



**ROYAL
PHARMACEUTICAL
SOCIETY**

Assembly Meeting

To be held at 9.00 am to 16.00 pm on Wednesday 17th November 2021

Agenda - Open Business

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

ITEMS FOR NOTING

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

2. **Code of Conduct & Remit of Assembly 9.00 – 9.05**
Governance Manager
3. **Declarations of interest 9.05 – 9.10**
Governance Manager
4. **Minutes of the Open Business the Assembly meeting 9.10 – 9.15**
13th /14th July
To note and approve the minutes of the meetings – any points of material correction or amendment should be notified to the President at least 48 hours in advance of the meeting
Governance Manager
5. **Matters arising from the Open Business minutes not specifically included in the agenda 9.15 – 9.20**
a) Panel of Fellows & Membership Committee
To note new membership of both Committees & new Chair of Panel
Chief Executive
6. **National Pharmacy Board elections 9.20 – 9.50**
Governance Manager
a) To agree proposals for the 2022 Election
b) To note the 2022 effective dates for Board Members
c) To adopt the election scheme for 2022
7. **Updates from the National Boards 9.50 – 9.55**
To note the latest update reports
National Board Chairs
8. **President's Report 9.55 – 10.00**
To note the latest report
President

Assembly Meeting 17th November 2021 – Open

9. Treasurer's Report 10.00 – 10.05

To note the latest report
Treasurer

10. CEO's Report 10.05 – 10.15

To receive a verbal report
Chief Executive

11. Education & Professional Development 10.15 – 10.20

To note the 2021 report from the Education & Standards Committee and the minutes of meeting held on 6th July & 21st September
Director of Education & Professional Development

12. Science & Research 10.20 – 10.25

To note the 2021 report from the Science & Research Committee and the minutes of meeting held on 15th September
Chief Executive

13. Inclusion & Diversity 10.25 – 10.35

To note the latest update
Director of Pharmacy & Member Experience

14. Climate Change 10.35 – 10.55

a) Climate Emergency Declaration

To note the latest update
Director of Pharmacy & Member Experience/Director for Wales

b) Climate Change & ESG

To agree a position on future investment strategy with regards to Environment, Social & Governance and Stewardship
Director of Operations

15. Annual Health and Safety Report 10.55 – 11.00

To note the annual report
Director of Operations

16. 2022 AGM 11.00 – 11.05

To receive a verbal update on date/venue for the 2022 AGM
Director of Operations/Director of Pharmacy & Member Experience

17. Any other business 11.05 – 11.15

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

Date of next meeting 11.15

To note the date of the Assembly Working Day 15th March and Assembly Meeting 16th March 2021

BREAK 11.15 – 11.25

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 17th November 2021**DECLARATION OF INTERESTS****Claire Anderson**

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

Martin Astbury

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

Sharon 'Sibby' Buckle

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

Andrew Carruthers

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

Kathleen Cowle

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

Thorrund Govind

- Locum Pharmacist-various pharmacies
- Pharmthorrund Ltd
- Pharmacist – Boots
- Solicitor- Hempsons

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

Mike Hannay

- Managing Director, Medical Technologies Innovation Facility (MTIF),
- Non-Executive Director, National Rural Health & Care Centre,
- Non-Executive Director, MediLink East Midlands,
- Trustee, Linkage – a charity supporting people with learning disabilities,
- Hannay Holdings (Partner),
- Visiting Professor, De Montfort University
- Honorary Professor, University of Leicester
- Advisory Board member, APS
- Science & Research Board member, RPS
- Member of University of Bath Pharmacy Advisory Group

Alisdair Jones

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

John Marriott

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

Ruth Mitchell

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

Erutase Oputu

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

Lynne Smith

- Governance Services Team, Bolton Council

- Lay Committee member, Royal College of Anaesthetists

Cheryl Way

- 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

Andre Yeung

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

Minutes of Induction Day held on 13th July 2021 – HELD VIA VC

Present: Claire Anderson (CA) – Chair from Item 04 onwards, Sibby Buckle (SB), Martin Astbury (MA), John Marriott (JM), Mike Hannay (MH), Lynne Smith (LS), Andre Yeung (AY), Thorrun Govind (TG), Tase Oputu (TO), Alisdair Jones (AJ), Andrew Carruthers (AC), Kathleen Cowle (KC), Ruth Mitchell (RM)

Staff In attendance: Paul Bennett (PB), Karen Baxter (KB), Jeremy Macdonald (JM), Robbie Turner (RT), Rick Russell (RR), Gail Fleming (GF), Elen Jones (EJ), Alison Douglas (AD), Corrinne Burns (CB), Clare Morrison (CM)

Observers: 23 Members registered to observe the meeting

Apologies: Cheryl Way (CW)

Item	Paper	Notes and actions	Action by
Item 01 & 02 Welcome & apologies		As there was no sitting President, AY, in his capacity as Treasurer, took the chair for the first two items of the meeting. He welcomed all Assembly members, members of staff and observer members. Apologies from Cheryl Way were noted for the morning section of the meeting.	
Item 03 Election of President		<p>PB took the chair for this item. He outlined to members that three nominations for President had been received by the deadline:</p> <p>Claire Anderson – nominated by Andrew Carruthers, seconded by Cheryl Way & Martin Astbury</p> <p>Sibby Buckle – nominated by Martin Astbury, seconded by Alisdair Jones</p>	

		<p>Andre Yeung – nominated by Tase Oputu, seconded by Mike Hannay</p> <p>Statements from all three candidates had been circulated to Assembly on 5th July along with full details of the election process which had been adapted for remote working conditions. PB informed members that the name of the candidates and the address submitted by the successful candidate would be published once the election process had been completed.</p> <p>All three candidates were then invited to confirm their declarations of interest as per the paper included in the Assembly meeting papers for 14th July – all confirmed these were still correct.</p> <p>As CW was unable to be present at the meeting for the vote, PB confirmed that he had received details from her allowing him to cast a proxy vote on her behalf, as set out in Appendix B of the Society's Regulations, in all rounds of voting that may be necessary.</p> <p>The vote for the President was then held, with the results as follows:</p> <p>Round 1 – as none of the three candidates received a majority of the votes cast, Sibby Buckle, as the candidate with the fewest votes was eliminated from the ballot.</p> <p>Round 2 – Claire Anderson, having received a majority of the votes cast, was elected President.</p> <p>CA was then invited to give a brief speech - she thanked Assembly members for their support and was looking forward to working with all members over the coming two years. Full Presidential address attached at Appendix A.</p> <p>PB then invited Assembly to confirm AY's second year in post as Treasurer – unanimously approved.</p> <p>The open business session of the meeting was then closed.</p>	
--	--	---	--

Claire Anderson

Address for Election as President of Royal Pharmaceutical Society

This is an exciting and a challenging time to stand for presidency, with the new board members and chairs bringing fresh perspectives and ideas, the new RPS strategy, the changes brought about by the pandemic, and the proposed transformation of pharmacy education.

My promise to you

If elected, I will work with the Assembly, the three National Boards, and RPS staff and members, to lead the profession proactively, not just reacting to a changing policy landscape. We will be adaptive and agile, never afraid to innovate. We will expand our scope of influence while capitalising on our strong brand values, to ensure that the RPS is seen as essential – not only to pharmacy practice and pharmaceutical science, but also to everyone who uses medicines, and wherever pharmaceuticals are researched, developed, prescribed, administered and taken. With a thriving, engaged membership we will work with all involved in these processes, to influence change.

As president, I will:

- play a strategic role in deepening existing and developing new relationships so that we are invited to the table whenever medicines are being discussed
- expand our membership to all health professionals who are involved in the medicine use continuum
- build and strengthen relationships with other pharmacy organisations nationally and internationally
- forge strong relationships with medical and nursing Royal Colleges and organisations
- ensure resources are used effectively and efficiently to deliver value for members
- work passionately to bring the Pharmaceutical Press and the Pharmaceutical Journal closer to the rest of the RPS
- encourage board members to develop and staff to deliver new ways to do this.

Strong yet agile

The Assembly will have hard decisions to make about many issues including financial stability, ethical investments, income streams, new membership categories, and building occupancy as for many hybrid working is likely to become the norm. I am confident that I can lead us through these important decisions, always innovating and adapting, showcasing and strengthening our position by evidencing the value of delivery through data.

Vision, mission and accountability

Our success will be judged by two key factors: delivery of our vision to become the world leader in the safe and effective use of medicines, and our mission to put pharmacy at the forefront of health care. The Assembly must monitor its strategy and progress, ensuring key performance indicators are met. I will make sure that we keep the executive to account while working with them to ensure the best systems for delivery are in place, and the right resources to deliver value, are provided for every team.

Equality, diversity and inclusion

The RPS culture and brand values 'be inspiring, be empathic, be relevant' are vitally important; we have come a long way but need to continue to foster this culture within the profession. Although our work on equality, diversity and inclusion is progressing well, there is still much to be achieved. I will continue to challenge everyone to keep moving forward on this journey, providing inclusive and authentic leadership that is not afraid to challenge barriers. I will work with the Assembly and the directors to ensure that we continue to enhance organisational effectiveness and the vision that we are one RPS. This is not only about more effective working: it's about ensuring everyone knows the part they are playing, and that they are empowered to contribute to the best of their ability and to excel, be they staff or a board member.

Authentic leadership

I bring gravitas, credibility, and authenticity to the position. As professor in a leading school of pharmacy with strong national international connections across and beyond the profession, I am a global leader in pharmacy practice research. I have made a significant national and international contribution to the development of evidence, including developing and evaluating new professional roles for pharmacists. I also have an international reputation in research on pharmacy education and workforce development. I am a systems leader, and a strategic critical thinker. While collegiate in my approach, I am not afraid to stand up for what I believe in. I am a confident speaker and media presenter.

I have broad networks and experience of service for the RPS and on major university and International Pharmaceutical Federation (FIP) committees. I am an Associate Director of the FIP Workforce Development Hub. I am also a trustee of the Commonwealth Pharmacists Association. I have had management experience as head of department and director of a cross disciplinary university research centre for social research in health and healthcare.

I have served for two years as Chair of the English Pharmacy Board over this difficult period and therefore understand the challenges ahead. I will continue to work with all National Board and Assembly members and particularly the three new chairs to ensure that we are fulfilling our vision and mission across GB. I will utilise the expertise of the advisory groups as an opportunity to increase the portfolio and reach of the RPS. While I have developed good working relationships with the staff who deliver for us across RPS at every level, I am not afraid to challenge performance and behaviour where necessary.

The next two years

Thank you to Sandra Gidley for her leadership and passion for our profession, particularly for leading our response to the pandemic. I too am passionate about our profession and committed to making the RPS even more successful. I will also continue to be a dedicated ambassador for the profession nationally and internationally.

If you elect me, I promise to always be equitable in my decision making, to stand alongside all our members and be an ally, to amplify the voice of pharmacy, to advocate for change and to support future generations of pharmacists.

Together, we can be part of the change towards a more inclusive, equitable and exciting future for all.

Minutes of Assembly Meeting held on 14th July 2021 – HELD VIA VC

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

Staff In attendance: Paul Bennett (PB), Karen Baxter (KB), Jeremy Macdonald (JM), Robbie Turner (RT), Rick Russell (RR), Gail Fleming (GF), Elen Jones (EJ), Alison Douglas (AD), Corrinne Burns (CB), Claire Morrison (CM), Amandeep Doll (AD) – Item xx only

Observers: 14 Members registered to observe the meeting

Apologies: None

Item	Paper	Notes and actions	Action by
Item 01 Welcome & Apologies		<p>CA, as the newly elected President, welcomed all to the meeting. She went on to inform members of the very sad news of the passing of Prof Peter Kopelman. Peter began working with the Society as Chair of a newly established Faculty Board in 2012 and was instrumental in the creation of a UK Pharmacy Education Governance Oversight Board which he went on to chair admirably. He worked very closely with elected members and staff, particularly in the Education and Professional Development Team and will be missed on both a professional and personal level.</p> <p>There were no apologies.</p>	

Item 02 Code of Conduct& Remit of Assembly		The Code of Conduct and remit of Assembly were noted.	
Item 03 Declarations of Interest		Declarations from all members were noted. AD informed members that an update had been received from CW.	
Item 04 Minutes of last meeting		Minutes of the meeting held on 17 th March were agreed as a true and accurate record.	
Item 05 Matters Arising		None	
Item 06 President's Report		The final report from the immediate past-President was noted.	
Item 07 Treasurer's Report		The latest report from the Treasurer was noted.	
Item 08 CEO's Report		<p>PB assured members that the Society continued to run effectively via remote working conditions without any negative impact on support to members. The third floor of 66ES had been opened for a very limited number of staff to return to work in the office under strict COVID compliant measures and this system would continue to run until September, as per the organisation's COVID roadmap. He confirmed that attendance at the office was by a bookable desk system which must be done in advance and there was no compulsion on any staff member to travel to the office at present if they did not wish to.</p> <p>Although meetings had continued to run well under remote conditions, PB appreciated the need to ease into some form of hybrid attendance in the coming months and will be considering how best this might work.</p> <p>He noted the continued good financial performance of the organisation over the year to date, with significant investment in a number of key areas such as RPS Connect, Foundation Curriculum development, CMS & CRM upgrades. He emphasised that the importance of supporting members remained at the top of the priorities for the Society.</p> <p>PB had been pleased with the reception of the RPS's Anti-Racist Statement and the Workforce Pledge and went on to speak about his recent response to an incredibly offensive</p>	

		<p>article recently published on the Guido Fawkes website about Taiwo Owatemi MP and Community Pharmacist. The Society had also joined with other health care providers to participate in a media blackout but PB was disappointed that no change had been seen in on-line behaviour and felt the CEOs of the relevant platforms were clearly not doing enough to tackle on-line racism and abuse and re-affirmed the Society's commitment to call out racist behaviour where ever it occurred.</p> <p>TG added that she had spoken about I&D in her recent PJ profile interview and hoped that continually speaking out would eventually have an impact across society as a whole. She had also called for roundtable talks with other medical Royal Colleges around the value of Community Pharmacy. AL asked for all Board Chairs to be able to be included on future comms from any individual Chair where appropriate.</p>	
Item 09 Education & Professional Development		<p>GF echoed the President's sadness at the loss of Prof Kopelman who had been a huge personal support to her when she first joined the Society.</p> <p>a) Education Update</p> <p>The latest update on the work of the Education & Professional Development team was noted and GF gave a brief update on the meeting of the Education & Standards Committee meeting held on 6th July, including:</p> <ul style="list-style-type: none"> • discussion held on proposed draft of Post-Reg foundation curriculum, which will hopefully be published by the end of August • credentialed the first Consultant Pharmacist • student placements within the pharmaceutical industry – GF will contact MH after the meeting to discuss further <p>ACTION – GF</p> <p>b) CPCS Training Contract</p> <p>GF informed members that over 5000 individuals had now been trained but finding attendees for the courses had proved to be challenging, especially with lower numbers of GP referrals than expected.</p> <p>Feedback from attendance at the events has been consistently high and people have successfully taken the skills gained into everyday practise. CA recommended anyone who hadn't had been on the courses to register.</p>	GF

		<p>GF was asked if any feedback had been received from NES on the Post-Reg training programme in Scotland. She replied that the RPS is working closely with NES. The NES Post-Reg programme will utilise the RPS Post-Reg Foundation Curriculum from this autumn with the Independent Prescribing section being delivered by universities in Scotland and the other components by NES. The programme will be accessible across sectors including community pharmacy.</p>	
<p>Item 10 2021 AGM</p>		<p>Members discussed the following motions, passed at the 2021 AGM:</p> <p><i>i) Publicly commit to encouraging activity by RPS Locals, where they do or can exist, and cease the de facto prohibition of locally run events (potentially on-line and in due course face-to-face).</i></p> <p><i>ii) Urgently restore some autonomy to RPS Locals via their Steering Groups, including provision of an effective way for them to contact RPS members in their area.</i></p> <p>RT explained that the Society was already undertaking a significant amount of work in this area, most notably through RPS Live (a series of CPD webinars) and RPS Connect (a new digital networking platform that would go live towards the end of the year) but stressed that this would not mean the end of RPS Locals, rather it would complement and enhance their offer to members in the regions.</p> <p>All three National Boards had been presented with a number of options on the future of RPS Locals and members of all three Boards had unanimously agreed to progress with a number of changes, including new operating models for RPS Locals, that would sit alongside RPS Connect & RPS Live going forward.</p> <p>RT requested that any RPS Locals wishing to hold an event do so through the RPS Live process, as this would help increase content sharing across locations etc, and noted it would be beneficial to the RPS Live programme if RPS Locals feed in any intelligence on what members would find useful and propose any good speakers they might be aware of.</p> <p>SB stated that a number of RPS Locals would like to be able to contact all members in their areas but had been told by the Society that GDPR prevented them from being able to facilitate this and asked if this was still the case. RT confirmed that the Society must work within the GDPR framework to manage members' data and could not simply release this to</p>	

		<p>the Locals but that the central comms team were always happy to discuss options with Locals to help distribute and promote items via the central mechanisms where appropriate.</p> <p>He also explained that once RPS Connect had been introduced, any RPS Local that wished to would be able to create their own regional RPS Connect group and communicate directly with any individuals who joined the group.</p> <p>MA asked what might happen where RPS Locals still had some level of funds connected to their groups and if they might then be able to use this money to fund events etc. RT explained that this would be explored as part of the work being doing to finalise the new operating models for the Locals and there is no intention to remove funding.</p> <p><i>iii) Where votes are held in Board and assembly business these should be recorded against individual board or assembly members and recorded in the minutes</i></p> <p><i>iv) When officers and assembly members are elected, votes should not be by secret ballot. Votes should be recorded against individual board or assembly members and recorded in the minutes.</i></p> <p><i>v) All votes should be recorded against individual board or assembly members and recorded in the minutes of the open business</i></p> <p>RT noted that, for both Board and Assembly meetings, there was an expectation that decisions would be made by consensus, and indeed this tended to be the case for the vast majority of items. However, should a vote need to be taken current Standing Orders for both Assembly and Boards dictated that the voting numbers, rather than names, be recorded unless a vote was taken prior to the vote on the matter in hand to record names.</p> <p>After discussion members agreed that in future names would be recorded for all Assembly votes as a matter of course, with numbers only being recorded if a vote was taken prior to the vote on the matter in question to suspend Standing Order for that part of the meeting.</p> <p>AD clarified that it would be for the Boards to agree whether they wished to similarly change their current standing orders and Assembly members strongly recommended that this be accepted by all three Boards at their next meeting.</p> <p>ACTION – RT</p>	RT
--	--	--	----

		<p>PB clarified that it would not be possible to record any information about a vote on a confidential matter in open business.</p> <p>It was further clarified that, once a vote had been taken on a matter, those Assembly members who might have been outvoted on an issue would, under the Collegiality clause of the Society's Code of Conduct for Governance Members, need to then be outwardly supportive of the Society's position only in exceptional circumstances should any Assembly member publicly oppose a decision. Even then this would need to be done under the very specific process outlined in the Code.</p> <p>In the case of votes for the election of Officers, Chairs/Vice Chairs and Assembly members, after discussion members agreed that this should remain by secret ballot. However, members felt a number of amendment to the existing process could be introduced to help improve transparency such as publishing the names and addresses for Presidential candidates ahead of the election, requiring candidates for Assembly and Vice Chair roles to declare in advance of the day of the election and be required to produce an address in advance.</p> <p>AD confirmed that she would be undertaking a review of the election processes for all positions over the summer and would ensure these suggestions were incorporated into a final paper outlining a suite of recommendations that would be brought to Assembly for approval.</p> <p>ACTION - AD</p> <p><i>vi) Allow members to contribute to all responses to consultations from the RPS, and to publish views of members to understand how the response was formulated.</i></p> <p>RT explained that external consultation responses were often formed in line with the Society's existing policy positions and confirmed that there was already an existing mechanism which allowed members to comment which EJ then went on to outlined in detail. She explained that the sheer volume of requests to provide a response to a consultation meant it was not possible to reply to all of them and some requests would be assessed by the team, in consultation with the Board Chairs, as not being suitable for response.</p> <p>The team will however look at ways to better publicise the channels for members to participate in the process and it was felt that the introduction of RPS Connect and increased</p>	<p>AD</p>
--	--	--	------------------

