyai, Anna Domin, Wing Tang

Apologies:

Duncan Craig, Amira Guirguis, Yogini Jani, Paul Bennett

1: Recognition

Title	Introductions, apologies, declarations of interest and Developments (Chair)	Time of item: 10:00
Description	Significant developments since last meeting: <ul style="list-style-type: none">• New Chief Scientist Recruitment• Postponement of the Science and Research Summit• Harrison Medal awardee	
Purpose	To review significant developments since the last meeting	
Outcomes	<p>Actions from the last meeting that need following up:</p> <ul style="list-style-type: none">• ToR will be discussed at the meeting• BK to pick up Pharmacogenomics discussion with Ravi• BK to follow up with Elen regarding introduction to RPS sustainability work pertaining to AMR,• SRC members were informed that RPS Connect testing phase is currently on hold due to computer systems being set up therefore there is no need for them to volunteer for testing at this time• EG to follow up on MHRA's toolkits in innovatory licensing processes on new flexibilities instruments and point of care and innovating licensing pathways. <p>BK formally welcomed Prof. Parastou Donyai, the new Chief Scientist to the meeting. It was noted, with regret that the Science and Research Summit has had to be postponed due to planned RMT strikes.</p> <p>Separately it was noted the Harrison Medal awardee, Prof Abdul Basit from UCL is due to receive the medal at the SR Summit. His lecture will additionally therefore also need to be postponed along with the Summit date.</p>	

2: Relevance

Consider tabled items, consider future areas of interest for the next 6-12 months and consider longer-term horizon scanning.

Title	Item 1. Introduction to the new RPS Chief Scientist	Time of item: 10:10
Description	Introduction to Professor Parastou Donyai	
Purpose	An opportunity for the new Chief Scientist to meet the members of the SRC and discuss aspirations and future strategy	
Outcomes	<p>SRC members introduced themselves to PD and welcomed her to the meeting. PD gave an overview of her career background to the group. She is excited to use her role at RPS to pursue some of her ideas listed below:</p> <ul style="list-style-type: none"> • remap the breadth of the pharmacy science curriculum • Continue the engagement work started by previous Chief Scientists (i.e. how podcast recordings can be built upon) • to strengthen research skills for pharmacists • use the return of the annual conference to strengthen research presence for the profession 	

Title	Item 2. Annual Conference & Abstracts	Time of item: 10:30
Description	Update on the forthcoming Annual Conference	
Purpose	<ul style="list-style-type: none"> • Discuss and finalise involvement of the SRC in the Annual Conference planning, administration & running • Agree and implement a programme for receiving, reviewing and agreeing abstracts (SW) 	
Outcomes	<p>A potential amalgamation of the SR summit and RPS annual conference was noted as both venues for the events are managed by the same company. SRC are very supportive of the events being joined together as one integrated programme. This would make science and research more central and would underline the importance of science underpinning practice. Joint event would also work better in terms of sustainability and cost for people travelling. It was highlighted there was no science presence at the Clinical Pharmacy Congress, therefore having science and research at the RPS conference should be encouraged and it would complement fully the activities of the APS. It was suggested to include "Science into Practice" category in the abstracts categories.</p> <p>SW confirmed the call for abstracts had gone out last week with a closing date of 31st July, which means reviewing abstracts over August. The Abstract review panel consisting of some of the SRC members has been active for some time now and has significant experience, therefore the timeline should not be an issue. SW thanked GH and CB for volunteering to be on the panel as well as PD and AG who will be helping out this year. Based on previous conferences we are pre-empting 30-40 abstracts, which a small group of reviewers should certainly be able to handle with providing feedback to the authors.</p> <p>Some comments from SRC suggested that we shouldn't provide a full peer review and reject unsuitable abstracts. Another idea was to accept posters without publication if submitted late and not make the peer review as that could increase the delegate numbers at the conference. Yet another suggestion was to either publish the abstracts in IJPP or present them at the conference proceedings (including any late coming ones)</p> <p>SW confirmed it would be a streamlined process with one agile review.</p> <p>Going forward SRC would like to be involved in the planning of the conferences so they can use the learning points from previous conferences ahead of time.</p> <p>Action: PD to follow up on the suggested Science into practice abstract theme if the SR summit gets combined with the RPS Annual conference.</p>	

	Overall the SRC are very supportive or representing Science and Practice under one conference.
--	------------------------------------------------------------------------------------------------

Title	Item 3. Joint Pharmaceutical Analysis Group (JPAG)	Time of item: 10:50
Description	Discussion on JPAG and its governance	
Purpose	<ul style="list-style-type: none"> RSC have written to the RPS seeking information on the legal status of the group The RSC have also requested information on where the governance responsibilities for the group sits 	
Outcomes	<p>WT provided some historical background on RPS relationship with JPAG. JPAG has historically had informal sponsorship from RPS and Royal Society of Chemistry (RSC). There's been a proposal from RSC that JPAG would sit within RSC framework and there would be a MOU between RSC and RPS to continue that collaboration with RPS contributing financially to the group. JPAG are an independent organisation and about 1000 of their members are from RSC and c. 400 from RPS. RPS had previously offered support but in 2018 due to changes to GDPR and because of RSC having more members within JPAG it was proposed for JPAG to sit within RSC and RPS to sponsor the members. RSC got in touch with RPS only recently with intention to finalise the status and the future of JPAG and invitation to meet. In preparation for that we would appreciate any additional insight from SRC on this matter.</p> <p>SRC are very keen to continue support and reinstate the relationship with JPAG as they provide service to the schools of pharmacy community and members also make up a large proportion of Industrial pharmacists. It was suggested a meeting with RSC should be set up by WT and the outcomes brought back to the next SRC meeting.</p> <p>Action: WT to arrange a meeting with RSC regarding next steps on JPAG</p>	

Title	Item 4. SRC SLWG Strategy	Time of item: 11:00
Description	Develop the key priorities for SLWG formation and deliverables	
Purpose	<ul style="list-style-type: none"> Following the discussion at the last SRC meeting in February we began to consider and identify areas of interest that RPS should be aware of. Building on this and our already identified three key thematic areas detailed in our ToR, we will discuss, agree and finalise a programme for the genesis of our initial series of SLWGs and their terms of reference. 	
Outcomes	<p>SRC discussed the following key areas that would cover the 3 Pillars set in the ToR:</p> <ul style="list-style-type: none"> New Medicines and emerging technologies <ul style="list-style-type: none"> <i>comprehensive review of ATMPs</i> (include digital guidelines, guidance on issues for pharmacists) <i>Genomics</i> <i>regulatory science</i> (especially the European regulations - EMA reg sci research needs: https://www.ema.europa.eu/en/news/ema-launches-regulatory-science-research-needs-initiative) trust and accountability balancing active censorships and transparency ("Reflections" from Aurora O'Neal https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/ema-regulatory-science-2025-strategic-reflection_en.pdf) <i>manufacturing of generic medicine</i> (environmental damage in India and China) https://www.bbc.co.uk/programmes/p00ghvd8 - (This would fit with RPS sustainability agenda) 	

	<ul style="list-style-type: none"> • Research across the profession (upskilling, raising the profile) <ul style="list-style-type: none"> ○ RPS framework for practice group ○ developing clinical academic career pathways for pharmacists ○ bringing together all that with devolved nations ○ clinical academic careers survey outcomes • Safer Medicines and safer medicines usage <ul style="list-style-type: none"> ○ Titanium dioxide ○ Nitrosamines ○ Cannabinoids and cannabis-based therapies ○ general patient safety culture aspects, tools to make the practice safer, smoking cessation aids /e could come into this group ○ Vague regulatory pathway in terms of borderline substances, i.e. those that are not regulated as medicinal products ○ a different angle on AMR - green chemistry, waste treatment rather than MO which seems to be well covered <p>Action: BK/PD to look through the suggested topics in details and confirm final selection at the next meeting</p>

3: Communication

Title	Messages for RPS members	Time of item: 11:40
Description	Sharing information with RPS members is an essential role for RPS, and the SRC's advice on what information is useful and relevant to communicate is vital.	
Purpose	<ul style="list-style-type: none"> • To decide what aspects of the SRC's work should be shared with members, and how best to share them. • To make recommendations to RPS on other communication with members needed in the SRC's subject area. 	
Outcomes	SRC suggested there should be more direct interaction with the National Boards, as well as the regional ambassadors interactions (how they see us and what they'd want from us). ToR that needs to be ratified by the Assembly.	

4: Any Other Business

Title	AOB	Time of item: 11:50
Description	Any other business beyond the agenda for wider discussion	
Purpose	An opportunity for SRC members to raise items for discussion not included in the agenda.	
Outcomes	<p>1) GH informed the SRC that Professor Gino Martini asked her to share that he will be announcing 2 fellowships (£200K over 5 years) in precision healthcare (any field) as a pilot. One in England and one in Wales. It will then be extended to another one in England and one in Scotland.</p> <p>Gino also said if the SR Summit becomes a joint RPS/S&R conference as discussed, he will double his sponsorship for the event.</p> <p>2) CE informed the SRC her and her Kings College colleagues are finalising a paper generating evidence for clinical pharmacists' services. This will be shared with SRC when ready.</p>	

	3) It was suggested that we could offer free JPP and IJPP to RPS members – chat to Tony Scully to better raise the profile of science and research (e.g. Highlights from the journals) – Action: <i>Barrie to follow up with Tony</i>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Title	Inclusion and Diversity update for Assembly
Open, confidential or restricted	Open
Author (include email/phone)	Amandeep Doll amandeep.doll@rpharms.com 0207 572 2353
Position	Head of Professional Belonging
Purpose of item	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 to date and upcoming activity for 2022
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 All risks have been mitigated against
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	None

Inclusion and Diversity Update

Background

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

We are committed to continue to deliver against our strategy and ensure there is an improved sense of belonging across the profession.

We must have a fair profession where everyone feels they belong for us to best deliver on all our professional responsibilities.

Summary of activity /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, Women in Pharmacy Group, Pharmacy Technicians of Colour and the Female Pharmacy Leaders Network. 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 554 members across the profession have joined, demographic data of the group:

- 81% pharmacists, 3.5% pre-registration students, 6% pharmacy students, 1.9% pharmacy techs, 0.4% pharmacy support staff, 0.8% pharmaceutical scientist and 3.2% other
- Predominantly from hospital (27%), community (20%) and academic (15%) areas of practice
- 72% women and 27% men 2.9% preferred to not say
- 11% have stated they have a disability; 4% preferred not to say
- 60% are from a Black, Asian and Minority Ethnic community
- 9% are from the LGBTQIA+ community; 14% preferred not to say

We have held 14 meetings to date since the launch of the group in 2020. On average we have 20-30 people attend each meeting.

Several 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 and what to do if you have been a victim or witnessed such behaviour. We have developed the following references to date:
 1. [Disability Related Microaggression Reference](#) accompanied by a [workshop](#).
 2. [Race Related Microaggressions Reference](#)
 3. [Gender Related Microaggression Reference](#)
 4. [LGBTQIA+ Related Microaggressions Reference](#)
 5. [Age Related Microaggressions Reference](#)

We continue to work with our ABCD reference groups who share their experiences of working in pharmacy and inform us on how we can shape our resources, events and celebrations for particular groups. These include the:

- **Ability Reference Group:** we have met to discuss attitudes to disability in pharmacy and have helped to shape our [disability awareness campaign](#) which we have focused on from January to March.
 - **LGBTQIA+ Reference Group:** we have met to discuss attitudes to sexual orientation and the importance of inclusive language and not making assumptions. The group also helped to shape Pride and LGBTQIA+ History Month celebrations.
 - **Women in Pharmacy Design Group:** volunteers have helped to design the Achieving Gender Equality for Women event held in November and the gender microaggressions reference.
- b. Following each of the ABCD meetings, a number of individuals have been inspired to share their experiences of working in pharmacy. We have produced 64 Inclusion and Diversity blogs so far; examples include individuals sharing their experiences of having a [visible and non-visible disability](#), the [importance of flexible working within the profession](#) and [the role of men as allies](#).
 - c. The group have provided feedback to help shape the delivery of our Inclusion & Diversity strategy outcome impact evaluation; to establish what good looks like, how we can measure the positive impact of the RPS Inclusion & Diversity workstream on the profession and areas of improvement.
 - d. We will continue to promote the ABCD group, to ensure broad representation across the profession and allyship.

