



Assembly Meeting

To be held at 9.00 am to 16.20 pm on Wednesday 16th November 2022

Agenda - Open Business

1. Welcome to Assembly members & apologies for absence 9.00

2. Items for Noting 9.00 – 9.05

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

- a) Code of Conduct & Remit of Assembly and COG
- b) Declarations of interest
- c) Minutes of the Open Business Assembly Meeting 19th/20th July
- d) National Pharmacy Board Reports
- e) President's Report
- f) Treasurer's Report
- g) 2022 Education & Standards Committee Report & minutes of Committee 4th October
- h) 2022 Science & Research Committee Report & minutes of the Committee 11th October
- i) Education & Professional Development update
- j) Inclusion & Diversity update
- k) 2022 Health & Safety Report
- l) 2023 Election Scheme (to note and adopt)

3. Matters arising from the Open Business minutes not specifically included in the agenda 9.05 – 9.25

a) EDI data collection
To discuss options for collecting membership data
Head of Engagement & Professional Belonging

b) Independent Commission
To receive a verbal update
President/Chief Executive

4. CEO's Report 9.25 – 9.40

To receive a verbal report
Chief Executive

5. AGM related items 9.40 – 11.30

- a) Direct Election of President - *Governance Manager*
- b) Recording of Open Business - *PMED*
- c) Open/Closed Business Classification – *Governance Manager*
- d) Declarations of Interest – *Governance Manager*
- e) Charitable Donations - *Chief Operating Officer*
- f) Frequency of Board/Assembly meetings – *Chief Operating Officer/Country Directors*
- g) FIP Membership (outcomes of FIP Sept Council & new offer, member consultation/survey on re-joining) – *Chief Executive*
- h) Publishing Member Numbers – *PMED*

Assembly Meeting 16th November 2022 – Open

BREAK 11.30 – 11.35

6. Panel of Fellows 11.35 – 11.55

To note the 2022 Panel of Fellows report and receive an update on work of the Panel
Chair, Panel of Fellows

7. Membership Committee 11.55 – 12.15

To note the 2022 Membership Committee report and receive an update on work of the
Committee
Chair, Panel of Fellows

LUNCH 12.15 – 12.45

8. CPA 12.45 – 13.05

To note the 2022 CPA report and receive an update on work of the Association
CPA Chief Executive

9. Diversity Targets 13.05 – 13.35

To receive an update on diversity monitoring/reporting throughout the recruitment
process
Director of People & Culture

10. Any other business 13.35 – 13.45

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

11. Date of next meeting 13.45

To note the date of the Assembly Working Day 28th March and Assembly Meeting 29th
March 2021



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 16th November 2022**DECLARATION OF INTERESTS****Claire Anderson**

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

Martin Astbury

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

Sharon 'Sibby' Buckle

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

Andrew Carruthers

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

Ruth Edwards

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

Mary Evans

- None at present

Thorrun Govind

- Locum Pharmacist-various pharmacies
- Pharmthorrun Ltd
- Pharmacist – Boots
- Healthcare Advisory Solicitor- Hempsons
- Social Media Consultancy
- Trustee- OCD UK
- ProperG LTD
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association RPS representative
- Member of Law Society

Mike Hannay

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

Alisdair Jones

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

Erutase Oputu

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

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB
- Non-Exec Board Member - Pharmacy Delivering a Healthier Wales
- Member – Guild of Healthcare Pharmacists
- Member RPS Welsh Pharmacy Board

Lynne Smith

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

Audrey Thompson

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

Cheryl Way

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

Minutes of Assembly Induction Day held on 19th July 2022 – via VC

- Present: Claire Anderson (CA) - Chair, Martin Astbury (MA), Sibby Buckle (SB), Audrey Thompson (AT), Thorrhun Govind (TG), Mike Hannay (MH), Alisdair Jones (AJ), Ruth Edwards (RE), Tase Oputu (TO), Lynne Smith (LS), Cheryl Way (CW), Eleri Schiavone (ES), Mary Evans (ME)
- In attendance: Paul Bennett (PB), Karen Baxter (KB), Avril Chester (AC), Helen Gray (HG), Rick Russell (RR), Ravi Sharma (RS), Elen Jones (EJ), Clare Morrison (CM), Alison Douglas (AD)
- Observers: 5 Members registered to attend the meeting
- Apologies: Andrew Carruthers (AC)

Item	Paper	Notes and actions	Action by
Item 1 Welcome & Apologies		CA welcomed everyone to the meeting, in particular RM, ES, MA and AT were welcomed as new members of Assembly. Members of the Assembly and Exec team introduced themselves.	
Item 2 Election of Treasurer		PB informed members that as Andre Yeung had not been re-elected to the English Pharmacy Board, the post of Treasurer had become vacant on 21 st June and confirmed that CA, as President, had been acting in capacity as Treasurer since that date, as set out in the Regulations. PB now informed members that, as no nominations to the post had been forthcoming, the role remained vacant and a further Assembly meeting to elect the Treasurer would need to be held within the next four weeks.	

	<p>Due to holiday commitments of both PB and AD, and the various timelines for any election as set out under the Regulations, this additional meeting would need to be held on either 15th or 16th August.</p> <p>PB stressed that if Assembly members were not able to be present at the meeting they would still be able to participate in any vote that might be required via the proxy voting mechanism set out in the Regulations. He noted that the meeting would be virtual and would be held under open business, and confirmed that should there still be no nominations for the post the President would continue to act in the role.</p> <p>PB and AD confirmed that to hold an election for the post at the Assembly meeting tomorrow would not give sufficient time for potential candidates to find individuals to nominate/second them. to draft a considered 1000 word statement, nor would there be sufficient time for members to have had the opportunity to properly consider any candidate statements.</p> <p>It was suggested one reason nominations had not previously been forthcoming might be because potential candidates were unsure of the level of central support they could expect to receive in the role and concern was raised as to the pressure on the President whilst having to undertake two roles. PB stressed that no financial decisions were ever taken solely by the Treasurer, and that any decision in this area would first be considered by FIC or COG, then taken to Assembly.</p> <p>RR added that two external financial experts had joined the Finance & Investment Committee under its new composition, bringing with them a significant level of support and financial knowledge which meant there was no need for the post holder to have expert level knowledge in the area. RR also and the Finance team also work closely with the post holder throughout the year, to create the agenda for the Committee meetings and run through all related papers with the Treasurer in advance of the meetings.</p> <p>SB questioned what the individual financial liability of the post holder was. PB confirmed that the Treasurer was one of the Society's two named Officers (alongside the President) and was a formal signatory to the annual financial statements etc but that the Treasurer's liability was no greater than that of an individual Assembly member. He stressed that professional indemnity cover was in place for all AMs.</p> <p>AD will circulate a Doodle poll to establish the exact date/time of the additional Assembly meeting, should one need to be held, after the meeting today. A further call for nominations for the role will be issued before the end of the week.</p> <p>ACTION - AD</p>	<p>AD</p>
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		<p>Assembly members then formally confirmed the second year in office for the President and those Assembly members elected or appointed in 2021.</p>	
<p>Item 3 RPS Museum</p>		<p>Catherine Walker, Museum Officer, joined the meeting for this item and gave a presentation on the Museum Accreditation Scheme.</p> <p>TO asked what was being done about re-assessing the history of objects in the collection in terms of how they might have been acquired and the context of de-colonisation. CW confirmed a new approach was being taken to many of the objects, and the work for the Materia Medica project offered a great opportunity to re-focus on some of the objects in terms of indigenous backgrounds etc. However, she acknowledged that there remained a problem in terms of what/how things were recorded in the past and CW noted that the heritage/ethnicity of previous members/officers of the Society etc had never been recorded.</p> <p>She confirmed aspects of this work did form part of the re-accreditation process in terms of education development in the locality of the museum, and working with local communities and schools, as well as audience engagement and development, was an important part of her work.</p> <p>PB added that the Society’s CSR agenda remained important and gave an increasing opportunity to engage with local schools, and that the museum was a big asset in this area. He congratulated CW for all the work she had done, particularly over lockdown, and the difference she has made in spearheading engagement with audiences when the building was closed to the public.</p> <p>RE will contact CW outside the meeting to see if it might be possible to develop some form of remote tour of the museum for pharmacy students.</p> <p>ACTION – RE/CW</p>	<p>RE/CW</p>

ACTION SHEET – Induction Day 19th July – OPEN BUSINESS

Item	Action	Who by	When
Item 02 Treasurer Nominations	Further call for nominations to be circulated	AD	end of week
Item 03 Museum	RE/CW to discuss remote tour of museum for pharmacy students	RE/CW	as soon as practical

Minutes of Assembly Meeting held on 20th July 2022 – via VC

Present: Claire Anderson (CA) - Chair, Martin Astbury (MA), Sibby Buckle (SB), Andrew Carruthers (AC), Audrey Thompson (AT), Thorrun Govind (TG), Mike Hannay (MH), Alisdair Jones (AJ), Ruth Edwards (RE), Tase Oputu (TO), Lynne Smith (LS), Cheryl Way (CW), Eleri Schiavone (ES), Mary Evans (ME)

In attendance: Paul Bennett (PB), Karen Baxter (KB), Rick Russell (RR), Avril Chester (AC), Ravi Sharma (RS), Elen Jones (EJ), Clare Morrison (CM), Alison Douglas (AD), Corrinne Burns (CB), Melissa Dear (MD), Wing Tang (WT), Neal Patel (NP), Aman Doll (ADoll) – Item 03a only

Observers: Jessica Corrigan, Kieran O’Brien, Latoya Oyediji, Yasmin King – RPS Interns, 9 Members registered to observe the meeting

Apologies: None

Item	Paper	Notes and actions	Action by
Item 01 Welcome & Apologies		CA welcomed all to the meeting. There were no apologies.	
Item 02 Items for Noting	22/03/ASB/02	The following items were noted: a) Code of Conduct & Remit of Assembly & COG b) Declaration of Interests c) Minutes of the Open Business Assembly Meeting 16 th March (noted and approved) d) National Pharmacy Board Reports e) President’s Report f) Treasurer’s Report g) Education update and minutes of Education & Standards Committee Meeting 3 rd March	

		<p>h) Science & Research update and minutes of Science & Research Committee 16th June</p> <p>i) Inclusion & Diversity update</p> <p>j) Schedule of Assembly meetings 2023</p> <p>AD reported that updated declarations of interest had been received from ME, ES and RE.</p>	
<p>Item 03 Matters Arising</p>		<p>a) Panel of Fellows/Membership Committee EDI data</p> <p>The paper providing an update of the EDI data collected for the RPS Panel of Fellows and Membership Committee was noted.</p> <p>ADoll explained that as not all members of the Panel and Committee had completed the survey, she was only able to report based on the individuals who had which may not represent the true picture of the advisory boards. Although aggregated statistics of the survey will be shared on completion in the future, however due to the sensitive nature of the data and the small number of responses so far, the data could not be shared at present as it maybe be easy to identify the respondents.</p> <p>TO expressed disappointment that it had not been possible to share the data as she believed there was currently an issue with the lack of diversity of the two committees. She appreciated completion of the survey had been voluntary but didn't think this was acceptable as it meant the Society would be unable to move forward in this area and felt it should be possible to mandate completion.</p> <p>ADoll noted the difficulties in moving from a voluntary survey to making this a mandatory requirement and was unsure that this could be enforced for roles that were voluntary. She suggested instead that the data for members on all the main governance bodies might be collected and as this would be a much larger cohort, it should be possible to then share the results with Assembly.</p> <p>TG suggested that completion could more easily be mandated if a 'prefer not to say' option was included as a possible response to all questions.</p> <p>PB felt it would be wrong for Assembly members to make a decision on this today without fully understanding what any legal implications to compelling completion might be. ADoll will therefore liaise with the Society's Data Protection Officer/Legal team and will bring a paper for decision back to Assembly in November.</p> <p>ACTION – ADoll</p>	<p>ADoll</p>

		<p>b) Governance Infographic The new infographic, outlining the main governance bodies of the Society, was noted and welcomed by members who believed it would be a very useful guide for members. Agreed this should now be included in the standing items for noting at the start of Assembly and Board meetings.</p> <p>Members also felt it would be helpful to include a link to the infographic in all future comms related to governance and the work of Assembly and Boards.</p> <p>PB added that an accompanying animation was also in the process of being created.</p> <p>c) De-carbonisation of Investments RR informed members that as it would not be possible for the current LGIM fund to meet the Society’s pledge to no longer invest in fossil fuels he would be seeking approval from Assembly in the confidential business session to close the fund and transfer the investment into the Society’s existing Ruffer fund which was fully compliant with the Society’s commitments in the short term until another suitable fund could be identified.</p>	
<p>Item 04 CEO’s Update</p>	<p>22/03/ASB/06</p>	<p>a) Trainee Pharmacists The Society’s grave concerns around the recent issues at a number of the exam centres for Trainee Pharmacists continue to be raised with GPhC. The Society has also been providing support to the students affected and have called on GPhC to offer them re-sit opportunities well before November. PB remains concerned at the proposed use of provisional registration as the sole solution to this issue.</p> <p>The Society has called for the GPhC to publish the findings of any review of the incidents along with their mitigation plan for future assessments.</p> <p>b) Property Portfolio Following previous instruction from Assembly, the Society flat in Lambeth has now been sold for £960k, and the proceeds from the sale, minus expenditure incurred, will be deposited in the Ruffer fund until the Finance & Investment Committee make a recommendation on a suitable new fund.</p> <p>c) Finances The financial position of the Society remains strong - revenues are ahead of budget and overheads remain under good control with a very positive surplus at end of H1, however the Executive are anticipating a tougher second half to the year.</p> <p>PB confirmed that member support and careful management of finances/costs across the organisation remain the top priorities.</p>	

		<p>d) MCCAs The team have been working to update the RPS guidance on MCCAs, last published in 2013. PB acknowledged that it would never be likely to reach a consensus on this issue across all stakeholders but stressed the importance of pharmacists having informed guidance to make the best decisions.</p> <p>e) 66ES Work on re-configuring the office space on the 3rd floor of East Smithfield has now been completed. Phase two of implementation of the new ways of working within the organisation is now underway and will include consideration of the overall Employee Value Proposition in order to attract and retain great talent. Members are able to visit all three of the Society’s offices and the museum on the ground floor of 66ES has also now re-opened to the public.</p> <p>f) RPS Conference The RPS Conference will be held on Friday 11th November at ETC Venues, Hounsditch – programme to be announced shortly. A ‘Celebration of Science’ will also now be held at 66ES on Thursday 10th November.</p>	
<p>Item 05 AGM Motions</p>	<p>22/03/ASB/07</p>	<p>At the Society’s Annual General Meeting on 25th May, a commitment was made that Assembly would consider all of the motions that had been submitted to that meeting, regardless of whether they were considered as part of a consolidated motion or whether they passed or failed at the voting stage. All 38 motions (detailed in Appendix A with corresponding commentary provided by the Executive) would therefore now be considered by Assembly members. A summary of the main resulting discussions points, grouped by theme, is provided below</p> <p>i) Membership of FIP Assembly members are asked to consider whether to:</p> <p>(a) submit an application to FIP that would enable the Society to re-join that organisation (b) undertake a member poll to ascertain whether a majority would wish the Society to re-join FIP before making a decision</p> <ul style="list-style-type: none"> • the decision to leave FIP had been taken for a number of very good reasons and those Assembly members who had voted to leave felt it was the right decision at the time given the lack of perceived value for money/tangible benefits for the level of membership fees the Society was paying and other associated costs 	