		<p>use of new and existing Expert Advisory Groups would also help. However, it would not be efficient or appropriate to publish the views of all members on external consultations.</p> <p>b) Update on 2020 motions</p> <p><i>i) RPS AGM should always be conducted remotely so that members from all geographical locations have the reasonable opportunity to attend</i></p> <p>RT noted that members had been able to successfully experience the remote 2020 and 2021 AGM and the option to participate remotely would be continued for future meetings.</p> <p><i>ii) Pharmacist members of the consultant approval panels must be RPS members</i></p> <p>This proposal was considered at the Education & Standards Committee at the end of 2020 where it had been noted that the composition of the panels was set out in NHS guidance which the Society must follow. This meant there was a very limited pool of people who could sit on any of the Panels and the ESC had therefore agreed that the primary requirement must be that individuals with the appropriate knowledge and experience were appointed.</p> <p>GF informed members that when the team looked at the existing composition of the panel, the members were actually members of the Society and would therefore be very happy to add the requirement to be an RPS member as a top level 'desirable'.</p> <p>MA suggested that it might be possible to go further and state it would be 'as an exception' that a non-member would be appointed and that a discussion should be had with any non-RPS panel members as to why they were not members of the Society. GF felt this might be possible for the competency committees but would not be appropriate for the post-approval panels/committees.</p>	
Item 11 Inclusion & Diversity		<p>Amandeep Doll, Head of Professional Belonging, joined the meeting for this item.</p> <p>a) EDI Data Collection</p> <p>The paper providing results from the 2021 EDI data collection exercise was noted. RT explained that the return rate of just 7%, meant that data available to the Society was not perfect. The results should therefore be read with a degree of caution and were very</p>	

		<p>difficult to compare directly to other organisations' EDI results eg GPhC. The disparity around Asian/Asian British in particular seemed anomalous when compared Registrant data.</p> <p>The data did however give an initial snapshot and benchmark to use for future returns to help gauge the impact the Society's I&D work is having.</p> <p>Members were happy with the direction of travel overall and the team were commended on their work with the ABCD Group in particular. TO however noted the need to engage with those members who were not part of the ABCD work and to reach members who may not be that engaged with the I&D agenda so that I&D considerations became more routine. She felt it was vital to get the EDI composition of all members and questioned whether or not this could be made mandatory by incorporating it into existing processes such as renewals.</p> <p>RT acknowledged there were pros/cons to voluntarily collecting the data and explained the implications of trying to hold this information as a formal part of a member's data on the Society's CRM but felt the question was certainly work re-visiting periodically. It was acknowledged that I&D and a sense of belonging needed to stretch further into the higher levels of leadership with the Society. RT was also asked to circulate the results of the survey broken down into results for Eng/Scot/Wales.</p> <p>RT confirmed the data had been made public on the Society's website as part of the open papers for the Assembly meeting and would now be more formally released to the pharmacy press.</p> <p>ACTION – RT</p> <p>The following recommendations, outlined in the paper, were then agreed:</p> <ul style="list-style-type: none"> • explore possible strategies to address the findings, including how to improve reach and engagement across the different groups represented in the profession and encourage them to engage proactively • engage with the RPS ABCD members, and the wider pharmacy audience, to discuss potential solutions in increasing numbers completing the EDI data collection survey and explore these results further • engage with the RPS Early Careers Pharmacist Group to explore the possible lack of engagement from early career members. 	<p>RT</p>
--	--	--	------------------

		<ul style="list-style-type: none"> develop and submit a business case as part of a long term solution in collecting EDI data through our membership database <p>SB asked if it might be possible for the Society to undertake some form of outreach work with economically disadvantaged communities to promote pharmacy as a profession. RT will take this away as a concept to feed into the work GF and her team are already doing around careers in pharmacy to ensure this is as inclusive as possible.</p> <p>ACTION – RT/GF</p> <p>b) Inclusion & Diversity Workstreams The latest update work was noted.</p>	RT/GF
Item 12 Fellowship Review		<p>PB introduced a paper proposing a number of recommendations to the existing RPS Fellowship process which fell broadly into four categories</p> <ul style="list-style-type: none"> governance assessment Inclusion & Diversity operational <p>The recommendations were the outcome of a review undertaken by AD (Governance Manager), Amandeep Doll (Head of Professional Belonging), Kate Hopkins (Membership Manager) and Joseph Oakley (Head of Assessment & Credentialling) and a number of discussions with the outgoing Chair of the Panel of Fellows and the outgoing President.</p> <p>Members were asked if they were happy to approve the recommendations ‘en masse’ or whether there were any that they would like to discuss further, summarised below:</p> <p>R1 – current requirement for a minimum of 12 years of membership AJ felt this seemed to be entirely arbitrary and noted that if the main criteria was a significant contribution to the profession individuals would probably have been a member for quite some years anyway.</p> <p>R11 – advice from Head of Professional Belonging PB clarified that whilst it was hoped that the changes being recommended would have a significant impact on the diversity of Panel members appointed, it would never be possible to cover all aspects of diversity and this proposal related to the ability for the Panel to be</p>	

		<p>able to call on advice from the Head of Professional Belonging or other appropriate individual if necessary.</p> <p>R12 – Unconscious Bias Training</p> <p>TO questioned the value of a requirement to undertake unconscious bias training as this has increasingly been shown not to work. RT acknowledged that the team were aware of the latest studies on the effectiveness of UBT, and that it could sometimes simply be used as a tick-box exercise, but noted that internally at RPS it wasn't seen in this way and had led to helpful conversations and discussions within the organisations. He clarified that it was not intended to use this in isolation but as part of a suite of other I&D training and workshops.</p> <p>TO asked how it might be possible to measure success following implementation of any agreed recommendations. RT explained that it was not possible to measure any increase or set targets in this area per se as the Society did not have enough existing EDI data on current Fellows. As the process involved nomination by a third party it was also not possible to collect this data on application, hence the proposal to request the information following notification of a successful award. TO suggested the need to keep a nomination confidential from the nominee themselves might be re-considered.</p> <p>RT stressed that there was no evidence at all there has been any bias in the decisions of the Panel. Rather, the key to increasing diversity of Fellows was felt to be the need to encourage individuals to nominate members from as diverse a range of backgrounds as possible which was something the Society needed to do centrally. TO and AJ suggested the Society could work with other external organisations such as NAWP and BPA on this to help encourage increased nominations form.</p> <p>Agreed that these suggestions above would be taken to the first meeting of the newly constituted Panel for discussion.</p> <p>ACTION - RT</p> <p>CW asked if it might be possible to circulate an EDI survey to existing Fellows to better understand the current levels of diversity. RT however explained that this had in fact already been done by default as Fellows were included in the main membership EDI survey issued earlier this year.</p> <p>Members then agreed to implement all the recommendations as listed in the paper, with the exception of R1 and R12 which would be implemented as follows:</p>	<p>RT</p>
--	--	---	------------------

		<p>R1 – need for any length of membership before being eligible for Fellowship to be removed completely</p> <p>The required amendment to the existing Regulations will now be gazetted before taking effect.</p> <p>ACTION - AD</p> <p>R12 – I&D workshop for Panel members to be mandated and complemented with unconscious bias training.</p> <p>ACTION - RT</p>	<p>AD</p> <p>RT</p>
Item 13 Update from National Boards		The latest update from the National Boards was noted.	
Item 14 Science & Research		The latest Science & Research update, and the minutes of the Science & Research Committee held on 15 th June, were noted.	
Item 15 2022 Schedule of Meetings		The list of Assembly & Board meetings for 2021 was noted.	
Item 16 Any Other Business		None.	
Item 17 Date of Next Meeting		The next Assembly Working Day and Meeting will be held on 16 th /17 th November.	

ACTION SHEET

Item	Action	Who by	When by
Item 09 Education	GF to contact MH re student placements	GF	As soon as possible
Item 10 Voting in Meetings	Recommendation to amend Standing Orders re recording of votes at meetings to be taken to National Board meetings	RT	Next Board meetings
Item 10 Elections	Paper outlining recommendations for elections to be brought to next Assembly meeting	AD	November Assembly meeting
Item 11 EDI Data	Results of the EDI member survey to be formally published	RT	As soon as possible
	Outreach work with economically disadvantaged communities re pharmacy careers to be considered	RT/GF	As soon as practical
Item 12 Fellowship	Possibility of working with external organisations to promote Fellowship to be considered	RT	Next Panel of Fellows meeting
	Amendment to Regs re removing 12 years of membership requirement to be gazetted	AD	Immediately
	I&D workshop & unconscious bias training for Panel members to be implemented	RT	Once new Panel composition finalised

Membership Committee 2021/22

Anne Boyter (Chair)

Rachael Fallon (from September 2021)

Sandra Hall (from September 2021)

Paul Jenks

Michael Keen (from September 2021)

Joanne Loague (from September 2021)

Tin Wai Ng (from September 2021)

Parag Oza (from September 2021)

Minesh Parbat (from September 2021)

Richard Strang (from September 2021)

Nicholas Thayer

Jessica Thompson (from September 2021)

Komal Vadday (from September 2021)

Barbara Wensworth (from September 2021)

Ellen Williams (from September 2021)

Panel of Fellows 2021/22

Christine Bond (appointed Chair September 2021)

Surinder Bassan

Alexander Daghljan (from September 2021)

Mair Davies (from September 2021)

Barbara Lynn Haygarth (from September 2021)

Ceinwen Mannall (from September 2021)

Martin Stephens (from September 2021)

Title	2022 Elections
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas alison.douglas@rpharms.com Governance Manager Robbie Turner
Purpose of item (for noting/discussion/ decision/approval)	For discussion & decision
Item Summary	Members are asked to consider proposals for changes to the voting process and candidate information for the 2022 NPB elections and the process for election of Board Vice-Chairs & Assembly members
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	For decision

2022 Board & Assembly Elections

Background

Following the postponement of elections to the National Pharmacy Boards in 2020, the 2021 elections saw a record number of candidates stand and a significant number of new members returned to the Boards. As happens following every election, the team reflect on how the process might be improved for the following year. Many of these are operational 'back office' refinements (such as ensuring the closing date for nominations is not a Friday or before a bank holiday) and have already been incorporated in the planning for the 2022 process however there are two areas where significant change is recommended that would require Assembly approval before being implemented.

Assembly Members are therefore asked to consider the following recommendations for changes to the voting process and candidate information for the 2022 National Pharmacy Board Elections and for changes to the process for the election of Board Vice-Chair and Assembly Members.

1.0 National Pharmacy Board Elections

The following Members' terms of office on their respective National Boards end in 2022 and, as they would be potentially standing for election in 2022, although they are able to contribute to the discussion on this item they are conflicted out of any vote:

EPB Sibby Buckle, Andre Yeung

SPB Kathleen Cowle

WPB Ruth Mitchell

a) Paperless Ballots

Although the vast majority of members (~97%) who participate in the elections cast their ballot electronically, the Society at present offers members the option to request a paper ballot to allow them to vote by post. For the 2021 elections, less than 100 members voted by post (3.2%) - in Scotland no postal votes were received.

Channel	England	Wales	Scotland	Total
E-Voting	2,205	254	417	2,876
Postal [returned (issued)]	79 (605)	16 (50)	0 (50)	95 (705)
Total	2,284	270	417	2,971

This compares with a total of 139 postal votes (4.8 %) in 2019 and 118 in 2018 (4.4 %).

As the table above shows, in 2021 of the 705 paper ballots requested and produced only 95 were actually returned by members. Of the 610 other members, votes would either have been cast on-line or not at all. Mi-Voice, the external Scrutineer, has commented that the Society is well behind the curve here compared to other similar organisations they work with who have already moved to paperless ballots for elections.

With the issuing of the RPS Climate & Ecological Emergency Declaration in September, and the move to a digital PJ, the production and posting of paper ballots in the Board elections is now something of

an anomaly and continuing to issue lengthy print copies of the ballots clearly has an environmental impact. The paper ballot booklet for the English Pharmacy Board in 2021 was 88 pages long and issuing 605 to the members who requested a paper ballot meant printing over 53,000 pages - even with double-sided printing, meant posting over 26,000 pieces of paper for just one Board!

Issuing postal ballots also comes with a significant financial, as well as an environmental cost. Overall costs for issuing the 705 ballots in 2021 amounted to £7,034 (ie ~ £10 per postal ballot), 42% of all costs for the running of the election.

Removing the need to issue and then allow enough time to receive back a postal ballot would also provide an opportunity to consider whether or not to reduce the voting period from the current 14 days.

As has been seen in practice since the move to an all-digital Pharmaceutical Journal, the potential significant loss of members has not materialised with the vast majority of members actually embracing the new digital experience. Even so, there are a number of options stopping short of removing all paper contact with voters that could be implemented to help ensure that those who might not be familiar or as comfortable with the on-line voting process are not dis-advantaged or dis-enfranchised:

i) Single A4 Voting Instruction

A simple 'voting instruction' single sided A4 letter would be issued to those requesting a paper ballot containing a brief introduction to the election, directing members to a composite pdf of all the candidate information on RPS site and a providing a unique voter code. Members would then go on to cast their vote on-line via the main voting site. (It is worth noting that, even with the current arrangements, voters would have to go to the main voting site to view the candidate videos).

The voting instruction would also contain details of an email address and phone number for the support team at Mi-Voice for members to contact if they were unable to go online or needed assistance to vote. Mi-Voice would then provide the necessary help to ensure the member was able to cast their votes.

ii) Reduced candidate information (this is also a separate recommendation in its own right – see Item B below)

A full paper ballot pack would continue to be sent but the amount of information provided for each candidate is reduced, which would therefore reduce the length of the paper ballot pack, the amount of paper used and overall print and postal costs.

iii) Other Cost Reduction Measures

Other measures could be taken to reduce overall costs of issuing a full paper ballot:

- the freepost return envelope which is currently provided could be removed, but the freepost address retained, meaning voters would simply need to provide their own envelope to return their vote in.
- at present, the paper ballot is printed in full colour. A greyscale or black and white version could be used instead.

Assembly Action

Assembly members are asked to consider the move to paperless voting for future elections, with a single page 'voter instruction' being issued to those who have previously opted for a postal ballot (Option (i) above).

If the recommendation to move to paperless voting is approved, Assembly members are further asked to consider the election voting period, current 14 days.

A table of votes cast per day for the 2021 election is provided below:

Cast Date	WPB	SPB	EPB	
29/04/2021	83	154	567	
30/04/2021	13	24	100	
01/05/2021	5	8	45	
02/05/2021	1	3	37	
03/05/2021	4	5	51	
04/05/2021	41	57	287	Mi-Voice email sent
05/05/2021	15	8	134	
06/05/2021	15	19	157	RPS email sent
07/05/2021	3	7	30	
08/05/2021	3	3	24	
09/05/2021	0	5	37	
10/05/2021	17	26	132	Mi-Voice sms sent
11/05/2021	35	53	318	Mi-Voice email sent
12/05/2021	24	32	224	RPS email sent
13/05/2021	11	13	141	

As can be seen from the table, there are three clear 'spike' periods in the current voting time-line (shown in bold). Outside of the opening and closing days, these spikes coincide with the issuing of email/sms voting reminder from either RPS or Mi-Voice. A reduction in the voting period to one week, with a reminder to vote being issued mid-way through the week, might therefore be considered a sensible step to take.

A reduction in the voting period to one day could be considered however this is not recommended as members may not check their emails on a daily basis, the voting email may go to a spam folder or an old email address, a paper voting instruction may need to be issued (depending on Assembly's decision on the item above) and would potentially jeopardise the election process should any kind of technical issue occur with any of the RPS/Mi-Voice systems on the day.

Assembly Action

Assembly members are asked to discuss whether it might be sensible to reduce the voting period for the election and, if so, what the new voting period should be.

b)Reduction of Candidate Information

The current level of information we ask candidates to provide for the election is excessive and, arguably, unnecessary and off putting both for candidates and for voters who are expected to read through a large amount of information for all candidates (88 pages for the 26 candidates in England, 40 pages for Scotland, 28 pages for Wales). Just watching the 21 videos provided for the EPB candidates once only would alone take a voter at least 42 minutes!

Candidates are currently asked to provide:

- photo*
- headline statement (20 words)
- free-text statement (150 words)
- response to three pre-set questions set by the Country Directors. In 2021 these were:
 - what would you bring to the Board in terms of your professional perspective or experience (150 words)

- at the RPS we aim to create a culture that is inclusive for all our members. How would you help to champion inclusive and authentic leadership (150 words)
- what issue are you passionate about in pharmacy & why? (150 words)
- 2 minute video statement (optional)
- 2 page CV including the following details:
 - length of service as Board member *
 - sector of practice *
 - personal profile (200 word)
 - career history
 - positions held
 - key competencies under personal skills & professional skills
 - academic qualifications (optional)
- Details of any sponsorship (150 words) *
- Details of relevant family interests that might be considered relevant (150 words) *
- Details of beneficial interests in shareholdings (150 words) *

Sections marked * above must be retained as they are necessary for governance reasons.

In addition candidates are offered the opportunity to submit two letters to the Pharmaceutical Journal and are asked to provide responses to questions set by them. Most candidates also use social media significantly to interact with voters as part of their campaign.

It should also be noted that, with RPS Connect due to go live in November, Board specific election groups will be created for 2022. All candidates and members in the respective country will be given access to a group, significantly increasing the ability of voters to directly interact with candidates.

The various candidate statements, question responses and videos allow candidates a chance to address the electorate using their own words and give a direct/immediate idea to voters of who the candidates are as a person, why they are standing for election and where they stand on a number of issues of current importance to the profession.

The two page candidate CV outlines over two full A4 pages an individual's career history, qualifications and what they see as their professional and personal skills and has been included since 2018. If voters were particularly interested in a candidates career history much of the information is already freely and publicly available on websites such as LinkedIn, University profiles etc. Candidates also report that the completion of this CV template is burdensome along with all the other information that is required to submit a nomination however the template will be incorporated into the main body of the on-line nomination form for 2022 so will be easier to complete.

Reducing the information provided for each candidate would potentially significantly reduced the size of the composite pdf/ballot pack and would allow for a time saving in the process overall should there be less information to proof or include in the construction of the composite pdf and voting site. An element of print/post cost saving (should paper ballots be retained) might also be possible to achieve.

Assembly Action

Assembly is asked to consider the current level of information candidates are asked to provide and whether it might be possible to reduce by removing one or more element.

c) On-line nominations

The on-line nomination form for candidates was first introduced for the 2016 elections. Since that time, although it has still been possible to submit a paper nomination (with hard copy nomination

forms being available to download from the website or on request from Mi-Voice) no paper nominations have been received for any of the elections since the on-line option was introduced. However, staff time is still spent having to create the various hard-copy templates which are never actually used.

Assembly Action

Assembly are asked to approve the removal of paper nomination forms.

2.0 Vice-Chair & Assembly Elections

The following Assembly Member would be potentially re-standing for election to Assembly in 2022 and, as such, although they are able to contribute to the discussion they are conflicted out of any vote on this item:

Andre Yeung

Under the current regulations, candidates for election to National Board Chair, Treasurer and President must declare their candidacy and provide a 1,000 word election statement in advance of the date of the election. This is not, however, currently required for candidates standing for election to Assembly or for the post of Vice-Chair.

With no information at all provided ahead of the vote, Board members are faced with very little, if anything, to base their vote on other than knowing the individuals involved beforehand, which of course many newly elections Board members might not. This is clearly not a very sound basis for casting a vote.

Board members could instead be required to declare their candidacy and to submit a 1,000 word statement 10 days in advance of the National Board meeting where the election will take place, bringing these elections into line with the other governance posts, with this information circulated to Board members in advance of the meeting.

Assembly Action

Assembly members are asked to approve amendments to the process for election to Assembly and Vice-Chair roles to bring the requirements for candidates in line with that of President/Treasurer/Chair.

Alison Douglas
Governance Manager

Elen Jones, Ravi Sharma, Clare Morrison
Returning Officers

October 2021

Assembly Meeting 17th November 2021
21/11/ASB/06b - Open

Title of item	Effective dates for newly elected National Board members (2022)
Open, confidential or restricted item	Open
Author of paper	Alison Douglas
Position in organisation	Governance Manager
Telephone	
E-mail	alison.douglas@rpharms.com
Purpose of item (for decision/noting/agreement)	For noting
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	To note the dates on which newly elected members to the National Boards in 2022 will take office (the 'effective date')

Background

The election scheme for members of the National Boards states:

- (1) On the advice of the Returning Officers the Assembly shall, in each year, fix a date on which Board Members elected in that year shall take office ('the effective date').
- (2) The Returning Officer shall publish the effective date on the Society's website and in the Journal, as soon as practicable after it has been confirmed by the Assembly.

The Returning Officers advise that the 2022 effective date for each Board be 00.01 on the day of the respective Board's induction/planning meeting.