2. RPS Inclusion and Wellbeing Pledge

The [RPS Inclusion and Wellbeing Pledge](#) launched in June 2021 has been created with members of our profession, we engaged with 81 individuals through focus groups for RPS

members and non-members and we engaged with more than 20 organisations across the profession.

So far, the RPS Inclusion & Wellbeing Pledge has been signed by a total of 1176 members of the profession. 1096 members have made individual pledges, 21 team pledges and 60 organisational pledges including unions, employees, the NHS, regulators & pharmacy schools. With organisational pledges these result in a large number of individuals being positively impacted by the RPS Inclusion & Wellbeing Pledge.

We have received positive engagement with the pledge across our social media channels, 315 individuals shared the pledge tweet from the button on our website.

We are working on producing resources and guidance and running events that underpin the RPS Inclusion and Wellbeing Pledge and showcase good practice to create fair and transparent processes and support visibility, representation, and progression across groups. We have recently launched the [Pledge Actions Resource](#) which supports pledgees to put their pledge into action.

3. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment process to be undertaken on membership products and external policies:

EQIAs have been conducted on the following RPS products:

- RPS Consultant Pharmacist Credentialing Process.
- [RPS Post-registration Foundation Pharmacist curriculum](#)
- RPS Live Content Digital Delivery
- RPS core advanced curriculum

EQIA reports on RPS products are shared in the public domain once the product has been launched.

We have also facilitated EQIA workshops with Health Education England for the foundation trainee National Recruitment Scheme (ORIEL) and the Work Psychology Group on the foundation trainee Professional Attributes Framework.

4. Address Black students' awarding gap at both undergraduate and post graduate level.

We have raised with the Pharmacy Schools Council (PhSC) how we can work together to improve undergraduate and registration assessment pass rates for Black students, particularly to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. These conversations are ongoing.

We are engaging with student groups; Black Pharmacist Collective, Black Pharmacist Initiative and African & Caribbean Preregistration Pharmacy Network (ACPN) to scope a RPS hosting a Black Pharmacist Network to support diversifying School of Pharmacy faculties.

We are also ensuring we are showcasing and supporting the sharing of good practices of decolonising the pharmacy curriculum and embedding inclusion and diversity.

We worked with BPSA and Black Pharmacist Collective to deliver the Student Voice at the Health Education England and PhSC EDI summit.

5. RPS Fellow Panel and Membership Committee

The RPS Fellowship nomination forms are currently being reviewed to ensure they are inclusive, and with the RPS panel of fellows we are considering ways to ensure we are attracting diverse nominations from across the profession.

We are also working with the Chair to ensure we are embedding Inclusion and Diversity throughout the process. We are routinely collecting EDI data for our panel of fellows and newly appointed RPS fellows.

All RPS Fellow panel members, National Board Members and Expert Advisory Group chair will be expected to attend unconscious bias training and asked to join our ABCD group.

6. Regular, network-led events supporting belonging

The topics we have covered at our regular ABCD meetings have included:

- Celebrating LGBTQIA+ History month – considering the importance of LGBT+ staff networks and hearing from different experiences
- [Women’s Health in the Workplace: Menopause and Mental Health](#)
- Ageism

We have also held additional webinars to raise awareness on the following topics:

- Celebrating International Women’s Day in collaboration with [Female Pharmacy Leaders Network; the heroes of breaking the bias.](#)
- Disability Awareness Campaign:
<https://www.rpharms.com/resources/webinars/disability-awareness-campaign>

7. Professional Collaboration

LGBT Foundation

We have worked with the LGBT Foundation to work on a Pride in Practice resource: [Pride in Pharmacy](#) for community pharmacies to support LGBT+ people with accessing pharmacies as well as pharmacists working with LGBT+ people.

GPhC

We have met with the GPhC to discuss our alignment with inclusion and diversity and workforce wellbeing across the two organisations, we are working on a document to identify areas of collaboration and supporting each others work.

Inclusive Pharmacy Practice - Health Inequalities

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

England: RPS, NHSE/I & APTUK [Joint National Plan for Inclusive Pharmacy Professional Practice](#). We are working collaboratively to deliver actions under each of the themes and evaluate progress. We have delivered the following activity with NHSE/I and APTUK:

- Supporting with IPP webinars
- Attendance at Improving Pharmacy Practice and Engagement Group
- Providing content for IPP newsletter

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.

HEIW

We have been working closely with the HEIW foundation trainee team to embed inclusion and diversity throughout the training year. A timetable of workshops and activity is being drafted for the 2022 trainees.

8. Consultation Responses

Over the last two quarters we have submitted responses to two consultations directly related to inclusion and diversity

- a. [Disability Workforce Reporting Consultation](#) – We're calling for mandatory reporting of workforce disability data to create more inclusive practices in the workplace.
- b. [GPhC Equality Guidance for Pharmacy Owners](#) – we have provided feedback on the Equality Guidance and how it can be strengthened to support the pharmacy workforce.

9. Disability Awareness Campaign

Disability was highlighted as one of the biggest barriers to career progression in pharmacy through our profession wide survey in 2019. We launched a Disability Awareness Campaign from January to March 2022 to challenge barriers to working in pharmacy and celebrate

success stories. The campaign has been shaped by the RPS Ability – volunteers from our ABCD group with visible and non-visible disabilities.

We have started a profession-wide conversation to raise awareness on visible and non-visible disability in pharmacy. The campaign will also include a specific focus on mental health and long-term conditions.

Working with the RPS Ability reference group we have established the following advocacy points our campaign will focus on:

- Reduce barriers to entry to the profession
- Call for more accessible working environments
- Encourage employers to collect data on disability in the workplace

To start the campaign we asked for a review of the Higher Education Occupational Practitioners (HEOPS) standards of medical fitness to train for pharmacy students.

We have met with the GPhC to discuss the next steps to updating the HEOP guidance. We have contacted the Pharmacy Schools Council and are awaiting a response from them to meet with ourselves and the GPhC to take this further.

To launch the campaign we held an [online event](#) to hear from disability experts and individuals of the RPS ability group of why we need to raise awareness of disability in pharmacy. We have shared different experiences of individuals working in pharmacy; 10 pharmacy professionals have shared their experiences of challenges and how they have navigated these to have successful careers through blogs. We also shared the experience of two pharmacist through a social media live [discussion](#).

We held a Disability Roundtable with key stakeholders across the profession ranging from employers, regulators and trade unions to discuss how we can improve access to flexible working as a reasonable adjustment across the profession. A report will be published in July 2022.

We are also hosting a Scottish Disability roundtable in September 2022 with members of the Scottish Parliament.

10. Inclusion and Diversity Outcomes Impact Evaluation

We have been working on building on our process evaluation to establish a robust outcomes evaluation programme of the RPS Inclusion and Diversity workstream to measure the positive outcomes of the I&D strategy on the profession.

We will be embedding measures and key performance indicators to continually measure the impact of our 2022 activities to ensure we are collecting data on impact of our operational delivery throughout the year. This includes developing an Inclusion and Diversity reporting dashboard.

11. Advocacy Asks

Our first year of strategy delivery has been focussed on raising awareness of inclusion and diversity within pharmacy and building confidence. Our second year of the strategy we will be continuing to raise awareness and celebrate drumbeat events as they create a sense of belonging across the profession.

We want to bring change and lead the charge for the profession; therefore, we will be focussing on policy and advocacy asks on key priorities for each protected characteristic. We will be championing for what the profession needs to flourish and to ensure the changes we would like to see in the profession are being actioned to produce meaningful long-lasting change.

They will be focused on improving the professions experience of working within the profession and reducing inequalities and removing barriers that individuals experience.

Working towards and progress of the advocacy asks will form one of the key elements of our outcomes impact evaluation throughout the year.

We are working with key stakeholders including the ABCD group to ensure they reflect what the profession needs.

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

We have launched our annual anonymous survey to collect EDI data from our members for six weeks from June to July 6th 2022. We will be using the data internally to provide us with more information on the demographics of our membership.

The survey results will be reported to Assembly in November and will be shared with the profession.

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.

13. Drumbeat Events and Celebrations

The most recent celebrations have been:

a. LGBTQIA History Month

We launched our LGBTQIA related microaggression guide working with stakeholders across the profession including the PDA LGBT+ Network and the RPS LGBTQIA+ reference group.

We dedicated our February ABCD meeting to celebrating LGBTQIA+ history month through showcasing visible leaders in the profession from the LGBTQIA+ community, particularly from an intersectional point of view to highlight the experience of members of the South Asian LGBTQIA+ community.

b. International Women's Day

To celebrate International Women's Day, we collaborated with The Female Pharmacy Leaders Network to celebrate breaking the bias in pharmacy. We also had a number of blogs showcasing women in pharmacy working with a long term condition or disability to highlight the intersectionality with the disability awareness campaign.

We also dedicated our March ABCD meeting to discussing the impact of menopause on mental health to raise awareness of women's health in the workplace.

c. Transgender Day of Visibility

Lauren Keatley – Hayes a senior clinical pharmacist and vice president of PDA LGBT network has written a [blog](#) for us on LGBTQIA+ visibility and removing barriers.

d. Pride Month

To celebrate Pride month, we have walked with 45 RPS staff, members and their friends in Pride in London Pride on 2nd July; We are also asking members to share their attendance at Pride celebrations across GB.

We have also had a [blog](#) by Raj Pandya explaining the importance of LGBTQIA+ workplace networks for individuals and communities.

e. Windrush Day

To acknowledge Windrush Day we have shared a [blog](#) by Sharon Rennie a pharmacy technician on why Windrush Day matters to her.

Thorrún Govind chair of the English Pharmacy Board has signed a [joint letter](#) to make the 75th anniversary of Windrush in 2023 a national major moment.

14. Positive Engagement and Impact

We have seen an increase in engagement and diversity in applying for expert advisory group and national board positions at the RPS.

Following our celebrations of drumbeat events, launch of resources and references and the live events and workshops, we continue to receive good engagement and feedback. Individuals have been sharing their feedback on an increased sense of belonging to the RPS as it has been positive to see an increase in diversity of visibility and representation. We have also seen an international audience engage and attend our events for Black History Month and South Asian Heritage Month.

Blogs on lived experiences receive particularly high engagement across all platforms. The I&D blog pages have consistently high page views, in November 2021 five out of the top 10 most viewed blogs on the RPS site were I&D blogs.

Our microaggression related series has the highest engagement on our I&D pages. Additionally, the Race related microaggressions reference infographics have been used by Canada School of Public Service who have developed a workshop “Advancing the Conversation on Systemic Racism and Racial Discrimination” and the International Institute of Restorative Practices Graduate School is writing a workbook for on how to help people learn how to talk about race in a way that is educational and proactive to address some of the current racial issues we are all facing.

15. Upcoming activity

In addition to the activity in the highlight report below the following activities are also underway:

a. Annual RPS Conference

Working internally with different teams to plan the RPS annual conference; ensuring the sessions and speakers are diverse as well as ensuring inclusion and diversity is a key theme throughout the conference.

b. South Asian Heritage Month

Working with inclusion and diversity networks and organisations across the profession to establish a programme of activity for South Asian Heritage Month.

- c. Developing the task and finish group for a next campaign highlighting the needs for family friendly policies for parents and carers.

The table demonstrates the key deliverables across 2022 for the Inclusion and Diversity programme.