		<ul style="list-style-type: none"> • not being a member doesn't easily fit with being an international leader of the profession or with our diverse membership • feedback received from a number of stakeholders (including from some RPS EAGs) who would wish the Society to re-join • a number of members were keen to understand what the wider membership views on this might be – debate as to whether this should be done now or at a later date, but should be done in the most cost-effective way and would not be a referendum on the matter, rather it would be an exercise to gauge opinion • consultation with members after FIP meeting in Sept would enable info on any new fee structure etc to be included • noted that SPB & WPB Board members unanimously would have wished to remain in FIP • FIP have now had a chance to look at their own member offer/fee structure & clarity would therefore be needed from FIP on a number of matters (including member fees, benefits that might be made available for individual RPS members) should the Soc seek to re-join • noted FIP would be holding its annual congress in Sept at which point any new membership offer/fee structure would likely be announced <p>PB noted that he had been in contact with FIP to gauge how any request to re-join might be received by FIP and received the following response from their Chief Executive:</p> <p><i>It was with great sadness that FIP received the notification that RPS was leaving membership at the end of 2021. As agreed upon departure, we would always welcome the RPS back into membership.</i></p> <p><i>As you know, FIP is working on membership categories, member fees and value. We are having a Council workshop on these items in Seville, informed by the series of High-Level Meetings we have had during 2021 and 2022. The issues of fees and categories will be for Council to vote on during the third Council meeting on Thursday 22nd September.</i></p> <p><i>We know that one area of potential interest to RPS is fee calculations of those member organisations with individuals as members, where membership is voluntary. Should RPS vote to rejoin, FIP remains ready to discuss the process of readmission and the impact of the membership work on RPS fees.</i></p>	
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		<p>A general willingness to re-join was agreed, subject to caveats, but there was no consensus on whether the views of the wider membership should be sought or at what point in time this should be done and votes were therefore held as follows:</p> <p>Consult wider membership before re-joining: For – MH, SB, AC, TG, TO, LS, ME, AT, AJ - carried Against – CW, ES, AS, RE, CA</p> <p>Undertake member consultation now or in September: Now – MA, SB, CA, ME, RE Sept – MH, TG, AJ, ES, CW, AC, LS, TO, AT – carried</p> <p>A member consultation exercise should therefore be undertaken once the updated member offer information from FIP was available. The results of this consultation should then be brought back to Assembly in November.</p> <p>ACTION - PMED</p> <p>ii) No Confidence in Executive & Assembly handling of exiting FIP Assembly members are asked to consider whether to:</p> <p>(a) retrospectively seek permission from all parties concerned to publish records of the discussions on FIP membership held in confidential business during 2020/21 and, should this prove to be unanimous, publish all relevant Assembly minutes on the RPS website</p> <p>(b) retrospectively seek permission from all parties concerned to publish the relevant papers considered by Assembly during 2020/21 in reaching its decision to leave membership of FIP</p> <ul style="list-style-type: none"> • noted that a number of statements to outline the context of the decision had already been issued earlier in the year • some members cautioned against the retrospective opening up of discussions held and papers issued under confidential business as this would, in effect, mean the end of the ability to hold any 	<p>PMED</p>
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		<p>confidential discussions in future and it would therefore be better to look forward and ensure more business was taken into the open sessions of meeting at future meetings</p> <ul style="list-style-type: none"> • info considered by Assembly included commercially confidential info supplied by FIP which could not in any instance be more widely disclosed by the RPS • suggested that some info might, where confidentiality might permit, be included in the consultation with members <p>As there was no consensus on whether the information should be published a vote was held as follows: Seek permission to publish confidential minutes of discussion - AC Not seek permission to publish confidential minutes of discussion - MA, RE, LS, CA, SB, ES, CW, AJ, MH, ME - carried Abstain - TG, AT, TO</p> <p>Members then unanimously AGREED not to seek permission to publish the relevant confidential papers.</p> <p>iii) Royal College Status Assembly members are asked whether: (a) given current workstreams and strategic plans, further consideration of pursuing Royal College status should be undertaken in advance of the current timeline (ie before discussions on the next five year Strategy (estimated Q4 2025 to Q1 2026). (b) whenever it is appropriate for further consideration by Assembly to be given to incorporating an application to become a Royal College into its strategy development, should the membership be asked for its view first to gauge what level of support or otherwise there might be for this.</p> <ul style="list-style-type: none"> • no authoritative definition of a Royal College existed, rather there are a number of different definitions • the Society already undertook the vast majority of activities typically associated with other medical and non-medical Royal Colleges • members remained unclear as to what exactly the Society might be able to do if it was re-named as a College that it couldn't do at present as the barrier to furthering our ambitions in the 	
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		<p>education, accreditation and credentialling space was reliant on receiving the necessary ‘delegated authority’ from GPhC rather than on whether the organisation was a Society or a College</p> <ul style="list-style-type: none"> • no decision had been made definitively not to ever seek to become a Royal College, rather that it was felt not to be a priority at the present time as the Society was already undertaking the role • those who continued to be vocal in calling for a change to Royal College would better be placed to support the Society in its pursuit of acquiring more activities in the accreditation and credentialling space and lobbying the Independent Commission to recommend GPhC grant us the ‘delegated authority’ for post-registration education etc • focus on obtaining the necessary delegated authority would better serve our members’ interests at present than seeking to pursue a change of name • possibly the inclusion of the word ‘pharmaceutical’ in the existing title is actually more problematic than either Society or College as many externally still think RPS represents the pharmaceutical industry rather than pharmacists and the profession of pharmacy • it may be sensible to wait for the recommendations from the IC before any further consideration of pursuing RC status • members could be consulted at some point in the future on a potential change of name • the value of any action in this area should also be considered in terms of whether it would bring any benefit to the public and patients <p>As there was no consensus as to whether the wider membership, at a time when it was considered by Assembly, should be asked for their views a vote was taken as follows:</p> <p>For – ES, CW, TG, MH, AJ, SB, CA, AT, MH, LS, RE, AC - carried Against – none Abstain – TO, ME</p> <p>Members then also voted on whether it might be appropriate, at a time of Assembly’s choosing which may be informed by the recommendations of the IC, further consideration of pursuing Royal College status should be undertaken [before discussions on the next five-year Strategy] a vote was taken as follows:</p>	
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		<p>For – SB, TO, ES, CW, TG, AJ, ME, MH, RE, AC, LS, AT, CA - carried Against – MA</p> <p>iv) Membership Involvement in RPS a) Decisions with affect membership Assembly may wish to consider if there are any additional actions beyond supporting and responding to the independent review of member participation and communication that are necessary.</p> <ul style="list-style-type: none"> • not practical to go out to members for consultation when the Society is operated on an elected governance system that delegates responsibility to BMs and AMs • may be better to think about electing President and/or AMs <p>AGREED Assembly would support and respond to the recommendations of independent review of member participation and communication currently being undertaken by Luther Pendragon.</p> <p>b) President to be directly elected by membership</p> <ul style="list-style-type: none"> • noted that directly electing the President might require a change to the Charter and that specialist legal advice would therefore be needed in this area • only 14 people electing President doesn't feel very democratic <p>AGREED that a paper outlining potential options for direct election of President by the voting membership should be brought back to Assembly for future consideration. Options should also be included in the paper on direct election of Assembly members.</p> <p>ACTION - AD</p> <p>v) Transparency of RPS a) Recording of Meetings (a) Assembly members are asked if the decision taken in 2020 [not to record meetings] should be re-considered.</p>	<p>AD</p>
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	<p>c) Closed Business Assembly members are asked to consider publishing headline agenda item descriptions for confidential and restricted business at Assembly and Board meetings unless there is a particular reason of confidentiality that prevents this.</p> <ul style="list-style-type: none"> • would be a need to handle restricted business differently <p>AGREED this would be included in the paper to be produced for 5b above.</p> <p>d) Changes to the Regulations Assembly members are asked to ensure proposed changes to the Regulations are discussed in open business at Assembly meetings unless there is a particular reason of confidentiality that prevents this.</p> <p>AGREED</p> <p>e) Voting on Boards & Assembly meetings Assembly members are asked to affirm their continued commitment to the Regulations (ie that names of members participating in all votes taken at Assembly & Board meetings are included in minutes as per Appendix F & G).</p> <p>Members unanimously affirmed.</p> <p>f) AGM Motions Assembly will wish to consider reaffirming the established procedure for dealing with AGM motions.</p> <p>Members unanimously re-affirmed.</p> <p>g) Expert Advisory Groups (a) Assembly will wish to consider if this motion [ie that all EAGs allow members to observe meetings and have agendas and minutes published on-line] is worthy of support given the form and function of EAG's.</p>	
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	<p>(b) If it is, should it be at the discretion of the Chairs and members of the EAG themselves, recognising that all members would need to be comfortable to have observers in attendance and for any agenda and minutes produced to be made available more widely.</p> <ul style="list-style-type: none"> • noted that some EAGs did already publish minutes of meetings • important that Board and Assembly members are aware of what is being discussed by EAGs so should, at a minimum, be available to these members • observers not felt to be appropriate as only advisory, not governance meetings and membership is voluntary – members are not accountable to the wider membership in the same way that Board members are, but that this could be left to discretion of Chairs • concern that if minutes were more widely published they could incorrectly be seen as containing the policy stances of the organisation • noted that the three Country Directors had already been tasked by the National Boards to work with the EAGs to better increase connection with the Boards – this process was already underway but would by necessity take time to complete. In the interim, agendas are already published in advance and an ‘outcome/action points’ template to summarise each meeting for circulation to the Boards has been created as full minutes of meetings are not produced <p>AGREED it would not be appropriate, given the role and remit of the EAGS, to mandate observers or the publication of agendas and formal minutes but that the advice produced by EAGs be made available to Board and Assembly members through the template referred to above and the process already under way by the CDs be allowed to continue as currently planned.</p> <p>h) Sub-committees</p> <p>Should the Committees of the Assembly segregate their agendas into ‘open’ and ‘confidential’ business, recognising that given the nature of their business that some will have none, or very little, that could be categorised as ‘open’.</p> <p>AGREED that, whilst most business of the governance committees would fall under confidential business, these committees should be asked to segregate their agendas in the same way that Assembly and Boards do.</p>	
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	<p>AGREED it would be inappropriate for the Risk Register to be published.</p> <p>k) National Board Chairs' Forum Assembly members are asked to:</p> <p>(a) consider if it would be appropriate to allow members to attend non-confidential items as observers at meetings of the NBCF.</p> <p>(b) consider if it would be appropriate to publish non-confidential minutes of meetings of the NBCF</p> <ul style="list-style-type: none"> • NBCF is not a governance committee, has an informal, more operational role to help the three Chairs and Country Directors align work streams, set joint meeting agendas etc • given the role/remit, a number of members could see no benefit to the wider membership observing the meetings but thought that it would be helpful if Board Members, particularly Vice-Chairs, were able to attend and observe if they wished to <p>As a consensus could not be reached on this item, a vote on whether the wider membership should be allowed to attend as observers was taken as follows:</p> <p>For – AC, TO, AT Against – SB, MA, ES, CW, AJ, RE, CA - carried Abstain – LS, TH, MH, ME</p> <p>Members then voted on whether Board Members should be allowed to attend as observers as follows:</p> <p>For – SB, TG, MA, TO, AJ, ME - carried Against – ES, CW, CA, RE Abstain – LS, AC, MH, AT</p> <p>ACTION – RS/EJ/CM</p> <p>A vote was also held on whether minutes of non-confidential items at NBCF meetings should be published for the wider membership as follows:</p>	<p>RS/EJ/CM</p>
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		<p>For – TO, AT, AC, ME Against – ES, CW, MA, SB, TG, AJ, RE, CA – carried Abstain – LS, MH</p> <p>AGREED that the minutes of the meetings should be circulated to Board Members for information.</p> <p>ACTION – RS/EJ/CM</p> <p>MH left the meeting at this point.</p> <p>I) Member numbers & Member demographics Assembly members are asked if the decision taken in July 2021 should be reconsidered and whether to: (a) continue to publish the member numbers annually as they are now (b) publish membership numbers by individual categories</p> <ul style="list-style-type: none"> • it was felt that the wording of b) above was not reflective of the wording of the original corresponding motion which referred specifically to publishing ‘member numbers by demographic, at the very least to include gender, ethnicity • noted that it was already possible to calculate the specific total number of Members and Fellows of the Society each year by using information published in the annual Election Report and that not to openly publish this information made it easier for the Society to be criticised for not doing so formally • noted that the Society did not routinely collect EDI data for its members and the suggestion that this be made mandatory if at all possible was again raised <p>AGREED that, as a minimum, the Society would continue to publish the member numbers annually as they were currently.</p>	<p>RS/EJ/CM</p>
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		<p>As a consensus could not be reached on whether to include a breakdown of numbers by individual categories, a vote was taken on whether a paper should be brought back detailing options on this as follows:</p> <p>For: ES, CW, RE, AT, SB, LS, CA, AC, TG, AJ - carried Against: MA Abstain: TO, ME</p> <p>ACTION - PMED</p> <p>AGREED that the possibility of mandating collection of EDI data for all members be explored (as noted in Item 03a above) and that this information should be published once it was available.</p> <p>ACTION - ADoll</p> <p>MH returned to the meeting.</p> <p>m) Non-member attendance at EAGs Assembly is asked to consider if this is a worthwhile activity for the organisation to undertake given the purpose of EAGs.</p> <p>AGREED this was not appropriate given the purpose of EAGs.</p> <p>vi) RPS Governance Structures a) Governance Review Assembly members are asked if they wish to consider commissioning a further substantive review of the Society's governance, with a paper outlining options for potential scope/membership, costs etc to be brought back for consideration.</p>	<p>PMED</p> <p>ADoll</p>
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		<ul style="list-style-type: none"> • suggested it would be sensible to wait and see what recommendations the Independent Commission might have that would potentially relate to RPS governance before undertaking a further review • some support for looking at what was in the current Charter that we might want to change • details of what would be required in order to change the current Charter would be helpful to have <p>AGREED a paper outlining options should be brought back to Assembly for consideration in March following the publication of the IC recommendations.</p> <p>ACTION - AD</p> <p>b) Frequency of Meetings Assembly members are asked if a paper outlining options, resources/costs etc for holding additional meetings of Assembly and National Pharmacy Boards be brought back for consideration.</p> <ul style="list-style-type: none"> • unsure what failings, if any, had been identified that had been caused by holding the current number of meetings • mindful that external workloads for members were already substantial and finding time to attend additional meetings would prove problematic for some • Country Directors currently have a devolved country budget envelope and work within that in terms of meetings <p>AGREED a paper outlining options should be brought back to Assembly in November for consideration.</p> <p>ACTION – RR/RS/EJ/CM</p> <p>RE left the meeting at this point.</p> <p>c) Updates at meetings (a) Does the Assembly wish to change its established approach. (b) If so, what principle should be adopted.</p>	<p>AD</p> <p>RR/RS/ EJ/CM</p>
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		<ul style="list-style-type: none"> • noted meetings sometimes do receive verbal updates where a paper could have been produced instead but that members in the past have felt there were too many papers to read before meetings • balance has changed over the last 12 months or so to short concise papers for noting which was encouraged to continue <p>AGREED the established approach would be continued.</p> <p>d) Zoom This has already been introduced, with the majority of Assembly/Board meetings being held wholly remotely, attendance by members for open business of all Boards and Assembly meetings via Zoom facilitated as a matter of course and the option for Assembly Members and Board Members to attend any meetings via zoom where circumstances dictate attendance in person is not possible.</p> <p>AGREED this approach would continue.</p> <p>e) Expenses Cap Assembly members are asked to consider: (a) whether a maximum annual cap be introduced for the total amount of expenses an individual Board/Assembly member can claim and, if so, (b) what level the cap should be set at</p> <ul style="list-style-type: none"> • not practical or useful as members living in different locations would incur different travel costs • members undertaking additional committee roles and other duties would also have higher expenses • robust Expenses Policy is already in place and enforced <p>AGREED a maximum annual cap would not be introduced.</p>	
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	<p>vii) RPS Business Assembly members are asked to consider: (a) should the Society make an annual donation to Pharmacist Support (b) should the donation be for a minimum of £1 per member of the Society (c) If not, would Assembly wish to consider other options for charitable donations as part of its approach to corporate social responsibility</p> <ul style="list-style-type: none"> • the Society had historically donated significant amounts to PS • what other charitable donations has/does the Soc already make, including gifts in kind? • some support for supporting all pharmacy charities not just PS • could be an option for members to be able to add a donation to PS or another charity of their choice when they join or as part of annual renewal • how donations would be treated in terms of tax relief etc would need to be considered • would the £ come directly out of the fees the member pays or would it come from another pot of money? <p>AGREED a paper outlining options for charitable donations as part of its approach to CSR should be brought to Assembly in November for consideration.</p> <p>ACTION - RR</p> <p>viii) Professional Indemnity Cover Does Assembly wish the organisation to continue to explore the opportunity to develop an insurance offer as part of its membership proposition?</p> <p>AJ declared an interest as a member of the PDA Union Executive and will abstain from any vote on this item.</p> <ul style="list-style-type: none"> • might there be potential future conflicts of interest if the RPS as producer of professional standards were also provider of PI? • not our core business and should focus on that instead 	<p>RR</p>
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		<ul style="list-style-type: none"> would be useful to know how far along in the process of exploring this opportunity the team had currently got -have been gauging member interest through a survey – would be useful to see the results of this before taking any further decision <p>As there was no consensus on whether to continue this work or not a vote was taken as follows:</p> <p>For: CA, AC, CW, AT, ES, SB, TO, LS, MH - carried Against: MA, ME Abstain: AJ, TG</p> <p>ix) Further Motions Received</p> <p>a) RPS Locals AGREED Assembly will note the outcome of discussion of this motion at the National Boards.</p> <p>b) PJ Content AGREED Assembly supported the currently proposed PJ work plans as detailed in the commentary provided (see relevant section of Appendix 1).</p> <p>c) Pharmacy Workforce AGREED Assembly will note the outcome of discussion of this motion at the National Boards and any update following response from GPhC.</p> <p>d) Pharmaceutical Wholesalers AGREED Assembly will note the outcome of discussion of this motion at the National Boards.</p> <p>e) PDA Safer Pharmacy Charter</p> <ul style="list-style-type: none"> noted this item was considered at the last joint National Boards meeting where a vote was taken by the EPB but not by SPB or WPB noted that lessons should be learnt from the misunderstandings that arose at the meeting as to how this item would be handled and why papers on the background to this item and the details of 	
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		<p>the endorsement process had not been provided – at no point since discussion of this item was first raised at the Boards has any formal endorsement process been raised with Board members</p> <ul style="list-style-type: none"> • EPB had voted unanimously to adopt and there was support among some English AMs that this Board should therefore be able to progress adopting the Charter within England, regardless of what SPB and WPB might choose to do • AMs in Wales and Scotland felt the adoption of the Charter should formally follow the Society’s established endorsement procedure (published on the Society’s website) • as with all GB wide policy considerations, the three Board Chairs should attempt to reach a consensus and if this was not possible the matter would then be brought to Assembly for final consideration • some members felt this would appear to contradict the policy remit of Boards as Assembly was not the main policy making forum however it was noted that Assembly does set UK wide policy where the three Boards are unable to reach a common position • noted that there wasn’t currently a process for individual Boards to make endorsements, only the overarching RPS endorsement process, and to diverge from this would be to move away from the current ‘one RPS’ concept of working across the three Boards • noted that some aspects of the PDA Charter were in contradiction to some aspects of existing RPS policy and MEP content so it would not be possible to approve the PDA Charter as written through the existing endorsement process • debatable if PDA themselves had formally sought endorsement by suggesting RPS could ‘sign up’ to the Charter rather than completing the formal written application form. However, it was noted that PDA had attended other meetings with RT, PB and SG (then President) where the Charter had been mentioned and no formal application had been received <p>AGREED WT would circulate the formal endorsement process with Assembly members for information and would also contact the PDA and invite them to formally apply for endorsement.</p> <p>ACTION - WT</p> <p>f) Pharmacist Apprenticeships</p> <p>AGREED Assembly will note the outcome of discussion of this motion at the National Boards.</p>	<p>WT</p>
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		<p>g) Primary Care Pharmacists AGREED Assembly will note the outcome of discussion of this motion at the National Boards.</p> <p>h) Emergency Supplies Support TG noted that, as the ‘RPS Assembly member’ referred to in the narrative of the motion as proposed to the AGM her comments had been taken out of context and misrepresented and didn’t fully capture the nuance of what she had said on this matter. She felt it would have been useful to have included reference to this in the commentary provided in the Assembly paper and clarified that she does not support pharmacists being struck off for not issuing an emergency supply when a GP surgery is open but does believe they should be explaining their reasons for not doing so to the patient and noted that the MEP guidance on this is very clear. She therefore requested that when the motion goes on to be considered by the Boards that reference to the ‘RPS Assembly member’ be removed.</p> <p>PB noted that TG would be able to ensure this in her role as EPB Chair, however TG did not want to be open to accusations of abusing her position in this role. CA, MA and AJ agreed that TG’s comments had been misrepresented and were in agreement with the reference being removed.</p> <p>ACTION – RS/EJ/CM</p> <p>AGREED Assembly will note the outcome of discussion of this motion at the National Boards.</p>	<p>RS/EJ/ CM</p>
<p>Item 06 Independent Participation & Corporate Comms Review</p>		<p>NP gave a presentation on the work of Luther Pendragon, the external Comms agency engaged to carry out the review. The survey to members closed on 11th July, with ~1400 responses being received. The final results of the review will be shared with Assembly and also published in full.</p>	
<p>Item 07 Independent Commission</p>		<p>CA attended the first meeting of the Commission yesterday but was unable to provide any outputs at this stage as the meeting had been confidential. She informed members that comms on the meeting would be issued centrally by the Commission but added that the meeting had been very positive and open. A call for</p>	