Retiring Board members will leave office at the same time.

The Assembly is asked to note that the effective dates be 00.01 on:

English Pharmacy Board	21st June 2022
Welsh Pharmacy Board	21st June 2022
Scottish Pharmacy Board	21st June 2022

Alison Douglas
Governance Manager

Title	2022 Election Scheme
Open, confidential or restricted	Open
Author (include email/phone) Position	Alison Douglas alison.douglas@rpharms.com Governance manager
Purpose of item (for noting/discussion/ decision/approval)	To note
Item Summary	To note the contents of the Election Scheme for 2022 NPB Elections. (Updates from 2021 shown in red. Items dependent on Assembly decision at the November meeting marked in yellow.)
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	To note and adopt the 2022 Election Scheme

Election scheme for Members of the National Pharmacy Boards in ~~2021~~2022

1. Elections
2. Interpretation
3. Returning Officer
4. Effective date
5. Places for Members on the English Pharmacy Board
6. Election of Members to places on the English Pharmacy Board
7. Places for Members on the Scottish Pharmacy Board
8. Election of Members to places on the Scottish Pharmacy Board
9. Places for Members on the Welsh Pharmacy Board
10. Election of Members to places on the Welsh Pharmacy Board
11. Periods of office
12. Eligibility for election
13. Eligibility to vote
14. Notice of election
15. Nominations
16. Election statements
17. Holding of ballot
18. Voting
19. The Scrutineer and outcome of elections
20. Casual vacancies
21. Challenges and the effect of non-compliance with this scheme

1. Elections

This scheme is made by the Assembly and makes provision in respect of the election of Members to the Boards in accordance with Regulation 7.7.2 and replaces any previous scheme..

2. Interpretation

In this scheme the following definitions will apply:

‘Boards’ means the three National Pharmacy Boards referred to in these Regulations referred to respectively as "the English Pharmacy Board" or “EPB”, "the Scottish Pharmacy Board" or “SPB”, and the "Welsh Pharmacy Board or “WPB”

‘Assembly’ means the Assembly of the Society

‘day’ means calendar day, and any period of days shall be counted without the omission of any public holidays or other days;

‘the effective date’ shall be construed in accordance with paragraph 4;

‘the Journal’ means The Pharmaceutical Journal;

‘Member’ means a person in the category of Member or in the category of Fellow

‘Membership Roll’ means the list of those Members of the Society

‘resident’, in relation to eligibility for membership of the Boards, means, subject to any further interpretation agreed from time to time by the Returning Officers acting jointly, resident or working in the country in question;

‘Scrutineer’ shall be construed in accordance with paragraph 19;

‘Secretary’ means the Secretary of the relevant Board and includes any deputy or acting Secretary or other person fulfilling the office of Secretary and any employee of the Society authorised by the Secretary;

‘Society’ means the Royal Pharmaceutical Society of Great Britain

‘substantive practice’ means the substantive practice as declared by the candidate;

‘in writing’ includes any means of reproducing words in visible form

‘voting form’ refers to ballot papers sent by post or the electronic communication sent by email containing unique voting codes transmitted securely to members.

3. Returning Officer

- (1) The Director for each country shall act as Returning Officer for elections to that Board under this scheme and shall be responsible for the conduct of them.
- (2) The Returning Officer shall, in consultation with the other Returning Officers and/or Scrutineer as appropriate:
 - (a) publish guidance for candidates on the length, form and content of election statements and CVs;
 - (b) publish guidance for candidates on the use of social media and other forums and the levels of professional conduct expected from them during the election period
 - (c) specify the method, place, date and latest time for return of nominations and voting forms~~votes~~;
 - (d) determine any question as to the eligibility of any candidate to stand for election;
 - (e) determine any question as to the eligibility of any person to vote in an election;
 - (f) in the event of challenge, determine the outcome of any election;
 - (g) in the event of challenge, determine the interpretation of this scheme;
 - (h) notify the relevant Board of any Members whose term of office is due to expire and any casual vacancies that may arise;
 - (i) publish the Notice of Election;
 - (j) oversee the running of elections;
 - (k) take all reasonable steps to ensure the secrecy of the ballot and to guard against electoral malpractice;
 - (l) take all reasonable steps to ensure that the behaviour of the candidates during the election complies with the conduct requirements of the Society and ensure that the notification of any potential breaches are dealt with according to this Election Scheme or the Society's ~~formal governance processes~~Conduct Scheme for Members as appropriate
 - (m) inform the Board and all candidates of the outcome of any election; and
 - (n) publish the result of any elections held.
- (3) The Returning Officer may request the Society to appoint bodies or persons (not being Members of a Board or the Assembly) to provide them with such administrative assistance as they considers necessary, to enable them to carry out their functions under this scheme.

The Returning Officer may consult the other Returning Officers for elections to other Boards, the Scrutineer, -or other such persons as are deemed appropriate for any purpose connected with the proper exercise of their powers under this scheme including for the purpose of ensuring consistency of approach on any matter of interpretation.
- (4) In the event of a severe civil contingency, interruption of postal services, or delays caused by telecommunications and the internet used to transmit information regarding the election, the Returning Officer may vary such:
 - (a) time limits; and
 - (b) method of delivery of documents,

specified in this scheme as he considers necessary in the interests of fairness.

- (5) All decisions taken by the Returning Officer in the exercise of his functions shall be final.

4. Effective date

- (1) On the advice of the Returning Officers the Assembly shall, in each year, fix a date on which Board Members elected in that year shall take office ('the effective date').
- (2) The Returning Officer shall publish the effective date on the Society's website and in the Journal, as soon as practicable after it has been confirmed by the Assembly.

5. Places for Members on the English Pharmacy Board

~~Nine~~ Five places on the English Pharmacy Board are for Members who work or live wholly or mainly in England, the Channel Islands or the Isle of Man.

6. Election of Members to places on the English Pharmacy Board

Members shall be elected to the English Pharmacy Board on a simple majority basis by ballot of Members who are resident in England, Channel Islands and Isle of Man or overseas, provided that a member resident overseas may opt to be an elector for another Board..

7. Places for Members on the Scottish Pharmacy Board

~~Eight~~ Three places on the Scottish Pharmacy Board are for Members who work or live wholly or mainly in Scotland.

8. Election of Members to places on the Scottish Pharmacy Board

Members shall be elected to the Scottish Pharmacy Board on a simple majority basis by ballot of Members who are resident in Scotland.

9. Places for Members on the Welsh Pharmacy Board

- (1) ~~Eight~~ Three places on the Welsh Pharmacy Board are for Members who work or live wholly or mainly in Wales.

- (2) The ~~eight~~ three places shall be allocated as follows:

(a) One place for any eligible Member whose substantive practice is in the Community Practice ~~(Employee)~~ sector;

~~-(b) One place for any eligible Member whose substantive practice is in the Community Practice (Locum) sector;~~

~~-(c) One place for any eligible Member whose substantive practice is in the Community Practice sector~~

~~-(d) Two places for any eligible Member whose substantive practice is in the Hospital sector—~~

~~(e) One place for any eligible Member whose substantive practice is in the Primary Care sector~~

~~(f)~~ (b) Two places shall be filled by any eligible member

10. Election of Members to places on the Welsh Pharmacy Board

- (1) Members shall be elected to the Welsh Pharmacy Board on a simple majority basis by ballot of Members who are resident in Wales.
- (2) All candidates shall stand for election for the place in 9(2)(~~be~~) above. In addition, eligible candidates may be nominated for election to the sectors listed in 9(2) (a-~~d~~) above.
- (3) No candidate may be nominated for election to more than one place allocated for a Member practising in a particular sector of practice in the same election.
- (4) From amongst those candidates standing for election to the places specified in 9(2) (a-~~bd~~) above, the candidate receiving the highest numbers of votes shall be elected to each place
- (5) From amongst those candidates not elected as specified in 10(4) above, the two candidates who receive the highest number of votes shall be elected to the places specified in 9(2)(~~eb~~).

11. Periods of office

- (1) In relation to the elections to the English Pharmacy Board:
 - (a) the period of office of the newly elected Members shall expire at 23:59 on the day before the effective date in ~~2024~~2025:

~~the period of office for any re-elected Members whose term of office originally expired in 2020 but was extended due to the COVID-19 pandemic shall expire at 23:59 on the day before the effective date in 2023~~
- (2) In relation to the elections to the Scottish Pharmacy Board:
 - (a) the period of office of the newly elected Members elected shall expire at 23:59 on the day before the effective date in ~~2024~~2025

~~the period of office for any re-elected Members whose term of office originally expired in 2020 but was extended due to the COVID-19 pandemic shall expire at 23:59 on the day before the effective date in 2023~~
- (3) In relation to the elections to the Welsh Pharmacy Board:
 - (a) the period of office of the newly elected Members shall expire at 23:59 on the day before the effective date in ~~2024~~2025.

~~the period of office for any re-elected Members whose term of office originally expired in 2020 but was extended due to the COVID-19 pandemic shall expire at 23:59 on the day before the effective date in 2023~~

- (4) If any Member of a Board ceases to be a Member of the Society they shall cease to be a Member of that Board.

12. Eligibility for election

- (1) A Member shall be eligible for election only if they are a Member or Fellow of the Society.
- (2) A retired Member of the Society shall be eligible for election.
- (3) A Member may only stand for election to one Board.
- (4) A Member shall be eligible for election to the English Pharmacy Board only if they work or live wholly or mainly in England, Channel Islands or Isle of Man.
- (5) A Member shall be eligible for election to the Scottish Pharmacy Board only if they work or live wholly or mainly in Scotland.
- (6) A Member shall be eligible for election to the Welsh Pharmacy Board only if they work or live wholly or mainly in Wales.
- (7) Any elected Member of a Board who changes their substantive practice following their election shall be eligible to serve the full term for which they were elected.
- (8) No Member shall be eligible for election if they have failed to pay by the date and time fixed for the return of nomination forms any subscription or other debt due and payable by them to the Society.
- (9) No Member shall be eligible for election if they ~~have~~are currently ~~been~~ charged with a criminal offence or ~~has~~have been notified by the Society or any professional, regulatory or public body that they are currently subject to investigation in relation to their conduct or competence, and the matter is unresolved.
- (10) No Member shall be eligible for election if they are employed by the Society.

13. Eligibility to vote

- (1) Subject to paragraph (4) below:
 - (a) a Member who is resident in England, Channel Islands or Isle of Man at the time the electoral roll is closed, shall be entitled to vote in the election of Members of the English Pharmacy Board;
 - (b) a Member who is resident in Scotland at the time the electoral roll is closed, shall be entitled to vote in the election of Members of the Scottish Pharmacy Board;
 - (c) a Member who is resident in Wales at the time the electoral roll is closed, shall be entitled to vote in the election of Members of the Welsh Pharmacy Board; and
 - (d) a Member who is resident overseas at the time the electoral roll is closed, shall be entitled to vote in the election of Members of the English Pharmacy Board unless they have opted to be an elector of one of the other Boards.

- (2) Prior to the holding of the election, the Returning Officers shall jointly fix a date on which the electoral roll shall be considered closed.
- (3) The date fixed by the Returning Officers for the close of the electoral roll shall ~~be after the latest time for the withdrawal of nominations, and be~~ before the date on which voting ~~papers~~ instructions are expected to be distributed to voters.
- (4) A person who becomes a Member of the Society after the date on which the electoral roll is closed shall not be entitled to receive a ~~voting paper~~ vote in that election.

14. Notice of election

- (1) The Returning Officer shall publish a Notice of Election.
- (2) The Notice of Election shall be published no later than 21 days before the date specified in paragraph (3)(b) below.
- (3) Before issuing the Notice of Election, the Returning Officer shall:
 - a) notify the relevant Board of the names of those Members of the Board whose term of office has expired or is due to expire; and
 - b) fix the place, date and latest time by which all nomination forms shall be returned to them
- (4) The Notice of Election shall specify:
 - (a) the numbers and description of Board places to which persons are to be elected in the election;
 - (b) the method, place, date and latest time by which nominations shall be received by the Returning Officer;
 - (c) the date and latest time by which nominations may be withdrawn;
 - (d) the date on which the electoral roll will be closed;
 - (e) the date on which voting ~~forms~~ instructions are expected to be distributed; and
 - (f) the method, place, date and latest time by which completed ~~voting forms or electronic~~ votes shall be received by the Scrutineer.

15. Nominations

- (1) All nominations shall be made ~~platform on the form issued~~ provided by the Returning Officer, and shall comply with the requirements of paragraph (3) below.
- (2) Only one candidate may be nominated on any nomination form.
- (3) Nominations [forms may be either hard copy or digital must be submitted digitally]:
 - ~~(a) Hard copy nominations will be signed by seconders.~~
 - (b) ~~Digital~~ All nominations will be subject to validation of the seconders intent and so will require their email address.

(4) A nomination form shall:

- (a) specify the candidate's known name address and membership number;
- (b) specify whether a candidate is a current Pharmacy Board member and if so, specify the number of continuous years they have been in office
- (c) specify the sector of practice in which the candidate currently works;
- (d) in the case of a candidate for a place on the Welsh Pharmacy Board in the community practice sector, specify whether the candidate is a locum or employee Member (if applicable);
- (e) in the case of a candidate for election to a place on the English Pharmacy Board, be signed by, or accompanied by copies of the nomination form bearing the details of ten Members (seconders) subject to verification as per 15 (3) [Subject to any decision made by the EPB to reduced this number at its meeting in February 2022]
- (f) in the case of a candidate for election to the Scottish Pharmacy Board, be signed by, or accompanied by copies of the nomination form bearing the details of three Members (seconders) subject to verification as per 15 (3) [Subject to any decision made by the SPB to reduced this number at its meeting in February 2022];
- (g) in the case of a candidate for election to the Welsh Pharmacy Board, be signed by one Member (a seconder) subject to verification as per 15 (3); and
- (h) specify the known name and Membership number of the seconders specified in paragraphs (e) to (g) above.

(5) Any candidate wishing to be nominated shall provide to the Returning Officer by the specified time:

- (a) a completed nomination form, signed by the candidate and including or accompanied by the required number of verified details of the seconders on the original form or copies thereof; or digital nominations.
- (b) a declaration signed by the candidate which confirms that:
 - (i) the information provided on the nomination form is correct,
 - (ii) the candidate consents to being nominated; and
 - (iii) if elected, the candidate intends to serve for a full term of office;
 - (iv) they will abide by the conduct requirements of the Society and any other general requirements of the Returning Officer throughout the election period
- (c) particulars of the extent and type of work undertaken by the candidate within and for the profession of pharmacy via a 2 page (maximum) cv in the form of the template provided by the Returning Officer
- (d) a declaration, signed by the candidate:
 - (i) attesting that they ~~have not been~~are not currently charged with a criminal offence or have been notified by the Society or any professional, regulatory or public body that they are currently subject to investigation in relation to their conduct or competence; and
 - (ii) attesting that they have not received a criminal conviction or police caution nor been the subject of any finding (-unless considered as spent under the Rehabilitation of Offenders Act 1974 or where there are applicable time bars under other relevant laws), penalty or censure issued by the Assembly of the Society or any professional, regulatory or public body, or any other decision by any person or body that the candidate considers relevant, or

- (iii) setting out details and particulars of any criminal convictions, police cautions and finding, penalty or censure issued by the Assembly of the Society or any professional, regulatory or public body received by them, and any other decision by any person or body that the candidate considers relevant;
 - (iv) that any of the events listed in section 72(1) of the Charities Act 1993 do not apply to them;
 - (e) a declaration of the candidate's relevant interests to cover the last 5 years, or a statement signed by them, confirming that they have no relevant interests to declare.
- (6) A candidate may provide to the Returning Officer:
- (a) their election statement (written and/or video) complying with paragraph 16; and
 - (b) a photograph of them self, ideally taken within the previous six months
- provided that, if the candidate chooses to supply any of (a) or (b) above, they must be in the form specified in guidance issued for this purpose and must be received by the Returning Officer by the same date and latest time, and in the same place, as that specified for receipt of nominations.
- (7) Nomination forms (together with accompanying material) ~~[shall be delivered]~~ must be submitted to the Returning Officer before the latest time specified for the ~~[return submission]~~ of nomination forms and to the place and in the manner specified by the Returning Officer. Returning Officers will not accept documents that are emailed or submitted ~~electronically in accordance with 15 (3, 4 and 5)~~ after the latest specified time.
- (8) The Returning Officer can declare invalid any purported nomination ~~[form]~~ which has not been properly ~~signed or~~ completed, is not accompanied by the items mentioned at paragraph (4) (b) to (e) above, is received after the specified latest time for receipt, or which in any other respect does not comply with this scheme.
- (9) The Returning Officer may declare invalid any purported nomination ~~form~~ if any of the declarations are found subsequently to be false.
- (10) A nomination may be withdrawn by notice in writing or via email signed by the prospective candidate and ~~delivered~~ submitted at the place specified for receipt of nomination forms to the Returning Officer no later than the ~~close of the electoral roll~~ date which will be specified in accordance with 14.4(c) above.
- (11) If a prospective candidate dies or ceases to be eligible for election before the ~~close of the electoral roll~~ date which will be specified in accordance with 14.4(c) above, the nomination shall be deemed to have been withdrawn.
- (12) Upon the expiry of the latest time for receipt of nominations, the Returning Officer shall:
- (a) determine the validity or otherwise of nominations received;

- (b) inform prospective candidates as to whether or not they have been validly nominated, and where they have decided that a purported nomination is invalid, provide reasons for that decision; and
- (c) publish a list of validly nominated candidates

16. Election statements and CVs

- (1) Any person standing for election may request the Returning Officer to publish an election statement (written and/or video) provided by them.
- (2) Election statements shall:
 - (a) be ~~provided-submitted~~ to the Returning Officer or nominated recipient by the latest time specified for receipt of nominations; and
 - (b) not contain any falsehoods or misrepresentations, abusive or defamatory material, or material likely to incite hatred or public unrest; and
 - (c) be no longer than the specified word count for written statements or two minute duration for video statements; and
 - (d) comply with any format requirements set by the Returning Officer.
- (3) The Returning Officer shall not publish any election statement (written or video) which in their opinion:
 - (a) would amount to the commission of a criminal offence; or
 - (b) would render the Society potentially liable to civil proceedings; or
 - (c) doesn't comply with any format requirements set by the Returning Officer
- (4) The Returning Officer shall not be required to publish an election statement, which exceeds specified word count for written statements or two minutes duration for video statements.
- (5) The Returning Officer may, in consultation with the candidate, issue a statement of clarification if in his opinion any part of an election statement refers to matters outside the current functions, powers and duties of the Board.
- (6) CVs shall:

be provided to the Returning Officer by the latest time specified for receipt of nominations; and not contain any falsehoods or misrepresentations, abusive or defamatory material, or material likely to incite hatred or public unrest; and be no longer than the specified word count; and comply with any format requirements set by the Returning Officer.

17. Holding of ballot

- (1) Where, after the expiry of the latest time for receipt of nominations, the number of candidates standing for election does not exceed the number of Board places for which they are nominated, the Returning Officer shall:
 - (a) dispense with the need to hold a ballot; and
 - (b) forthwith declare those candidates elected.

- (2) Where, after the expiry of the latest time for receipt of nominations in any election, the number of candidates standing for election is greater than the number of Board or sector places for which they are nominated, the Returning Officer shall cause a ballot to be held.
- (3) Any places for elected Members on a Board which remain unfilled after a declaration of election shall be treated as casual vacancies for the purposes of the Board's powers of co-option.