Activity	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Share Disability Roundtable Report and next steps				
LGBTQIA+ Microaggressions Related Reference				
Launch of EDI Membership Survey and collating responses				
LGBTQIA History Month				
Working with partners, working groups and our I&D networks to develop guidelines to improve hiring panels				

Age related microaggression reference				
Launch RPS I&D Advocacy Asks				
Continuing to explore options of building a network of diverse guest lecturing pharmacists who pharmacy schools can approach to provide lectures in their specialist areas				
Develop and launch a year long campaign to support parents and carers in pharmacy this will also include publishing and promoting family friendly policies for all employees				
Publish RPS Gender, Ethnicity and Disability Pay Gap Reports				
ABCD Meetings and ongoing engagement				
Ongoing review of I&D in RPS Fellows				

Throughout the year: advocating and lobbying on behalf of the profession on issues raised on Race, Gender, Disability and LGBTQIA+

Ongoing:

- Continue to work with key stakeholders and pharmacy organisations to embed the RPS Inclusion and Wellbeing Pledge and to share best practice across the profession through
- Working with partners, stakeholder and networks to hold regular, network-led events supporting belonging
- To conduct Equality Impact Assessments on membership products and external policies.
- Continually review RPS Fellowship and National Boards Elections processes and collect EDI data.
- Addressing barriers to Black Asian and Minority Ethnic and gender representation and leadership (progression and representation)

ASSEMBLY MEETINGS 2023

Assembly Working Day	28 th March
Assembly Meeting	29 th March
Assembly Induction Day	11 th July
Assembly Meeting	12 th July
Assembly Working Day	21 st November
Assembly Meeting	22 nd November

Title	RPS Panel of Fellows and Membership Committee EDI data update
Open, confidential or restricted	Open
Author (include email/phone)	Amandeep Doll amandeep.doll@rpharms.com 0207 572 2353
Position	Head of Professional Belonging
Purpose of item	To provide an update of the EDI collected for the RPS Panel of Fellows and Membership Committee
Item Summary	An update on EDI data collection of the most recently appointed Panel of Fellows and Membership Committee
Related Risk Register item (where applicable)	Not all members of the RPS Panel of Fellow and Membership Committee completing the EDI survey and not having a complete data set We are only able to report based on the individuals who have completed the data (which may not represent the true picture of the advisory boards).
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	None

RPS Panel of Fellows and Membership Committee EDI Data

Background

As a professional leadership body, we need to ensure there is diverse representation in our decision-making processes, national boards and advisory groups.

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 and the diversity of our advisory groups. Collecting this data over time will allow us to ensure our advisory groups are representative of the profession; and identify where we are lacking diversity and put together an action plan to address any lack of diversity in our advisory groups.

Data Collection

An anonymous EDI data collection form has been circulated to the RPS Panel of Fellows and Membership Committee to collect the EDI data for the current members.

There are currently seven members of the RPS Panel of Fellows and 15 members of the RPS Membership Committee.

We have had five responses from the RPS Panel of Fellows so far; another reminder email will be sent to the panel to complete the data collection form.

There have been five responses from the Membership Committee, we will be continuing to communicate with the group on the importance of completing the EDI data collection form to enable us to monitor the groups diversity.

Aggregated statistics of the survey will be shared on completion in the future, however due to the sensitive nature of the data and the small number of responses so far, the data will not be shared as it maybe be easy to identify the respondents.

We will be using the data to identify any gaps of representation on both the RPS Panel of Fellows and Membership Committee. An action plan will then be put together to address any lack of diversity; actions will include a communications plan on recruitment to encourage applications from diverse candidates as well as ensuring inclusion and diversity principles are embedded through the groups decision-making processes. Unconscious bias training and continually reviewing the need for representation in the areas that are missing.

Risks

It is important to note; EDI data collection is voluntary therefore individuals are not obliged to share their data with us. As a result, we may not able to report a complete data set and the results of the survey may not truly represent the equality, inclusion and diversity data of the members on each advisory groups.

RPS Governance infographic



MAIN GOVERNANCE BODIES

CHAIRS' & OFFICERS' GROUP (COG)

President, Treasurer, Chairs of the three National Boards.

Meets between Assembly meetings if urgent decisions are needed on major items.

REMUNERATION COMMITTEE

President, Treasurer, Chairs of the three National Boards, Assembly Lay Member.

Reviews & ratifies the Society's People initiatives, organisational pay & benefits, and reviews annual pay award increase proposals.

APPOINTMENTS COMMITTEE

President, Treasurer, Chairs of the three National Boards, Assembly Lay Member, Chief Executive.

Considers appointments made to membership of internal governance bodies and other committees and to external bodies as/when necessary.

ASSEMBLY

The Assembly ensures RPS is led and governed effectively, having overall financial and budgetary management responsibility. It sets the strategic direction for the Society overall and on all GB-wide & international issues.

Chaired by the President, Assembly Members lead the organisation, taking decisions on setting and prioritising strategic aims and provide a link to the National Boards and Board Members.

It has no formal role in day-to-day operational matters, which are managed by the Executive team.

NATIONAL PHARMACY BOARDS ENGLAND / SCOTLAND / WALES

The three National Boards are the backbone of RPS. They determine, interpret & develop pharmacy policy for their respective country teams, lead the agenda for the profession at a national level, focus on the issues that matter to members and oversee the delivery of member services locally.

They have no formal role in day-to-day operational matters, which are managed by the Executive team.

National Board Chairs represent their country with government, other bodies and the wider profession on relevant country matters.

Board members are directly elected by the Society's Members and Fellows, provide advocacy and support and promote the science and practice of pharmacy across their respective country by providing professional advice to government and its agencies, NHS bodies and other health and social care organisations.

FINANCE & INVESTMENT COMMITTEE

Treasurer (Chair), 3 Assembly Members, PhP Board Chair, 2 external finance experts.

Maintains an overview of financial performance and short & long-term investments, advises Assembly on annual budget proposals, Investment Strategy and Operating Reserves Policy.

PHARMACEUTICAL PRESS BOARD

Independent external expert Chair, President, 1 Assembly Member, MD of PhP, CEO, Chief Operating Officer, 4 external 'publishing' members.

Makes recommendations to Assembly on key matters for decision that the Society's publishing business requires, recommending PhP annual business plan and PhP budget to Assembly, holds MD of PhP to account for ensuring delivery of PhP business plan objectives and provides expert opinion to the CEO and Assembly.

AUDIT & RISK COMMITTEE

Independent external expert Chair, Assembly Lay Member, 3 Assembly Members, 1 external audit/risk management expert.

Provides oversight of risk management & mitigating controls, and internal & external audit processes.

OPERATIONAL

CHIEF EXECUTIVE

The Chief Executive is appointed by and accountable to Assembly. Working with the Executive Team, they are responsible for ensuring delivery against budget and strategic objectives and ensuring the long-term viability of the RPS.

EXECUTIVE TEAM

Lead by the Chief Executive, the Team oversees and makes decisions around the operational management, day-to-day business and workstreams of the organisation.

SECONDARY GOVERNANCE BODIES

PANEL OF FELLOWS

EDUCATION & STANDARDS COMMITTEE

SCIENCE & RESEARCH COMMITTEE

MEMBERSHIP COMMITTEE

ADVICE ONLY - NO GOVERNANCE ROLE

EXPERT ADVISORY GROUPS

NATIONAL BOARD CHAIRS' FORUM



Assembly Meeting 20th July 2022

Title	2022 Annual General Meeting Motions
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas – Governance Manager Paul Bennett – Chief Executive Chief Executive
Purpose of item (for noting/discussion/ decision/approval)	For discussion and decision
Item Summary	Assembly members are asked to consider all motions submitted for the 2022 Annual General Meeting
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	Decisions required under Assembly Action points

Annual General Meeting Motions

Background

RPS received 39 motions from members for this year's Annual General Meeting (AGM) on 25th May, with one being withdrawn ahead of that date. As the planned duration of the AGM was insufficient to debate each of the remaining 38 motions individually it was agreed with all motion proposers that:

- key themes for which multiple motions were submitted should be prioritised for the AGM to ensure maximum opportunity for member involvement in discussion on these topics
- overlapping motions would be consolidated into a single motion where possible
- to ensure the meaning of each individual motion which contributed to a consolidated motion was not lost, when the outcome of the discussions at the AGM went on to be considered by Assembly or the Boards, each motion would be considered individually rather than collectively as consolidated motions
- either Assembly or the Boards (where appropriate) would go on to consider **all** motions, regardless of whether they were part of a consolidated motion that passed or failed at the AGM

Assembly members are therefore now asked to consider the motions listed below which have been loosely grouped under the following topics:

- Membership of FIP
- Royal College Status
- Membership Involvement in RPS
- Transparency of RPS
- RPS Governance Structures
- RPS Business
- Professional Indemnity
- Other topics

1 Membership of FIP

AGM Motion 1: It is proposed that RPS reconsiders its decision to leave the International Pharmaceutical Federation (FIP) and seeks to re-join. This should be discussed at the next Assembly meeting in open business, including the potential for a membership vote.

AGM Motion 1 result: For: 92% Against: 4% Abstain: 4%

AGM Motion 1 was created by consolidating the following motions:

1(a) – RPS continues to be a member of FIP

I propose that the Royal Pharmaceutical Society (RPS) continues to be a member of the International Pharmaceutical Federation (FIP) that facilitates effective participation in international pharmacy and so advances pharmacy in Great Britain; the solution is to re-join the FIP.

Three benefits are:

1. Pharmacists aim to contribute to the health and well-being of the public and that is an important thrust of the royal charter of the RPS. To best contribute, our professional body should be at the

forefront of pharmaceutical knowledge, education, research and practice. Britain does not have a monopoly of pharmaceutical knowledge. Four million pharmacists in other countries outside Britain have knowledge that we lack. Our founders around 1843 were proud of the international dimension of pharmacy; witness the non-British supporters of the Society's shield. Our society still needs an efficient, modern, international network of support. The FIP offers.

2. The RPS should be a member of the FIP: an international professional organisation linked to the WHO and the World Health Assembly. The FIP is part of the World Health Professions Alliance. There, pharmaceutical, medical and nursing professions express a joint view on the maintenance of standards of quality and service. That strongly influences governments struggling to provide comprehensive health care with limited resources. The RPS has lost this influence by giving up its membership of the FIP.
3. A chartered object of the RPS is "to safeguard, maintain the honour, and promote the interests of pharmacists in their exercise of the profession of pharmacy". All pharmacists should be able to access the additional resources for their section of practice that would be available from the RPS as a member of the FIP.

For example, industrial pharmacists make the medicines. Non-pharmacists also make the medicines — and do so with great competence, knowledge and expertise. To successfully compete, industrial pharmacists must maintain cutting-edge expertise.

The FIP provides, for example, a journal, webinars and a network of international contacts.

Those benefits amply justify the fee that the RPS would, again, pay to the FIP. It is less than £1 per person per year: minuscule.

So, assembly members: please re-join the FIP.

Malcolm Brown (proposer)

1(b) - Review and reverse decision to cease membership of FIP

In a recent statement the RPS announced that it had taken the decision not to renew membership of FIP in 2022. In the same statement it says that they remain outwardly focused, internationally aware and recognise the important role that FIP plays in pharmacy. How can they hope to achieve this in light of that decision? In defence of the decision, the RSP President stated that there were concerns regarding the extent of membership costs of £31,000 (about £1 per member?) and the discretionary costs incurred by RPS representatives participating in FIP events and meetings (£53,000). When voting on the decision, some Assembly members apparently questioned the value of membership and return on investment. This is understandable in relation to the expenses costs which should be managed better, but surely not the value of being a part of and learning from the future of global pharmacy leadership. This motion calls upon the Assembly to review and reverse its decision to cease membership of FIP and thus actively demonstrate its leadership position within a global profession which, alongside other key activities, will have a positive impact on its effectiveness and status as our professional leadership body in Great Britain

Michael Holden (proposer)

1(c) - Membership consultation to reverse decision to leave the FIP

A motion that asks for a membership consultation and a vote to reverse the decision to leave the FIP.

Mohammed Hussain (proposer)

Commentary

Assembly, at its meeting on 17th November 2021, took the decision that the Society should leave membership of FIP. This decision was taken by a majority vote of Assembly members present at the meeting

following a lengthy debate as to the benefits and value of FIP membership to the Society not just at the meeting on 17th November but at previous Assembly meetings held during the course of 2020/2021.