		submitting evidence to the Commission will be issued in August, with the final recommendations report being issued by the end of this year.	
Item 08 Supervision		PB noted that little progress had been made to date by the national working group. Supervision had been discussed at the recent National Board meetings where consensus had been reached on many points which had then allowed the Society to inform and update its position statement on this matter, subject to final agreement across the three Boards.	
Item 09 Risk Management Policy		The new policy document to articulate the updated organisational methodology for managing risk was approved.	
Item 10 Any Other Business		The dates of the next meeting, to be held on 15 th & 16 th November, were noted. CA confirmed the intention at the moment would be for both days to be face-to-face meetings.	

DRAFT

ACTION SHEET – Assembly Meeting 20th July OPEN BUSINESS

Item	Action	Who by	When
Item 03(a) EDI Data Collection	ADoll to liaise with DPO/Legal team re options for compelling completion of EDI questionnaires	ADoll	November Assembly
Item 05(i) FIP membership	Member consultation on updated FIP membership offer to be undertaken once new information from FIP is available	PMED	mid-Sept
Item 05(iv) Election of President	Paper on potential options for direct election of President by members to be produced	AD	As soon as practical
Item 05(v) Rerecording Open business	Paper on potential options for recording open business of Assembly/Board meetings to be produced	PMED	As soon as practical
Item 05(v) Open/Confidential Business	Paper outlining options for updating Open/Confidential/Restricted business classifications to be produced for November Assembly	AD	November Assembly
Item 05(v) Governance Meetings	Governance committees to segregate agendas into Open/Closed business	AD/RR	Next round of meetings
Item 05(v) Declaration of Interests	Paper proposing amendments to existing list of governance members' disclosures to be produced for November Assembly	AD	November Assembly
Item 05(v) National Board Chairs' Forum	Board Members to be permitted to attend NBCF meetings as observers NBCF minutes to be circulated to Board Members for information	RS/EJ/CM	Next round of meetings

Item 05(v) Member Numbers	Paper outlining options for publishing member numbers to be produced	PMED	As soon as practical
Item 05(vi) Governance Review	Paper outlining options for a potential substantive review of RPS governance to be produced following publication of Independent Commission recommendations	AD	March Assembly
Item 05(vi) Frequency of Meetings	Paper outlining options for changing frequency of Board/Assembly meetings to be produced for November Assembly	RR/RS/EJ/CM	November Assembly
Item 05(vii) Charitable Donations	Paper outlining options for charitable donations as part of RPS CSR to be produced for November Assembly	RR	November Assembly
Item 05(ix) RPS Endorsement Process	Details of RPS formal endorsement process to be circulated to Assembly members	WT	As soon as possible
	PDA to be invited to make a formal application for endorsement of Charter	WT	As soon as possible
Item 05(ix) Emergency Supplies Support	Relevant AGM item to be amended before submission for consideration by National Boards	RS/EJ/CM	Next round of meetings

ROYAL PHARMACEUTICAL SOCIETY

Assembly meeting 16th November 2022 22/11/ASB/02(d) - Open

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

GB activity

- We are developing and implementing pharmacy visions across all three countries.
- We have developed and published a policy on Protected Learning Time.
- We continue to focus on workforce wellbeing and inclusion and diversity. Launch of the Workforce wellbeing survey
- We are working on our Health Inequalities approach with stakeholder engagement and sessions planned at the annual conference to get member input.
- We continue to work on environmental sustainability, including speaking at the Great North Research Collaborative to promote our sustainability policies.
- We have responded to over 15 consultations across GB since June. These can also be found on our website [here](#). UK-wide consultations responses covered:
- RPS has ongoing discussions with NHS, government, royal colleges and wider stakeholders across GB on issues such as women's health, changes to health and care services, inclusion and wellbeing, sustainability, workforce and pharmacy education.

Activity in England

- **RPS England supported a drop-in session for over 40 MPs in Parliament** in July, alongside community pharmacy organisations. MPs signed a letter in support of pharmacy which was handed into Number Ten.
- **The House of Commons Health Committee called for a pharmacy workforce plan** in a report published in July. This followed its inquiry into the health and care workforce, where RPS England gave evidence in a public hearing.
- We wrote to the **new Health Secretaries** in July and September. There may be further ministerial changes and a new Cabinet following the appointment of a new Prime Minister. We continue to engage with Government and NHS officials.
- We saw a great response to the open consultation on our work with The King's Fund on **A Vision for Pharmacy Practice in England**, with pharmacy teams, patient groups, stakeholders and health and care leaders providing feedback and insights on six key themes. We also held ten virtual events to explore these issues in more detail, including sessions co-hosted with the UK Clinical Pharmacy Association, the College of Mental Health Pharmacy, the Association of Pharmacy Technicians UK and the Neonatal and Paediatric Pharmacists Group.

- We continue to support the work of the **All-Party Pharmacy Group** in Westminster.
- We responded to consultations including:
 - [Low Priority Prescribing Guidance Refresh](#) (NHSE)
 - [Mental Health and Wellbeing Plan Discussion Paper](#) (DHSC)

Activity in Scotland

- We participated in a panel discussion, alongside representatives from other health professional organisations, with the **Cabinet Secretary for Health and Social Care** to discuss the workforce crisis at the SNP conference. The **Cabinet Secretary** committed to achieving protected learning time for health professionals.
- We co-hosted a multi-professional roundtable with the **GPhC** on how to achieve a shared patient record. Good updates on progress from Scottish Government and was attended by **Gillian Martin MSP, Jackie Baillie MSP** and a representative on behalf of **Sandesh Gulhane MSP**.
- We held a round table at the Scottish Parliament on Monday, hosted by **Jeremy Balfour MSP**, convener of the Parliament's cross-party group on disability. We had great collaboration from across pharmacy
- We wrote to **MSPs** to highlight the pressures facing all sectors of the pharmacy profession.
- We launched our **Pharmacy Best Practice Hub**. It's a great place to share best practice and provide information for everyone – within pharmacy but also with policy makers, the public, health professionals and hopefully pharmacists of the future.
- We have welcomed many organisations and individuals at our offices in Melville Street, Edinburgh including **SIGN, NAP's, Clinical Leadership Fellows** and oversees pharmacist from Australia.
- We published our [Joint statement](#) with the Scottish Academy of Medical Royal Colleges and a number of royal colleges and professional leadership organisations in Scotland.
- Spoke at the Great North Pharmacy Research Collaborative Regional conference on the RPS Sustainability policies and our ongoing work.
- Attended a workshop as part of the Improving Hospital OST project (iHost).
- Contributed to a Pharmacy Magazine article on the Community Pharmacy naloxone service in Scotland.
- We welcomed our museum officer, Catherine, to the office who worked with staff on our collection in storage with many fantastic items moved from the storage facility to go on display at Melville Street.
- We recruited an early careers pharmacist to be our deputy representative on the SIGN council to work with and support our current SIGN representative.
- We spoke at the Holyrood Health and Care Festival on workforce and climate change.

- We met with the **Chief Medical Officer** and **Chief Pharmaceutical Officer** to discuss sustainable prescribing in response to our joint statement with the other professions.
- We attended the second meeting of the Scottish Government's [National Drugs Mission Oversight Group](#) and discussed implementation of MAT standards 1-5. We have raised relevant points about pharmacy taken from our policy (need for naloxone provision through community pharmacy, importance of regular medication review, need to address lack of planned treatment pathway for people coming out of prisons).
- We participated in Scottish Government focus groups on their New Suicide prevention strategy and Mental Health and Wellbeing strategy Consultations to ensure the voices of pharmacists were heard and considered.
- Regular engagement has continued throughout with the Chief Pharmaceutical Officer and her team, General Pharmaceutical Council in Scotland, NHS Directors of Pharmacy, NHS Education for Scotland, Community Pharmacy Scotland, National Pharmacy Technician Group Scotland, Pharmacists' Defence Association and other external stakeholders.
- We responded to consultations on:
 - [Proposed Disability Commissioner \(Scotland\) Bill](#).
 - [Proposed Drugs Death Prevention \(Scotland\) Bill](#).
 - [The Scottish Government's new suicide prevention strategy](#).
 - [The Scottish Government's Health and Social Care Data Strategy](#).
 - The Scottish Government's [Mental Health and Wellbeing Strategy](#).
 - The Health Social Care and Sport Committee's consultation on [National Care Service \(Scotland\) Bill](#)

Activity in Wales

- We continue to lead on the [vision for pharmacy in Wales](#), following many months of stakeholder engagement and feedback. We have produced new 2025 goals, these will act as bridging goals as we build towards 2030, sign off by Welsh Pharmaceutical Committee has been achieved with a **launch planned for 27th October**.
- Hosted an **event at the Welsh Parliament** to promote the vision, we engaged with 20 Members of the Welsh Parliament.
- Contributed to the Western Mail newspaper Health section, with an article 'Keeping well this winter'.
- Attended workforce strategy events hosted by HEIW and social care Wales, contributing to the implementation of Wales's 10-year Workforce strategy, 'A Healthier Wales: Our workforce strategy for Health and Social Care'.
- Contributing to working group on planned activity for World Anti-Microbial Awareness Week.