18. Voting

- (1) The Returning Officer shall specify the method, place, date and latest time by which ~~online~~ voting must be completed ~~or postal voting forms returned to the Scrutineer.~~
- (2) No later than 14 days before the specified date for ~~return of voting forms~~completion of voting, the Returning Officer shall send, by email, the voting ~~form~~instruction, or by post if requested, to each Member entitled to vote in that election.
- (3) The voting ~~form~~instruction shall include either directly or by directing voters to a specified website where the information can be accessed:
 - (a) a list of the candidates in alphabetical order giving in respect of each candidate:
 - (i) their known name;
 - (ii) their category of membership of the Society;
 - (iii) their town or city;
 - (b) the sector of practice in which each candidate has been nominated for election (if applicable);
 - (c) the method, place, date and latest time by which ~~voting forms~~votes shall be returned to the Scrutineer;
 - (d) instructions on the voting procedure.
- (4) The voting ~~form~~instruction ~~shall be accompanied~~contain details as to where ~~by~~ the information provided by candidates under sub-paragraphs 15(3)(c) and (d) and 15(4)(c)(d) and (e) can be accessed. This information shall include a statement confirming that neither the Society nor the Returning Officer has or accepts any responsibility for the accuracy of any information, declaration or election statement provided by candidate.
- (5) The period for voting shall commence on the date on which the first unique voting codes/~~voting forms~~instructions in an election are dispatched by the Scrutineer.
- (6) If, after the period for voting commences, a candidate dies or is found by the Returning Officer to be ineligible to be elected or becomes ineligible to be elected, the votes cast for that candidate shall be void.
- (7) Votes shall be cast either electronically or ~~on a voting form~~via another mechanism provided by ~~or on behalf of the Returning Officer~~the Scrutineer.
- (8) Only one ~~voting form may be completed either electronically or by post and returned by vote for each vacancy may be cast by~~ each voter. The Scrutineer may replace a voting ~~form~~instruction on receipt of a request confirming that the original ~~form~~instruction has

not been received or has been lost, destroyed or spoiled, and shall take such steps as are appropriate to ensure that no person may be able to vote twice in the same election.

- (9) The voter shall ~~record-submit~~ their vote ~~or votes either electronically or on the voting form~~ in accordance with the instructions thereon. Each voter shall have as many votes as there are vacancies for which they are eligible to vote.

19. The Scrutineer and outcome of election

- (1) The Society may appoint a person or persons to act as Scrutineer and, if necessary, Deputy Scrutineer.
- (2) Where no person is currently appointed under paragraph (1) above, the functions of the Scrutineer shall be performed by the Returning Officer.
- (3) The function of the Scrutineer shall be to:
 - (a) preserve the integrity of the election process and take such measures as they consider necessary to guard against, and identify, electoral malpractice;
 - (b) dispatch the voting ~~forms~~instructions;
 - (c) examine and validate ~~voting forms and electronic votes~~votes;
 - (d) count and record votes received; and
 - (e) notify the Returning Officer of the result of the election.
- (4) Where the Scrutineer is unable, for any reason, to carry out their functions, such functions may be performed by the Deputy Scrutineer, or by the Returning Officer.
- (5) At the conclusion of the count, the Scrutineer shall prepare a report specifying:
 - (a) the total number of ~~voting forms and electronic~~ votes received;
 - (b) the number of ~~voting forms or electronic~~ votes rejected as invalid;
 - (c) the number of votes cast for each candidate;
 - (d) the names of those elected; and
 - (e) if an election has been decided under paragraph (6) below, a note to that effect.
- (6) In the event of a tie, the election shall be decided between the tied candidates by the drawing of lots conducted by ~~or on behalf of~~ the Scrutineer.

20. Casual vacancies

- (1) Where an elected Board Member dies, resigns or ceases to be eligible to continue to hold office, the Secretary shall inform the Board that a casual vacancy has occurred.
- (2) A person filling a casual vacancy shall serve for the remaining period of office of the person whose departure gave rise to the vacancy. Where the remaining term of office is for more than one year the vacancy will be filled at the next election.
- (3) Where the period referred to in (2) above is less than a year the vacancy shall not, usually, be filled. Where there is a need for expertise on a particular subject at a Board meeting, a person with such expertise can be invited ad hoc to that meeting.

- (4) Where the period referred to in (2) above is greater than a year the casual vacancy will be included in the next National Board election. As described in 20 (6) below, the candidate for a casual vacancy will also stand for an 'any sector' vacancy. For an election to a sector where there is both a substantive place and a casual vacancy, the substantive places will be filled by those candidates with the most votes and the person with the next highest number of votes will fill the casual vacancy. The casual vacancy will be for the remaining term of the original, retiring Member.
- (5) For an election where there is an 'any sector' position/s to fill and where there is an additional place to be filled due to a casual vacancy, the 'any sector' substantive place/s will be filled by those candidates with the most votes and the person with the next highest number of votes, in the relevant sector, will fill the casual vacancy and will be a Member of the Board for the remaining term of the original, retiring Member. This will take precedence over the process in 20(4).
- (6) For casual vacancies in sectors which have only one elected person, the person with the highest number of votes will be elected to fill the vacancy.
- (7) An additional Board Member can be elected, under the above process, in the event of a casual vacancy occurring between the time that the election scheme for any year is approved by the Assembly and the start of the election process.
- (8) If a casual vacancy occurs once the election process has started, in order to avoid a vacancy of more than a year, at the next election the defeated candidate (in the appropriate sector if relevant) with the highest number of votes shall be elected for the remainder of the term of the original Board Member.
- (9) In the case of a casual vacancy occurring due to a specific sector place failing to be filled by an election (e.g. two sector places are vacant and only one candidate presents), (country) Board Members will elect a Member at their next Board meeting as per the voting procedure below.

If the (country) Board considers it is necessary to fill a casual vacancy, as per the above, Board Members will be requested by the Secretary to the Board (Country Directors) to bring their nomination(s), which has/have been agreed with the nominee(s), to the next formal meeting of the (country) Board, the following voting procedure will then take place.

(10) Voting procedure

- i. Nominations for the casual vacancy will close before the first vote is taken.
- ii. A blank ballot paper will be distributed to each Board Member present.
- iii. The Board's secretary will read the names of the candidates for the casual vacancy and invite each Board Member present to write the name of their preferred candidate on the ballot paper. The papers will then be collected.
- iv. If one candidate had received the majority of the total votes cast, that person will be deemed to have been elected to the position concerned.
- v. In the event that no candidate receives a majority of all votes cast in the first ballot, the candidate receiving the lowest number of votes in that ballot will be eliminated

and the procedure set out in ii-iv above will be repeated. This procedure will be repeated until one candidate receives the majority of all votes cast.

- vi. If, in any ballot in which one candidate does not receive the majority of all votes cast, two or more candidates tie with the lowest number of votes, a separate ballot involving only those candidates will be held under the procedure set out in ii-iv above to decide which of these candidates is to be eliminated.
- vii. If, when there are only two candidates for a post, there is a tie in the ballot, a further ballot will be held under the procedure set out in ii-iv above. If there is still a tie after this second ballot, the Board meeting will be adjourned for five minutes and, on its resumption, nominations for the post concerned will again be called for. This procedure set out in ii-iv above, as appropriate, will then be followed.

21. Challenges and the effect of non-compliance with this scheme

- (1) Where the Returning Officer(s) receives any challenge to the results of an election, or any complaint or information which alleges that, or becomes of the opinion that:
 - (a) a candidate was, or has become, ineligible for election;
 - (b) a candidate submitted inaccurate or misleading declarations or statements;
 - (c) a candidate submitted a false or misleading election statement;
 - (d) a candidate committed electoral malpractice; or
 - (e) there has been a failure to comply with this scheme in a significant and material respect, they may, subject to paragraph (2) below, consider the matter.
- (2) (a) The Returning Officer(s) shall not consider any challenge, or any complaint or information relating to the election that is received by them after the expiry of 28 days from the date on which the election results are published.
(b) The Returning Officer(s) shall not consider any challenge that is vexatious or trivial, is purely a matter of personal disagreement or has been brought with the sole aim of deliberately preventing an individual from standing for office or taking up their office if elected
- (3) Before taking any action in relation to a challenge, complaint or information relating to an election, the Returning Officer(s) shall:
 - (a) provide details of the challenge, complaint or information to the candidate(s) concerned; and
 - (b) afford the candidate(s) concerned the opportunity to make representations on the allegations and on any subsequent action to be taken by the Returning Officer(s).
- (4) Upon considering any representations received from the candidate(s) concerned, the Returning Officer(s) may take such action as they consider necessary in the interests of fairness and all the circumstances of the case, which may include:
 - (a) declaring the results of any candidate, or of the whole election, a nullity;
 - (b) disqualifying a candidate or candidates;
 - (c) rerunning any ballot or election.

- (5) Before taking any action in accordance with ~~paragraph (4)~~ the above paragraphs, the Returning Officer(s) may take further steps to investigate the matter, and may seek legal advice.
- (6) The election held under this scheme shall not be invalidated by reason solely of any non-compliance with, or the non-delivery or loss of any document required under, this scheme, if it appears to the Returning Officer that the election was conducted substantially in accordance with this scheme, and that the result of such non-compliance, non-delivery or loss did not affect the return of any candidate at the election.
- (7) The decision of the Returning Officer in relation to any challenge to, or complaint or information concerning, the election, shall be final.

Assembly Meeting 17th November 2021

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

Policy and Stakeholder Update to the July 2021 RPS Assembly

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

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

We have established and are supporting three expert advisory groups for Primary Care Pharmacists, Community Pharmacists and Digital Pharmacy. The support for these groups will be provided by the policy and stakeholder team members. The groups have met twice and details of the groups can be found on the RPS website.

In England we are exploring Integrated Care Systems and what this means for pharmacists and pharmacy as well as supporting the implementation of the Community Pharmacy Consultation Service. In Wales, we have developed a sustainability policy, engaged with members and stakeholders on workforce issues, long covid and mental health roles. In Scotland, we are engaging with members and stakeholders to formulate a response to the National Care Service for Scotland consultation, continuing to work on our pharmacy 2030 vision document and have begun engagement with members in Scotland to help develop our workforce position statement.

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

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

Policy development

We are continuing to work in an efficient way to produce reactive policies, which ensure support and leadership for pharmacists where needed.

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

We developed and published our RPS Position Statement on COVID-19 vaccination for pharmacists and reviewed this in light of the recent DHSC consultation on making vaccinations a condition of deployment for health and social care.

We are updating the Scottish policy statement 'Pharmacy's role in reducing harm and preventing drug deaths' to make it applicable across GB.

We updated and published our policy on assisted dying.

We have published a position statement on Women's Health.

We published our climate change declaration and we will be publishing a sustainability policy imminently.

We published a position statement on long covid and are exploring how we can support pharmacists with long covid as part of our workforce wellbeing workstream.

We are engaging with members across the UK to develop a position statement on the current challenges facing the pharmacy workforce.

We have worked with members and stakeholders to highlight good prescribing practice and develop a campaign for greater use of pharmacist prescribers.

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

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

Consultations:

As a policy team we continue to respond to consultations both GB wide and country specific. Since June we have responded to 27 consultations. This includes consultations on inclusion and diversity as well as national digital strategies.

All our consultation responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultations>

Public affairs and stakeholder engagement

Public Affairs Update

RPS in Scotland has held a number of meetings with MSPs following the start of the new Parliamentary session. These have included three ministerial meetings. We met with the Minister for Mental Health and Social Care to discuss how pharmacists can support people with their mental health and the wellbeing of the pharmacy workforce. We also met with the Minister for Drugs Policy to highlight the role that pharmacists can play in reducing drug harms and drug deaths. Our final ministerial meeting was with the Minister for Public Health, Women's Health and Sport. We discussed the recently published Women's Health Plan and the need for improved digital solutions to support pharmacy across all sectors in Scotland.

RPS Scotland has published a joint statement with the BMA's Scottish GP Committee on the pharmacotherapy service in Scotland. This statement highlights the need to

maximise pharmacists' skills in GP practices, to ensure a better skill mix and to make better use of digital solutions. We tabled it at the Scottish Government's Pharmacotherapy Strategic Implementation Group of which RPS is now a member.

Work continues on the Pharmacy 2030 vision for pharmacy in Scotland. The vision for hospital pharmacy is now out for consultation and scoping has begun for the final phase which includes bringing in the views of pharmacists working in specialist services, pharmaceutical industry and education/academia.

We wrote to the new Chief Pharmaceutical Officer in Scotland following her appointment, and continue to have regular meetings with her and her team. We have also been actively engaging with the NHS Directors of Pharmacy Group and its sector subgroups, Community Pharmacy Scotland, General Pharmaceutical Council in Scotland, and NHS Education for Scotland.

We are working with The Herald to raise awareness of the RPS sustainability policy within its 100 Days of Hope campaign. A full-page feature highlighting our work alongside some Scottish pharmacy case studies was published on 16 September.

RPS Wales has continued to meet with Members of the Welsh Parliament (the Senedd) to discuss priorities for pharmacy and to outline the work of RPS. We met with the Minister for Health and Social Services alongside our colleagues in BMA Cymru, RCGP in Wales and Community Pharmacy Wales to discuss plans for the roll out of electronic prescribing in Wales. We also met with the Health Spokespeople for Plaid Cymru and the Welsh Conservative Party to raise concerns about the well-being of the profession, the risks of burnout, recruitment and retention of staff and the progression of pharmacy education and training in Wales.

We have been taking steps to showcase examples of innovative pharmacy practice to members of the newly appointed Senedd Health and Social Care Committee. This has included a site visit to Morriston Hospital in Swansea to showcase how the medicines management of the renal service has been digitised and built around the needs of the patient. We also arranged a visit for the Chair of the Health Committee to a community hospital in Powys where we were able to discuss with the pharmacy teams the challenges of managing pharmacy services in the largest rural area of Wales.

Arrangements have also been made to meet with the Conservative Shadow Minister for Climate Change and Member of the Senedd's Climate Change, Environment and Infrastructure Committee. This will provide us with an opportunity to share our policy on sustainability and discuss the contribution of the pharmacy profession to the climate change agenda.

We responded to the Senedd Health Committee's inquiry into workforce. This gave us the opportunity to congratulate Health Education and Improvement Wales (HEIW) on their workforce and training plans for pharmacy to date and to highlight recommendations for the future development of the workforce as laid out in the vision for pharmacy, *Pharmacy: Delivering a Healthier Wales*.

We also arranged for oral evidence to be presented to the Senedd's Cross Party Group on Long Covid. A Welsh Pharmacy Board Member represented the profession and took

questions on pharmacological responses to long covid to contribute to the work of the group.

Outside of the political domain, we have continued to work closely with other royal colleges and key stakeholders to build coalitions of support to progress our business plans. This has included for example regular meetings about e-prescribing with RCGP in Wales, BMA Wales and Community Pharmacy Wales, meetings with the Royal College Mental Health Expert Advisory Group, input into the Welsh NHS Confederation's Long Covid Sub Group, contributions to the All Wales Tobacco Control Group, and meetings with representatives from allied health professional groups.

We have also been taking steps to fully equip the Welsh Pharmacy Board for engagement opportunities with politicians and the media. We held two media training sessions for Welsh Board Members and Members keen to represent the RPS as spokespeople for their professional body. We also held a political training session to increase understanding of the Board of the political environment in Wales and options for influencing change.

Other work

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

- Answering member queries coming in via social media and via the support team
- Responding to GB press enquiries
- Developing content for Facebook lives, Prezcasts, webinars, evening meetings and parliamentary briefings
- Active participation in project teams supporting the ECP workstream and Community Pharmacist Consultation Service CPD delivery.
- Sharing the importance of RPS Policy and Stakeholder work with local universities and foundation pharmacists

Next steps

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

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

President's report

July – October 2021

I was delighted and privileged to be elected as president of the RPS. My term began with the July Assembly meeting followed quickly by my first Pharmaceutical Press board meeting which was a hybrid meeting, and I was happy to make my first visit to East Smithfield since February 2020.

Throughout the summer there were various internal and external meetings with GPhC chair and CEO regarding the technical issues with the Pre -Reg exam.

I met with Paul Bennett and the CEO and Chair of NPA, the GPhC chair and CEO. I also met Keith Ridge, Chief Pharmacist for England, and Leyla Hannbeck from AIM.

Paul Bennett and I attended the first meeting of the community pharmacy supervision practice group and I have attended several meetings regarding appointing an external chair for this group.

I attended the MHRA pregnancy and breastfeeding group.

Press and publicity

I was interviewed by the PJ (<https://pharmaceutical-journal.com/article/opinion/claire-anderson-what-you-see-is-what-you-get-with-me>) and again went to RPS HQ for a photoshoot.

As well as the usual request for comments to the press and radio on a variety of subjects including prescription charges for over 60s and OTC POP. With the help of the wonderful press team, I had a letter published in the Times about the expanded role of pharmacists in healthcare. With Aman's help I interviewed Tase from EPB and Adanna a University of Nottingham student for a RPS Pharma Scene podcast for Black History Month. With the help of staff, I wrote letters to Google about the continued promotion of 2,4-Dinitrophenol (DNP) on their platforms and to the Home Secretary about reducing harm from DNP. We wrote a letter to Lord Bethell about Philip Morris International takeover of Vectura.

FIP

I attended the FIP Europe Regional meeting, FIP Council and observed the FIP Community Pharmacy Executive Committee meeting at their invitation to the RPS.

Conferences and external events

At the end of August, I spoke to the Public Policy Exchange on *Building a Better Future for Community Pharmacy*. I talked about building back better after the pandemic and presented the SPB vision for pharmacy.

In October I spoke to the Westminster Forum on Key developments and priorities for the integrated delivery of pharmacy services.

Elen Jones and I were invited to speak at a University of Toronto continuing education webinar for Canadian pharmacists "*Fostering Environmental Sustainability in Pharmacy*" We spoke about the RPS work on Sustainability.

I went to a day of the Clinical Pharmacy Congress, to support Thorrun who was speaking, it was good to network with many pharmacists. I spoke on a panel, "*What is a Pharmacist?*" at the Pharmacy Show. I talked about 'What the way practice is changing says to me about the future of the profession, and how the professional leadership body for pharmacy see its role in supporting these developments?'

I attended the Independent Community Pharmacy Awards, a lunchtime event at the Houses of Parliament, where it was lovely to network with people from across the profession after a long time.

I attended the Royal College of Physician's (RCP) Harveian Oration and dinner at the New RCP HQ in Liverpool. Prof Jonathan Van-Tam gave an excellent lecture, and it was a good time for networking with presidents of the Royal Colleges and RCP faculties all of whom were very positive about pharmacy.

Internal meetings

Internal meetings have included board meetings. As well as joint meetings and EPB, I attended two meetings of the SPB, at one of them was introduced to Alison Strath the new chief pharmacist. I also attended National Board Chairs' Forum, Appointments Committee, Remuneration Committee, Finance and Investment Committee, Audit and Risk Committee, Education Standards Committee, Pharmaceutical Press Board and the FIP Short Life Working Group. I met the chair of the new Community Pharmacy Advisory Group.

I have regular meetings with Paul Bennett, Robbie Turner, Gail Fleming, Amandeep Doll and the three country directors. Elen Jones has regularly briefed me on the Sustainability work.

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

Claire Anderson
October 2021

Dear Assembly Colleagues,

Thanks in advance for taking the time to read my July 2021 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

RPS performance as we near the end of 2021

It's really pleasing for me to write yet another statement where I, as Treasurer, can celebrate a strong financial performance for the year to date here at the Royal Pharmaceutical Society. Overall, we are well **ahead of our budgeted surplus** for 2021 and I would imagine anyone would have accepted this position had they been offered it at the start of the year. Sitting underneath the surplus figure there has importantly been both **strong revenue performance** from almost all areas of the business as well as **expenditure that has been lower than forecast**. It is also very positive to have had strong performance from our investments throughout the year and our teams have done a great job of managing cash flow appropriately to support the day to day functioning of the organisation.

RPS performance as we look towards 2022

As we all look forward to 2022 my view is that the business really is as well positioned as it could be in order to deal with any upcoming volatility or other changes to the economy around us. I know that at this November Assembly meeting we will be looking at and discussing a draft 2022 budget and trying our best to plot a path we think both reasonable financially but also one that empowers our teams to deliver success for the organisation and our profession. Although that draft budget, supported by FIC, shows a solid surplus which is very positive indeed, that surplus is still significantly less than our likely bottom line end-point for 2021 so it will be interesting to hear the views of Assembly colleagues about this and what budget is finally agreed.

Financial commitment to Environmental, Social and Governance (ESG) Update

In terms of our work on responsible investing, as Treasurer I have been very pleased with the work we've done as an organisation. We've taken this matter very seriously, employed expert advice and the oversight of Finance and Investment Committee to develop a responsible repositioning of our investment strategy to align with our ESG priorities. My view is that it is absolutely right that we prioritise ESG factors into our planning process because we are a professional leadership body and we must set an example for others within our community. However, the huge strides forwards we've made, whilst providing assurance to members and the profession that we are using our position to 'do good' for the environment and society, must be balanced with our fiduciary duty as governors i.e. to enhance the financial outcomes of the organisation. I feel that in 2021 we've got that balance right and I look forwards to building on that in 2022.