Following discussion at Assembly during 2020 regarding various international memberships held by RPS, FIP had been formally alerted in December 2020 to the Society's intention to leave membership at the end of 2021. FIP and a working group of Assembly members then met over the subsequent 12 months to explore new ways of working together, how the benefits of membership of FIP to the Society (ie the FIP 'member proposition') might be better articulated by FIP and how the value for money of the annual membership fee (£31,000 in 2019), could be judged at the same time as looking into whether a potential reduction in that fee could be achieved.

However, following these discussions and a formal response from FIP, there remained a strongly held view voiced by some Assembly members that there was no perceptible value in membership of FIP to RPS or its members as currently experienced by the Society and it was difficult to identify any return on investment for the annual recurring membership fee. Other Assembly members strongly voiced the opposing view, and that there would be value to RPS if the Society could make better use of its membership, whilst recognising that full participation incurred a cost beyond simply the annual membership fee, and could achieve some of the improvements it was seeking.

Action 1

Assembly members are asked to consider whether to:

- (a) submit an application to FIP that would enable the Society to re-join that organisation
- (b) if so, whether such an application to re-join should be in any way conditional, and if so, what those conditions might be
- (c) undertake a member poll to ascertain whether a majority would wish the Society to re-join FIP before making a decision

2 No confidence in the Executive & Assembly handling of exiting FIP

AGM Motion 2: A motion of no confidence in the executive and Assembly in the manner of the handling of exiting the FIP without member engagement, conducting the matter in closed business only and not informing members when the exit came into effect. Mohammed Hussain (proposer)

AGM Motion 2 result: For: 32% Against: 36% Abstain: 33%

Additional motions received about FIP membership were:

2(a) - Papers and minutes setting out the options for leaving FIP be published

A motion that demands that all papers and minutes setting out the options for leaving the FIP, and at which the final decision was made at the closed Assembly meeting be published in full to members.

Mohammed Hussain (proposer)

Commentary

The papers, discussions and vote on FIP membership were all classified as confidential at the Assembly meetings where they were considered. It would only be possible to subsequently publish the papers or

minutes of these confidential discussions upon obtaining explicit permission from all Assembly and staff members present at the relevant meetings – this would need to be unanimous.

Similarly, it would only be possible to retrospectively publish papers containing sensitive information with the explicit agreement of FIP and there may be a need to redact some parts that were deemed to be commercially or otherwise confidential.

The Society came to a mutual agreement with FIP not to disclose the intention to leave FIP membership as this could have had reputationally harmful consequences and was felt to be commercially sensitive.

Assembly will wish to be mindful of what precedent this may set regarding other matters previously considered appropriate to classify as Confidential or even Restricted.

Action 2

Assembly members are asked to consider whether to:

(a) retrospectively seek permission from all parties concerned to publish records of the discussions on FIP membership held in confidential business during 2020/21 and, should this prove to be unanimous, publish all relevant Assembly minutes on the RPS website

(b) retrospectively seek permission from all parties concerned to publish the relevant papers considered by Assembly during 2020/21 in reaching its decision to leave membership of FIP

3 Royal College Status

AGM Motion 3: Following extensive consultation in 2008, the independent Clarke Inquiry into the future role of the professional leadership body concluded that the RPS should be considered a body akin to a Royal College; with the intention that it should seek Royal College status in due course. The RPSGB and its membership accepted the conclusions and recommendations of the inquiry. This motion calls upon the Assembly to reaffirm this commitment, and to further commit to a timeframe in which it expects the Society to become a Royal College of equivalent status to those recognised by the Academy of Medical Royal Colleges. Steve Churton (proposer)

AGM Motion 3 result: For: 51% Against: 30% Abstain: 19%

Commentary

RPS pursuit of Royal College status has been considered informally and formally a number of times by the Society since its creation as a Professional Leadership Body in 2010. The most recent being in September 2020 as part of an Assembly Strategy Day to agree the 2021-2026 Strategy (the Strategy subsequently being approved by Assembly in March 2021).

Following extensive discussion, it was agreed that as there is nothing functionally that RPS can't do as a Royal Society that it would be able to if it changed its name to Royal College, but that any proposal to change the Society's name would require substantial work and cost which would need to be diverted from other activities, Royal College status was not considered to be a priority for the life of this strategy but could be considered again when discussions on the next 5 year Strategy came to be held.

Action 3

Assembly members are asked whether:

(a) given current workstreams and strategic plans, further consideration of pursuing Royal College status should be undertaken in advance of the current timeline (ie before discussions on the next five year Strategy (estimated Q4 2025 to Q1 2026).

(b) whenever it is appropriate for further consideration by Assembly to be given to incorporating an application to become a Royal College into its strategy development, should the membership be asked for its view first to gauge what level of support or otherwise there might be for this.

4 Membership Involvement in RPS

AGM Motion 4: It is proposed that Members should be able to vote on fundamental decisions concerning the future of the RPS that are proposed by Assembly, including election of the Officers of the Society.

AGM Motion 4 result: For: 69% Against: 20% Abstain: 12%

AGM Motion 4 was created by consolidating the following motions:

4(a) – Decisions which affect membership

I would like to forward a motion that, the assembly cannot make decisions for members which affect their membership in the royal charter. The Assembly may have an opinion that can be presented to the members, but ultimately should be voted by a simple majority vote by a simple majority through online ballot.

Matthew Tennyson (proposer)

Commentary

Under the terms of the current Charter, members of the Society (ie those members with the categories MRPharmS and FRPharmS) must be consulted by means of a Special Resolution vote on anything that fundamentally affects the Society, including the following:

- voting categories of Membership
- composition of Assembly
- any aspect of the Society covered under the provisions of the Charter

In addition, once approved by Special Resolution, anything that sits within the current Charter cannot take effect until royal approval has been received via the submission to Privy Council of a formal request to amend the Charter itself.

The rules for holding a Special Resolution vote are set out in Item 3.4 of the Society's Regulations as follows: *'Special Resolution' means a resolution of the Assembly confirmed by a ballot of the members eligible to vote (ie Members and Fellows, currently in good standing) giving a two-thirds majority of the votes cast.*

It is simply not practical or affordable to consult all members on every decision that Assembly might take. Instead, the Society operates a system of elected democracy - as described by the Charter and Regulations, Members of the Society elect National Board Members, who then themselves go on to be elected onto Assembly, to represent them and to take decisions on their behalf.

However, it is recognised that there needs to be improvement in the engagement with, and communication to, members and an independent review has been commissioned by the Society which is currently being conducted by Luther Pendragon to consider engagement, participation and elected member accountability for decisions reached. Recommendations following the review will be made public, as will the considerations of the recommendations and any subsequent decisions that would be made by Assembly.

Action 4

Assembly may wish to consider if there are any additional actions beyond supporting and responding to the independent review of member participation and communication that are necessary.

4(b) - President to be directly elected by membership

Motion to propose that the RPS President to be directly elected by the RPS membership. I have observed one secret ballot of the RPS President, and was perplexed about the lack of transparency of the process.

Nahim Khan (proposer)

Commentary

Item 9(3) of the Charter sets out that *'Assembly shall exercise the power... to appoint a President who shall be a registered pharmacist, and other officers of the Society [ie Treasurer] in accordance with Regulations'*

The means of appointing are not defined in the Charter but are set out under Appendix B of the Regulations. At present only members of Assembly are eligible to be candidates for President and only Assembly members are eligible to vote in the election.

Consideration as to whether the President should be elected by all voting members of the Society has been considered a number of times since the RPS was created (by TransCom, Governance Review1 2016 and Governance Review 2 2019) most recently as part of the 2019 Governance Review – where it was again concluded that the President should continue to be elected solely by Assembly members.

Action 5

Assembly members are asked to consider whether a paper outlining alternative options for election of the President should be brought back to Assembly for formal consideration.

5 Transparency of RPS

AGM Motion 5: It is proposed to increase the transparency of RPS meetings and decisions. The following should be considered by Assembly for Assembly, Board and Expert Advisory Group meetings:

- **Meetings to be recorded and uploaded on RPS website for members to view**
- **Open business to be used as default except when relating to financial or human resources matters impacting individuals**
- **Any changes to RPS regulations that are gazetted should be discussed in open business**
- **All closed business items should be listed on the agenda**
- **Votes on Assembly and Board meetings to be recorded against individuals**

- Expert Advisory Groups to publish agendas and minutes, and be open for members to observe
- National Board Chairs' forum to publish agenda and minutes, and be open for members to observe
- Assembly/Board sub committees to publish agendas and minutes

AGM Motion 5 result: For:89% Against: 5% Abstain: 6%

AGM Motion 5 was created by consolidating the following motions:

5(a) – Recording of meetings

Assembly and board meetings should be recorded and uploaded to the RPS website (they are already conducted by zoom to allow members to observe), to allow more members to watch the proceedings at a time that best works for them.

Mohammed Hussain (proposer)

Commentary

Assembly discussed the recording of meetings at its meeting in November 2020. It was agreed at that time not to do so, legally, the issue was not as straightforward as simply recording then publishing the content online. A significant piece of work would need to be done to ensure this process could be introduced such as developing the necessary legal waivers for all present to sign. There would also potentially be procedural difficulty should anyone at the meeting, Assembly member/staff member/invited guest etc, not agree to sign such a waiver.

The main barrier to recording the meetings would be the not inconsiderable issue of personal data collection and the potential liabilities for the organisation, from a data breach perspective, would far outweigh any perceived benefit and felt there were a number of other ways that transparency could be improved.

Action 6

- (a) Assembly members are asked if the decision taken in 2020 should be re-considered.
- (b) If so, should a paper outlining legal implications/pros/cons of recording open business sessions of Assembly/Board meetings be brought back to Assembly for formal consideration.

5(b) – Open Business

A motion that all matters are defaulted to be in open business except in extraordinary circumstances where the matter relates to active financial dealings or is a Human Resources matter impacting named individuals.

Mohammed Hussain (proposer)

Commentary

Standing Orders for Assembly and Boards (Regs Appendix F & G) already detail that '*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/Board Chair] may determine that an item(s) for discussion is confidential or, in exceptional circumstances, restricted.*'

The different categories of classification currently are:

Open - Papers available to any member of the Society on request. Any member of the Society may attend the meeting for consideration of these items.

Confidential - Papers confidential to the Society - to be available to Assembly and National Board members and to senior members of staff only

Restricted - Papers only available to the members of the Assembly considering the matter and senior members of staff only

Confidential

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*

Restricted

Under exceptional circumstances the President and/or Chief Executive may direct items to be classified as restricted when:

- 1. They refer to individuals or organisations who could be prejudiced by their disclosure; their disclosure to members other than members of the Assembly could be prejudicial to the commercial activities of the Society, or another organisation or an individual.*

As outlined above, when setting agendas for meetings, every effort is made to include as much as possible in Open business, however given the fiduciary remit of Assembly, the need to consider items with a commercially sensitive aspect and the need to consider items that impact personal/named individuals there are often a number of items of business that must be considered as Confidential or Restricted business.

Action 7

Assembly members are asked if they wish to re-define the existing categories of confidential and restricted business for Assembly and Board meeting.

5(c) - Closed Business

A motion that all closed business items for Assembly and National Boards should be listed on an agenda that is published so that members can have visibility of the types of matters being discussed in closed business, even if they cannot observe the conduct of business for such items.

Mohammed Hussain (proposer)

Commentary

For the same reasons items are classified as Confidential or Restricted (see commentary in 5(b) above) it may not always be possible for particular items being considered by Assembly to be made public.

Assembly Action 8

Assembly members are asked to consider publishing headline agenda item descriptions for confidential and restricted business at Assembly and Board meetings unless there is a particular reason of confidentiality that prevents this.

5(d) - Changes to regulation

Motion to ensure that any changes to regulations that are gazetted, and feedback resulting from gazette notices, are discussed in open business at RPS Assembly meetings.

Nahim Khan (proposer)

Commentary

For the same reasons items are classified as Confidential or Restricted (see commentary in 5(b) above) it may not always be possible for particular changes to the regulations being considered by Assembly to be discussed in open business.

Any proposed changes must, however, be gazetted for the membership to consider over a period of 60 days. Any substantive feedback received then goes on to be considered by Assembly.