- Working in collaboration with Marie Curie, we are **producing professional standards for palliative and end-of-life care** for Community Pharmacy.
- Participated and contributed to the Wales persistent pain network group.
- Participated and contributed to the Pharmacist Technician and support staff education and training strategy steering group.
- Participated in the first meeting of a programme board to review the current Common Ailments Service in Community Pharmacy with a view to identifying the scope for expansion of the service.
- Regular engagement has continued throughout with the Chief Pharmaceutical Officer and his team, Chief Pharmacists Group, General Pharmaceutical Council in Wales, Welsh Pharmaceutical Committee, HEIW, Schools of Pharmacy (Cardiff and Swansea), Community Pharmacy Wales and other external stakeholders.
- We have responded to consultations on
 - [Maximising the opportunities presented by biosimilar medicines \(AWTTC\)](#)
 - [National framework for social prescribing \(Welsh Government\)](#)
 - [Polypharmacy review: Guidance for prescribing \(AWTTC\)](#)
 - [Multi-professional clinical framework consultation \(HEIW\)](#)
 - [AWTTC work programme 2022/23 \(AWTTC\)](#)
 - [Draft action plan to prevent the abuse and neglect of older people \(Welsh Government\)](#)
 - Draft substance misuse treatment framework and standards for mental health services for prisons (Welsh Government)
 - HIV Action Plan for Wales (Welsh Government)
 - Call for Evidence of Digital Health Wales (Welsh Parliament)

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



Claire Anderson - President's report : August – November 2022

External events

August was a quiet month due to holidays, but it's been a busy time ever since with lots of external events and meetings. It has been great to be out and about and meet colleagues.

I cycled the 10 miles Ride for your Lives in around the Royal Colleges and Societies in London for the UK Alliance on Health and Climate Change. Neal Patel accompanied me. I spoke on a panel after the cycle about all the RPS has been doing in this area. It was an excellent networking opportunity and I had lots of useful conversations during the ride.

I attended the Independent Community Pharmacy Awards lunch in Parliament, the Pharmacist awards dinner, The Royal College of Physicians Harveian Oration and dinner, THE RCGP 70th anniversary dinner and Pharmacy Forum Northern Ireland Rewarding Excellence event and dinner in Belfast. All were excellent networking opportunities with colleagues and other leaders from across the health professions. Several meetings have been arranged as a result.

I attended meetings of the Commission and Commission working group and spoke at the Wales Webinar.

I attended the MHRA pregnancy and breastfeeding group.

Paul Bennett and I have had regular meetings with the Chief Pharmacist David Webb. We have also met regularly with Mark Lyonette (CEO) and Andrew Lane (Chair) from NPA.

I took part in the annual conference and the Celebration of Science event.

Internal meetings and events

Internal meetings have included board meetings, as well as joint meetings and EPB. I chaired Appointments Committee, and Remuneration Committee and attended Finance and Investment Committee, Audit and Risk Committee, Education Standards Committee, Science and Research Committee and Pharmaceutical Press Board.

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

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

I was on interview panel for the Director for England.

Media

I have been on the Today programme. I have been quoted in various newspapers and the pharmacy press. I also had a letter published in the Times regarding the Heath Secretary's sharing of antibiotics and pharmacist's role in medicines optimisation.

TREASURER'S REPORT

November 2022

The Treasurer of the RPS is accountable for monitoring:

- the implementation of the Society's financial policies
- the allocation of resources against strategic priorities
- financial performance against budget
- asset strategy
- reserves and investment policies

2022 YTD

Overall, we have delivered an operating surplus ahead of budget.

Revenues have exceeded budgets mainly as a result of strong performances in Publishing.

Reassuringly, fee revenue performed well despite the ongoing decline in membership numbers, as a result of the increase in membership fees and the transition of associates to full membership.

Investments have delivered strong performances throughout the year with the Ruffer fund continuing to provide a safe haven in the current Bear market.

The executive team has continued to manage costs across the organisation, helped with the high vacancy rate, which to date is not adversely affecting BAU. However the issue of a future pipeline of growth needs to be addressed.

The cumulative effect is a solid financial result for 2022, enabling us to continue to invest in our membership offer and publishing products and services.

Looking forward to 2023

The budget for the year is engineered to support our agreed objectives, but will necessarily challenge the teams to deliver products and services that have traction and appeal for members and customers.

2023 will be an extremely challenging year, with the continued economic fallout from COVID, huge volatility in the markets, high levels of inflation and the war in Ukraine. Alongside this are the challenges within the Profession, such as locum fees, workforce pressures, pharmacists leaving the Profession and a Pharmacy contract no longer fit for purpose. We will therefore need good cost controls, an innovative publishing pipeline and membership offer, improved communications and interaction with our members, and a hunger to react quickly to new challenges as they emerge.

Environmental, Social and Governance factors (ESG)

ESG factors are integral to our financial decision-making processes, where we aim to balance the commitment to disinvest in fossil fuels, with a need to maximise our ROI for the viability and sustainability of the RPS as an organisation.

RPS as the professional leadership body for Pharmacy, has listened to our members concerns on climate change, and is intent to lead by example. We are therefore on track to deliver on our commitment to invest only in portfolios that are responsible and avoid harmful activities, and with the support and oversight of FIC, by the end of 2022, we will have ceased all remaining financial investments in fossil fuels.

Finance and Investment Committee (FIC)

The appointment of the two external experts to FIC, with their robust experience in finance, investments and financial governance, has provided insight, support and challenge to FIC. They have been an invaluable resource addressing our legacy DBP scheme, our Investment strategy, our property review, and our governance effectiveness.

Investment Strategy

The Assembly has the fiduciary responsibility to manage the assets of the RPS to ensure that all operations and activities achieve the RPS mission. FIC has a delegated role to maintain oversight of financial performance and RPS short and long-term investments.

Having created an Investment Strategy and an Operating Reserves Policy we have two important controls which help to ensure we deliver maximum value from our assets, including RPS property, museum and library, and RPS investments.

RPS Dashboard

Assembly colleagues should now be receiving the regular RPS Dashboard, assisting in our understanding of the performance against budget.

Summary

2022 has been a challenging year, so to approach the year end with an operating surplus is a creditable achievement. However with the Commission on UK Pharmacy leadership due to pronounce in January 2023, the subsequent anticipated Charter change requirement, the loss of CPCS revenue and the uncertainty surrounding RPS gaining delegated authority from the GPhC for IP assessment credentialing, the challenges in 2023 will be even greater.

My biggest concern is the projected decline in membership with the associated ramification for overall RPS turnover. The 3 year projection is challenging.

Although we will continue to have the backbone of PhP revenue, with publications like the BNF and Medicines Complete, we urgently need to reconnect with both our members and new members. We need to take on board the Luther Pendragon recommendations on communications, shouting loudly to our Pharmacy Profession the many achievements the RPS has delivered, such as access to the SCR, the GP Pharmacist role and f2f representation with Government. And we need to remind our members that a publication like the Pharmaceutical Journal is a benefit of RPS membership.

Assembly, you have a vital part to play in ensuring the future viability of the RPS. We must halt this annual attrition of our membership. From the direct feedback I receive from Pharmacy colleagues, there is a huge lack of understanding as to what the RPS does for them.

We have all worked together on the Pharmacy vision for the future, now we need to follow through and deliver.

S.I. Buckle FRPharmS

RPS Treasurer

04/11/2022

<https://pharmaceutical-journal.com/article/opinion/sibby-buckle-even-if-it-is-uncomfortable-i-am-prepared-to-voice-my-concerns>

Assembly Meeting November 2022

Title of item	RPS Education & Standards Committee annual activity report
Open, confidential or restricted	Open
Author of paper Position in organisation Telephone E-mail	Anthony Cox RPS Education and Standards Committee Chair a.r.cox@bham.ac.uk
Purpose of item (for decision or noting)	For noting
Item Summary	The paper summarises activities of the RPS Education and Standards Committee in 2022
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Resource implications (where applicable)	n/a
Actions/decisions required of the Assembly	To note RPS Education & Standards Committee report

Background

This paper outlines the main activities of the RPS Education and Standards Committee undertaken since January 2022 to present.

The RPS Education and Standards Committee has met twice in 2022, March 3rd, and October 4th. Prof Anthony Cox became chair of the Committee in July of 2022, taking over from Prof Andrew Husband. We would like to put on record the good work that Andrew carried out in this role before his departure.

The Committee has continued to carry out its function of advising the RPS on educational and professional development matters, and providing strategic and expert advice through this period. Additionally, it has continued fulfil its role of quality assuring RPS assessment and credentialing activity. All meetings have been quorate, with good engagement of board members. The following are the main areas of work, with more detailed comments on the meeting reports for reference.

March 2022

- Approval of the Core Advanced Curriculum.
- Approval of the APCL principles.
- Advised on the mentoring scheme, providing feedback and comments on the future focus.
- Advised on the Assessment and Credentialling system after examination of the data.
- Worked on a narrative for the RPS annual assessment summary report.

October 2022

- Discussed the issues related to the GPhC registration assessment and discussed the relevance of the current assessment in the context of the changes in pharmacy practice and education. The ESC endorsed steps to seek an independent review of the assessment.
- Examined and reviewed the Advanced Practice Regulations, and endorsed APAP's recommendations.
- Reviewed the Assessment and Credentialling activity update.
- Discussed a Collaborative Care Model recently published by Paul Forsyth.

RPS Education & Standards Committee meeting report

Tuesday 4th October 2022, 14:00 – 16:00

Venue: Zoom platform

Attended

ESC Board members:

Anthony Cox (AC) - Chair
Amareen Kamboh (AK)
Sally Lau (SL)
Charlotte Richardson (CR)
Debra Roberts (DR)
Matthew Shaw (MS)
Heather Smith (HS)
Lynne Smith (LS)
Anne Watson (AW)

Apologies

Ruth Edwards (RE)
Fiona Hughes (FH)
Alykhan Kassam (AK)
Philip Newland-Jones (PNJ)
Ramandeep Sandhu (RSa)
Raminder Sihota (RS)

Assembly Representative:

Claire Anderson (CA)

Invited Guests:

Paul Forsyth (PF)

RPS Staff members:

Paul Bennett (PB)
Neville Carter (NC)
Helen Chang (HC)
Anna Domin (AD)
Joseph Oakley (JO)
Kina Vyas (KV)
Beth Ward (BW)

1. Welcome & apologies

AC welcomed all members and acknowledged apologies. No matters arising were notes from the last meeting that would not be covered by the items on the agenda.

2. Introduction to Neville Carter, Chief Education & Membership Officer

PB introduced Neville Carter, the newly appointed Chief Education & Membership Officer (CEMO). PB reiterated the rationale for combining the Education & Membership directorates, highlighting the importance of integrating the membership and education proposition. It was noted NC only very recently joined the RPS his priorities over the next few weeks will be to understand the organisation. NC briefly shared his previous professional experience confirmed he looks forward to meeting with everyone in the next few .

3. Registration assessment

A document highlighting issues with GPhC registration assessment that took place on Wednesday 29th June 2022 had been shared ahead of the meeting. Recommended next steps were presented to the ESC for their support and endorsement.

The following comments from committee members were noted:

- Important to disassociate issues with operational delivery of current assessment with need to undertake a more fundamental educational review of the assessment methodology.
- Important RPS holds GPhC to account and applies pressure for the review of the registration assessment
- Require more definitive response from GPhC confirming the additional mitigations they have introduced following the operational issues experienced in summer. The committee, and profession, need reassurance.
- It is disappointing that the GPhC is unable to offer a contingency “mop up” assessment if candidates are unable to complete assessment on the day – this raises the stakes of the assessment.
- Need to be strong in our educational leadership in promoting a more modern approach to assessment – risk that the GPhC continues with a similar assessment type, should we be more explicit in our approach (explicitly propose alternative methods of assessment)?
- it's not going to be a quick fix and we don't want the upcoming cohort to have a negative experience

ESC endorsed the next steps with more clarity in disassociating mitigating operational issues with the current registration assessment and proposing a more fundamental review of the assessment methodology.

4. CPhO independent commission

PB provided some context behind the Independent Commission into Pharmacy Professional Leadership that has been formed at the instigation of the four UK Chief Pharmaceutical Officers and which is being co-chaired by Prof Dame Jane Dacre and Nigel Clarke. The commission undertook a call for evidence to registrants. RPS welcomed the commission and promoted its completion to members. We commenced a piece of work internally creating a short narrative on the high level messages we believed it would be helpful for the commission to hear, which was supported by the RPS President and the National Board Chairs. This was shared with members and stakeholders and we received a range of feedback which helped form a longer narrative that was submitted as our final submission. This will be published openly to the profession this week.

PB presented slides summarising the document. Key points were noted as below:

- Vision for the future of professional leadership:
 - build on, and strengthen, our position as a trusted, forward-looking, independent, and financially sustainable professional leadership body, realising a future that advances

- and supports pharmacists and pharmacy technicians to provide ever-improving excellence in patient care.
- New professional faculty structure:
 - professional leadership voice for all of pharmacy, professional direction for pharmacy, transforming pharmacy workforce to deliver and continually improve patient care
 - post-registration standards of patient-focussed pharmacy practice for pharmacists and pharmacy technicians
 - delivery and promotion of the highest standards of pharmacy practice
 - clear and authoritative advocacy, thought leadership, and professional expertise for pharmacy.
 - Future scope of practice and the role of professional leadership
 - clear and authoritative advocacy and thought leadership on the advancement of pharmacy practice
 - supporting transformative scope of practice for all pharmacy professionals through the delivery of two core functions: advancing the professions and their practice, and supporting individual professionals to achieve excellence.
 - Leadership, policy and professionalism:
 - creating an infrastructure that enables the sharing of emerging practice, innovation, and excellence in practice
 - shaping national and local health policy through clear and authoritative advocacy, thought leadership and influence
 - driving excellence to deliver the highest standards of professionalism and patient care
 - supporting pharmacists and pharmacy technicians through educational activities
 - strengthening of distinct, professional identities, underpinned and defined by evidence-based professional standards, codes of practice, and curricula
 - empowering professional agency in pharmacy to deliver excellence
 - being strong on 'doing the right thing' for the long term, ultimately driving what's best for optimal patient care
 - Relationship and engagement with pharmacy:
 - deepening engagement
 - proactively seeking views of pharmacists and pharmacy technicians
 - co-producing policies
 - hosting and nurturing networks
 - becoming more outward-looking engaging with organisations around the globe
 - developing regional model of engagement
 - Education and Training:
 - advancing pharmacists,
 - Fostering a professional culture of continuous learning and development
 - empowering empower pharmacists and pharmacy technicians through post-registration education
 - providing the postregistration curriculum and credentialing architecture
 - working collaboratively with pharmacy technicians and the wider system to further strengthen and broaden our educational governance
 - providing lifelong learning e-portfolio
 - Regulatory support: We want the regulator to work with us, higher education institutions, and training providers to ensure professional cohesion across the pharmacist and pharmacy technician initial, pre-registration and post-registration education continuum.
 - Our commitment to pharmacy: we are committed to evolving, and to working in collaboration with other pharmacy professional leadership bodies to become a unified single professional leadership body for all of pharmacy.