FIC Terms of Reference Update

In my last statement I mentioned the opportunity (and need) to bolster our committee structure with additional expert lay-members with finance backgrounds for the Finance and Investment Committee. As Chair of the Finance and Investment Committee, I think that bringing in this additional expertise

and experience will be revolutionary for our Board and Assembly effectiveness. Having input of this calibre will create much more effective financial oversight and a sustainable improvement in our ability to assure on behalf of members. In turn, I believe that this will have knock on benefits for our longer term RPS performance so I will take this opportunity to urge Assembly colleagues to support this paper and to set the wheels in motion for us to recruit these two expert lay people.

Internal Auditors (Grant Thornton) Update

Notwithstanding the above, I have a general belief that there is a need for us to constantly review our governance and look for ways to improve. We had an absolutely fantastic presentation at Audit and Risk Committee from Grant Thornton who are our internal auditors. The content of that presentation was derived from a recent report¹ from the Royal Institute of Chartered Surveyors (RICS) which was basically a review/investigation of their governance and the **recommendations really resonated** with me.

Key themes from that RICS presentation that I noted down were: how do we increase the confidence of non-executives to challenge, how do we improve their involvement and expertise, how do we improve our governance controls, how do we improve non-executive teamwork, leadership and relationships, are the number of meetings frequent enough and how do we regularly assess the effectiveness of non-executive performance.

I think the RICS review actually gives us a great opportunity because we can look at their learnings (which are significant) and we can seek to proactively improve the quality of the governance here at the RPS. And, for those of you who have been here a while, by that I do not mean undertaking another 'governance review' but rather that we could and should undertake activities, as most boards do, that aim to constantly improve our performance WITHIN our existing structures.

I'm pleased to say that after discussing this matter with both the Chief Executive and the President I believe that we will take advantage of this opportunity early next year.

Pensions Update

I sent an RPS Pensions update to Assembly colleagues on the 23rd August. In that email I mentioned that as Treasurer I had wanted to know more about the ongoing costs of the different schemes and if there was anything we at Assembly could/should be doing to help manage those costs in a better way for the organisation, especially for the oldest pension scheme that the Society has responsibility for which is the RPSGB pension. I also wanted to understand how we assessed and mitigated pension related risk.

I had meetings with Rick and Jon in our finance team and with Paul, who is also a Trustee of the RPSGB pension scheme, and two separate meetings with Alan Pickering from BESTrustees Ltd who is the external expert and Independent Chair appointed by the Trustees on the RPSGB pension scheme. My aim with the update was to provide you with useful information that would enable you to ask the right questions and make the right decisions and it was also to assure myself that we are taking the right path with our pensions which I believe we are.

Expenses Update

As Treasurer I have spent a bit of time recently looking at expenses due to a matter of a rejected board member claim in July 2021. The board member was trying to claim for an hour and-a-bit long evening meeting that they had been asked to attend however the subsequent claim was rejected.

¹ <https://www.rics.org/uk/news-insight/latest-news/news-opinion/rics-governing-council-publishes-independent-review-and-accepts-all-recommendations/>

I guess I felt it was right to look at the principle of giving up time for an organisation and how we compensate people for the time and effort they put into their role so that the RPS can benefit from that contribution and a fully functioning non-executive.

I engaged with Board Chairs and the President and I created a paper for discussion at Finance and Investment Committee and, although no recommendation from FIC to Assembly was forthcoming, my view is that the current policy has been correctly interpreted by RPS teams but that the way the current policy has been written may be a barrier to engagement for some colleagues. Importantly this will apply unequally as it is dependent on factors like financial status, family status, job role, career stage, full-time/part-time status and the role they undertake here at the RPS (Board Member, Assembly member, Board Chair, Treasurer, President). It may be a policy that for some does not seem fair and therefore reduces their willingness to invest their time and effort as board members and as governors here at the organisation.

I have left this matter outstanding for the moment but asked Board Chairs and the President to monitor the situation and raise any more issues with me e.g. not being able to secure board/assembly members for either daytime or evening meetings and to be particularly attentive to the reasons for non-engagement.

RPS Dashboard Update

All Assembly colleagues will now have been sent the latest version of the RPS Dashboard. As you know the team has worked really hard to produce this document and my firm view is that as a governors here at the RPS, the dashboard will be an essential tool that enables you to see the performance of the different parts of the organisation and to challenge as you feel appropriate.

After the first dashboard became available, I invited Assembly colleagues for a 20 minute Zoom catch up with me to quickly run through the dashboard and to discuss any questions or hear any requests for changes that people might have. I'd like to thank the 6 people who took up that offer as it really was helpful to hear your feedback and we will be building this into our dashboard plans moving forwards.

Summary

I'd like to end my statement by congratulating the Chief Executive and RPS teams (once again) for delivering a fantastic performance so far in 2021. As always, our challenge will be to control costs, to keep our focus on the risks ahead and to maximise the opportunities as they present themselves. I know that we at Assembly have an important part to play by offering appropriate oversight and challenge but also encouragement, support and advice where we are able.

Assembly Colleague, I hope you have found this statement helpful for providing you with an update on my work to oversee the implementation of our financial strategy, the use of our resources and assuring our financial performance here at the RPS.

Yours Sincerely,

Andre Yeung
November 2021

Title	Education and Professional Development activities update to Assembly
Open, confidential or restricted	Open
Author Position in organisation Telephone Email	Gail Fleming Director of Education and Professional Development 020 7572 2358 gail.fleming@rpharms.com
Headline summary of paper	Education and Professional Development activities report June to September 2021
Purpose of item (for noting/discussion/ decision/approval)	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

Education and Professional Development activities update to National Boards

1. Strategy

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

We have held 2 internal workshops to develop the Education Strategy with a third planned in September. The initial themes have been shared with the Education and Standards Committee and with RPS Assembly and feedback incorporated into the ongoing work. The final strategy is due to be completed in November 2021 and will provide more detail on our direction of travel under the umbrella of the organisation strategy.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met on July 6th 2021. The Committee welcomed 2 new members, Charlotte Richardson and Alykhan Kassam. The results of the consultation on a new RPS Post-Registration Foundation curriculum were discussed and some amendments made as a result. The Committee also provided feedback on the themes for a new RPS Education strategy supporting the RPS Strategy for 2021-2026.

2b Early Careers Pharmacist Advisory Group

The ECPAG met in August 2021 where members provided views on RPS membership, highlighting what they found most useful as a member and provided reflections on the stage at which individuals are most likely to join the RPS in their career. The group discussed and provided feedback on the RPS Pharmacist Independent Prescribing project and reinstated that this qualification must go hand in hand with pharmacists being given the opportunity to sufficiently utilise this qualification in practice. Two group members shared with the wider group their contributions as participants in the RPS Advanced Practice task and finish group and as a panel member in a Policy Exchange future hospital design initiative. The group introduced a new peer spotlight item on their agenda in which a group member which entails a group member showcases their career to the wider ECPAG group, raising awareness around the diverse roles pharmacists have access to.

The ECPAG also provided views on the RPS Post-registration Foundation curriculum. Members welcomed the proposals and felt the curriculum would be extremely valuable to enhance skills of newly qualified pharmacists in patient facing roles.

2c External stakeholder meetings

Initial Education and Training of Pharmacists

The RPS has continued to be represented at IET Advisory Group meetings to implement the new IET standards for pharmacists. The focus has been on work underway on commissioning bodies and more recently independent prescribing.

Linked to this, we have written to the GPhC seeking clarity on the timelines for reform of the independent prescribing (IP) regulations given that IP is an important element of our Postregistration Foundation curriculum. We have also asked about future accreditation models which would support the delivery of prescribing training weaved through integrated programmes over a much longer time period than the current short courses.

Postregistration education and training

The GPhC is currently undertaking a review of its role in postregistration education and training. They have established a short life working group to review this and make recommendations to their Council. The RPS was invited to meet with the short life working group and consider a series of questions relating to patient safety and postregistration education and training.

3. Initial Education and Training

3a. Students

We continue to build on our successful series of events to support third year pharmacy undergraduate students to prepare for the national foundation trainee pharmacist recruitment process (Oriol). We have delivered three events on numeracy and the situational judgment test (SJT) in August 2021. A summary of delegate numbers and feedback is provided below:

Event date	Bookings	Example of feedback
2 nd August	109	<i>Content was incredibly useful....I anticipated what the calculations may be, but was very much in the dark regarding SJTs until this session.</i>
17 th August	130	<i>I did not feel very confident with the SJT side of the assessment, but after this workshop, I know exactly how to go about preparing for it and don't feel as nervous about it as I did before.</i>
23 rd August	131	<i>It was very useful I understood the mark allocation and the exam format for the SJT much better and feel much more prepared for the exam and I felt very confident with the numeracy preparation</i>

3b. Student Interns

Four MPharm students worked for us for a 4-week period in June/July to support the delivery of some of our core business as well as learning more about the RPS. They each spent one week in the Education team, learning about our activities and role. Whilst working in our directorate they completed projects on the following:

- Student resources and online hub - designed an online student hub, including outline of webpage, list of helpful resources and guidance.
- Careers event for students - designed and created a careers event for students, including an events brief, comms, associated resources, and delivery plan.
- Student awards - developed a presentation on how we can best recognise the achievements of students, providing feedback on our current awards model.

3c. Foundation Trainee Pharmacists (formally Pre-registration Trainee Pharmacists)

Delivery of our contract with Northern Ireland Centre for Professional Learning and Development (NICPLD) commenced in August. We have recruited 10 new clinical pharmacy educators, clinical experts, to develop learning content and to deliver a series of clinical webinars. The first session,

focusing on the cardiovascular and central nervous systems will be delivered in October. In addition to delivering clinical sessions, we are providing exam support to NI foundation trainee pharmacists.

Development of the HEE E-portfolio for all foundation trainee pharmacists in England commenced in July. In collaboration with our portfolio provider, Axia Digital, we have built a new portfolio programme according to HEE's requirements; this was successfully launched on 11th August 2021. This was a huge undertaking as the timeline was tight and the portfolio itself contains complex processes and several tools and forms. We provide essential technical support for trainees, designated supervisors, and other users. We have additionally started to scope and agree functionality that will be delivered as part of phase 2 developments, which includes a 13-week appraisal form, news broadcasting tool, a multisource feedback tool and additional permissions and access for educational programme leads and HEE administrators.

We have written to the GPhC to express our significant concerns relating to a technical failure in the July registration assessment which meant 3 trainees were sent home and unable to complete the assessment. The GPhC has confirmed its position which is that these trainees will be required to take the full assessment in November. We are seeking clarity on what is the contingency to manage this event should there be a further technical failure in November as we consider deferral until a June/ July sitting to be unacceptable.

Guidance and support

We have refreshed and updated all our online guidance and resources to align with GPhC updates and the new foundation training terminology. We also ran a social media campaign in July on Instagram, sharing revision tips with trainees sitting the July registration assessment, highlighting RPS foundation training resources.

4. Provisional Registration / Foundation

4a. Provisional Registration

Guidance and support

We have reviewed and updated all our resources for provisional registration, archiving any outdated guidance.

We continue to see good engagement on our WhatsApp groups, with a spike in activity as the GPhC July registration assessment approached. Members of the group have been sharing tips and advice with peers for revision. We are now preparing the groups for transition to RPS Connect later this year.

As part of our careers event series, we delivered a career in hospital pharmacy event for pre-registration trainees, provisionally registered pharmacists, and early career pharmacists. Approximately 100 delegates joined the webinar. An example of the positive feedback received was *'It was so interesting to see how people have come from various backgrounds and paths to be successful and enjoying their careers'*.

E-portfolio

Our contract with HEE to provide an E-portfolio for provisionally registered pharmacists and newly qualified pharmacists undertaking the HEE interim foundation pharmacist programme (IFPP) has been extended until end of September 2021. By the end of August, we had responded to 406 enquiries. Engagement with the portfolio remains high, with 1691 users (learners and collaborators) across GB; we have seen an increase in activity as the deadline to complete the programme approaches.

We developed a new peer assessment tool (PAT) as an additional contract for HEE and launched it to users in June 2021. The tool remained open for 6 weeks until mid-July. The PAT enabled learners to collect feedback from peers and remote supervisor on a clinical case from their practice, prompting reflection and facilitating development. 250 learners made a case submission, and 560 peer reviews were conducted. HEE were highly impressed with engagement in the tool and are currently preparing an evaluation of the PAT.

In addition, we have developed an end of programme recognition process for the HEE IFPP, which was launched on 16th August 2021. This enables learners undertaking the programme to receive a certificate for completion of the programme and feedback from their educational supervisor / tutor to focus their ongoing development. The IFPP will come to an end on 30th September 2021.

4b Post Registration Foundation curriculum

Following wide collaboration and consultation with the profession, the RPS launched its [post-registration foundation pharmacist curriculum](#) on the 13th August. This is the first stage in our post-registration credentialing pathway to inform professional development training and pathways for early career pharmacists. It enables those working in patient-focussed roles to continue to build and develop their practice in a structured and standardised way across all UK care settings.

A summary of the consultation response can be found [here](#) and our Equality Impact Assessment report [here](#).

We held our launch webinar on the 24th August and will be developing supportive content over the coming months, including a series of support webinars, assessment regulations, and candidate and collaborator guidance.

GPhC independent prescribing regulations

Achieving the curriculum outcomes requires removal of the GPhC two year entry requirement for independent prescribing courses. The RPS has written to the GPhC as a matter of urgency to determine:

- the timelines for removal of the two year post-registration experience requirement
- if regulatory change is required before commencing delivery of fully integrated programmes (include prescribing from the start)
- the accreditation requirements for higher education institutions that integrate independent prescribing within a post-registration foundation programme

We are awaiting their response.

E-portfolio solution

The e-portfolio requirements have been informed through a general user group (including representation across geographies, sectors, academia, supervisor roles) and a learner specific user group.

The build phase commenced in August and will be completed in three phases aligned to the requirements for our first pioneer training programme (NES). Testing is planned for w/c 20th September. The minimum viable product will go live on 4th October 2021, with phase 2 ready for December 2021 and phase 3 by early 2022.

The general ethos for the e-portfolio is to ensure consistency with the other RPS portfolios whilst accommodating new functionality to meet the specific requirements of the post-registration foundation programme.

Following launch, we will seek feedback from users and improve e-portfolio functionality as with our other programmes

Training programmes

The RPS will not deliver a formal education and training programme against the curriculum outcomes; this will be delivered by training providers including GPhC accredited independent prescribing providers. The curriculum has been designed to offer significant flexibility to employers, statutory education bodies, higher education institutions and other training providers in how learning and training is delivered. Examples include commissioned training programmes, employer led training programmes and training provider training programme. Whilst we think it will be difficult to achieve the curriculum requirements in the absence of a structured and supportive training programme, some individuals may not have access to a formal training programme and may wish to undertake their own learning and development.

To date, we are aware of the following training programmes (all intend to use the RPS e-portfolio):

Scotland	NES Post-registration foundation programme for newly qualified pharmacists commences October 2021. It will be a modular programme (includes prescribing as a standalone course) and is for all sectors of practice. Specific funding for community pharmacists has been secured.
Wales	HEIW are out to tender for a higher education institution delivered integrated post-registration foundation programme to commence September 2022.
England	CPPE will be offering a 12 month programme for newly qualified community pharmacists working in independents and small/medium multiples (includes locums). Supports developing skills to progress to independent prescribing. It commences November 2021.
	University of East Anglia are developing an integrated programme with an expected launch date of June 2022. They have been in regular communication with the GPhC and anticipate their accreditation event will be early 2022.

AMEE conference: Short communication presentation

Our abstract, 'Designing a novel programme of national assessment for early career pharmacists: Painting a blank canvas' was accepted as a short oral presentation for presentation at the international Association for Medical Education (AMEE) conference in August 2021.

Lifelong Learning in Pharmacy Conference: Oral presentation

Our abstract, "Using role analysis to create a Foundation Pharmacist Framework" was presented at the Lifelong Learning in Pharmacy international conference in July 2021. This was deferred from 2020 as the conference was postponed due to covid-19.

Postregistration Foundation Forum

We co-chair the Postregistration Foundation Forum with the GPhC. This is a forum where key stakeholders can share their approaches to the delivery of postregistration foundation training and discuss common issues or challenges. The group met in July in which they discussed the headline feedback from the consultation on the RPS Postregistration Foundation curriculum and how to support independent prescribing training, particularly ongoing scope of practice.

5. Advanced and Consultant Practice

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

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

- All the core advanced curriculum outcomes and descriptors have now been drafted and agreed by the curriculum T&F group and are being prepared for wider consultation
- The assessment blueprint has been developed and agreed by the assessment T&F group pending some further refinement
- The advanced specialist critical care purpose statement, curriculum outcomes and underpinning knowledge guide have been drafted and refined and work is underway on the assessment strategy
- The advanced specialist mental health purpose statement, curriculum outcomes and underpinning knowledge guide have been drafted and are being refined
- Positive progress has been in agreeing a contractual model between the RPS and the affiliate groups.

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

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

5a. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data: April-June 2021

	Post titles	Sector	Country	Initial outcome	Resubmission outcome	Final outcome
Apr – Jun	Consultant Pharmacist Oncology	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Intestinal Failure and Nutrition	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Older People	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Hepatology and Liver Transplantation	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Older People	Secondary	Scotland	Provisional	Pending	Pending
	Consultant Pharmacist Neurosciences	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Older People and Stroke	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Haematology	Secondary	England	Provisional	Pending	Pending

5b. Consultant Pharmacist Credentialing

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

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

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

Since the launch of the consultant pharmacist credentialing process, we have received 15 portfolio submissions – 1 submission in the first window, 2 submissions in the second window, and 12 submissions in the third window.

Consultant pharmacist individual credentialing outcomes 2021

	Window	Sector	Country	Outcome	Ratified date
Applicant 1	1	Primary care	England	Standard not met	17 March 2021
Applicant 2	2	Hospital	England	Standard met	1 June 2021
Applicant 3		Hospital	England	Standard not met – insufficient evidence	1 June 2021
Applicant 4	3	Primary Care	Scotland	To be reviewed	TBC
Applicant 5		Primary Care	Scotland	To be reviewed	TBC
Applicant 6		Academia	Scotland	To be reviewed	TBC
Applicant 7		Hospital	England	To be reviewed	TBC
Applicant 8		Hospital	Scotland	To be reviewed	TBC
Applicant 9		Hospital	England	To be reviewed	TBC
Applicant 10		Hospital	Scotland	To be reviewed	TBC
Applicant 11		Hospital	England	To be reviewed	TBC
Applicant 12		Primary Care	England	To be reviewed	TBC
Applicant 13		Hospital	England	To be reviewed	TBC
Applicant 14		Hospital	England	To be reviewed	TBC
Applicant 15		Hospital	England	To be reviewed	TBC

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

E-portfolio solution

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

The consultant pharmacist e-portfolio is open to both members and non-members who wish to compile their evidence against the consultant pharmacist curriculum outcomes.

Since launch in October 2020, we have seen 514 pharmacists begin compiling their portfolio, with 220 collaborators registered.

An e-portfolio user group has been established to:

- Represent and share the experience of consultant pharmacist e-portfolio users

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

Recent functionality upgrades as a result of their feedback include:

Feedback	Action	Timescale
Users are finding it difficult to get collaborators to complete SLEs as the collaborators do not want to register onto the e-portfolio	We have implemented an SLE ticketing process which will enable users to email an SLE ticket link directly to their collaborator. This means collaborators will no longer need to register onto the e-portfolio to access SLEs.	Launched on 4 th June 2021
User would like more patient survey guidance including an additional needs version	We also created more detailed patient survey guidance including instructions on how to complete the survey on the e-portfolio and via paper. We have created an additional needs version of the survey and have created and patient survey information leaflet.	Launched on 13 th May 2021
Users would like the ability to add a title to SLEs	Add the functionality to add titles to SLEs.	Launched on 4 th June 2021
Users would like the ability to link SLEs within the e-portfolio	We are currently working with our consultant pharmacist e-portfolio user group to explore how we can develop a user-friendly process to link SLEs within the e-portfolio.	January 2022

Faculty member assessment fees

Following feedback from APAP, it was agreed that Faculty members who achieved overall Mastery and ASII outcomes should receive a discounted fee for a portfolio submission due to the reduced number of outcomes that need to be assessed for them because of APCL. As a result, it was decided that those members would be offered a discounted fee of £350 per e-portfolio submission. This discounted fee of £350 was implemented into the e-portfolio in August 2021.