Action 9

Assembly members are asked to ensure proposed changes to the Regulations are discussed in open business at Assembly meetings unless there is a particular reason of confidentiality that prevents this.

5(e) - Voting on Boards and Assembly meetings

A motion that allows for all voting on Boards and Assembly meetings to be recorded against each voting individual so that members can have visibility on how their elected officials vote.

Mohammed Hussain (proposer)

Commentary

Following a decision taken at Assembly in July 2021 this is already the case for all votes taken, as per Appendix F Item 7 of the Regulations: *If a vote is necessary to resolve a debate it shall be determined by a simple majority of votes cast. Names of members of the Assembly voting for and against a recommendation or resolution and those abstaining from voting will be recorded.*

Appendix G Item 12 similarly sets out that: *On the motion of a member of the Board, duly seconded, names of members of the Board voting for and against a recommendation or resolution and those abstaining from voting will be recorded.*

However only those votes taken in open business would be published.

Assembly Action

Assembly members are asked to affirm their continued commitment to the Regulations as detailed above.

5(f) - Motions passed at the AGM

This motion asks that all AGM motions passed at the AGM must be discussed at an open Assembly/ Board meeting and a vote held to approve/ reject each motion. The votes by the Assembly/Board members for and against each motion must be recorded by name in the minutes for maximum transparency.

Mohammed Hussain (proposer)

Commentary

All motions passed at AGMs are already discussed in open business at Assembly (and/or at the National Boards or other governance body as appropriate) and any votes taken at Assembly are recorded as a matter of course (see 5 (e) above).

Assembly Action

Assembly will wish to consider reaffirming the established procedure for dealing with AGM motions

5(g) – Expert Advisory Groups -

This motion asks that all Expert Advisory Groups established by the RPS allow members to observe all meetings and have their agendas, and minutes published for members to read online.

Mohammed Hussain (proposer)

Commentary

Expert Advisory Groups have been created to provide advice to RPS staff and National Pharmacy Boards in a variety of professional matters. They have no governance function and are not empowered to develop RPS policy, which is strictly the remit of the National Pharmacy Boards. The EAG's are populated by members and others with relevant experience so invited and who give freely of their time to support the organisation, ultimately to assist in the delivery of the RPS Vision and Mission.

Members of the EAG are not accountable to the wider membership (in the way that elected members are) and as they perform no governance function it is not considered appropriate to make it a requirement that all EAG meetings be open to observers. Application of such 'scrutiny' to the contributions made by EAG members may dissuade members and others from participating in meetings.

Action 10

- (a) Assembly will wish to consider if this motion is worthy of support given the form and function of EAG's.
- (b) If it is, should it be at the discretion of the Chairs and members of the EAG themselves, recognising that all members would need to be comfortable to have observers in attendance and for any agenda and minutes produced to be made available more widely.

5(h) – Sub-committees - Mohammed Hussain (proposer)

This motion asks that all sub committees established by the Assembly and Board publish their agendas, and minutes for members to read online, unless the items are closed business.

Commentary

The business conducted by most of the committees established by Assembly would prohibit this as the matters discussed are inherently confidential/fiduciary/commercial/related to individuals (eg Finance & Investment Committee, Audit & Risk Committee, Remuneration Committee, Appointments Committee, PhP Board, Panel of Fellows, Membership Committee). Minutes for the Education & Standards Committee and Science & Research Committee are already published as part of the Assembly open business papers.

Action 11

Should the Committees of the Assembly segregate their agendas into 'open' and 'confidential' business, recognising that given the nature of their business that some will have none, or very little, that could be categorised as 'open'.

5(i) – External payments to Governance members

This motion asks that all hospitality and payments by any party, including donations made via online tools such as Patreon and attendance fees by pharmaceutical companies for roundtables, made to RPS elected officials on the Boards and Assembly are declared and published to member scrutiny annually.

Mohammed Hussain (proposer)

Commentary

Assembly and Board members already publish Declarations of Interest as part of open business papers for each meeting and have to declare the following:

- List ***the names of any organisations*** (including your present employer) from which you currently draw a salary or other remuneration including honoraria, long-term or regular consultancies, and any directors' fees or other emoluments from private companies or PLCs. Short-term or one-off consultancies need not be included unless the organisation concerned is likely – or possibly seeking – to do business with the Royal Pharmaceutical Society. In no case are you expected to disclose the level of salary or other payments.
- List ***the names or any private companies or PLCs*** of which you are currently a director, or of which you have been a director at some point during the last three years, or of which you expect to become a director within the next year (whether paid or unpaid). You are not expected to disclose the level of any directors' fees or other emoluments.
- List ***the names of any companies or businesses*** – whether private or publicly-quoted – in which you hold a significant share-holding. 'Business' should be taken to include consultancies, partnerships and the like; you will be deemed to have a 'significant share-holding' if you own more than 5 per cent or more of the business (normally 5 per cent or more of the issued share capital). You are not expected to disclose the level of your financial interest in these companies or businesses.
- List ***the names of*** any unpaid offices you hold – for example, in a company, higher education institution, charity or voluntary or public body – which you consider might have a bearing on your role. You should include any charity trusteeships you hold, or any other way in which you participate in the management of a charity.
- List any interests you have through your members of your family having interests which might be considered to have a potential to influence the exercise of impartial judgement by you in your connection with the Royal Pharmaceutical Society.
- Political Pressure Groups or Associations where their objectives are related to the activities and objects of the Royal Pharmaceutical Society

Members must also comply with the Society's Conflict of Interest, Gifts & Hospitality Policy.

Action 12

- (a) Does the Assembly wish to add to the list of disclosures already required.
(b) If so, what specific additional disclosures should be made.

5(j) – Risk Registers - Mohammed Hussain (proposer)

This motion asks that the RPS publishes its corporate and Board risk registers for members to scrutinise and that this should be a standard ongoing open business item at each Board/Assembly meeting.

Commentary

The Society maintains a comprehensive risk register which follows best practice and identifies risks, mitigations and operational treatments of a range of risks, including (but not limited to) commercial, financial, reputational and operational considerations.

Risk management is not within the remit of the National Pharmacy Boards. Assembly has overarching ownership of the Risk Register and delegates oversight/management to the Audit & Risk Committee which includes the following in its terms of reference:

- *keep under review the Society's central Risk Register*
- *undertake robust assessment of emerging & principal risks, what procedures are in place to identify emerging risks, how they are being managed or mitigated and advise Assembly accordingly*
- *review internal risk management systems to ensure the process for identifying, assessing, monitoring and reporting of strategic and key operational risks is adequate, and provide sufficient and objective assurance that the system of internal controls is functioning as intended*
- *ensure adequate discussion at Assembly level on risk management & internal controls*
- *assess the effectiveness of the management of business risk and reliability of management risk reporting*

The Committee reports directly to each Assembly meeting where the Risk Register is already a standing item and the Chair of the Committee attends to facilitate a discussion at each meeting on a specific area of risk.

Publication of risk registers is not usually undertaken by organisations that are not public bodies and could place the RPS at risk from competitor or hostile activity.

Action 13

Assembly members are asked to consider if it would be appropriate to publish the Society's corporate Risk Register.

5(k) – National Board Chairs' Forum

Motion to propose allowing members to attend the National Board Chairs' Forum and receive minutes.

Nahim Khan (proposer)

Commentary

The National Board Chairs' Forum is an informal discussion forum attended by the President, National Board Chairs, Country Directors and Chief Executive. It has no governance remit or decision making powers and meets simply to facilitate discussion and co-ordinate activity and workstreams across the three Boards.

Action 14

Assembly members are asked to:

- (a) consider if it would be appropriate to allow members to attend non-confidential items as observers at meetings of the NBCF.
- (b) consider if it would be appropriate to publish non-confidential minutes of meetings of the NBCF

5(l)(i) – Member Numbers

A motion that demands that the RPS publish its annual membership numbers, clearly setting out the different membership cohorts, pharmacists, students, pharmaceutical scientists, etc.

Mohammed Hussain (proposer)

5(l)(ii) – Member Demographics

A motion that demands that the RPS publish its membership numbers, by demographics, at the very least to include gender and ethnicity and set out very clearly how this differs from the registrant demographics data published by the GPhC.

Mohammed Hussain (proposer)

Commentary

RPS has faced several calls for increased public disclosure of member numbers from a cohort of members who feel this is an important organisational performance measurement on which to report. It is not clear what legitimate benefit to these members (or others) the reporting of such numbers would achieve. Elected members continue to receive a comprehensive report on member numbers at each Board and Assembly meeting, including membership recruitment and retention by category.

Assembly discussed publishing member numbers at its meeting in July 2021. Consideration was given to a number of possible approaches, including publication of all membership categories, the totality of membership, paying membership only or to continue not to report membership numbers. At that time it was agreed that top-level numbers only would be published.

Action 15

Assembly members are asked if the decision taken in July 2021 should be reconsidered and whether to:

- (a) continue to publish the member numbers annually as they are now
- (b) publish membership numbers by individual categories

5(m) – Non-member attendance @ EAGs

Motion to publish details of non-members who have attended expert advisory group meetings. This is to be broken down to each expert advisory group, profession, and why they were invited.

Nahim Khan (proposer)

Commentary

The purpose of Expert Advisory Groups has been explained above. They are populated by experts who can provide relevant insight and at the invitation of the RPS and in consultation with the appointed Chair of the group. Members of the EAG will typically be drawn from the RPS membership but are not limited to this.

While it would be possible to retrospectively examine the minutes of all meetings and analyse attendance this would require additional work and the benefit of doing so is questionable.

Action 16

Assembly is asked to consider if this is a worthwhile activity for the organisation to undertake given the purpose of EAG's.

6 RPS Governance Structures

AGM Motion 6: A motion that requests that a public and independent review of the RPS governance structures should be undertaken, with the final report and responses from the Assembly published in open business. This should include the frequency of meetings, the format of meetings, the documentation of meetings and policies relating to elected members including expenses.

AGM Motion 6 result: For:81% Against: 9% Abstain: 10%

AGM Motion 6 was created by consolidating the following motions:

6(a) – Review of RPS Governance Structures

A motion that requests that a public and independent review of the RPS governance structures should be undertaken, with the final report and responses from the Assembly published in open business.

Mohammed Hussain (proposer)

Commentary

Comprehensive reviews to look at all governance structure(s) within RPS since the organisation came into being in 2010 have previously been carried out in 2016 and 2019.

An independent review was commissioned in 2016 and considered by Assembly. Subsequently a two phase review was undertaken that was chaired by (the then) lay member of Assembly. The review was supported by a working group consisting of members of the three National Pharmacy Boards with input from members of staff. It resulted in a series of recommendations that were discussed in Open Business of the Assembly. A number of recommendations were accepted by Assembly that resulted in a change to Regulations after the requisite Gazetting process had been followed. The changes were covered in an article published in the Pharmaceutical Journal in February 2020: <https://pharmaceutical-journal.com/article/feature/paul-bennett-good-governance-is-essential-in-any-organisation>.

Good governance is important to the organisation and it should remain under review. Since the changes were made that have been referenced above, there have also been changes to Terms of Reference of the FIC and ARC Committees and to terms of office of elected members. These are now reflected in updated Regulations.

Action 17: Assembly members are asked if they wish to consider commissioning a further substantive review of the Society's governance, with a paper outlining options for potential scope/membership, costs etc to be brought back for consideration.

6(b) – Frequency of meetings

Assembly and Board meetings should be held a minimum of 6 times per year to ensure they are able to fulfil their functions for setting the strategy and holding the executive to account.

Mohammed Hussain (proposer)

Commentary

Assembly currently meets for two days of formal meetings three times a year. It delegates some of its responsibility to a number of committees, eg Finance and Investment Committee (meeting 3 times a year), Audit and Risk Committee (meeting 3 times a year), PhP Board (meeting four times a year). It also meets at various other points over the year as necessary (eg Strategy workshops) and between meetings of Assembly the Chairs and Officers Group (COG) is able to make decisions that may be required swiftly for operational reasons which are required to be ratified at the next formal meeting of Assembly.