The following comments from ESC members were noted:

- the presentation makes the RPS position much clearer
- it's a commitment to pharmacy but what about the unregistered workforce? Will there be a recognition for the wider pharmacy workforce and team? PB noted that this is an important point and we recognise the important contribution of the wider pharmacy team make to patient care. All those in the pharmacy team should feel supported in some way and hope the full deeper document will give more assurance about our commitment to this.
- what would success for the RPS look like in tangible outcomes? Had APTUK bought into this vision at this stage? PB clarified that success from our perspective would be a vibrant,

independent, strong and well-regarded organisation that makes a difference to the pharmacy profession. We believe this ambitious can be achieved but it's going to require a collective support from many other organisations. We have shared our submission with APTUK and we hope it will positively align with their view. We have a meeting with them scheduled to discuss this.

- what's the relationship with HEIs and other education providers? PB explained that through this vision we hope to foster a stronger relationship with PhSC and HEIs.
- bringing the two professions is a strong message although not sure how it will be received. There's a lot of work to be done around aligning credentialling to revalidation as the curricula are currently geared towards patient facing roles only, but the direction of travel is good.

5. RPS conference

BW gave a brief update on the upcoming RPS conference scheduled for 11th November. Main points were noted:

- a hybrid conference held at Houndsditch, London with remote elements
- theme: "Inspiring change: the future of pharmacy"
- content aligned with the RPS vision work
- 4 content streams: Patient-Centred Care, Creating a More Sustainable Future, Developing the Pharmacy Workforce, Harnessing Innovation and Technology to Improve Patient Safety
- 2 key note speakers; Professor Sir Michael Marmot and Professor Sir Munir Pirmohamed
- developing pharmacy workforce aiming to showcase innovation in practice chaired by Andrew Evans following up by a panel discussion
- afternoon's session run by Bruce Warner focussing on prescribing 2026 and workforce wellbeing
- other activities throughout will include wellbeing zone, virtual dementia experience, abstracts with people presenting their posters, prizes for the posters awarded by David Webb and policy work consultation throughout the session

6. Advanced practice (Joseph Oakley)

A document outlining ratification change of Advanced practice regulations was shared with ESC ahead of the meeting.

ESC members are asked to ratify the following recommendations from APAP:

- 1) RPS widens the consultant pharmacist post approval chair pool by engaging chairs from experienced individuals within the system to increase capacity and resilience.
- 2) The requirement to include a non-pharmacist consultant practitioner as an essential requirement for the constitution of a CPCC should be removed. This should remain as a desirable criterion.
- 3) The competence committee chairperson roles should be decentralised from RPS staff and extended to a pool of experienced assessors engaged by the RPS. The chairperson for each panel should also be one of the active assessors of the portfolio rather than an additional, independent individual.
- 4) Age-related restrictions relating to the REPP assessment and awarding of Faculty fellowship should be discontinued as these do not align to RPS assessment principles and are discriminatory.

Following comments from ESC were noted:

clear and sensible ideas, but would like a reassurance on the pool of experienced assessors who can take on the chairperson role - how are they suitable what's the process of appointing them to different roles? JO clarified that we had amended the chair role descriptor and that there will be additional mandatory training module for the chair. We would then have them initially shadowing a panel and they would be observed on their first independent committee. We are also tightening and standardising feedback mechanisms, have an external examiner who observes random committees. We would hope these measures in place would ensure high quality chairing of the committees.

- Need to consider unintended consequences of removing age-related criteria from Faculty although understand the rationale for the change.

ESC endorsed all APAP's recommendations decision.

Workstream updates

JO provided updates on the RPS Core Advanced Curriculum work. Following key points were noted:

- formal launch of RPS core advanced curriculum is live on RPS website
- launch webinar went well and was well attended by a range of stakeholders. Available for all on RPS website.
- e-portfolio development underway with scheduled launch date of end October 2022.
- establishment of inclusive advanced/consultant forum for all stakeholders involved in the delivery of learning aligned to the RPS curricula
- UK-wide advance level LNA survey with SEBs in the pipeline replicating our successful collaboration and research outputs at consultant level
- procurement of 350 Advanced Core assessments over two years from HEE Centre of Advancing Practice in final stages. This will be a collaboration between RPS and CPPE, creating a funded supported pathway for pharmacists to credential simultaneously with the RPS and HEE.
- recruitment of A&C Lead to support implementation into the system with provisional start date of 9th Jan 2023

7. A&C activity update (Joseph Oakley)

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

Following key trends from the report were highlighted by JO:

- Slowdown of consultant pharmacist post approval submissions – 3 applications so far this year although we have seen a recent increase in the latest window.
- 10 Consultant pharmacist credentialing assessments – with first attempts at 50% pass rate and 100% pass rate for second and third attempts
- Looking at outcomes by domain, research had lowest pass rate
- There was 1 appeal in this assessment diet relating to Faculty that was rejected
- Overall assessment pass rate for credentialing was 57%
- Noted differential in assessment by sex in cumulative data (although numbers still remain small): Female pass rate 56%, Male 71%
- Noted differential by country: England 46%, NI 100%, Scotland 86%, (no assessment from Wales received)
- Noted domains with lowest pass rate are leadership and research which align to the findings from the LNA research.
- Highlighted assessor populations are more diverse in terms of protected characteristics than the candidates which is unusual.

ESC enquired if the candidates receive mentorship around the research domain. JO clarified that mentorship and support in this area is inconsistent. PF who joined the meeting at this stage, confirmed that he is aware that Scottish candidates work together before submitting assessments, whereas the English candidates tend to work as individuals.

ESC commented on the well-structured report that provides the assurance that we need of an excellent process that does what it needs to do. The insight to EDI is fascinating and one to monitor closely over the years ahead.

8. Collaborative care model: research discussion

PF presented slides on research work he has led: The Collaborative Care Model - Building a Workforce that can deliver an Effective, Responsive, Meaningful, & Sustainable Future. *(Full presentation is available with this report).*

Key points were noted as below:

- Abstract on research social and administrative pharmacy published in Elsevier Journal

- Skills Segregation: Separate Functions by Design
- Atomism:
 - Individual-Level
 - Consequences
- Number of strategic flaws in the workforce:
 - NO system focus
 - Agential Values
 - Ethos
 - Workforce conditions
 - Workforce
 - Vision
 - Embedded Workforce Competence Development
- Emerging Pharmacist Career Pathway in Scotland
- Key Themes from Collaborative Care
- The Collaborative Care Model: *Opportunities & Threats for the Royal Pharmaceutical Society*
- Meta-Atomism: Organisational-Level
- Summary

ESC's comments were noted:

- highlighted alignment and synergy with this paper and the RPS's direction of travel and its submission to the independent commission aligns closely with the historic position of RPS in developing practitioners across non-clinical domains (c.f. APF clusters) resonates with what's planned for the RPS conference enjoyed the paper and reflected on how we can get these ideas out there.
There is a short version written for the Pharmaceutical Journal, but we'll need a strategy to engage people with it
- is there anything from the conference perhaps about establishing a learning group to have discussions on how to move those ideas forward?
- job roles need to change to allow people the time to develop skills in all pillars
- support the direction of travel the RPS are going, how do we get the message through and tackle it from the top down in terms of policy in all countries?
- reinforcing the message will be very important

9. AOB

No other business was noted.

Title	Science and Research Committee Report to Assembly
Open, confidential or restricted	Open
Author (include email/phone) Position	Parastou Donyai RPS Chief Scientist Tel: 0207 572 2275 parastou.donyai@rpharms.com
Purpose of item	For noting
Item Summary	The paper summarises activities of the Science and Research Committee
Related Risk Register item (where applicable)	N/A
Related RPS Strategy item (where applicable)	N/A
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 November 2021 to present.

2. Science and Research Committee (SRC) Update

- New Chief Scientist, Professor Parastou Donyai, started on 13 June 2022.
- New Science and Research Officer, Lauren Ross, will join the Science and Research team on 8 November 2022.
- SRC meetings held on:
 - 10 February 2022
 - 16 June 2022
 - 11 October 2022
- **SRC Terms of Reference** – updated Terms of Reference finalised to reflect the new proposed ways of working.
- **RPS Annual Conference 2022** – To be held on 11 Nov 2022, with the theme “Inspiring Change: The Future of Pharmacy”. The abstract call was launched on 10 Jun 2022 and closed on 31 July 2022. Abstracts were independently reviewed by our abstract review panel (led by Deputy Chair of SRC, Dr Simon White). Successful abstracts (almost 80) will be published in the International Journal of Pharmacy Practice and presented as a poster at the conference.
- **Celebration of Science event 2022** – Members of SRC joined a team with Chief Scientist to help with the planning of the Celebration of Science event to take place on 10th Nov. 2022. Celebration of Science overview: will look back through the history of science, hear from the Harrison Medal winners of 2020 and 2022, Professors Perrie and Basit, respectively. Speakers include Professor Diane Ashiru-Oredope (UKHSA) and Professor Paul Dark (NIHR), speaking respectively on the mobilisation of pharmacists as scientists during the pandemic, and NIHR clinical research networks and how they are changing. There will be a panel discussion at the close of the event with all previous Chief Scientists, Professors Moffat, Lawrence, and Martini, discussing the past and present of science and pharmacy and looking to the future. It is hoped that the return of the Annual Conference and ‘Celebration of Science’ event will strengthen science and research presence for the profession.
- **Harrison Award** – Professor Abdul Basit from UCL has been awarded the RPS Harrison Memorial Medal by RPS and will receive his medal at the ‘Celebration of Science’ event in Nov 2022.
- **SRC priority projects in 2023** – In the October SRC meeting, the committee discussed projects and activities for SRC to support and deliver in 2023 and beyond, including pharmacogenomics, medicines reuse, environmental harm from medicines manufacture and distribution, titanium dioxide, nitrosamines, sustainability, strengthen research skills for pharmacists, etc.
- **Multi-compartment compliance aids (MCCAs)** – Members of SRC supported the update of the RPS guide on MCCAs (2013) by the RPS guidance team, by providing feedback and suggesting key external contacts to assist.
- **PJ award for early career researcher recognition** – Members of SRC will support a new award in conjunction with the PJ for recognising early-career researchers working within pharmacy to be launched at the Celebration of Science event.

- **NIHR Research E-learning modules** – the RPS was, successful, in securing funding from the National Institute for Health Research (NIHR) to produce nine e-learning modules to develop research awareness and capability in the pharmacy profession. The module content has been written by the Science and Research team supported by SRC members and OCB media (our e-learning partner). Planned launch to NIHR Learn platform by November 2022.
- **Advanced therapy medicinal products (ATMPs)** – The Adopting New Technology sub-group of SRC published a comprehensive overview of ATMPs for pharmacy professionals in The Pharmaceutical Journal, PJ, August 2022, Vol 309, No 7964;309(7964)::DOI:10.1211/PJ.2022.1.150934
- **Antimicrobial Expert Advisory Group** – In December 2021, a new AmEAG Chair Mark Gilchrist was appointed, alongside 13 new members of the group. The first AmEAG introduction meeting was held on 4 February 2022. Other meetings held on 17 June 2022 and 15 September 2022. Additional members, including a member based in community pharmacy, were recruited in September to complete the panel. AmEAG supported a new RPS central resource for the fight against antimicrobial resistance, and promoting the best use of antimicrobial stewardship ahead of World Antimicrobial Awareness Week in November.
- **Industrial Pharmacy advisory group** – meetings held on 13 April 2022 and 14 September 2022.
- **SRC members providing support to other RPS projects**, including RPS Sustainability work.

RPS Science and Research Committee outcomes

Tuesday 11th October 2022 10am – 12noon

Held via [Zoom](#) platform

1: Recognition

Introductions, apologies, and declarations of interest.

Present:

SRC Members:

Barrie Kellam (BK), Christine Bond (CB), Cathy Edgeworth (CE), Andy Fox (AF), Elspeth Gray (EG), Amira Guirguis (AG), Mike Hannay (MH), Gill Hawksworth (GH), Yogini Jani (YJ), Richard Guy (RG), Jayne Lawrence (JL), Simon White (SW), Oisin Kavanagh (OK) (*for part of the meeting*).

Invited guests:

Steve Hoare (SH)

RPS Staff:

Claire Anderson (CA), Neville Carter (NC), Anna Domin (AD), Parastou Donyai (PD), Sophie Harding (SoH), Laura Wilson (LW) (observer)

Apologies:

Duncan Craig, Andrew Teasdale

No new Declarations of Interests were noted for the meeting.

2: Relevance

Title	Item 2. Pharmacogenomics programme, Sophie Harding	Time of item: 10:05
Description	Update on pharmacogenomics programme	
Purpose	To explore how SRC can support the delivery (or continuation?) of the RPS pharmacogenomic programme	
Outcomes	SoH provided an update on the pharmacogenomics programme. Main points were noted: 1) Project and aim of the programme 2) PGx Programme set up initial steps 3) Project plan overview: <ul style="list-style-type: none">• position statement on pharmacogenomics draft and launch• hub page and podcast launch• planning for awareness webinar• exploring further pharmacy related policy in collaboration• updates & continued development of the hub page• to ensure PGx included in the RPS vision documents GB wide• to develop/launch of RPS PGs awareness webinar	

- plans to develop a collaborative overarching position statement for Genomics
- to raise awareness of PGx and the role of pharmacy by presenting at national conference/events
- to complete RPS PGx webinar resources and explore potential future actions for the RPS

4) Future suggested actions:

- develop national pharmacy competency frameworks for genomics
- explore PGx package with MedicinesComplete
- develop PGx professional network via RPS Connect
- develop professional pharmacy practice guidance in relation to genomics
- continued RPS website development as implementation develops
- collaborative work with: Genomics Education Programme (GEP)/ NHSE/ NHSI/ pharmacy leaders on development and implementation of a Pharmacy Genomics workforce strategy
- patient and public engagement opportunity

Comments and questions from SRC were noted:

- *What sort of level of interactions are you getting from people and what interactions from members have you seen?*
SoH: First webinar had 250 signed up (largely members) with excellent feedback and interest into pharmacogenomics. Second webinar in September was less well attended but received good feedback. The next webinar this evening has c. 60 attendees registered. We are hoping the PGx stream within the conference will spike more interest. Speaking events we've been invited to have been varied; there is a need to gain understanding of pharmacogenomics and its impact.
- *Regards the stakeholders engagement, are you including paediatrics element in that?*
SoH: RPS have developed a webinar awareness series linked to the RPS webpage and have more plans to incorporate case studies. We have been networking and sharing the progress we've made as it's an awareness series rather than education programme which has been very well received. As a profession the RPS is leading the awareness that PGx will be important for the future.
- SoH: There's quite a lot of research going on in the UK on PGx from tumours and personalised medicines and we'd like to showcase that at some point. This next webinar is focused on interpretations of PGx tests. November webinar is on progress programme in England and Scotland, we'd be keen to discuss the research aspect that's going on and the 5 recommendations, one of which is research.
- *How can we spread the word on the webinar and to what extent have you contacted PhSC on the genomics?*
SoH: As part of the PGx strategy we worked closely with Pharmacy Leads on the PGx programme on national level. Regarding to reaching out to community practice we tried doing so with the first webinar with fairly good attendance, but there's work to be done. The next webinar planned will explain the implementation aspect of PGx. We are also aware that CPPE are part of the HEE working group.
- *Are we aware how many people watch the webinars later?*
SoH: We can get those numbers as many people mentioned they have watched them.
- *Great work, when doing webinars in the future there's a lot of mileage in identifying the sector of interest and targeting them specifically (especially when it comes to community pharmacy)*

Actions:

SoH to provide the data on webinar viewers post meeting.