Member support webinars

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

Month	Webinar content	Number of attendees	Attendee type
June	Open Q&A	54	RPS Member – 50 RPS international member – 3 RPS Student/pre-reg – 0
July	Developing high-quality evidence of learning for your	39	RPS Member – tbc RPS international member – tbc RPS Student/pre-reg – tbc

	portfolio – Research domain (1)		
August	Developing high-quality evidence of learning for your portfolio – Research domain (2)	46	Ntbc

Member feedback summary

Month	Webinar content	Polls	Feedback
June	Open Q&A	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Thank you still need a lot of handholding with this so please keep doing the webinars they are appreciated'
July	Developing high-quality evidence of learning for your portfolio – Research domain (1)	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	"Very useful, lots of practical examples"
August	Developing high-quality evidence of learning for your portfolio – Research domain (2)	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Interesting to hear about individual journeys within research. What would be more helpful is going one step further back. How did an idea develop into a project? How did you approach others to collaborate? How do you go about applying for funding? What does that funding get spent on?'

AMEE conference: Short communication presentation

Our abstract, 'From serendipity to standardisation: Designing and implementing a national curriculum to credential entry-level consultant pharmacists' was accepted as a short oral presentation for presentation at the international Association for Medical Education (AMEE) conference in August 2021.

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 August we had delivered courses to over 5,500 pharmacists. We have reviewed feedback from facilitators, chairs and learners on a monthly basis, and via our RPS RCGP CPCS Quality Team monthly meetings, assure the ongoing quality of the course content and delivery. We are receiving very positive feedback on the quality of programme content, facilitation and operational delivery, with a learner evaluation response rate of over 30%. Our focus over Q2/3 has been stakeholder engagement to support learner recruitment. We commissioned external consultancy to review our stakeholder engagement activity to

date, and working across England to identify new contacts. As a result, we have close engagement with many LPCs across the country and are following up with them to see how we can collaborate to deliver sessions tailored to each locality. Following consultation with HEE, we have opened the training up to foundation trainee pharmacists, to prepare them for registered practice. In Q2/3 we have trained pre-registration cohorts for Kamsons, Greenlight and Imaan Healthcare, and have dates in place for Day Lewis foundation trainee and newly qualified pharmacists.

Additionally, we are delighted to have been shortlisted for an award at Clinical Pharmacy Congress in September – a submission that was made in collaboration with CPPE and RCGP.

Antimicrobial Stewardship Training Programme

Our RPS Antimicrobial Stewardship (AMS) Training Programme has been running since 2019 and aimed at pharmacists from community, primary care, CCG and hospital areas of practice. Delivered in collaboration with Public Health England and UKCPA, this blended learning programme has been adapted to the digital environment, and aims to upskill pharmacists to apply PDSA cycles (Quality Improvement methodology) and behaviour change interventions to improve AMS in their workplace. In August, we have submitted a paper for peer review, to disseminate learning and information about the programme. We are currently working to secure funding for our next cohort of learners.

Over Q2/3, we have worked with the Commonwealth Pharmacists Association to scope a potential expansion of this programme to a global audience, with focus groups held with 8 African nations to identify potential learning needs around leadership and Antimicrobial Stewardship training.

Transition Programmes

We continued working with NHS111 in Wales, and HEIW to support the delivery of the Transition programmes – supporting 32 pharmacists new to NHS111 and 24 pharmacists new to General Practice in Wales. Over Q2/3 2021 we have continued to build and test a new e-portfolio for NHS111 which is due to go live in September.

6b. Educational Events

In Q2/3 we have continued to deliver 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'.

Month	Webinar content	Number of registrations	Number of post session recorded views
June	CPCS member series (2) – Common Skin Conditions (collaboration with British Association of Dermatologists)	238	77
July	NICE Webinar Series (2) - Updated infection guidance – UTIs	75 (capped intake – small group learning session)	Not recorded
July	Joint Royal Colleges Webinar Series (2) - Transitions of Care	319	17
July	CPCS member series (3) – Implementing the NHS CPCS GP Referral Pathway	154	20
Aug	The new NHS111 e-portfolio: Live demo (Learners)	15	N/A
Aug	The new NHS111 e-portfolio: Live demo (Tutors)	10	N/A

AMEE conference: Short communication presentation

We presented an abstract at the Association for Medical Education international conference 2021, sharing details of our highly valued RPS COVID-19 Education Programme of webinars and training resources for pharmacy professionals deployed to Care Homes and Critical Care settings.

6c. Operational infrastructure

RPS Live

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

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

In Q3 we scheduled and reviewed feedback collected from circa 16 events (excluding CPCS sessions), noting a reduced programme during August over the holiday season.

In August, we undertook an Equality Impact Assessment with members of the ABCD group, to ensure that our programmes and events meet the needs of our members and attendees, and that they are not inadvertently discriminating against any protected group. The report is due to be published in September.

Learning Management System

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

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

In Q3/4 we will be finalising our 5-year Education Delivery Strategy. This technology will be integrated with our new e-portfolio platform, and will be key to our plans to extend our education offer to the wider membership and beyond.

7. Mentoring

To date we have 1532 registered* users on our mentoring platform. 1192 mentees (944 are active), 504 mentors (403 are active). 1495 mentoring requests have been made (616 are in progress, 233 already completed).

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

Mentoring support and resources

We are continuing to work closely with our mentoring development group to develop training content for mentors. A new webinar series launched in June with two webinar events delivered and further webinars in the series will continue to be delivered through 2021.

We have also continued planning and co-ordinating peer support events for experienced mentors, a safe space for established mentors to enhance and refine their mentoring skills. These launched at the end of June and delivery will continue through 2021.

To further embed quality and align with the RPS Inclusion and Diversity strategy, we have worked with our mentoring platform provider to ensure all video resources are now available with audible sound to ensure accessibility and equality for all our users.

Pharmacy Education Conference: oral presentation

Our abstract, “An exploration of the development needs of mentors and mentees using a national mentoring platform” has been accepted as an oral presentation for the Pharmacy Education Conference in September 2021.

RPS Education & Standards Committee meeting report

Tuesday 6th July 2021: 13.00-17.00

Venue: Zoom platform

Attended

ESC Board members:

Andy Husband – Chair (AH)
Anthony Cox (AC)
Fiona Hughes (FH)
Alykhan Kassam (AK)
Sally Lau (SL)
Charlotte Richardson (CR)
Mathew Shaw (MS)
Raminder Sihota (RS)
Heather Smith (HS)
Lynne Smith (LS)
Anne Watson (AW)

SRC Representative:

Barrie Kellam (BK)

RPS Staff members:

Paul Bennett (PB)
Helen Chang (HC)
Stephen Doherty (SD)
Gail Fleming (GF)
Joseph Oakley (JO)
Caroline Souter (CS)
Beth Ward (BW)
Anna Qazi (AQ)
Shawna Sarda (Student intern)
Somota Begum (Student intern)
Scott Rutherford (Student intern)

Apologies

Ruth Edwards
Reema Patel
Debra Roberts
Ryan Hamilton

1. Welcome & apologies (Andy Husband)

AH welcomed all members and acknowledged apologies.

Since the last update of the TOR, the RPS Advance Pharmacist Assessment Panel has met and it has been suggested that the Chair of the Panel attend ESC to ensure a close link between the 2.

ACTION:

Ramandeep Kaur to be invited to join the ESC. ToR to be updated and circulated again after the meeting.

The minutes of the February 2nd meeting were accepted as accurate record.

2. Industry placements task and finish group

In late 2020 the Academy of Pharmaceutical Sciences wrote to the Chief Pharmaceutical Officers proposing that the introduction of a new Foundation Year as part of the Initial Education and Training reforms for pharmacy offers a great opportunity for the profession to put pharmacy at the heart of the UK's Life Science Industrial Strategy and have sought the expansion of government funded industry placements to support this. The RPS was asked to comment and input into this proposal.

In response to this the RPS established a task and finish group formed of members from ESC and IPAG to consider the proposal in detail. A summary of the meetings of the subgroup on Industry Placements as part of the new Initial Education & Training Standards for Pharmacists in training was shared ahead of the meeting.

ESC was supportive of the work of the task and finish group to date including the proposal to expand opportunities to gain experience in England.

ESC enquired how are we linking back to APS on this? It was agreed to respond to Mike Hannay and copy him on the notes from the group going forward.

It was also noted that the "intercalated" degree description is misleading and this should be changed to a year in industry placement.

ACTION: GF to respond to Mike Hannay on behalf of the subgroup and include him on meeting reports going forward.

ACTION: Notes to be amended to remove intercalated degree option

3. Post-registration Foundation Curriculum consultation

ESC received a paper in advance of the meeting outlining key themes in responses to the consultation on a new RPS Post-registration Foundation Curriculum.

Following discussion, decisions are outlined below:

	Area	Decision required by ESC	Decision made by ESC
1.	Independent prescribing The curriculum outcomes support developing prescribing capabilities and fully map to the GPhC and RPS prescribing frameworks. The curriculum will output IPs to reflect the core changes in pharmacist	Should IP be an output of training programmes aligned to the curriculum? Should we recommend a period of supervised practice for new prescribers?	Yes, prescribing should remain as an outcome of the curriculum. We should recommend that pharmacists utilise peer support and mentorship to support further development of

	practice which are included in the new GPhC IET standards.		their prescribing practice once they have completed the curriculum
2.	<p>Sector of practice The curriculum and assessment task and finish groups designed the curriculum to be achievable in hospital, primary care and community pharmacy.</p> <p>One of the aims of the curriculum is to develop a portable workforce, are able work across a range of settings.</p>	<p>Should cross sector training models be required to achieve this curriculum?</p> <p>Should we provide contextualised examples for demonstrating each outcome in the different sectors in a separate document?</p>	<p>No, cross sector models should not be required. The curriculum is designed to be flexible</p> <p>There was support for the production of contextualised examples for different sectors to help employers and learners</p>
3.	<p>Clinical assessment skills A core list has been included to provide consistency in the clinical assessment skills pharmacists are able to perform at this level of practice.</p> <p>The list was informed by evaluations of the clinical skills used most frequently in practice and those which identify an acutely unwell or deteriorating person. Training programmes can include additional skills to meet the needs of local service provision; these will sit out with the RPS assessment strategy.</p>	<p>Should the curriculum include a defined set of clinical assessment skills?</p> <p>Should any / all of the suggested additional skills be included?</p> <ul style="list-style-type: none"> - Chest (respiratory exam) - ENT - Paediatric gait arms legs spine (pGALS) and body systems <p>Should capillary refill time be removed?</p>	<p>Yes.</p> <p>Yes - support to include chest and ENT but not pGALS and body systems</p> <p>No clear decision was given.</p>
4.	<p>Entrustable professional activities (EPAs) The EPAs included prioritise prescribing relating activities and provide a more holistic evaluation of the learner's prescribing ability, target the high risk activities within this curriculum, and support DPP decision making. They are included within the assessment strategy for integrated programmes and are optional for modular programmes which include standalone IP courses.</p>	<p>Should EPAs be an optional tool for both programmes and be piloted to determine their value?</p>	<p>EPAs are better suited to undergraduate programmes and therefore should not be mandatory in the curriculum and should be piloted as part of post-registration practice.</p>
5.	<p>Accreditation of prior certified learning (APCL) APCL will be awarded for the IP outcomes for individuals who have completed a GPhC accredited IP course.</p>	<p>What proportion of the curriculum should be subject to APCL including formal HEI learning?</p> <p>Should 100% APCL be an option for modular courses e.g. PG Diploma</p>	<p>APCL to be considered on case by case basis at present. The committee felt this was a complex issue and would like a detailed paper that explains options more clearly and provides more detail.</p>

	APCL may be awarded to exempt individuals from medium and low stakes outcomes.	in Clinical Pharmacy + IP course?	This is considered to be of significance that could require a recommendation to Assembly.
6.	<p>Evidence requirements In line with the programmatic assessment approach, each outcome has been given a stakes rating (high, medium, low) based on potential risk to patient safety.</p> <p>We suggest a minimum of three pieces of evidence mapped to each outcome with more pieces for higher stakes outcomes.</p>	Should we be more prescriptive about the number of pieces of evidence?	No, not in line with principles of programmatic assessment or RPS Consultant curriculum
7.	<p>Technical and specialist services The RPS was tasked by the CPhOs to develop a post-registration professional development pathway for patient-focussed pharmacists across all sectors in the UK.</p> <p>Technical and specialist services are not explicitly referenced throughout the curriculum.</p>	Should the curriculum include knowledge and skills for technical and specialist services?	No. Training providers can include additional content beyond the curriculum if they wish.
8.	<p>Supervision The curriculum describes three supervisor roles to support learners (DPP, educational supervisor, practice supervisors). The only role mandated is the DPP due to IP regulations.</p> <p>The curriculum states in some work settings / smaller organisations, one person may take on two or three of these roles.</p>	<p>Should the educational and practice supervisor roles be combined by default?</p> <p>Should educational supervision be mandated?</p>	<p>Definitely not. The roles should be kept separate as an educational supervisor has different responsibilities to the practice supervisor. In practice, the discrete roles may be undertaken by the same person.</p> <p>We should only strongly recommend it, not mandate it.</p>
9.	<p>Title of curriculum The title for the curriculum has been a challenge since 'pre-registration' has been replaced with 'foundation year',</p> <p>This title was discussed extensively and agreed at a recent Post-registration Foundation Pharmacist Forum meeting.</p>	Should the title of the curriculum change?	No. In the absence of a better alternative and not having a consistent view from HEE it should remain as Post-registration Foundation Curriculum

ACTION: Curriculum to be updated with publication planned for August 2021.

ACTION: A detailed briefing paper with APCL options to be considered at the next meeting

4. Advanced Practice Programme Update

SD provided an update overview on the programme of work to develop new advanced credentialing processes for pharmacists working in patient focussed roles.

Key points were noted:

- the work continues and progress has been good
- two specialist credentials are in development

- core advanced – the purpose statement feedback has been drafted and consulted upon
- the outcomes for the first two domains have been defined, domains 3 and 4 are drafted and recently signed off by T&F group and will go to consultation soon
- the blueprint for the first 2 domains has commenced as next steps of developing the assessment
- plan to consult in October 2020
- HEE has set up the centre for advanced practice aiming for a directory of ACP individuals. We are working with them towards recognition of the RPS credential as part of this

5. Assessment and credentialing results Q1 and Q2 2021

The paper containing assessment data from 2021, including Interim Foundation portfolio assessment outcomes summary, Faculty assessment outcomes summary, consultant post approval, outcomes summary and consultant pharmacist credentialing outcomes was shared ahead of the meeting. It is noted as a standing item on the agenda. It was highlighted that the first Consultant Pharmacist has been credentialed since the launch of the consultant pharmacist credentialing process.

Some questions noted from the ESC were as per below:

- How are the costs of APCL covered? We currently don't charge for APCL requests and they are covered by the assessment fee. In the future some principles might need to be considered for APCL across the different curricula to be consistent in our approach.
- Only one of three consultant pharmacists was credentialed, why is that? One submission did not meet the standard, the other did not have sufficient evidence.
- It was mentioned that all genders need to be added to the report even if there are no numbers to report against them

Separately the ESC was asked to advise on which adapted membership affix would be most suitable for members who successfully complete the consultant pharmacist credentialing assessment. A poll with suggested options would be set out at the end of the meeting.

ACTION: all genders to be added to the report going forward

6. RPS Education Strategy 2021-26

RPS Strategic goals 2021-2026 were published in the last month with 7 goals. Work has now commenced on 3 sub strategies for Education, Membership, and Publishing supported by enablers (finance and digital). GF presented the emerging themes for an Education Strategy and sought feedback from the committee.

Initial thoughts and feedback on RPS vision of success from the ESC were noted:

- How will the core member offer be scoped as it could be expensive?
- Do we have resources to support an extended or bolt on member offer?
- A communications plan is essential
- where does the CPD offer in the vision fit it with what others are doing (HEIW, CPPE)?
- in terms of linking education with other providers, a lot of members are members of other groups which is expensive. Is there an option of working together where you advertise each other's things with concession?
- It's important to offer career progression, but there will be people who do not wish to move up career stages. It is important not to forget this group.
- Could Pharmacy Knowledge be used in a different way so that it has a wider reach?
- Developing a strong member offer in education is common across all Royal Colleges and PLBs

7. Pharmacist Career Frameworks – focus on Research

Barrie Kellam, the Chair of Science and Research Committee joint the meeting to facilitate a discussion around how we support research in the future and how we equip pharmacists to get the necessary skills so they can get to the point of applications for fellowships to further their careers. Thinking about membership of RPS the research agenda spans across the whole spectrum. Outside of supporting our members by creating toolkits and networks, we think there is a scope for our committees to work together and align our strengths.

Key discussion points noted:

- How practitioners become researchers is not clear
- Establishing networks and more information is needed
- Raising awareness is essential
- Has the RPS Research Ready process stopped?
- How do we highlight the mentors that are already in place?
- RPS flagship conference could be a great platform to open the networking opportunities, we have people to put it together and would be a great cross committee activity.
- lack of support from employers may be a barrier to undertake research if it involves releasing employees from the 'day job' to do so
- Research is about being part of it, not just leading it.
- Research is a distinct domain across all post-reg frameworks and curricula - we often get a lot of confusion/questions from the ground around QI/evaluation and whether that constitutes research and would meet our outcomes.
- it's difficult for pharmacists as we don't have a culture where research is valued as much as it is for medics even by the hospital sector it's very variable.
- RPS should include research in its flagship events – there is now a specific S&R focussed Summit – this was successful in 2019 and will be repeated next year
- We need to link with existing groups. We believe Keith Ridge may have established a group but no one was aware of who was on this. Agreed that clarity on this is required
- people need to understand that research is for everyone and we need to increase access to information about it, but what the impact on
- would becoming the IP at the point of registration made research more accessible at this point of practice
- we need to lobby for equitable on the same level as medics.
- Proposals to take this theme forward must align to the RPS strategy

ACTION: Gail/ Barrie and Andy to identify next steps

8. Post-registration education & training strategic developments

GF reminded the ESC that a workshop was co-hosted with GPhC and APTUK relating to postreg education and training futures. The CPhOs circulated a position paper to support this workshop. GF thanked ESC members who contributed to shaping the RPS response to this. Feedback was developed further with Country Board members and a response to the CPhOs has now been submitted. We will update the ESC on further developments as they occur.

9. AOB

Poll on the affix for a Consultant credential was shared on the screen for voting. It was suggested it would go with the certificate and membership affix adapted to MPharmS or FPharmS. It was noted the MPharmS (Consultant) affix gained majority vote from the ESC. PB raised that any affix decision needs to be in line with the RPS regulatory requirements therefore the recommendation will be discussed with governance lead.

ACTION: Recommended affix to be discussed with governance lead to ensure any regulation requirements are met.

ACTIONS:

No.	Agenda Item	Action	Responsible	Due date
1.	Matters arising	<i>Ramandeep Kaur to be invited to join the ESC. ToR to be updated and circulated again after the meeting.</i>	JO	08/2021
2.	Industry placements task and finish group	<i>Respond to Mike Hannay on behalf of the subgroup and include him on meeting reports going forward.</i>	GF	07/2021
3.	Industry placements task and finish group	<i>Notes to be amended to remove intercalated degree option</i>	GF	07/2021
4.	Post-registration foundation curriculum	<i>Curriculum to be updated with publication planned for August 2021.</i>	CS	08/21
5.	Post-registration Foundation curriculum	<i>A detailed briefing paper with APCL options to be considered at the next meeting</i>	JO	10/21
6.	Assessment and credentialing results	<i>All genders to be added to the report going forward</i>	JO	10/21
7.	Career frameworks: research pathway	<i>Future work in this area to be scoped</i>	GF, AH, BK & Gino Martini	09/21
8.	AOB	<i>Recommended affix to be discussed with governance lead to ensure any regulation requirements are met</i>	JO	07/21

RPS Education & Standards Committee meeting report

Tuesday 21st September 2021: 14.00-16:30

Venue: Zoom platform

Attended

ESC Board members:

Andy Husband – Chair (AH)
Fiona Hughes (FH)
Amareen Kamboh (AK)
Alykhan Kassam (AK) *for part of the meeting*
Philip Newland-Jones (PNJ)
Charlotte Richardson (CR)
Debra Roberts (DR)
Ramandeep Sandhu (RSa)
Raminder Sihota (RS)
Heather Smith (HS)
Lynne Smith (LS)
Anne Watson (AW) *for part of the meeting*

Apologies

Anthony Cox (AC)
Ruth Edwards (RE)
Sally Lau (SL)
Matthew Shaw (MS)

Assembly Representative:

Claire Anderson - for part of the meeting

RPS Staff members:

Paul Bennett (PB)
Sarah Crawshaw (SC)
Stephen Doherty (SD)
Gail Fleming (GF)
Joseph Oakley (JO)
Beth Ward (BW)
Anna Qazi (AQ)

1. Welcome & apologies (Andy Husband)

AH welcomed all members and acknowledged apologies.