The National Pharmacy Boards currently meet at a frequency determined by the Board Chairs and Country Directors within a financial envelope agreed by Assembly. This typically enables the Board to meet up to five times in any year in a pattern and frequency that Board Members consider the best use of available resource. This may therefore vary between the three boards. The funding envelope that reflects this approach was previously agreed in November 2019 and recognised the considerable recurring costs associated with historically high spend on governance.

Assembly will be aware that the next meeting in November is to receive a budget proposal for 2023 which will need to reflect any proposed changes to governance meetings and consider the affordability of any such change.

Action 18

Assembly members are asked if a paper outlining options, resources/costs etc for holding additional meetings of Assembly and National Pharmacy Boards be brought back for consideration.

6(c) – Updates at meetings

This motion asks that 'verbal updates' at the Assembly and Board meetings are minimal and only used for urgent matters where no paper could be produced in time. All items should have a written update in either a document or slides layout, to ensure there is a written record of the updates provided that can be reviewed by members.

Mohammed Hussain (proposer)

Commentary

It is usual that most agenda items for Assembly are accompanied by written papers. Verbal updates are occasionally provided as an opportunity to input where matters are subject to change in a short timescale or have fallen outside of the normal 'window' in which papers are circulated in advance to Assembly and Board members. There has been comment from members that the amount of documentation provided has been

too high and unreasonable for elected members to be expected to read in advance and consequently great effort has been placed in reducing the volume of written documentation produced.

Whether an item is by way of verbal update or accompanied by written documentation, the minutes will reflect the discussion and any decision reached.

Action 19

- (a) Does the Assembly wish to change its established approach.
- (b) If so, what principle should be adopted.

6(d) – Zoom

This motion asks that the Assembly and Boards retain Online (Zoom/Teams) meetings as part of their regular meetings to ensure greater member access, minimise costs and for a reduced carbon footprint.

Mohammed Hussain (proposer)

Commentary

This has already been introduced, with the majority of Assembly/Board meetings being held wholly remotely, attendance by members for open business of all Boards and Assembly meetings via Zoom facilitated as a matter of course and the option for Assembly Members and Board Members to attend any meetings via zoom where circumstances dictate attendance in person is not possible.

6(e) – Expenses cap

This motion asks that subsistence and travel expenses for all Board and Assembly members, excluding the President, be capped at £5,000 per annum (some members have claimed nearly £10k pa in travel and subsistence in previous years).

Mohammed Hussain (proposer)

Commentary

The Expenses policy adopted by Assembly, and observed across the organisation, recognises that elected members should not be out of pocket. It is a requirement of the policy that only legitimate expenses incurred in performance of the role of the individual be claimed and there is a robust authorisation process in place. Expense claims are subject to annual financial audit and expense payments made to elected members are published each year in the Financial Statement

Action 20

Assembly members are asked to consider:

- (a) whether a maximum annual cap be introduced for the total amount of expenses an individual Board/Assembly member can claim and, if so,
- (b) what level the cap should be set at

7 RPS Business

AGM Motion 7: A motion that seeks that as the professional leadership body for pharmacy the RPS supports the profession's charity by donating a minimum of £1 per member per year to Pharmacist Support. Mohamed Hussain (proposer)

AGM Motion 7 result: For: 94% Against: 3% Abstain: 3%

Commentary

Pharmacy Support is an independent charity providing a wide variety of support services to pharmacists and their families, former pharmacists and pharmacy students. Its services are not restricted to RPS members although the connection to RPS is longstanding, having emerged from the RPSGB and having grown through the Benevolent Fund roots. Considerable financial assistance was given from RPSGB to help form the current charity and RPS is a listed partner, often working closely on initiatives and providing resources when doing so. Other organisations also work in this way and some provide financial donations.

Typically, organisations either donate funds or other resources to charitable organisations or they provide an opportunity for members to donate a certain amount to a particular organisation or range of organisations when renewing membership. This motion, by one of the Charity's Trustees, calls upon members to support a financial donation each year to Pharmacist Support which would amount to a sum of circa £38,000. Assembly may want to consider if this is appropriate use of funds or what other options for charitable donation, or member giving might also be considered.

Action 21

Assembly members are asked to consider:

- (a) should the Society makes an annual donation to Pharmacist Support
- (b) should the donation be for a minimum of £1 per member of the Society
- (c) If not, would Assembly wish to consider other options for charitable donations as part of its approach to corporate social responsibility

8 Professional Indemnity Cover

AGM Motion 8: I would like to submit a motion that RPS investigates the provision of Professional Indemnity Insurance for members. This would help retain members and avoid members having duplication of services and choosing other membership organisations that also provide Indemnity Insurance at a similar cost. Andrew Griggs (proposer)

As Andrew Griggs was not present at the AGM, this motion was not discussed or voted on.

Commentary

The possible provision of professional indemnity insurance is a matter that members have raised with the RPS over several years. We are currently attempting to gauge the appetite for such a service from members through qualitative and quantitative research and no decision to proceed has yet been made.

Action 22

Does Assembly wish the organisation to continue to explore the opportunity to develop an insurance offer as part of its membership proposition?

9 Further motions received

The following motions were also received but after discussion with the proposers were not taken forward as substantive items at the AGM, a written response and/or commitment to discuss at Assembly/National Boards as appropriate being provided instead'

9(a) RPS Locals

It is planned to replace RPS Locals with 14 new Regions. When RPS LPFs (and then Locals) were set up to replace Branches, the Assembly and RPS Directors were anxious to emphasise that these local entities were member arms of RPS. They were part of the whole.

We are concerned that members are increasingly being treated as subscribers to RPS services rather than members. Use of the title 'Ambassador' for the centrally appointed leaders for each Region seems to illustrate this. Most people are aware that the role of an ambassador is to represent one organisation to an alien one. An ambassador cannot represent an organisation to its own members.

We therefore urge the Assembly:

- To confirm that the proposed new Regions will be member arms of RPS, just as the LPFs and Locals were.
- To follow the UK precedent for Commonwealth countries and use the concept and title of 'Commissioner' for the leadership of the Regions, and not 'Ambassador'.

Stephanie Bancroft and Christine Heading (proposers)

Commentary

Following discussion with the proposers, this motion was not taken as an item at the AGM but a commitment was instead made that this will be tabled at a Board meeting, after which a response will be published.

The three National Pharmacy Boards have been closely involved in the plans to develop the new RPS Regions model and the creation of the Ambassador role. Less than 5% of members engaged with the previous RPS Locals model and many Locals were inactive. The aim of the new RPS Regions model is to reinvigorate membership engagement with RPS at a local level.

The three Boards have been supportive of the progress with the recruitment of Regional Ambassadors. The role has been advertised and there have been strong numbers of applications for the role. The title 'Ambassador' was picked because they are Ambassadors for pharmacy and RPS. The role includes both connecting with RPS members locally, as well as reaching out to other pharmacists who aren't RPS members, pharmacy students, other members of the pharmacy team, and the wider health and care service. The aim of the role is to facilitate the development of strong networks and improve awareness of RPS, and it is felt that the title 'Ambassador' reflects the purpose of this role.

National Pharmacy Boards will be asked to consider if any change in approach is required, if they remain content with the RPS Regions model and with the title Ambassador (noting that recruitment to the role is already underway).

Action 23

To note the outcome of discussion at the Board meeting once held.

9(b) Pharmaceutical Journal content

Motion to add all previous removed content back to the Pharmaceutical Journal website and to consult members before any significant changes are made to the website in future.

Nahim Khan (proposer)

Commentary

The archive is incredibly important to the organisation and the team, as well as members who express an interest in reading old issues. When the new site was launched, the Pharmaceutical Journal team undertook a considerable amount of work to transfer all of the articles contained on the old website to the new website. A number of the articles contained on the old website that were published between 2001-2013 were never produced in a digital format and only available as PDF accessed via a link on the webpage. The PJ team worked to produce a digital version of these articles from the old print PDFs through an intensive article by article process that involved extracting the content, producing code amenable to the new platform and producing the content to meet the same standards with which we publish new content. However, it was not feasible to produce the full archive in this manner. The team have been able to respond to requests for specific additional articles in a timely manner, and all requests received have been addressed.

We are now approaching the digitalisation process for the remaining portion of content published prior to 2013 as part of our approach to digitalising the entire print archive that goes back to 1841. The team are therefore exploring new processes to digitally render the entire archive. This will involve external specialists who undertake this type of transformation. However, any process is likely to come at cost, which will require a business case seeking investment to address the digitisation of the archive.

The PJ team run regular surveys seeking feedback and opinion about ongoing developments to the content and delivery of the Pharmaceutical Journal. These are, and will continue to be, publicised in RPS and PJ communications and we welcome feedback from our members and PJ subscribers, which helps us to develop the Journal to meet the wide-ranging needs of its readership.

Action 24

Assembly are asked to note the update provided above and if they do not support the proposed plan, indicate what alternative action they would like the team to explore.

9(c) Pharmacy Workforce

Motion on how best to increase pharmacy workforce in the UK: a review of the OSPAP programme

Problem statement: SHORTAGE OF PHARMACY WORKFORCE IN THE UK

- There are concerns about a deficit of about 3,000 community pharmacist in England within a 5 year period (since 2017) attributable to more pharmacists being recruited to PCN as well as a large number of pharmacists not practicing, partly due “Cross border working”.¹
- There is a case of demand of pharmacy workforce exceeding supply, an increase in vacancy and locum rates, increasing part-time working, and reduced working hours. These changing working practices have meant that an additional 4,099 were needed to maintain “an equilibrium” in pharmacies.¹

- More pharmacy closures would be 'unavoidable' due to pharmacist shortage” and this could cause a significant threat to health care in England. 2,3 The shortfall in pharmacy workforce has also been felt in the NHS, obviously making the UK government to include Pharmacists in the “Shortage occupation” list.4

Why change is needed:

There are only two routes for increasing the pharmacy workforce in the UK – pharmacy graduates from schools of pharmacy in the UK, or foreign trained pharmacists seeking to practice in the UK. The second route is the objective of this motion.

The GPhC’s requirements states that to be eligible to practice in the UK a foreign trained pharmacist, whose qualifying degree has been adjudged to be equivalent to that obtained in the UK, must complete a compulsory 9-month Overseas Pharmacists Assessment Programme (OSPAP) in a recognized UK university, 52 weeks of pre-registration training in England, Scotland or Wales, and then a GPhC registration assessment.5 To achieve this it takes an average of 24 months, or more. The cost of registering for the OSPAP in any university in the UK vary from £10,000 to £12,000 (and even more if the candidate decides to go through the PgDip/MSc route).

In comparison with the requirements to practice in the U.S, the National Association of Boards of Pharmacies (NABP) in the United States of America, requires a foreign trained pharmacist to write a certification exam (Foreign Pharmacy Graduate Exam Certificate (FPGEC) and earn 150 hours of work experience only. The cost of registering for the exam, with other fees inclusive, is less than \$1,000. The cost of registration for the exam includes materials and books to prepare for the exams.6 After the FPGEC is obtained, the focus is on “Work Experience” and laws governing practice in each state. In addition, the average salary of a pharmacist in the U.S is \$99,000 - \$150,000. In Other words, it takes less time and cost for a foreign trained pharmacist to go to the U.S to practice compared to coming to the UK.

Motion/Suggestion:

1. The GPhC should re-evaluate the structure of the pre-registration requirements for foreign trained pharmacist. The OSPAP program should be more practice oriented, and less focused on didactic lectures.
2. Both the OSPAP and the Foundation training should be done simultaneously. A 52-week pre-registration training to include update lectures in the university (2 days in a week), work experience under the supervision of a UK trained pharmacist (the other 3 working days in the week), and a one-time GPhC certification (pre-registration) exam after the 52 weeks of training.

Benefits: This will shorten the time spent for the pre-registration year, possibly reduce the burden of the tuition fees paid for the OSPAP, and eventually encourage qualified foreign trained pharmacist to come to the UK and get certified to practice.