	PD and BK to discuss which elements the SRC could contribute to the PGx programme (i.e. position statement around the consumer testing via a pharmacy; for example equity of access and false positive results)	
Title	Item 3. NIHR e-learning modules, Christine Bond	Time of item: 10:20
Description	Update on the work on NIHR e-learning modules to date	
Purpose	For information	
Outcomes	<p>CB provided an update on the NIHR e-learning modules:</p> <ul style="list-style-type: none"> • There are 9 modules, all on target to be completed by the end of October • 6 are almost completed (with minor tweaks before going live) • 3 modules still require another review • with Sarah's leaving we've encountered a slight delay therefore the first module will be launched on its own by end of October, with the others to follow by the end of December • next stage will be important in making sure people will be accessing the module – aligned with education offer. i.e. need to market it now so as to increase workforce capacity • important to recognise the significance of the award for pharmacy; there were 8 other awards of the programme six of which went to the medical profession, one to nursing and one to dentistry <p>SRC congratulated on the excellent work done on the project to date. The timing to drive the research agenda within the workforce is on point.</p>	

Title	Item 4. RPS Annual conference, Simon White	Time of item: 10:25
Description	Report on preparations for RPS Annual conference – update on abstracts, posters and foreword for IJPP	
Purpose	For information	
Outcomes	<p>SW provided an update with key points noted below:</p> <ul style="list-style-type: none"> • abstract review process has been completed • completed abstract are going to be submitted to IJPP this week • authors have been notified and are producing posters • received 119 abstracts, overall accepted 77 abstracts (65%) and rejected 41 (35%), initially 20 abstracts required no amendments. • at resubmission point 11 authors chose not to resubmit and we accepted 6 • where sufficient quality was submitted, 40% with minor amendments were fixed • of the rejected abstracts the vast majority needed a complete re-write therefore we weren't able to accept them • overwhelming majority of abstracts came from NHS organisations, 20% from universities and the rest from community practice, GP surgeries and other organisations • reviewers have provided constructive feedback to all even the rejected abstracts • we were very general on the call for the abstracts which made it slightly more difficult to give feedback on. On reflection we can prepare more detailed guidance and be more inclusive on the criteria going forward • Clearly broadening the inclusion criteria for submission achieved its main goals • Not a single bad feedback from the applicants was received. <p>Following comments from SRC were noted:</p> <ul style="list-style-type: none"> • Suggested to include a checklist for the applicants (maybe link to one of the NIHR modules about presenting research) to support abstract writing for next year 	

	<ul style="list-style-type: none"> • feedback from the applicants would be important in order to promote the support of research and how it benefits the profession • recommended to direct the applicants to go to PRUK who can help with writing • we are confident the abstracts will provide fantastic content for the RPS Conference. It was confirmed there will be a poster competition at the conference with award prizes given out by David Webb. <p>SRC congratulated on the excellent results and thanked SW and the wider team for the hard work put into this.</p> <p>It was noted the innovation approach needs to be discussed for future events. SRC should consider a social media channel thanking for submissions.</p> <p>Action: BK/SW and PD to write to the applicants thanking and encouraging those who have been rejected as well as consider an idea of making a poster outlining the hard work done on the abstract review.</p>
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Title	Item 5. Chief Scientist Update, Parastou Donyai	Time of item: 11:45
Description	<ul style="list-style-type: none"> • Celebration of Science event – update • Chief Scientist Research Highlights – update • Early Career Researchers – award & campaign • Recruitment of Science & Research Officer • Contribution to MCA 'Pharmacy Guide' by SRC • Progress with JPAG • Face-to-face meeting of SRC once a year – for discussion • EIPG Webinars e.g. on Green pharmacy on 9th November – for information • EIPG funding to commission articles – recommendations from SRC – for discussion 	
Purpose	For info or to update and support promotion of the event	
Outcomes	<p>Key points from PD's updated were noted:</p> <ul style="list-style-type: none"> – A number of colleagues kindly joined a team to help with the planning of the Celebration of Science event. This is taking place on 10th Nov. Celebration of Science overview: we will look back through the history of science, hear from the Harrison Medal winners of 2020 and 2022, Professors Perrie and Basit, respectively. Speakers include Professor Diane Ashiru-Oredope (UKHSA) and Professor Paul Dark (NIHR), speaking respectively on the mobilisation of pharmacists as scientists during the pandemic, and NIHR clinical research networks and how they are changing. There will be a panel discussion at the close of the event with all previous Chief Scientists, Professors Moffat, Lawrence, and Martini, discussing the past and present of science and pharmacy and looking to the future. – PD is writing monthly research highlights for the Pharmaceutical Journal (PJ) in her capacity as Chief Scientist, with the first one coming out this week. It will be a blog to highlight and provide commentary on articles being published in the four Learned Journals of the RPS – There is a new award in conjunction with the PJ for early-career researchers (ECRs) working within pharmacy that will be launched at the Celebration of Science event. The PJ team are currently working to establish the parameters and criteria for eligibility and this will be shared with the team of SRC members who have volunteered to contribute to this and PD aim would be to get back to the group to ask them to sense-check / peer review the plans. – We have recruited a Science & Research Officer to the team. With QP responsibility now being handled elsewhere they will be focusing fully on science and research work within the team. 	

	<ul style="list-style-type: none"> – We have fed back comments looking at pros and cons of Multicompartment Compliance Aids (MCAs) to the guidance team within the RPS who led on producing the Pharmacy Guide on MCAs. We formed a group (thank you to SRC members who were a part of this) and co-opted externals including Lelly Oboh who had written the original RPS document on MCAs. One point arising is whether there's a British Standard for MCAs because of the variability in products. – During initial discussion with Neville Carter (new Chief Education and Membership Officer at RPS) we have stressed the need to make progress with JPAG – Upcoming EIPG webinar on 9th Nov on Green Pharmacy; further information to be sent out to SRC post meeting – EIPG newsletter calls for commissioned articles, any member can ask for an article to be published on a current subject/controversy/guidance from EMA or EU/ WHO publication or a national item of interest to other members. Ideas welcome. Please write either to Jane Nicholson or VP of publications and copy in Jane Nicholson. Topics can include Technology & research; regulatory affairs; business & policy; EU focus; EIPG news and so on. – It was suggested to organise face to face SRC meeting next year which SRC would be strongly in favour of. <p>Action: Look at potential F2F meeting date in the new year potentially for Spring meeting.</p> <p>SRC comments were noted:</p> <ul style="list-style-type: none"> – There's a consultant pharmacist group interested in revising approach to research pathway for consultants and asking if there's any space or opportunity to look at that here at SRC? We should be considering it working together with the Education and Standards Committee. Noted recent paper published in IJPP looking at pharmacists readiness to be credentialled as consultant highlighting research and leadership as areas that are poorly developed. In terms of next steps, BK will be picking this up with Anthony Cox, ESC chair. It was also suggested to get Paul Forsyth involved.
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Title	Item 6. Discussion with Steve Hoare, ABPI	Time of item: 11:05
Description	ABPI sustainability group discussion	
Purpose	To support the development and delivery of the RPS sustainability programme	
Outcomes	<p>Steve Hoare joined the meeting for a discussion on overview of activities from research based biopharmaceuticals. He stressed that energy is one of the biggest contributors to climate change. Apart from this, the pharmaceutical industry is looking at projects on recycling of medicines packaging as well as electronic product information. It was noted the electronic product information (ePI) that includes e-labelling, prescribing, and any information that currently is provided by paper, could be a great solution to addressing sustainability issues. SH presented slides on the roadmap for ePI in the UK highlighting ABPI partnerships with Medicines Manufacturing Industry Partnership (MMIP), British Generic Manufacturers Association, PAGB, Sustainable Medicines Partnership. Their focus is on:</p> <ul style="list-style-type: none"> • Trend toward elimination of paper based product information and adopting digital mix of paper and electronic solutions • Addressing long-standing health literacy issues • Connecting product information with digital health services • Personalising and visualising of content by the user, beyond a pdf version of the PIL <p>The principle being followed is that can't leave anyone behind the current paper solution is not fit for purpose and yet not enough for many. ABPI together with various</p>	

	<p>stakeholders plan to come up with a solution in a pragmatic way. They would like the RPS on board as a stakeholder to get our input as well as the patients' and the regulators'.</p> <p>SRC comments were noted:</p> <ul style="list-style-type: none"> – It is a very important initiative – should consider the needs of all the patients, for some it maybe more challenging than the others (but electronic helps with font size, language options) – how do you solve the challenge around providing things like training materials? SH: There are a couple of legislative issues (e.g. requirement to have paper patient information leaflet with every pack) amongst others. Patients are central to this. We need to identify evidence gaps and fill them. We want to create content that others can choose the delivery of and the information created needs to be trusted. Ideally everything would have NHS brand on it. We don't want to create a solution that is a burden therefore ideal solution would provide less effort from the regulator with patient safety in mind. – identifying gaps and challenges is part of the roadmap <p>SRC commented on the fantastic initiative. accessibility for everyone within the society is very important and a great opportunity for the industry.</p> <p>Separately NHS Highland, in collaboration with the University of Nottingham and the University of Highlands and Islands, have been successful in obtaining a Medical Research Council bid to develop a new framework that will help reduce environmental pollution. An easy-to-understand environmental ranking system for prescribers and the public will be developed, enabling more sustainable prescribing choices to be made, while at the same time ensuring the medicines they choose will result in the desired clinical outcomes.</p>
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Title	Item 7. Areas of focus for SRC, Barrie Kellam	Time of item: 11:35
Description	SRC to consider potential work packages to commit to developing and delivering specific activities during the year	
Purpose	To review and identify priority projects for delivery in 2023 and beyond	
Outcomes	<p>A document of different potential work packages for SRC to consider had been shared ahead of the meeting. It was noted some committee members have already responded with their comments and areas of interest. Overall the list of discussion topics was accepted by the SRC. Due to time restrictions for discussion SRC were asked to send any further comments and noted strengths and weaknesses for the proposed topics together with interest in working in those areas. They should rank the topic from 1 to 5 in terms of importance and return the document to BK and PD by 31st October deadline.</p> <p>Action: SRC to send any further comments and ranking of the topics by 31st October</p>	

3: Communication

Title	Messages for RPS members	Time of item: 11:55
Description	Sharing information with RPS members is an essential role for RPS, and the SRC's advice on what information is useful and relevant to communicate is vital.	
Purpose	<ul style="list-style-type: none"> • To decide what aspects of the SRC's work should be shared with members, and how best to share them. • To make recommendations to RPS on other communication with members needed in the SRC's subject area. 	

Outcomes	BK and PD to decide how we communicate all the efforts on conference and abstracts.
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4: Any Other Business

Title	AOB	Time of item: 11:56
Description	Any other business beyond the agenda for wider discussion	
Purpose	An opportunity for SRC members to raise items for discussion not included in the agenda.	
Outcomes	<p>PD informed SRC that the new Chief Technology Officer, Avril is keen to speak about science careers so she can address RPS offering. Anyone who is willing to contact her was asked to inform PD via email.</p> <p>Separately, the RPS Pharma Scene podcast host Ciara Duffy is looking for new guests to interview, interesting professionals who have worked in pharmacy. SRC were asked to forward any potential suggestions to PD.</p> <p>GH passed on information from Professor Gino Martini who will be expanding his fellowship into Scotland, North and South East.</p> <p>CB suggested to consult with the National Pharmacy Boards once we have agreed the SRC areas of focus.</p> <p>CE informed the "7- day clinical pharmacy services" piece she had co-authored got accepted to IJCP for publishing.</p>	

Assembly Meeting 16th November 2022

Title	Education and Professional Development Q3 2022 activities update to Assembly
Open, confidential or restricted	Open
Authors Position in organisation Telephone Email	<p>Beth Ward, Associate Director of Education & Professional Development (interim) Elizabeth.Ward@rpharms.com</p> <p>Helen Chang, Head of Professional Development Helen.Chang@rpharms.com</p> <p>Joseph Oakley, Associate Director of Education & Professional Development (interim) Joseph.Oakley@rpharms.com</p>
Headline summary of paper	Education and Professional Development activities report July to October 2022
Purpose of item (for noting/discussion/ decision/approval)	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

Education and Professional Development activities update to Assembly

1. Strategy

Following the executive level restructure, the Education & Professional Development (EPD) and Pharmacy & Member Experience (PMEX) directorates have now merged to form the Professional Membership & Education (PMED) directorate.

The directorate is supported by an interim leadership and management team comprising four interim associate directors and two heads of department. The education and professional development roles within this are:

- Beth Ward, Associate Director of Education & Professional Development (responsible for Education delivery)
- Joseph Oakley, Associate Director of Education & Professional Development (responsible for Assessment & Credentialing).
- Helen Chang, Head of Professional Development (responsible for student/Foundation trainees, mentoring and e-portfolio development and delivery)

The interim leadership and management team have been working to unify the existing Education and Membership strategies in line with this structural change. This has resulted in the distillation of the following four strategic goal which will form the key focus areas for the PMED directorate for the remainder of this strategic window:

Goal 1: A&C delegated authority

We will achieve delegated authority from the regulators to define and assure post-registration standards of patient-focussed pharmacy practice through our curricula, assessments, and credentialing.

Goal 2: Segmented membership growth

We will improve (associate) member recruitment and retention for key groups through new value propositions for (i) new and developing prescribers and (ii) pharmacy technicians, comprised of products & services that:

- Enable excellence in day-to-day practice through support and guidance
- Advance practice through learning, education & professional development
- Create a sense of belonging through communities of practice & networking

Goal 3: Monetised educational activity

We will expand our paid for educational activity through both B2C and B2B / commissioned models. We will develop and manage a successful portfolio of education products and services that are connected, high quality, valued, affordable and innovative.