As per action from the last meeting the Chair of the RPS Advanced Pharmacist Assessment Panel (APAP) has been co-opted to the ESC to ensure a close link between both groups. Ramandeep Sandhu was welcomed to the meeting together with RPS Fellow Sarah Crawshaw and new ESC members Philip Newland-Jones and Amareen Kamboh.

The minutes of the June 6th meeting were accepted as an accurate record.

2. Assessment and credential outputs (Joseph Oakley)

• Assessment data breakdown

Assessment and Credentialing data summary document was shared ahead of the meeting for noting by the ESC.

JO reported that we are currently processing 12 consultant pharmacist credentialing applications and outcomes will be ratified at the next APAP meeting.

Separately it was noted some members could not access the appended documents within the report therefore these will be appended as separate documents or shared as a word file in the future.

• Ratification timelines

The ESC was asked to review the draft RPS assessment calendar 2022 (shared ahead of the meeting) and either accept it in its current form or direct any required alterations.

It was noted it is likely assessors that will be used for advanced assessments will be also used for consultant assessments that is why these have to be done sequentially rather than in parallel.

Additionally ESC were asked to review the results ratification options appraisal and either accept the preferred option or make an alternative recommendation.

JO highlighted risks and benefits of our recommended option highlighted in red. The comments from ESC included concerns around Chair's inability to ratify for any reason and lack of contingency in place. The recommended option was approved. This would be further discussed at the next APAP meeting and brought back to ESC.

• External assessor role

The ESC was asked to review the external examiner role descriptor and the report templates shared ahead of the meeting and either approve them without modification or provide feedback for necessary amendments. They were also asked to review the proposed external examiner reporting and action monitoring protocol.

ESC members recommended the removal of level of pharmacy experience from the essential requirement in the role descriptor not to limit ourselves for pool of potential examiners. Otherwise both templates and protocol were approved by the ESC.

3. Accreditation of prior certified learning (APCL) policy (Joseph Oakley)

The ESC was provided with a summary of the issues arising around awarding APCL across the post-registration curricula. They were asked to make recommendations with respect to the following:

- i) Should we have a maximum ceiling for APCL against our curricula to ensure some form of direct assessment by the RPS before credentialing?
- ii) Should we allow the APCL of high stakes outcomes?
- iii) Can the APCL arrangements and maximum permitted APCL ceiling differ across RPS credentials to reflect the different approaches to learning at each level?
- iv) Should we have basic eligibility criteria for the institutions from which APCL is awarded?

- v) Should we charge a separate fee for APCL requests to be reviewed or absorb and integrate this cost into the assessment fee?
- vi) Should Faculty members be eligible for reduced assessment fees if significant APCL awarded at PRF and advanced levels?

Following extensive discussions the following points were decided by ESC:

- a) to allow up to 100% APCL at post-registration foundation, including for high stakes outcomes, but retain direct assessment of high stakes outcomes in advanced and consultant levels

Due to time constraints further recommendations were deferred to the next meeting.

4. Advanced Practice Programme Update (Stephen Doherty)

- **Defining research within the curriculum**

SD provided an update overview on the programme of work to develop new advanced credentialing processes for pharmacists working in patient focussed roles.

Key points were noted:

Core Advanced Curriculum

- Purpose statement - drafted, reviewed, agreed and ready for consultation
- Domains 1 + 2 [person-centred care and collaboration, professional practice] – drafted, reviewed, agreed and ready for consultation
- Domains 3 + 4 [Leadership and Management, Education] - drafted, reviewed, undergoing iterative consultation
- Domain 5 [Research] – drafted reviewed, undergoing iterative consultation, for discussion at ESC
- Assessment – drafted, reviewed, for feedback from APAP
- Drafting of full curriculum – underway

We aim for consultation on the full curriculum in October 2021

Advanced Specialist Curricula

Critical Care

- Purpose statement – developed, reviewed, agreed
- Programme of learning – developed, reviewed, final review underway
- Knowledge guide – developed, reviewed, agreed
- Assessment programme – in development

Mental Health

- Purpose statement – developed, undergoing further review
- Programme of learning – developed, reviewed, for agreement 22/9
- Knowledge guide – developed, reviewed, for agreement 22/9
- Assessment programme – to be developed

We are aiming to go out to a full consultation on specialist advanced curricula in November 2021.

The ESC was asked for feedback and recommendations on the expected level of attainment of advanced pharmacists in the research outcomes.

The following comments were made from the ESC:

- Audit was distinct from research and should not be included as part of the research domain
- Research is recognised as a key development area for the workforce

- Ideally, there is a desire for the definition of research to be purist and exclude quality improvement. However, it was accepted that this currently may make the advanced research outcomes unobtainable for a large majority of the workforce.
- Quality improvement should be accepted as evidence of the research outcomes, with a clear articulation that this was a part of development towards research activity
- The number of (funded) opportunities for pharmacists to undertake research in their jobs are very small compared to medical colleagues.
- We will have the opportunity to review the standard annually and can look to move the standard slowly up as research capabilities and opportunities develop across the profession.

5. Pharmacist apprenticeships The paper containing assessment data from 2021, including Interim (Gail Fleming)

A summary of information relating to the pharmacist degree apprenticeship was shared with ESC ahead of the meeting.

The ESC was asked:

- What are the views of the ESC on the apprenticeship proposals to date?
- Are there any points or questions that the ESC would like us to raise with the employer group?

The following comments/questions for the employer group were noted:

- concerns about funding, how it would be resourced as 27k will not cover the cost of delivery
- the drivers for developing an apprenticeship may have changed since 2019 – do we know what is different?
- do students get a breadth of placements across all sectors rather than just where they are employed?
- concerns around workplace pressures and protected time
- who has the responsibility for the learner at the workplace (employer or university)
- you can't access student finance if you're doing an apprenticeship
- Can the learner change employer during the apprenticeship?

It was noted that there is no strong support or opposition from ESC as there are too many questions that need to be answered in order to take an informed view. These will be relayed to the apprenticeship employer group.

6. RPS Live Content Committee (Beth Ward)

BW provided an update with regards to the RPS Live programme. Since the launch of RPS Live this year we have delivered over 120 sessions to over 4000 people. We now have 6 months calendar of events on the website and recordings of sessions are available to members.

We are now looking to pull together a review group to help us review and shape the programme going forward. More information on how to get involved will come via email from BW later on this month.

7. RPS Education Strategy Update (Gail Fleming)

GF provided an update on the development of the RPS education strategy.

We have defined a vision for success and 6 strategic goals:

- We will enable the growth development and advancement of RPS member through a vibrant and valued CPD offer that supports their career and role development
- We will develop and manage a successful portfolio of education products and services that are connected, high quality, valued affordable and innovative
- We will be the national provider of post registration professional development assessment, credentialing and recognising the key stages of pharmacy practice across all sectors in GB
- We will promote and raise awareness of pharmacy careers

- We will develop a lifelong learning e-portfolio that supports pharmacy professionals to record their development and demonstrate their capabilities and be recognised for this
- We will collaborate with a broad range of stakeholder to deliver shared goals and advance the capabilities of health care professionals setting the safe and effective use of medicines

ESC members commented on this being a logical and well thought plan.

8. Industry task and finish group update

A summary document was provided ahead of the meeting. Due to time constraints this item was not discussed further.

9. AOB

No other business was noted.

ACTIONS:

No.	Agenda Item	Action	Responsible	Due date
1.	2	Level of pharmacy experience to be removed from external examiner JD	JO	Oct 2021
2.	5	Questions from ESC relating to the pharmacist degree apprenticeship to be relayed to employer/ trailblazer group	GF	Oct 2021

Assembly Meeting 17th November 2021

21/11/ASB/12 -Open

Title	Science and Research Committee Report to Assembly
Open, confidential or restricted	Open
Author (include email/phone) Position	Prepared by Science and Research team on behalf of Science and Research Committee. Team contact: Helena Rosado Helena.rosado@rpharms.com Senior Research Development Manager
Purpose of item	For noting
Item Summary	The paper summarises activities of the Science and Research Committee
Related Risk Register item (where applicable)	NA
Related RPS Strategy item (where applicable)	NA
Actions/decisions required of the Assembly	The Assembly is to note the update.

SCIENCE AND RESEARCH COMMITTEE UPDATE TO ASSEMBLY

1. Background

This paper outlines Science and Research Committee activities undertaken since February 2021 to present.

2. Science and Research Committee (SRC) Update

SRC meeting held on 15 June 2021:

- SRC Deputy Chair, Dr Simon White, nominated.
- Discussion around structure of the SRC and its working groups, and how they can collaborate and work more effectively.

SRC meeting held on 15 September 2021:

- SRC Terms of Reference currently being updated to reflect the new proposed ways of working.
- Nominations for the Harrison Award requested and submitted.

2.1. Safer use of Medicines SRC working group

Continued working with the RPS Education Team to develop the Joint Royal College Safer Use of Medicines Education Series, involving four seminars across 2021. Second webinar, focusing on transitions of care, delivered on 14 July 2021. Third webinar, focusing on shared-decision making, delivered on 16 September 2021.

2.2. Increasing the evidence for pharmacy SRC working group

We have been successful in securing funding from the National Institute for Health Research (NIHR) to develop a suite of 9 short (45 mins) e-learning modules to develop research awareness and capability in the pharmacy profession. The module content will be written by the research team supported by subject-matter experts (Module Leads) and OCB media (our e-learning partner). The project has now commenced and we have advertised for Module Leads (<https://www.rpharms.com/about-us/work-for-us>), who will advise us on module content.

2.3. Antimicrobial Expert Advisory Group

Currently, recruiting for a new chair as per RPS governance - deadline for applications is 12 September 2021. The group continues to meet on a monthly basis to discuss current issues around AMR/AMS.

Worked with the Education Team to develop and deliver a webinar, in collaboration with NICE, on the effective use of NICE urinary tract infection (UTI) guidelines in primary care and community, 8 July 2021.

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

Online Zoom platform
Time: 10.00 – 12.00

Attended

SRC Members:
Barrie Kellam (Chair)
Christine Bond
Duncan Craig
Catherine Edgeworth
Andrew Fox
Richard Guy
Mike Hannay
Gillian Hawksworth
Yogini Jani
Oisín Kavanagh
Jacqueline Sneddon
Simon White
Elspeth Gray
Andrew Teasdale

Invited Guest:

Raliat Onatade

RPS Staff Members:

Paul Bennett – CEO
Gino Martini – Chief Scientist
Anna Qazi – Administration Manager

Apologies

Jayne Lawrence
Amira Guirguis

1. Welcome & Apologies

Barrie welcomed all members attending the meeting and acknowledged apologies.

2. Report and actions from the SRC meeting held on 15 June 2021

The report was accepted as an accurate record.

ACTIONS:

- 1) Barrie or Simon to attend the next National Boards meeting scheduled on 23rd September
- 2) Titanium dioxide meeting to still be arranged - Barrie

3. New ways of working and strategy for SRC (Barrie/Gino)

a) Review working groups and fit with new strategy

Barrie thanked all for useful feedback and comments on updated ToR. Further discussions included changes to the organogram and deliverables.

Barrie would make the discussed changes and share the final version post meeting.

ACTION:

Redrafted final version of ToR to be shared by Barrie post meeting.

a) Review the three pillars

Agreed as per suggested version shared ahead of the meeting.

b) Pharmaceutical Sciences Strategy for RPS

It was noted the strategy is going in the right direction. as one of the goals that will define RPS core activities for the next 5 years is: *Being at the heart of pharmacy and pharmaceutical science: An indispensable part of the professional lives of our members*. It was noted that Industrial Pharmacy Advisory Group IPAG is also in place to support it.

4. Review of PGx and Hospital Initiatives

Raliat Onatade, CPO of Genomics Alliance joined the meeting and shared her presentation on screen:

Key points of the presentation included;

- NHS GMS as key to delivering the NHS Long term plan
- Genome UK Strategy
- Deliverables
- Transformation Project
- Collaboration with Genomic Laboratory Hubs
- National pharmacy activities and networks
- Genomics alliance are keen to include Science and Research

Comments from the SRC were noted:

- interesting to see priority 6 (enabling N&M leaders embedding genomics) and wonder how we can enable something similar for the pharmacy profession
- Raliat sits on HEAG therefore it makes sense to invite her to the meeting to support their initiative which reflects in our updated ToRs
- one of the challenges is getting data back in a timely manner to analyse it, what's happening to address that? It is recognised within the lack of capacity but it is hard to tell what is being done to fix this issue at this moment

- Interesting to see lack of correlation within the NHS regions. Is there a link within the 7 alliances?
- With regards to pharmacist workforce are you confident people have skills to fill those posts? All the posts are filled but not all by consultant pharmacists so they are now being developed into consultants (from clinical lead pharmacists).
- I feel there is massive educational need bring the wide profession up to speed on this. Is there anything happening to develop that? There's work going on all levels at the moment, our first project will need to be developing the educational training resources. There is a genomics education programme hosted by HEE. Our focus on understanding what is needed in terms of training will be the priority.
- Integration with ESC around the Genomics platform and understanding frameworks where Genomics can be supported is crucial. Keen to keep in touch and start the narrative to get this moving.
- This should be seen as an opportunity for pharmacy to be seen as the leaders amongst the wider HCP team but workforce must be able to deliver.

5. Science and Research Summit June 2022

It was confirmed the Science and Research Summit will happen, potentially 24th June 2022. The event will be co-chaired with Ravi Sharma, Director for England and will focus on Digital Health and Genomics. To be hosted at County Hall as previously. Hanbury lecture will be one of the sessions and Harrison lectures will also be included. The format is already laid out and we are confirming speakers. Option if to include posters will be discussed separately. Impact of doing abstract reviews will be considered as decent numbers of abstract need to be submitted and getting the panel together needs to be decided rather promptly. Gino to feedback to Sam and the events team to explore abstracts option.

6. Harrison Award

Harrison Award applications are still open till the end of September so it's not too late to submit. Then a panel will review applications via a transparent process. We have asked for nominations from APS and JPAG and they have submitted some already but encourage people to circulate the call for nominations to widen the pool of candidates.

7. AOB

a) It was noted that earlier this year we have responded to a call out for NIHR to put bids to develop learning resources for eLearning on the basis for research. We have heard that we have been successful and a kick off meeting is scheduled for next week to share more information about the project.

b) It was noted that Keith Ridge has been trying to develop a pathway for science and research academics and Christine will be part of the group to support this development. She will feed back to the SRC on any developments.

c) Gino has announced his stepping down as Chief Science at RPS and taking a new role as Managing Director of Health Innovation in West Midlands

Paul commented that Gino has been a fantastic leader for our Science and Research agenda within and outside of RPS and will be greatly missed. In terms of the future science and research is really important to the RPS and in line with RPS structure Chief Scientist reports to the director of Pharmacy and Member Experience. It is now being discussed what is needed going forward and considered decision will be made in the nearest future. SRC members expressed their huge thanks to Gino for all the hard work to date.

ACTIONS:

No.	Ref	Actions	Owner	Date Due
1.	Actions update	Barrie/Andy/Oisín/Elspeth to meet separately to discuss Titanium dioxide next steps and approach from SRC point of view	Barrie	Before the next meeting
2.	New ways of working	Redrafted final version of ToR to be shared post meeting	Barrie	Post meeting
3.	SR Summit	Feedback to the events team to explore abstract options for the event	Gino	Post meeting

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.

Main Content

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. Where individuals will come together to help us shape ideas, to create and build networks across the profession and help deliver actions:

<https://www.rpharms.com/recognition/inclusion-and-diversity/abcd>

To date 492 members across the profession have joined, demographic data of the group:

- 84% pharmacists, 3% pre-registration students, 5% 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
- 70.1% 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

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

- a. Developed a [Race](#) and [Disability](#) related microaggression references accompanied by [workshops](#) to support the use of the references. Gender and Sexual Orientation Related Microaggression References will be launched in November and February 2022.

- b. We continue to work with our ABCD reference groups who through sharing their experiences of working in pharmacy shape our resources, events and celebrations for particular groups. These include:
- **Ability Reference Group:** we have met to discuss attitudes to disability in pharmacy and to help shape our disability awareness campaign launching in December 2021.
 - **LGBTQIA+ Reference Group:** we have met to discuss attitudes to sexuality and the importance of inclusive language and not making assumptions. The group also helped to shape PRIDE celebrations.
 - **Women in Pharmacy Design Group:** volunteers are helping design the agenda and content of our [Driving Equality for Women in Pharmacy](#) event being held in November.
- c. Individuals continue to share their experiences of working in pharmacy. Examples include individuals sharing their experiences: [from nurse to pharmacist: my dual career](#), [Disability Microaggressions and Me](#) and [‘More than a ship’: What the ‘legacy’ of Windrush days means to me](#)
- d. 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 outcomes of the I&D strategy on the profession. The group have provided feedback and insight to help shape our Inclusion & Diversity Evaluation including the National Board feedback an outcomes evaluation for RPS Inclusion & Diversity workstream will be established for 2022.

2. RPS Inclusion and Wellbeing Pledge

Since the launch of the pledge in June; 1015 members of the profession have signed the [RPS Inclusion and Wellbeing Pledge](#); including individuals, teams and organisations.

The pledge was created with members of our profession, informed by their views and experiences, alongside these we engaged with more than 20 organisations across the profession, including unions, employees, the NHS, regulators, pharmacy schools and students.

We continue to receive feedback on the pledge on how it has been received and conversations of Inclusion, diversity and Wellbeing discussions and initiatives that have been initiated within departments and teams on signing the pledge. We have also received helpful feedback on what resources and guidance to put the pledge into action.

We are working on producing resources and guidance that underpin the RPS Inclusion and Wellbeing Pledge to create fair and transparent processes and support visibility, representation, and progression across groups.

We will be launching an Inclusion and Wellbeing Pledge Actions document with suggestions on how individuals can meet the commitments they have made by signing the pledge and

are running an [event](#) to support showcase good practice and inspire actions of implementing the pledge. We have representation are from hospitals, community pharmacy and health boards of what they have done.

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

We ran an anonymous survey to collect EDI data from our members from January to April. We will be using the data internally to provide us with more information on the demographics of our membership. We presented the data to Assembly in July to agree actions to improve engagement with future EDI data collection.

We are exploring ways to increase the response to future EDI surveys. Since the last assembly meeting, we have engaged with our Early Careers Group and held an open ABCD meeting. We have received the following feedback:

- We need to be clearer about the importance of completing the survey to both the profession and the communities we serve.
- Suggestions about how to make the survey easier and more convenient to complete.
- Consider how we are promoting the survey and utilising different social media platforms and channels.

The experience of other membership organisations collecting EDI data shows that individuals may feel uncomfortable answering questions about their diversity, this improves through demonstrable commitment to inclusion and diversity strategies. As we go on developing our inclusion and diversity work, we will continue to build trust and a sense of belonging across the profession so that more members will want to share their EDI data with us.

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

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

4. Inclusive Pharmacy Practice - Health Inequalities

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

England: 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:

- [Diversity and Representation in the Leadership of the Pharmacy Professions](#) webinar chaired by Dr Bola Owolabi – showcasing how each organisation is addressing diversity in senior leadership
- [Training and Education resources - for those in patient care delivery roles & educators](#)
- [Using Public Health Data to deliver culturally competent care](#)

- Co-chaired the Inclusive Professional Practice Roundtable Event (July 29th 2021)
- On the CPPE design group for the Health Inequalities module launched in August and Health Inequalities awareness campaign due in September.

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

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

5. Advocacy Asks

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

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

Moving into our second year of the delivery of the I&D strategy we will be using the advocacy asks to shape our delivery.

6. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment template and have run EQIA workshops on the following RPS products with volunteers from our ABCD group:

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

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

We have also facilitated an EQIA workshop with Health Education England for the foundation trainee National Recruitment Scheme (ORIEL) with volunteers from our ABCD group.

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

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

To support with ensuring there is visibility and representation for pharmacy students, we are working with the Pharmacy Schools Council (PhSC) to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. We are waiting for a response from PhSC.

We are currently exploring options of how to facilitate a diverse guest lecturer network with African & Caribbean Preregistration Pharmacy Network (ACPN), Black Pharmacist Collective (BPC), Black Pharmacist Initiative (BPI) and British Pharmaceutical Student Association.

8. Professional Collaboration

CPPE

We are working with CPPE to contribute to their cultural competence strategy design groups which consists of three areas.