Rita Akonoghre (proposer)

Commentary

This motion calls for actions by GPhC and is out with RPS’s remit. The motion will therefore will be referred to GPhC for its consideration. The RPS, in collaboration with the Commonwealth Pharmacists Association have met with the GPhC, a number of international regulators, and the NHS regarding the potential benefits of reviewing the current mechanisms and requirements for overseas pharmacists to be able to practise in the GB. We will continue to advocate for GPhC to consider a review.

Action 25

Assembly members are asked to note any update following response from GPhC and to note the outcome of the discussion at the Board meeting once held

9(d) Pharmaceutical Wholesalers

I would like to raise a motion that pharmaceutical wholesalers such as AAH and Alliance should be compelled to scrap their outrageous policy of making community pharmacies to pay the following charges:

1. Low spend surcharge
2. Fuel surcharge

Explanation

1. Low Spend Surcharge: Alliance Healthcare imposes £75 fine on community pharmacies that spend less than £5,000 per month on their competitive (non-solus) lines while AAH charges similar amount for community pharmacies that spend less than £4000 on these lines.

A community pharmacy that dispenses less than 4,000 items per month will struggle to meet these targets between the 2 big wholesalers and would therefore be penalized to pay the levy which is highly unfair for small independent community pharmacies who do not have any control over the numbers of items they dispense per month.

2. Fuel Surcharge: Alliance Healthcare makes all their customers who spend less than £10,000 per month to pay fuel surcharges ranging from £60 to £100 per month.

These charges are squeezing life out of small independent community pharmacies such that most of them are at the verge of closing down their business because they cannot do without buying from Alliance and AAH.

The RPS should intervene by compelling Alliance and AAH to scrap these outrageous charges.

Banji Kelan (proposer)

Commentary

This motion calls for actions by pharmaceutical wholesalers. After agreement with the proposer, it will be highlighted to Boards to consider whether RPS should take any policy position with regard to this situation.

It is not the role of RPS to intervene in matters of commercial dealings between pharmacy contractors and their suppliers. RPS has no ability to compel pharmaceutical wholesalers to act in a certain way concerning their commercial dealings and this matter is best directed by the proposer towards the Healthcare Distributors Association (HDA) as the representative body for that sector.

Action 26

Assembly members are asked to note the outcome of the discussion at the Board meeting once held

9(e) PDA Safer Pharmacy Charter

Motion to propose that the RPS adopts the PDA safer pharmacy charter – as this charter is already available; it is proposed that the RPS adopt these rather creating its own standards.

Nahim Khan (proposer)

Commentary

This matter was discussed in open business at the most recent joint National Pharmacy Board meeting (28th June). The RPS EPB expressed support for PDA Safer Pharmacies Charter. All three boards would like RPS and PDA to work together to create a joint statement which reflects both the principles of the PDA Charter and RPS policies and professional standards on wellbeing and safety across all sectors of pharmacy.

The RPS has an established procedure for dealing with endorsements. Endorsement enables us to provide support and recognition for important pieces of work from other organisations. RPS endorsement grants permission to organisations to use our endorsement on specific resources, events or conferences that are considered to make a valued contribution to patient care. We endorse materials and events from organisations such as royal colleges, specialist groups, charities, and patient organisations.

We do not endorse materials or events from commercial organisations including commercial training companies and other profit-making organisations. RPS endorsements are free of charge.

Action 27

Assembly members are asked to note the outcome of the discussion at the recent Board meeting and to consider if this matter should now follow the established endorsement procedure or some other process.

9(f) Pharmacist Apprenticeships

(i) Motion for the RPS to explain why members were not informed of the resumption of pharmacist apprenticeship proposals in 2021, despite promising that RPS members would be kept informed.

(ii) Motion for the RPS to remove itself from the pharmacist apprenticeship employer group. The apprenticeship proposals are highly unpopular with members, and the RPS should respect this by not being part of the employer group.

Nahim Khan (proposer)

Commentary

This item was covered in Open Business of the National Pharmacy Board meeting held on 23rd June 2021. It was explained that the Pharmacist Apprenticeship Employer group had recently reconvened and met in early June. The RPS did not attend this meeting. It was explained at the time that it was not clear what the plans of the group were or how this related to the IET reform programme.

The RPS has previously taken the position that it is generally better to be participative in discussions about the profession and workforce issues rather than to exclude itself. In this way the organisation is able to input the views of elected members and the membership more broadly at the appropriate time.

As this is a policy matter, and therefore the remit of the Boards, it is proposed that consideration of this proposal go to the next meeting of the National Pharmacy Boards.

Action 28

Assembly members are asked to note the outcome of the discussion at the Board meeting once held

9(g) Primary Care Pharmacist

Motion to propose that the primary care and community pharmacy expert advisory groups create a joint statement regarding the calls from other organisations for the halt of recruitment for pharmacists entering primary care. Joint statement will include whether these calls are agreed with or disagreed. The expert

advisory groups are able, according to the terms of reference, to respond to requests for comment and act as media spokesperson.

Nahim Khan (proposer)

Commentary

It is not the remit of the Expert Advisory Groups to determine RPS policy. Their function has been covered earlier in this document.

The National Pharmacy Boards adopted position has been one of supporting members who may wish to move between sectors, including transition from and to primary care. The Boards do not have an agreed position that would accord with this motion and to adopt such a position would seem inconsistent with the role RPS has historically played in arguing for the establishment of pharmacist roles in GP practice, Primary Care Networks and Integrated Care Systems and other NHS structures.

As the EAG's are advisory groups to the Boards it is proposed that this item be considered by them to agree / reaffirm a policy position in this regard.

Action 29

Assembly members are asked to note the outcome of the discussion at the Board meeting once held

9(h) Emergency Supplies Support

Motion to propose to create a campaign to support members with emergency supplies. The RPS aims to support members to be “the best you can be”. Further educational resources should be considered before asking the GPhC to strike pharmacists off the register for refusing to do an emergency supply because the surgery is open – as was suggested by a RPS Assembly member.

Nahim Khan (proposer)

Commentary

A commitment was given that this would be tabled at a future Board meeting.

The RPS produces a number of professional practice guides and of course publishes Medicines Ethics and Practice which includes reference to pharmacists making an emergency supply of prescription only medicines (POM).

The relevant practice guide was most recently updated in January 2022 (<https://www.rpharms.com/resources/pharmacy-guides/emergency-supply>). In addition, the RPS operates a one-to-one support line for members who have questions about pharmacy practice matters and can provide advice on making an emergency supply.

It is not RPS policy to call upon the regulator to remove pharmacists from the register for refusing to perform an emergency supply.

The professional issues that a pharmacist will need to take into consideration before deciding whether to make an emergency supply or not, and the actions that should be taken to support the patient if the decision

is not to supply, are referenced in our professional guidance. Pharmacists will expect to be held professionally accountable for their decision whatever that may be.

At present the creation of further educational resource is not considered a priority.

Action 30

Assembly members are asked to note the outcome of the discussion at the Board meeting once held



Title	Policy document for Risk Management
Open, confidential or restricted	Open
Author(s) (include email/phone)	Calvin Smith calvin.smith@rpharms.com 0207 572 2402
Position	Head of Business Development and Data Protection Officer
Purpose of item	Request for Approval of policy document.
Item Summary	<p>The Executive team have created a new policy document to articulate the updated organisational methodology for managing risk. This policy affects all staff and elected members of the organisation.</p> <p>The Executive team request approval of the policy from the Assembly before this is circulated to the wider organisation and embedded into working practices.</p>
Related Risk Register item (where applicable)	N/a
Related RPS Strategy item (where applicable)	N/a
Actions/decisions required of the Assembly	For approval

Risk Management Policy

1 ABOUT THIS POLICY

- 1.1 The Royal Pharmaceutical Society (RPS) takes a proactive approach to the management of all forms of risk the organisation and its stakeholders may face now and in the future. This policy explains this approach to risk management, documents the roles and responsibilities of the Assembly, the Audit and Risk Committee, the Executive Team and other key parties. It outlines the key aspects of the risk management process and identifies the main reporting procedures.
- 1.2 RPS uses risk management to identify, evaluate, treat, and monitor risks that might impact its ability to achieve its strategic aims.
- 1.3 Any alleged breaches of this policy will be investigated and may result in disciplinary action, which could include dismissal for gross misconduct. Any contractor, secondee, volunteer or elected member who breaches this policy may have their contract terminated with immediate effect or, in the case of elected members, may be subject to action under the Society's Conduct Scheme.
- 1.4 This policy sets out our arrangements in relation to:
- i) Approach to risk management;
 - ii) Strategic risk appetite;
 - iii) The Risk Management Lifecycle;
 - iv) Roles and responsibilities relating to risk management within the organisation;
 - v) Record keeping (including the risk register hierarchy);
 - vi) Management reporting.
- 1.5 The following definitions are used in this policy:
- 1.5.1 **“Risk”** means the possibility of RPS not achieving its strategic objectives owing to uncertainties in factors both internal and external to the organisation's operation.
- 1.5.2 **“Risk impact score”** means the relative implication (financially and/or reputationally) of a risk manifesting itself as an issue that is impeding the overall operation of the organisation.
- 1.5.3 **“Risk probability score”** means the likelihood of the risk becoming an issue.
- 1.5.4 **“Risk level”** means the key identifier for the level of severity of any particular risk which is calculated by multiplying the risk impact score by the risk probability score. The Inherent Risk Level is the score when initially identified. The Residual Risk Level is the score of a risk at any point in time between the risk being identified and the risk being mitigated. The Target Risk Level is the score that any treatment plan should aim to achieve.
- 1.5.5 **“Risk Approver”** means the individual in the organisation (typically a member of the Executive Team) who is accountable for managing the risk.

- 1.5.6 **“Risk Owner”** means the individual in the organisation who is operationally responsible for treating the risk.
- 1.5.7 **“Treatment Plan”** means the operational approach to mitigating the risk to such an extent that the residual risk level is reduced to an acceptable level.
- 1.5.8 **“Directorate Risk Register (DRR)”** means the record of any risks that are deemed to be operationally significant to the delivery of a given Directorate’s function within the organisation.
- 1.5.9 **“Corporate Risk Register (CRR)”** means the record of any risks that are deemed significant enough to affect one or more Directorate functions to the extent it could severely negatively impact the performance of the organisation.
- 1.5.10 **“Strategic Project Risk Register (SPRR)”** means the record of any risks that are deemed significant enough to affect the delivery of a strategic project.
- 1.5.11 **“Archive Risk Register (ARR)”** means the record of any risks that have been deemed by the Executive team (for corporate risks) or the relevant team managers (for directorate risks) to no longer require active management or continued visibility to the organisation.
- 1.5.12 **“Statement of Risk”** means the annual record of risk that is presented to the Assembly.
- 1.6 This policy does not form part of any employee's contract of employment and we may amend it at any time.

2 WHO IS COVERED BY THIS POLICY?

- 2.1 This policy applies to all individuals working at all levels, including directors and employees and also includes, but is not limited to, part-time and fixed-term workers, consultants, contractors, elected members on Committees, Boards and Assembly members, homeworkers, seconded workers, agents, external consultants, casual and agency staff, third-party representatives, business partners and volunteers (collectively referred to as staff in this policy).

3 RPS VALUES

- 3.1 All RPS policies are underpinned by our core values of Focus, Quality, Collaboration, Agility and Respect. All individuals are expected to behave in a manner consistent with these corporate values during their engagement with RPS.

4 APPROACH TO RISK MANAGEMENT

- 4.1 Assembly has ultimate responsibility for overseeing risk management within the organisation as a whole and they adopt an open and receptive approach to solving risk problems.
- 4.2 The CEO and members of Executive Team support, advise and implement policies approved by Assembly or those Committees/Boards with delegated responsibilities.

- 4.3 RPS attempts to make realistic estimates of the of the financial and non-financial implications of risks.
- 4.4 Authors of papers for Assembly or a group with delegated responsibility for risks should always plainly indicate the relationship of the proposal to any associated risks on the corporate risk register.
- 4.5 Risk register owners are responsible for encouraging good risk management practice within their areas of responsibility. Risks should be dynamic and reviewed regularly.
- 4.6 Key risk indicators will be identified through the Risk Management Lifecycle and reviewed on a timely basis by the Executive Team and the Audit and Risk Committee.