Goal 4: Financial sustainability

We will develop a financially sustainable operational model based on revenue derived from professional membership and education activities.

This strategy is currently being socialised with internal staff and governance bodies and will subsequently form the basis of operational and budget planning for 2023 onwards, led by the Chief Education & Membership Officer

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

Education & Standards committee

The Education & Standards committee met on Tuesday 4th October 2022. The committee welcomed its new chair, Professor Anthony Cox, as well as the new Chief Education & Membership Officer, Neville Carter.

The committee discussed the GPhC registration assessment. It firstly noted the issues faced by candidates in the Summer 2022 sitting and the advocacy work the RPS had undertaken for its members. The committee requested written assurance from the GPhC of the additional mitigations that had been put in place for the November 2022 resit assessment. The committee also discussed its position regarding the future of the current registration assessment model. There was widescale agreement that the registration assessment should undergo a root and branch review to ensure it remains valid, reliable and aligned to best educational practice. The committee was also supportive of this work being undertaken by an expert task and finish group comprised of pharmacists and independent assessment experts to ensure a broad perspective.

The committee was also briefed on the RPS's response to the independent commission into pharmacy professional leadership and received an update on the RPS conference.

Finally, the committee ratified the following recommendations from APAP:

- 1) RPS widens the consultant pharmacist post approval chair pool by engaging chairs from experienced individuals within the system to increase capacity and resilience.
- 2) The requirement to include a non-pharmacist consultant practitioner as an essential requirement for the constitution of a CPCC should be removed. This should remain as a desirable criterion.
- 3) The competence committee chairperson roles should be decentralised from RPS staff and extended to a pool of experienced assessors engaged by the RPS. The chairperson for each panel should also be one of the active assessors of the portfolio rather than an additional, independent individual.
- 4) Age-related restrictions relating to the REPP assessment and awarding of Faculty fellowship should be discontinued as these do not align to RPS assessment principles and are discriminatory.

Advanced Pharmacist Assessment Panel

The Advanced Pharmacists Assessment Panel (APAP) met on Wednesday 28th September 2022. The panel ratified the consultant pharmacist credentialing assessment outcomes from the previous assessment diet.

The Panel reviewed the cumulative assessment data to date and noted the following:

- Slowdown of consultant pharmacist post approval submissions – 3 applications so far this year although we have seen a recent increase in the latest window.
- 10 Consultant pharmacist credentialing assessments – with first attempts at 50% pass rate and 100% pass rate for second and third attempts
- Looking at outcomes by domain, research had lowest pass rate
- There was 1 appeal in this assessment diet relating to Faculty that was rejected
- Overall assessment pass rate for credentialing was 57%

- Noted differential in assessment by sex in cumulative data (although numbers still remain small): Female pass rate 56%, Male 71%
- Noted differential by country: England 46%, NI 100%, Scotland 86%, (no assessment from Wales received)
- Noted domains with lowest pass rate are leadership and research which align to the findings from the LNA research.
- Highlighted assessor populations are more diverse in terms of protected characteristics than the candidates which is unusual.

2b Early Careers Pharmacist Advisory Group

The [Early Careers Pharmacist Advisory Group \(ECPAG\)](#) ensures pharmacists at the beginning of their careers are recognised in the pharmacy sector across England, Scotland and Wales. The group identifies the needs of early career pharmacists in relation to: professional development; practice support; and advocacy.

There have been some changes to the constitution of the ECPAG due to group terms coming to an end. We welcomed three new members: Katie Housley (Hospital pharmacist, Warrington), Robert Fitzgerald (Hospital pharmacist, Leeds) and Shanza Khan (GP based pharmacist, London). We thanked Aditya Aggarwal, Roshan Rahim and Anna Robinson for their input into the ECPAG since its inauguration; they played key roles in shaping the group's strategy and purpose.

The group met in September and discussed the latest Gen Z (aged 26 and under) survey data which has been gathered by RPS. The group focussed on the Gen Z membership requirements and their preferred method of communication. We discussed how best to adapt our comms and content, to ensure this cohort feels represented and understood by RPS.

The group took time to reflect and discuss RPS comms and have agreed to make more use of RPS social media platforms to help promote the work of RPS and early careers pharmacists. The focus in Q3 was independent prescribing; group members shared tailored content for trainee independent prescribers.

3. Initial Education and Training

3a. Students

Guidance, support, and events

We delivered a webinar (repeated three times) about the numeracy and situation judgement test elements of the foundation training recruitment process (Oriol). Details of the sessions are outlined below:

Date	Delegates	Poll feedback		Survey feedback
		Would recommend to a colleague	Session met the learning outcomes	
02/08/2022	134	95%	98%	<i>It was a good event that gave us an insight to the exam</i>
17/08/2022	128	97%	97%	<i>Felt much more confident after the session, thank you!</i>
23/08/2022	89	95%	98%	<i>I would definitely recommend this to my peers</i>

Overall, the sessions were well received. Key points of feedback are that students would like more practice with the numeracy questions and situational judgement tests (SJTs).

Student internships

We delivered an online summer internship to third year pharmacy students across GB; the second year we have offered the opportunity for students to learn more about the work of the RPS and also gain core knowledge and skills from the workplace that they can apply to their studies and future role as pharmacists.

Four pharmacy undergraduate students spent four weeks with the RPS in July, Q3. The interns worked within key PLB teams during their placement, and inputted and shared views and opinions on RPS projects and programme, such as the new Foundation Programme launching in Q4 this year. The interns also provided helpful advice on how RPS could improve our content to ensure student engagement is optimal. In addition, they recorded weekly bite size videos which were shared on RPS social media platforms, which proved to be extremely popular with our followers. Weekly interns' vlogs can be found [here](#).

The main project for the interns was to create an interactive student roadmap for all MPharm students and foundation trainees, which they successfully delivered. The roadmap provides an overview of essential RPS resources for the entire student and newly qualified journey, including guidance, events, and publications required at specific stages of their journey.

The internship was well received by all students. Feedback on their experience is included below:

Testimonials
<i>'These four weeks have been everything I could have asked for and more. I have gained valuable knowledge of the broader world of pharmacy and have met such inspiring people.'</i>
<i>'I now have a great understanding of the work that goes on behind the scenes and how all the different teams work together to create such an amazing society for members. All the staff make you feel so valued which is what makes this an extremely rewarding internship, and I would recommend it to all students!'</i>
<i>'My time with RPS has been nothing less than amazing, I learned so much about what RPS is all about, how they work, and most importantly what they stand for. Working with you all these past 4 weeks has been so eye-opening, it showed me possibly a future in pharmacy that I would love to be a part of.... RPS has shown me and set the standard of what the future of pharmacy should look like and now I cannot accept anything less.'</i>
<i>'This has been one of the most rewarding jobs I've ever done and I'm so grateful for this opportunity; without doing this I would still not have a clear idea of where I was going and what I was doing; but being able to speak to so many different teams and learn about the different careers within the RPS.'</i>

3b. Foundation Trainee Pharmacists

Foundation Training Programme

We have developed and launched a new foundation training membership programme which encompasses a series of webinars to support trainees during their foundation year. The webinars will be delivered by experienced education and training pharmacists, programme leads and designated supervisors. They will complement existing support offered in the workplace by employers, focussing on the practical aspects of the training year; topics include:

- Key milestones for the training year, including progress reviews
- Your wellbeing
- Understanding how to use key resources, extracts and publications relevant to the GPhC assessment
- Approaching practice questions

- Revising for the assessment.

The first webinar will take place early October 2022, led by two experienced Foundation tutors/designated supervisors and will focus on key milestones and progress reviews during the Foundation training year.

E-portfolio for Foundation Trainee Pharmacists in England

We have continued to develop the HEE Foundation Trainee Pharmacist E-Portfolio; developments for this quarter include:

- Designated Supervisor development area
 - Declaration of competence
 - Training log
 - Competencies tools
- Induction templates
 - Induction form
 - Learning agreement
 - Training plans

These final developments close off the core build and year 1 off the project/contract.

Following a successful evaluation of the HEE foundation trainee pharmacist portfolio user survey by the PJ team, we are currently working with HEE to review, prioritise and develop specifications for future developments, with a view of moving into maintenance phase for this project/contract.

4. Postregistration Foundation

4a Post Registration Foundation curriculum

Training programmes

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

Scotland	270 pharmacists are currently undertaking national NES programme in Scotland aligned to the RPS post-registration Foundation curriculum.
Wales	Cardiff university launched their training programme to circa 35 learners in October 2022. Secured an alternative e-portfolio provider (FourteenFish).
England	Seeking to extend/renew contract for procurement of post-registration Foundation e-portfolio when current contract terminates in March 2023.

- Establishment of inclusive post-registration Foundation forum for all stakeholders involved in the delivery of learning aligned to the RPS curricula. This will meet quarterly through 2023.

5. Advanced and Consultant Practice

RPS Core Advanced

- [RPS core advanced curriculum](#) is live on RPS website
- RPS core advanced launch webinar went well and was well attended by a range of stakeholders. Available for all on [RPS website](#).
- RPS core advanced e-portfolio development underway with scheduled launch date of early November 2022.
- Establishment of inclusive advanced/consultant forum for all stakeholders involved in the delivery of learning aligned to the RPS curricula. This will meet quarterly through 2023.

- UK-wide advance level LNA survey with SEBs in the pipeline replicating our successful collaboration and research outputs at consultant level
- Progression procurement of 350 Advanced Core assessments over two years for pharmacists from HEE Centre of Advancing Practice in final stages. This will be a collaboration between RPS and CPPE, creating a funded supported pathway for pharmacists to credential simultaneously with the RPS and HEE.
- recruitment of A&C Lead to support implementation into the system with provisional start date of 9th Jan 2023.

RPS Advanced Specialist credential development

Critical care in collaboration with UKCPA

- Final contract drafted for joint venture. Expected to be signed by end October 2022.
- Critical care curriculum in draft form awaiting piloting and publication.

Mental health in collaboration with CMHP

- Learning outcomes drafted. Pursuing holding agreement to protect shared IP of these between organisations.
- Delay in progress of credentialing assessment against curriculum; CMHP wish to wait until output of independent commission.

Primary care commissioned by HEE

- Initial scoping done and report generated.

5a. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data:

	Post titles	Sector	Country	Initial outcome	Resubmission outcome	Final outcome
June– August	Consultant Pharmacist Antimicrobial	Secondary	England	Provisional	Pending	Pending
Sept- Nov	Consultant Pharmacist Rheumatology	Secondary	England	Pending	Pending	Pending
	Consultant Pharmacist Primary Care	Primary	England	Pending	Pending	Pending

5b. Consultant Pharmacist Credentialing

Consultant pharmacist individual credentialing outcomes Q3 2022

10 portfolios were submitted to undergo the credentialing assessment in the May-June 2022 assessment diet.

Consultant Pharmacist credentialing outcomes				
Overall numbers and outcomes in May-June 2022				
	Submissions	Standard met	Standard not met	Pass rate*
First attempt	8	4	4	50%
Second attempt	1	1	N/A	100%
Third attempt	1	1	N/A	100%
By sex (for all attempts)				
Female	9	5	4	56%
Male	1	1	1	100%
Not declared	0	N/A	N/A	0%
By ethnicity (for all attempts)				
White - English / Welsh / Scottish / Northern Irish / British	9	5	4	56%
White – Irish	1	0	0	100%
By disability (for all attempts)				
No disability declared	10	6	4	60%
Physical disability declared	0	N/A	N/A	
Specific learning disability declared	0	N/A	N/A	
Outcome by domain				
Domain	No of assessment events**	Standard Met	Standard not met - insufficient evidence	Standard not met
Person-centred care and collaboration	8	7 (87.5%)	1(12.5%)	N/A
Professional practice	8	7 (87.5%)	1(12.5%)	N/A
Leadership and Management	10	8 (80%)	1(10%)	1 (10%)
Education	9	7 (77.8%)	N/A	2 (22.2%)
Research	9	5 (55.6%)	2 (22.2)	2 (14%)

** Some domains may not be assessed for some candidates as part of a prior submission/attempt. If a domain was exempted through APCL, this has been recorded as 'standard met'.

6. Education

6a. Courses and Programmes

Community Pharmacist Consultation Service Clinical Training Course

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

From May 2022 – April 2023, our programme of interactive small group learning webinar courses focus on core clinical areas, providing skills to diagnose, intervene, and help patients directly.

Areas covered include:

- Ophthalmology
- Dermatology
- Respiratory
- Paediatrics
- Women's Health
- Clinical consultation and assessment skills refresher

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

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

In Q3 we have developed and delivered content for the dermatology and respiratory modules. We have successfully delivered all of the dermatology sessions of the 2022 series. In total for session 1 we had 387 attendees, and for session 2, 381 attendees. We have received positive feedback from both learners and facilitators. The first respiratory sessions were also delivered with great success. Further respiratory dates in November are open for booking and are filling up. We have completed the recruitment process for content authors for the Clinical Skills sessions and content development is underway. Content development of Paediatrics and Women's Health topics continues to progress at good pace.

NIHR E-learning for Pharmacists and Pharmacy Technicians

In November 2021 we were awarded the contract by NIHR to develop 9 e-learning modules to enable learners to develop knowledge and insight into research methodologies, with a view to increasing research capacity and capability within the pharmacy professions.

The primary audience for all of the modules is pharmacists and pharmacy technicians across all sectors and stages of practice, regardless of professional seniority (or level of clinical experience), who are new to research. Content for all 9 modules has been developed and peer reviewed. We are now in progress with the final QA sign off, following which content will be uploaded onto the NIHR e-learning platform for final testing.

The first set of modules are due to be launched in October 2022.

6b. Educational Events

Free for members

In July we have developed and delivered 2 webinars, followed by a break over the summer period.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
July	RPS and NICE webinar series: Hypertension	244	96%
July	Demystifying Pharmacogenomics: Pharmacy's role in personalised medicines	249	98%

Annual Conference – Programme Development, and update on the 2022 Science and Research Summit

We have continued to work with the Annual Conference Short Life Working Group, comprised of a diverse group of members from across countries, sectors and stages of practice, to further develop and define the content for our Annual Conference on 11th November 2022.

In Q3 the conference programme was published, including announcement of keynote speakers Professor Sir Michael Marmot and Professor Sir Munir Pirmohamed.

The theme of the conference is 'Inspiring Change: The Future of Pharmacy', and there will be 4 content streams across the day, which have been aligned to the GB Vision work being led by the Country Directors:

- Person Centred Care (including opportunity for delegates to input into the consultation on our Health Inequalities Policy)
- Creating a More Sustainable Future (supported by Pharmacy Declares)
- Developing the Pharmacy Workforce
- Harnessing Innovation and Technology for Patient Safety

We will also be hosting an RPS zone where we will showcase progress with the vision work of the Boards that has been ongoing in England Scotland and Wales, and a wellbeing zone which is a collaboration between RPS and Pharmacist Support. Additionally, there will be a virtual Dementia Immersive Experience, to give delegates a simulated experience of a day in the life of a person with dementia,

Due to the national rail strike, the **Science and Research Summit** which was due to be held end June 2022, was postponed and we will now be hosting a **Celebration of Science** event at RPS London Headquarters on Thursday 10th November. This will be hosted by our Chief Scientist, and we will award and hear from the prestigious Hanbury and Harrison medal winners.