1. Development of a health inequalities e-learning programme
<https://www.cppe.ac.uk/programmes/l/health-e-01>
2. Development of a cultural competence awareness campaign for pharmacy professionals: *Seeing you better- Culturally competent person-centred care*. This ran for four weeks from 13 September – 08 October 2021. [Seeing you better: Culturally competent person-centred care \(cppe.ac.uk\)](https://www.cppe.ac.uk/programmes/l/health-e-01)
3. Development of a cultural competence e-learning programme. This will facilitate application of learning from stages 1 and 2 and build on skills for communicating and interacting effectively with people regardless of difference. (currently under design)

RPS Inclusion and Diversity resources as well as the Inclusion and Wellbeing Pledge have been referenced within each of the programmes.

LGBT Foundation

We are working on a Pride in Practice resource which is being developed for community pharmacies to support LGBT people accessing pharmacies as well as pharmacists working with LGBT people.

GPhC

We are attending a workshop to discuss an equality guidance for pharmacy owners, to support them in meeting their duties under the Equality Act and the Human Rights Act.

9. Drumbeat Events and Celebrations

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

Windrush Day

Windrush Day is a day that honours the British Caribbean community.

Natasha Callender wrote a blog to mark the day; sharing what this day means to her:

<https://www.rpharms.com/blog/details/More-than-a-ship-What-the-legacy-of-Windrush-Day-means-to-me>

South Asian Heritage Month

From July 18th to August 17th we celebrated South Asian Heritage Month in collaboration with Pharmacy Technicians of Colour, APTUK, members of Boots BAME BRG Leadership Team and Mahendra Patel.

South Asian Heritage Month explores the history and identity of British South Asians.

Across the month we undertook the following activities:

- Social media posts on artifacts from the RPS Museum
- A Lunchtime Live series covering a range of topics;
 - [Celebrating South Asian Contributions in Pharmacy](#),
 - [South Asian Female Pharmacy Leaders](#)
 - [Considering Intersectionality within South Asian communities](#)
 - [Meet the team behind the scenes](#)
- Blogs about the experiences of South Asian pharmacists living in Britain; [Gurinder Singh](#) and [Shaheen Bhatia](#)
 - Dr Mahendra Patel highlighted a member of the South Asian community every day
 - A quiz across Twitter and Instagram on South Asia knowledge

Pride Month

To acknowledge the Pride celebrations across the month of September we are hosting a Pride Quiz across our social media channels, we will also be sharing a blog from a pharmacist on from the South Asian & LGBTQIA+ community of her experiences.

Black History Month

We have celebrated Black History Month with Pharmacy Technicians of Colour, APTUK and members of the profession.

Across the month we undertook the following activities:

- Social media posts on artifacts from the RPS Museum
- A [live series](#) covering a range of topics;
 - Being Black in Britain
 - Pharmacogenomics considerations for black patients
 - The importance of coaching and mentoring
- An evening event with Dr Joan Myers – Celebrating Black History Month – Proud to Be
- Blogs about the experiences of black pharmacists living in Britain including the experience of [Patricia Ojo From nurse to pharmacist by dual career](#)
- [RPS Pharma Scene Podcast](#) championing black pharmacists with Tase Oputu and Adanna Anthony-Okeke

Over the coming months we will be celebrating Trans Awareness Week, International Men's Day and International Day of people with Disabilities.

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

10. Positive Engagement and Impact

We have seen an increase in engagement and diversity in applying for expert advisory group 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.

11. Upcoming activity

Over the next few months and Quarter 1 in 2022 we have the following activity:

November 2021

Hosting the 'Driving Equality In Pharmacy for Women' and launch of Gender Related Microaggressions Reference on 19th November
Release of RPS Gender, Ethnicity and Disability Pay Gap Reports

December 2021

We will be working with disability experts and the ABCD Ability group to establish a disability awareness campaign, establishing what key topics and messages we need to cover and focus on to make the profession more disability inclusive. The campaign will run through to 2022 and consist of a communications plan, advocacy and lobbying and a roundtable event.

February 2021

We will be celebrating LGBTQIA+ History Month and launch of Sexual Orientation related microaggressions reference

March 2021

Start to plan a campaign to support parents and carers in pharmacy

Activity	Oct	Nov	Dec	Jan	Feb
Co-create a yearly calendar of events and an annual I&D in pharmacy event.	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					
Working with NHS England, Association of Pharmacy Technicians UK (APTUK), Welsh and Scottish National Health organisations to reduce health inequalities					
Review how we increase engagement with RPS member EDI data survey					
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					
Evaluate the implemented changes of the RPS fellowship process and review further steps					
Launch family friendly policies and guidelines to fair hiring panels					
Addressing barriers to Black Asian and Minority Ethnic and gender representation and leadership (progression and representation)	Ongoing				
Address Black students' awarding gap at both undergrad and post graduate level.	Ongoing				
Development and launch of microaggression references					
Scope out the aims and objectives & develop Disability Awareness Campaign					
Launch the Disability Awareness Campaign					
Publish RPS Gender, Ethnicity and Disability Pay Gap Reports					

Title	Sustainability & Climate Action Project
Open, confidential or restricted	Open
Author	Elen Jones (Elen.Jones@rpharms.com)
Position	Director for Wales
Purpose of item	For Update
Item Summary	To update on the activity to date and discuss future planned work for pharmacy's role in environmental sustainability.
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	None

Climate Emergency Declaration

Following both national boards and Assembly approval of a draft organisational climate emergency declaration over the summer, a declaration was [published](#) in early September. Also published alongside the climate emergency declaration was a [summary](#) of how we are reducing our environmental impact across our business activity.

Pharmaceutical Journal Call for Emergency Action

Also in September, The Pharmaceutical Journal joined with more than 200 health journals from around the world to publish the same [editorial](#), calling on international leaders to commit to emergency action to limit global temperature increases, restore biodiversity and protect health.

Policy Development

Work has been ongoing to develop a new RPS policy titled 'Pharmacy's Role in Climate Action and Sustainable Healthcare'. This has been informed by months of work including:

- A review of academic literature
- Stakeholder meetings
- Direction from the volunteers from the 3 country boards.
- A member focus group.
- Detailed input from Sharon Pflieger, Consultant in Pharmaceutical Public Health at NHS Highland and an expert in the field.

This policy makes recommendations under four overarching themes:

1. Improving prescribing and medicines use
2. Tackling medicines waste
3. Preventing ill health
4. Improving infrastructure and ways of working

Following national board input and final approval, the policy's formal launch is scheduled for November 3 to coincide with the first week of the United Nations Climate Change Conference (COP26) in Glasgow.

Highlighting Best Practice

Throughout September we have been showcasing innovative ideas and projects from across pharmacy in Great Britain; from managing wastewater in Scotland, to thinking about nitrous oxide in Wales, and reducing environmental harm from inhalers in England, these blogs shown what difference the profession can make.

More examples of good practice will also be published alongside the proposed policy. Going forward, there will also be a new functionality on the website for members to submit case studies that can then be published on the website.

Professional Bodies Climate Action Charter

Following unanimous support from both the Assembly and National Country Boards, the RPS became a founding signatory of the Professional Bodies Climate Action Charter that was launched on October 7.

Developed by the Professional Associations Research Network of which the society is a long-standing member, the charter is designed to guide effective and high-quality climate action by professional bodies.

Membership of the UK Health Alliance on Climate Change (UKHACC)

Following initial Assembly approval, in September the national boards also agreed for the RPS to apply for membership of the UKHACC. The application process is underway and is hoped to be finalised within the coming weeks.

Other Stakeholder Activity

- The Climate Change, Environment, and Infrastructure Committee in Wales has been set up by the Senedd to look at policy and legislation, and to hold the Welsh Government to account. The Committee is consulting on its priorities for the Sixth Senedd (2021-2026) we have responded to this call, highlighting the need to focus on issues including medicines and digital infrastructure.
- We have been working with the pharmacy decarbonisation lead in Welsh Government and colleagues in Public Health Wales to align priorities and work for the profession.
- We have met with colleagues in NHS England and Greener NHS to share our workplan and to start aligning priorities as we develop our policy work.
- We have met and are working closely with the Members of the Scottish Parliament to highlight some of our early calls to action.

Assembly Meeting 17 November 2021

17/11/21/ASB/14b - Open

Title	ESG Investments
Open, confidential or restricted	Open
Author (include email/phone) Position	Rick Russell rick.russell@rpharms.com Director of Operations
Purpose of item	For discussion
Item Summary	What responsible or ethical investment options may be available with our investment funds
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	Any changes to the investment approach need to be considered carefully in light of how we support our Climate Emergency Declaration.

Following on from the detailed financial and investment update provided to Assembly during the Assembly Working Day (16th November), the Assembly are being asked to consider options for our future investment strategy in relation to climate change.

- 1) A responsible investment approach. Using our investments (through our investment managers) to encourage companies to improve their Environmental, Social and Governance (ESG) risk management and develop more sustainable business practices. A quick summary of what responsible investing is and the main ways it is done can be found here <https://www.unpri.org/download?ac=10223> (Principles for Responsible Investment).
- 2) An ethical investment/segregated approach. Exclusionary screening of our investments based on a set of ethical values/principles. We would apply a segregated approach to our invested funds and determine any industry sectors to remove from our portfolio. A reasonable implementation of this approach for RPS would be able to remove producers and miners of coal, oil and gas (termed Scope 1), but not to screen out users of fossil fuels (Scope 2) or the further downstream supply chain use of these raw materials (Scope 3)

RPS's current investments are with organisations placing responsible investment practices and stewardship at the heart of their investment principles (Option 1 above). Our investment managers believe that well-governed companies that manage all stakeholders, including the environment and society, are more likely to deliver sustainable long-term returns and develop more sustainable business practices.

It is extremely difficult to assess whether moving to Option 2 (above) will have any significant impact on the return that the RPS would likely receive. In general terms, our Investment Director has advised us that segregated portfolios tend to perform less well than their standard fund. The more we decide to exclude, the worse the likely overall return for the business. At the moment, the percentage of our portfolio involved in carbon is 7.8%. This includes all oil and gas holdings plus a company that distributes/retails LPG in developing economies.

RPSGB Pension

The Trustee manages this investment with external financial advisers. This policy would not currently impact the investments of the RPSGB Pension as it is managed independently of the RPS. .

Health & Safety Update Report 2021

Purpose

To inform the Assembly of the status of the Health and Safety activities in 2020/2021.

Action required

The Assembly is asked to note this update.

Background

The operational responsibility for Health and Safety (H&S) sits with Head of Information and Facilities led by Michael Bonne and support for H&S was outsourced to a specialist Facilities Management company on 1st July 2021.

Key activities since the last update have been as follows;

- London has been operating on a gradual / phased return to the office since the last national lockdown at the beginning of the year.
- Cardiff and Edinburgh have yet to really open at all, with minimal time spent in both offices, typically for maintenance rather than office-based activities.
- The London office 1st and 2nd floor were put on the rental market and a prospective tenant has been found. Works to convert these floors for the tenant's needs were initiated in October 2021. The tenants are responsible for the H&S of their demise.

Health and Safety Update Report

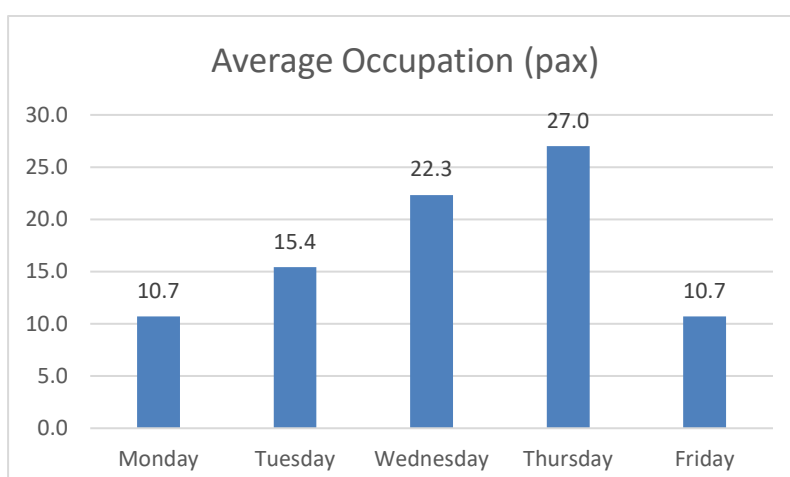
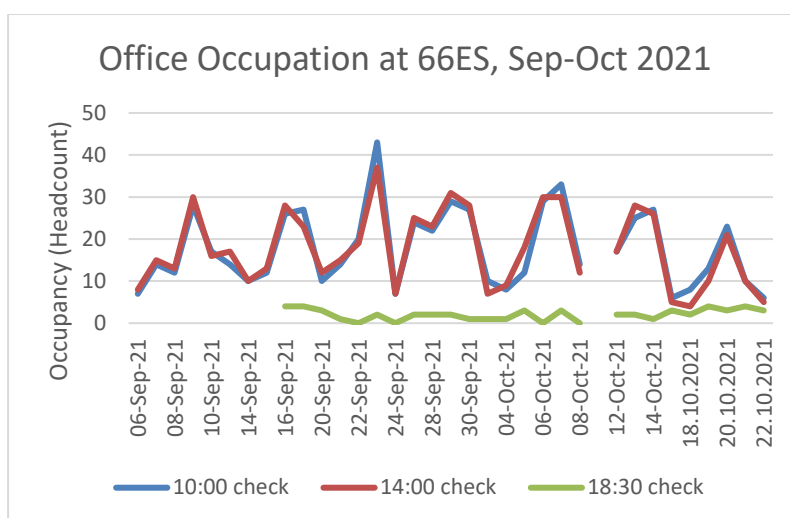
Summary:

Safety, health, environment and quality (SHEQ) audit	Last completed September 2021 Score – 86.86% Outstanding Actions – 8 (see 8 - SHEQ Document 710 - September at the end of this document)
Accidents in the work place	There have been no accidents at any RPS sites this year. The main concern has been the continued monitoring of Covid-19 infections.
Near Misses	<i>Cardiff and Edinburgh</i> None to report <i>London</i> March 21 – the potential for serious injury that may be caused by the falling of weather damaged panelling was identified and remedial works commissioned. Owing to the complexity of the works requiring scaffolding over non-RPS land means that we are still in the process of securing licensing permits to work from Vodafone and UKPN on this issue at the end of October.
First Aid	<i>London</i> All first aid training was up to date pre-Covid 19. Our FM team remain permanent on site first aiders with one official first aider.

	<p><i>Edinburgh</i> Second first aider has left RPS. Replacement first aider to be trained once return to work commences in Scotland</p> <p><i>Cardiff</i> First aid is up to date</p>
Fire Evacuations	<p><i>London</i> Site evacuation last carried out in August 2019. New evacuation to take place imminently.</p> <p><i>Edinburgh</i> Site evacuation last carried out in July 2019. New evacuation to take place once a return to work post-Covid restrictions is confirmed</p> <p><i>Cardiff</i> Site evacuation last carried out in October 2019. New evacuation to take place once a return to work post-Covid restrictions is confirmed</p>
Annual Fire Risk Assessments	<p><i>London</i> Fire risk assessment carried out in November/December 2020. Remedial work was completed in September 2021.</p> <p><i>Edinburgh</i> Risk assessment carried out in November 2019. Fire doors have been upgraded as a result.</p> <p><i>Cardiff</i> Risk assessment reviewed in March 2019. Next review due in November / December 2021.</p>
Fire wardens	<p><i>London</i> We currently have a full quota of fire wardens. Our FM team are functioning as the fire wardens on site during the days the office is open, exceeding the quota of wardens to staff ratio as per fire safety guidelines.</p> <p><i>Edinburgh</i> Fire warden training is up to date and certification received. Currently looking into the possibility of having to train all Scotland staff in the additional fire safety requirements for an A-listed building</p> <p><i>Cardiff</i> Whole office has been trained at the request of the office, with two official Fire Wardens in place.</p>

1 Return to 66ES

- 66ES has been open for 5-days per week since the beginning of September 2021.
- Occupancy for all days of the week are as follows:



- Staff are continuing to make good use of the various meeting rooms on L3/4 with them regularly in use on an ad hoc basis as well as being booked up.
- Patterns of behaviour are starting to appear where the most popular day in the office is Thursday. Generally, people are coming in for a day but not staying after 18:00.
- Masks continued to get used without the need to remind or enforce them on site.

2 New ways of working

- RPS continues to take a cautious, pragmatic and phased approach to returning to 66ES following the government decision to remove all CV19 legal restrictions.
- The one-way system around the building has been removed so that both staircases can be used in either direction.
- The use of masks when moving around the building will still be required in line with removing the one-way system.
- Total occupancy on the office floor plan remains at 32 desks, all bookable through the online booking system but we are looking to relax the need to book a desk to facilitate more pop-in use or collaborative working which may not require a fixed desk or office.

- Meeting rooms, private office spaces and board rooms will still be bookable for larger meetings and private working environments.
- Staff are encouraged to continue to take lateral flow tests and “check in” to the building using the QR codes on the front doors.
- These ways of working will continue to be monitored and reviewed in line with any changes to the government guidance.

3 Level 1 and 2 Office Letting Update

- Our property consultants have continued to keep the Operations team updated on progress in the letting space at 66ES.
- Our interested tenant is leasing both floors. This has resulted in the drafting of all legal documentation i.e. agreement to lease and lease.
- The Operations team and tenant have agreed for tenant and landlord works to go ahead as of October 2021.

4 RPS Flat

- The RPS flat is on the market and there has been a recent viewing which our sales agents are following up on. It is however still a challenge to get any interest with tenants in situ.
- In October '21, a leak from a flat above was reported which has caused visible damage to the ceiling in one of the bedrooms. We are waiting for the damage to dry before initiating works, with an insurance claim against the occupants of the flat above.

5 NEW Risk Implications

- London Roof Panelling – the works licence is currently being held up within Vodafone’s outsourced consultants but is being pushed through to their lawyers for drafting. MB has been chasing and pushing for this to be resolved ASAP to mobilise and get the works going, but the approvals to proceed remain outstanding. This remains a key focus, but is frustratingly outside our control. Once we have the works licence, we can arrange for the works to be carried out quickly and safely.
- Scotland – Maintenance and Defects – work is in progress to extend the contract of our outsourced provider in Scotland before the end of the year.
- Wales – Maintenance Suppliers – This is currently still under review.

6 Facilities Contract Update

- Our outsourced Facilities Management team have been performing well and are now well established in the London office supporting the business in many and varied ways especially with the new tenanted floors works as well as the RPS’s evolving space needs for the future.

7 FM and HSE Risk Register

RPS FM AND HSE RISK TRACKER				
Item No.	Location	Description	Risk Level	Status
RPS-30	66ES	Completion of activities to rent out spare capacity in office	Medium	In Progress
RPS-06	66ES	Deterioration of wooden roof panelling	High	in Progress
RPS-08	66ES	Fire risk assessment remedials	Low	COMPLETED
RPS-09	66ES	Energy efficiency recommendations	Low	On hold
RPS-10	66ES	Office level LED upgrades	Low	On hold
RPS-11	66ES	The future of the level 4 kitchen and associated equipment	Low	On hold
RPS-12	66ES	Upgrade of CCTV system to cloud-based system	Low	On hold
RPS-23	44ME	Make good damaged ceiling	Low	Quoting
RPS-24	RPS Flat	Sell the RPS flat	Low	In Progress
RPS-27	66ES	Cracked external window	Medium	On hold
RPS-28	44ME	Ongoing works	Medium	Under Review
RPS-29	44ME	TFM contract with Incumbent	Medium	Under Review

8 SHEQ Document 710 - September

Outstanding Item	Action	Owner
All employees to receive the training identified on the training needs matrix and records made available	Training Matrix to be updated for all personnel	Michelle Fleming (IFM)
Gas safety inspections available	Documentation to be obtained from M&E	Michelle Fleming (IFM)
'F'-Gas register for the site available	Documentation to be obtained from M&E	Michelle Fleming (IFM)
Significant environmental aspects identified and recorded [annual Reviewed]	Document to be completed together with new AM	Michelle Fleming (IFM)
Environmental response plan in place	Document to be completed together with new AM	Michelle Fleming (IFM)
Environmental incident record form	Document to be completed together with new AM	Michelle Fleming (IFM)
All F-Gas [air con systems] inspections up to date	Documentation to be obtained from M&E	Michelle Fleming (IFM)

Quarterly key [lock], audits	Document to be completed together with new AM	Michelle Fleming (IFM)
------------------------------	---	------------------------

Michael Bonne
Head of Facilities and Information