5 STRATEGIC RISK APPETITE

- 5.1 Risk appetite conveys the RPS’s attitude to how much of what type of risk it is willing to take and is considered both in terms of opportunities and threats that will impact the performance and reputation of RPS.
- 5.2 RPS recognises that a risk-free environment is unattainable, and that the finite means of the organisation will likely result in a certain amount of risk that is unavoidable. A level of risk associated with the achievement of RPS’s mission and vision is accepted. However, any action or judgement that has the potential to significantly harm the RPS’s reputation and/or business continuity must be added to the corporate risk register or otherwise communicated to the Executive Team in order to establish whether it stands outside the RPS’s defined tolerance level.
- 5.3 RPS manages risk at thresholds that are proportionate to its means. Risks are categorised and then evaluated on two dimensions; the impact the risk might have and the probability of the risk becoming an issue (see Table 1 and Table 2), to generate a risk level.

Table 1 - Risk likelihood scoring matrix.

Probability Score	Descriptor
5	Almost certain
4	Likely
3	Possible
2	Unlikely
1	Rare

Table 2 - Indicative risk threshold by impact.

Impact Score	Descriptor	Service Quality / Objective	Finance (non-capital vs. capital)	Regulatory	Reputation	Health& Safety
5	Catastrophic	Non-delivery of services / commitments, Unable to meet business objectives	> £1m	Loss of status or criminal prosecution	Reputational damage is irrecoverable i.e. Government intervention, UK media coverage	Multiple fatalities (Staff, members and visitors)
4	Very Significant	Significant reduction in delivery of services /commitments, Re-prioritisation of business objectives	£500k - £1m	Regulator supervision, legal case leading to major investigation or overhaul of procedures	Reputation damage occurs with the Key Stakeholders	Serious injury occurring and / or multiple illnesses
3	Significant	Partial failure of services, achievement of business objectives delayed, short-term disruption of services and/or commitment	£100k - £500k	Legal case leading to an investigation or change of procedures	Localised reputational damage with groups of individuals /businesses, Stakeholder expectations are not met. Minor press interest.	Health & Safety breach
2	Moderate	Service marginally impaired, some impact on business objectives, but recoverable.	£50 - £100k	Legal action or regulatory penalty	Temporary reputational damage with individuals	Some minor injury
1	Minor	Negligible effects on service quality or business objectives	£0 - £50k	Minor breach with no penalty	Procedures to be documented and agreed in advance.	Very minor injury

6 RISK MANAGEMENT LIFECYCLE (RML)

- 6.1 The Risk Management Lifecycle has been established to ensure the timely identification, evaluation, treatment and monitoring of all RPS risks.
- 6.2 **Identification:** Any risks that arise should be documented as soon as possible and put on the appropriate register (see section 8). The risk should be given an Inherent Risk Level at the point of discovery by determining the nature of the risk (its risk category) and establishing an Inherent Risk Level. The risk should be described and one or many Risk Approvers identified.
- 6.3 **Evaluation:** Risk Approver(s) should identify (a) Risk Owner(s) who is/are responsible for devising and implementing a Risk Treatment Plan. Once devised, a Risk Approver may move the risk to the treatment phase.
- 6.4 **Treatment:** Risk Owner(s) should implement the Treatment Plan without undue delay and provide regular treatment updates. These updates can include updated status descriptions as well as any revised Residual Risk Level. Once the Risk Approver has deemed that all treatments have been completed, the risk may be moved to the monitoring phase.
- 6.5 **Monitoring:** Risks should be monitored to ensure that their risk level remains suppressed. If any changes to the risk are identified, then the risk should be moved back to the identification stage and the RML repeated. If there is no change to the risk level, then the risk may be archived by the Risk Approver if it is determined that the risk is no longer likely to develop into an issue. It is advisable that certain perpetual risks which require continued visibility to senior management are kept in the monitoring stage and regularly reviewed.
- 6.6 **Archive:** For internal records, all risks should be stored on the Archive Risk Register once they have reached the end of the RML.

7 RISK MANAGEMENT ROLES AND RESPONSIBILITIES

7.1 Assembly

- 7.1.1 Assembly is responsible for ensuring that the RPS has a robust and comprehensive system of risk management. Its role is to set the tone and influence the culture of risk management within the RPS. This includes:
- 7.1.1.1 determining whether the RPS is 'risk taking' or 'risk averse' as a whole or on any relevant individual issue;
 - 7.1.1.2 determining which types of risk are acceptable and which are not, setting standards and expectations of employees with respect to conduct related to risk;
 - 7.1.1.3 determining the appropriate risk appetite or level of exposure for the RPS;
 - 7.1.1.4 approving major decisions affecting the RPS's risk profile or exposure;

- 7.1.1.5 monitoring the management of significant risks to reduce the likelihood of unwelcome surprises;
- 7.1.1.6 satisfying itself that the less significant risks are being actively managed, with the appropriate controls in place and working effectively;
- 7.1.1.7 reviewing the RPS's approach to risk management and approving changes or improvements to key elements of its processes and procedures. Approving the Corporate Risk Statement and reviewing the Strategic Risk Register at each of its meetings; and
- 7.1.1.8 receiving reports on risk management from the Audit and Risk Committee.

7.2 Audit and Risk Committee

- 7.2.1 Audit and Risk Committee, acting on behalf of Assembly, is responsible for monitoring the RPS's risk management activities. Its role includes:
 - 7.2.1.1 reviewing the Risk Statement at each meeting, recommending any necessary amendments, and subsequently approving the reporting of this Risk Statement to Assembly;
 - 7.2.1.2 receiving and reviewing the Corporate Risk Register at each meeting alongside related reports from members of the Senior Management Team and alerting Assembly to any risks considered urgent;
 - 7.2.1.3 advising Assembly on the effectiveness of the risk framework and its operation;
 - 7.2.1.4 receiving and considering reports from the Internal Audit service, which reviews risk management as part of its annual audit programme; and
 - 7.2.1.5 reporting annually to Assembly on the RPS's systems of internal control and its Risk Register.

7.3 PhP Board

- 7.3.1 PhP Board, acting on behalf of Assembly, is responsible for monitoring the RPS's risk management activities that relate to the publishing directorate. Its role includes:
 - 7.3.1.1 receiving and reviewing the PhP Risk Register, and such elements of the Corporate Risk Register that impact the running of Publishing, at each quarterly meeting alongside related reports from members of the Publishing Executive Team and/or Senior Management Team and alerting Assembly to any risks considered urgent;

7.4 Executive Team

- 7.4.1 The Executive Team has the executive responsibility for risk management. Its role includes:
 - 7.4.1.1 implementing arrangements that will ensure effective risk management;
 - 7.4.1.2 keeping the Audit and Risk Committee and Assembly advised on risk management matters as Risk Approvers for all risks;
 - 7.4.1.3 supporting managers and Risk Owners in ensuring appropriate action is taken to reduce and mitigate risks;

- 7.4.1.4 reviewing the existing risks and considering emerging risks and the associated ratings;
- 7.4.1.5 receiving regular highlight reports from all Strategic Projects, each of which maintains its own risk register, as part of the normal project management governance arrangements;
- 7.4.1.6 providing adequate information in a timely manner to the Audit and Risk Committee on the status of risks and their treatment;
- 7.4.1.7 undertaking an annual review of the effectiveness of the system of internal control and provide an annual Risk Statement to the Audit and Risk Committee and to Assembly.

7.5 Risk Management Steering Group (RMSG)

- 7.5.1 The RMSG will be comprised of a selection of senior team members within each directorate who will be responsible for encouraging good risk management practice and regular updates of risks within their Directorate or department. Its role includes:
 - 7.5.1.1 ensuring Directorate Risk Registers are maintained within their own department; and
 - 7.5.1.2 identifying risks that should be escalated to the Corporate Risk Register.

7.6 Directors

- 7.6.1 Directors ensure that risk management is embedded within the areas and departments for which they have individual responsibility. They are responsible for encouraging good risk management practice within their Directorates. Their role includes:
 - 7.6.1.1 Acting as Risk Approvers for any risks which have been reported from within their directorate and assigned to the Corporate Risk Register (or otherwise assigned to them);
 - 7.6.1.2 ensuring Directorate Risk Registers are maintained and reviewed on a regular basis;
 - 7.6.1.3 Directorate reporting including any risks for escalation to wider Executive Team; and
 - 7.6.1.4 where required, Directorate risks are reported to the Audit and Risk Committee.

7.7 Strategic Project Leads

- 7.7.1 Employees who are leading Strategic Projects are responsible for ensuring that they maintain a Strategic Project Risk Register as part of the normal project management governance arrangements. Their role includes:
 - 7.7.1.1 Acting as Risk Approvers for any risks which have been reported from within their project team and assigned to the Strategic Project Risk Register;
 - 7.7.1.2 ensuring Strategic Project Risk Registers are maintained and reviewed;
 - 7.7.1.3 Project reporting including any risks for escalation to the Corporate Risk Register; and
 - 7.7.1.4 where required, Directorate risks are reported to the Executive team.

7.8 Health and Safety

7.8.1 Any risks pertaining to activities that could affect the health and wellbeing of one or more individuals should be documented in accordance with our Health and Safety policy.

7.9 All employees

7.9.1 Employees are encouraged to identify risks and to raise them either within their department/project team, or to the Executive Team.

8 RECORD KEEPING

8.1 To ensure the timely management of risk, it is the responsibility of all staff to raise and describe any risks that they identify within the appropriate forum (e.g. team meetings, directorate meetings, etc.) and, if agreed by the relevant Risk Approver, record a risk on the appropriate Risk Register as soon as possible.

8.2 RPS operates a hierarchy of Risk Registers which is proportionate to the RPS risk appetite. The Risk Level determines which risk register is to be used (see Figure 1).

	Very High	5	10	15	20	25
	High	4	8	12	16	20
	Medium	3	6	9	12	15
	Low	2	4	6	8	10
	Very Low	1	2	3	4	5
Probability		Very Low	Low	Medium	High	Very High
		Impact				

Figure 1 - Hierarchy of risk. Blue / Amber - Operational Risk Registers (all risks with a Risk Level less than 10); Red - Corporate Risk Register (all risks with a Risk Level of 10 or more).

8.3 All risks will be added to their relevant Directorate Risk Register (DRR). Any risks with a Residual Risk Level of 10 or above should also be added to Corporate Risk Register (CRR).

8.4 A separate Strategic Project Risk Register (SPRR) should be created for each project where there is likely to be a high level of impact to the organisation of its respective success or failure. A separate risk describing the entire project should be added to the CRR and the Risk Level should reflect the score of the highest risk on the SPRR.

8.5 Any risk that has been in monitoring for 6 months or longer should be reviewed by the relevant Risk Approver to determine whether the risk is still likely to develop into an

issue. If it is deemed that this is not likely, then the risk should be moved to the Archive Risk Register (ARR).

9 REPORTING

- 9.1 A dashboard of all risks should be maintained that demonstrates the overall risk profile of the organisation.
- 9.2 The Corporate Risk Register (CRR) should be reported on a monthly basis to the Executive Team.
- 9.3 The CRR should be reported to the Assembly and Audit and Risk Committee as a standing agenda item at each meeting.
- 9.4 The DRR for Publishing, along with relevant items from the CRR should be reported to PhP Board as a standing agenda item at each meeting.
- 9.5 A Statement of Risk should be reported annually to the Assembly.

10 RESPONSIBILITY FOR IMPLEMENTATION OF THIS POLICY

- 10.1 We are all responsible for the implementation of this policy. You should ensure that you take the time to read and understand the policy and should you have any questions about its content or application, contact the People Team.
- 10.2 The Chief Operating Officer has overall responsibility for the effective operation of this policy, but has delegated day-to-day responsibility for its operation to the Head of Business Development and Data Protection Officer.
- 10.3 Responsibility for monitoring and reviewing the operation of this policy and making any recommendations for change to minimise risks to our operations also lies with the Legal department.