In Q3, we completed the peer review process following our abstract call in June 2022. We received 118 abstracts in total, and 77 were successfully accepted for poster presentation at the conference and 75 will subsequently be published in the International Journal of Pharmacy Practice.

6c. Operational infrastructure

RPS Live

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

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

In Q2 we launched a pilot process enabling all members to submit educational content requests. The pilot closed on 9th September 2022. Requests are reviewed by our RPS Live Content focus group, with recommendations for delivery provided to the internal RPS Live Planning Group.

Learning Management System

In Q3, we continued to work with our new LMS provider to build the base infrastructure and templates.

The first modules to be launched in Q4, to support learners on our Community Pharmacist Consultation Service Clinical Training Programme.

7. Mentoring

Engagement in RPS mentoring continues to perform well. To date we have 1848 registered users on our mentoring platform. 1513 mentees (1256 are active), 550 mentors (440 are active). 2187 mentoring requests have been made (693 are in progress and 440 marked as already completed).

Mentoring will be a key element of the RPS annual conference in November 2022. We have worked closely with the Chair and Vice Chair of Mentoring Advisory Group to establish mentoring within the Wellbeing hub at RPS' Annual Conference in November 2022. Both Chairs will offer mentoring taster sessions and raise awareness of RPS Mentoring with conference delegates with the aim of inspiring pharmacists to become members but also recognise mentoring as a key development tool for professional practice and career development.

Mentoring research and evaluation

In Q3, two RPS mentoring abstracts were submitted, accepted, and presented at the following nation and international conferences:

- 'An evaluation of peer facilitated sessions to enhance mentoring skills', Pharmacy Education Conference, University of Manchester.
- 'An analysis of mentoring needs of UK pharmacists': The International Pharmaceutical Federation, FIP, Seville (Spain), 2022

We also launched our newly drafted mentoring survey, drafted up by Mentoring Advisory Group members and the RPS team. All mentoring users, both active and inactive were invited to share their views on mentoring to allow us to gain a perception of the value of our RPS mentoring service.



Title	Inclusion and Diversity update
Open, confidential or restricted	Open
Author (include email/phone)	Amandeep Doll amandeep.doll@rpharms.com 0207 572 2353
Position	Head of Professional Belonging
Purpose of item	Inclusion and Diversity update to Assembly to ensure accountability of delivery.
Item Summary	This paper provides an update on the Inclusion and Diversity Strategy and programme delivery workstream to date and upcoming activity for 2022
Related Risk Register item (where applicable)	<ul style="list-style-type: none">• RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy• Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge• Staff absence and sickness All risks have been mitigated against
Related RPS Strategy item (where applicable)	All
Actions/decisions required of the Assembly	None

Inclusion and Diversity Update

Background

[RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession. We are committed to continue to deliver against our strategy and ensure there is an improved sense of belonging across the profession. We must have a fair profession where everyone feels they belong for us to best deliver on all our professional responsibilities.

Summary of activity /achievements to date

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

An inclusive, intersectional action group open to all that work in pharmacy and pharmaceutical scientists, both members and non-members of RPS across Great Britain. The aim of the ABCD group is to work collaboratively with individuals and existing networks across the pharmacy profession to enable networking and to support the delivery of the RPS Inclusion and Diversity strategy. We have received support from existing well-established networks, such as UK Black Pharmacist Association (UKBPA), BPSA, APTUK, Women in Pharmacy Group, Pharmacy Technicians of Colour and the Female Pharmacy Leaders Network.

To date 561 members across the profession have joined, we have held 15 meetings to date since the launch of the group in 2020. On average we have 20-30 people attend each meeting.

2. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment process to be undertaken on membership products and external policies; this has now been approved by the RPS Executive and Assembly and has been embedded into practice when initiating a project. To date EQIAs have been conducted on RPS curriculum and educational frameworks.

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

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

There is also an opportunity to consider solutions through the collaborative Inclusive Professional Practice with NHS England and APTUK as part of the project to increase the diversity in senior leader roles across pharmacy organisations.

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

The survey results are reported in an additional paper which considers the results as well as determining recommendations of how best to collect EDI data in a more meaningful and sustainable way. We will be using the data internally to provide us with more information on the demographics of our membership

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

5. Advocacy Asks

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

They will be focused on improving the professions experience of working within the profession and reducing inequalities and removing barriers that individuals experience. We are working with key stakeholders including the ABCD group to ensure they reflect what the profession needs.

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

6. Parents and Carers Campaign

In our RPS I&D strategy we have committed to support parents and carers within the workplace, our society's ingrained culture around pregnancy and maternity can slow down a women's career progression and devalues the time parents spend with their children. An increasing number of individuals have caring responsibilities for family members, and they need to be better supported.

The aim of the campaign is to highlight the challenges experienced by parents and carers within the workplace to enable parents and carers to work in a judgement free environment and have the options of choosing family friendly working arrangements.

To achieve this, we'll share experiences through blogs and live panel sessions, promote and produce guidance on a range of topics to support individuals on a number of things including returning to practice and requesting flexible working arrangements.

We will encourage shared parental leave by finding role models within the profession and we'll be transparent about employment statistics such as the gender pay gap, publishing them so they're available for scrutiny.

The campaign was launched on 26th September and will run for a year.

7. Professional Collaboration & Stakeholder Engagement

GPhC

We have met with the GPhC to discuss our alignment with inclusion and diversity and workforce wellbeing across the two organisations, we are working on a document to identify areas of collaboration and supporting each other's work and to potentially hold a profession wide roundtable.

HEIW

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

Inclusive Pharmacy Practice - Health Inequalities

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

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

- Supporting with IPP webinars and panel sessions
- Attendance at Improving Pharmacy Practice and Engagement Group (IPEG)
- Attendance at the IPP Advisory Board Meetings

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.

8. Scottish Disability Roundtable

Pharmacists and pharmacy technicians from across Scotland met at the Scottish Parliament and committed to bold actions to support people living with seen and unseen disabilities to work in pharmacy.

The meeting chaired by Jeremy Balfour MSP, Convener of the Scottish Parliament's Cross-Party Group on Disability, brought together a wide range of pharmacists and pharmacy organisations including the Chief Pharmaceutical Officer.

The meeting heard from pharmacists with lived experience of disability, pharmacy employers working to support pharmacy employees living with disabilities, GPhC's disability strategy and the National Pharmacy Technicians Group Scotland.

There was agreement that to effect change for pharmacists and pharmacy technicians living and working with a disability, it is crucial that there is cultural change. Key to this is encouraging a supportive, open and safe culture so pharmacy team members feel comfortable to discuss their individual circumstances with employers. Solutions suggested by meeting attendees included:

- Providing different ways of working to support pharmacists and pharmacy technicians with disabilities.
- Making flexible working the norm.
- Encouraging pharmacists and pharmacy technicians to provide more information about what support they may require.

To build on the round table and commitments made by the organisations a statement of support is going to be developed for organisations to sign to demonstrate their commitment to making a change.

External Representation

Chemist & Druggist and Pharmacy Support invited us to be part of on panel sessions to discuss racism within pharmacy and also the importance of discussing mental health and wellbeing.

Attended a PREP now stakeholder engagement workshop to build on the advocacy work we have done previously in supporting the access of PREP from community pharmacies in England and Wales.

9. Drumbeat Events and Celebrations

The most recent celebrations have been:

South Asian Heritage Month

We collaborated with Pharmacy Technicians of Colour, APTUK, Boots and Pharmacy Female Leaders Network to celebrate South Asian Heritage Month within pharmacy. We shared profiles of South Asian pharmacy professionals who shared what they value about their heritage and culture on [Twitter #SAHMPharm](#)

Social media livestreams which went across YouTube, LinkedIn, Facebook and Twitter:

- We were joined by Sureena Speaks, Menpowerment and Sachin Patel from Boots to talk about mental health in South Asian communities
- Pharmacy Technicians of Colour led a brilliant discussion on Me and My South Asian Heritage
- The Female Pharmacy Leaders Network highlighted Intersectionality from a South Asian female perspective

Blogs from Kanika Girdhar who moved from Canada to study pharmacy in the UK and the RPS Museum with a short history of tea.

Black History Month

To celebrate Black History Month and to promote further discussion on racial equality and diversity in senior leadership roles we undertook two social media live streams which went across YouTube, LinkedIn, Facebook and Twitter:

- a. Actions and Not Words – we were joined by Simon Harris, Leila Neshat Mokadem, Abimbola Olusoga and Sherifat Mohammad Kamal to discuss what initiatives and actions organisations have been undertaking to improve race equality and what needs to be done.
- b. Role models in Senior Leadership roles we were joined by RPS National Board Members Tase Oputu, Lola Dabiri and Adebayo Adegbite to share their reflections on being in a national board position and tips to encourage

black pharmacists and pharmacist technicians to apply for senior leadership roles

We also had blogs from Mary Adegboyega on her experience of working in the UK and Canada and Ojali Yusuff on parenting and returning back to practice.

10. Upcoming activity

- November:
 - Transgender Awareness Week – highlighting the support transgender patients and members of pharmacy need.
 - International Men’s Day
- December:
 - International Day of Disabled Persons

Upcoming network-led events supporting belonging

- ABCD Meeting – PJ Celebrating the Women To Watch nominations
- Social Media Livestream event – How to request flexible working as a parent or carer
- Gender Equality Event

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

Activity	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Share Disability Roundtable Report and next steps				
LGBTQIA+ Microaggressions Related Reference				
Launch the parents and carers microaggressions related reference				
Launch of EDI Membership Survey and collating responses				
LGBTQIA History Month				
Age related microaggression reference				
Review and finalise RPS I&D Advocacy Asks				
Continuing to explore options of building a network of diverse guest lecturing pharmacists who pharmacy schools can approach to provide lectures in their specialist areas				
Develop and launch a year long campaign to support parents and carers in pharmacy this will also include publishing and promoting				

family friendly policies for all employees				
Publish RPS Gender, Ethnicity and Disability Pay Gap Reports				
ABCD Meetings and ongoing engagement				
Ongoing review of I&D in RPS Fellows				
Work with the relevant teams to embed diversity data into the membership database				

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

Ongoing:

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



Title	Health and Safety Update
Open, confidential or restricted	Open
Author (include email/phone)	Victoria Jennings victoria.jennings@rpharms.com
Position	Incentive FM Workplace Manager
Director responsible	Chief Operating Officer
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	Assembly is requested to note the latest update on Health and Safety.
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Committee	To note the latest report provided by Incentive Facilities Management, our outsourced FM contractor.

Health & Safety Assembly Update Report 2022

Purpose

To inform the Assembly of the status of the Health and Safety activities in Q3 2022.

Action required

The Assembly is asked to note this update.

Background

The operational responsibility for Health and Safety (H&S) sits with RPS's Workplace Account Manager led by Victoria Jennings after outsourcing to a specialist Incentive Facilities Management on 1st July 2021.

Key activities since the last update have been as follows;

- All offices have reopened with varying operational changes following the impacts of the pandemic to which we are all still adapting.
- London office welcomed for the first time tenants on 1st & 2nd floor in January 2022.
- The London office underwent a fit-out on the 3rd floor over the last six months and some other minor fit-out works took place on 4th floor all under Project WoW for which phase 1 is now complete (as of 30 September, 2022) from a physical change perspective
- Sale of the residential flat, apartment A30, was completed in July.
- Roof panelling replacement protecting plant on the roof was completed earlier this year.
- Complete office clear-out in progress to support our new Ways of Working and ensuring operational safety and reduce clutter.

Health and Safety Update Report

Summary:

Safety, health, environment and quality (SHEQ) audit	Last completed: September 2022 Outstanding Actions – 2 (Environmental & Biodiversity planning which is in progress)
Accidents in the work place	There was one incident of a workplace student collapsing during a Museum tour and suitable first aid was provided.
Near Misses	<i>London, Cardiff and Edinburgh</i> None to report
First Aid	<i>London</i> All first aid top-up training is required and training date has been proposed for February 2023 <i>Edinburgh</i> First aid top-up training is required and training date has been proposed for April 2023 <i>Cardiff</i>

	First aid top-up training is required and training date TBC
Fire Evacuations	<p><i>London</i> Site evacuation last carried out in September 2022</p> <p><i>Edinburgh</i> Site evacuation last carried out 8th June, 2022</p> <p><i>Cardiff</i> Site evacuation last carried out in October 2019. Next evacuation planned to take place for November 2022 site visit.</p>
Annual Fire Risk Assessments	<p><i>London</i> Fire risk assessment review carried out 21st September 2022 and rated acceptable.</p> <p><i>Edinburgh</i> Risk assessment review carried out 31st August 2022 and rated acceptable.</p> <p><i>Cardiff</i> Risk assessment carried out 25th July and rated acceptable.</p> <p>IFM are working through all actions/recommendations to reduce risk ratings further.</p>
Fire wardens	<p><i>London</i> Tenants responsible for 1st & 2nd floor. IFM responsible for Basement & Ground floor. Training and appointment required for 3rd floor. 4th Floor – as no permanent desks in situ any meetings taking place (formal/informal) will be the host's responsibility to act as fire warden and the online e-learning will be sufficient for this. Training for 3rd floor fire wardens has been proposed for February 2023.</p> <p><i>Edinburgh</i> Training for fire wardens has been proposed for February 2023.</p> <p><i>Cardiff</i> Training for fire wardens proposed training dates TBC.</p>

1 Return to 66ES

- 66ES has been open for 5-days per week since the beginning of September 2021. With occupancy numbers slowly increasing.
- 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.
- Most popular day in the office is Thursday. Generally, people are coming in for a day but not staying after 18:00. Mondays and Fridays remain the quietest days and

barely reach double figures. Tuesday through to Thursday are relatively consistent with around 30 and up to 50 people in attendance.

2 New ways of working

- Phase 1 complete and phase 2 in progress.
- Meeting rooms, pods, boardroom and spaces within the office are being utilised and feedback of the new layout and facilities is ongoing.
- Tea/coffee and basic catering is now available and full trial and process/procedures in progress for both internal/external meeting booking.
- Staff are encouraged to be respectful of others regarding possible Covid transmission preventative measures and to stay away if they display any symptoms.

3 Level 1 and 2 Office Letting Update

- Ingeus have been in situ since January 2022.
- Feedback so far has all been very positive.
- Ingeus visitor numbers are consistent and sit at an average of 150 per day. This is becoming challenging for our receptionist owing to significant language and learning disabilities of attendees, however, IFM are working very closely with Ingeus to find solutions and a trial in the use of QR codes is expected to commence in the next few weeks.

4 Office Clear-out

- As a result of project WoW and letting the 1st & 2nd floors, a full clear-out of the office and basement has been of paramount importance owing to overcrowding of office spaces with furniture, personal belongings and other office items which posed a high risk under H&S legislation. Significant progress has now been made in all areas and further clearing and organising will continue. We are very grateful for the work of Incentive in clearing out the office floors as well as the excellent work in the basement where excess equipment, furniture and general paraphernalia were stored.
- Some furniture has been placed on sale for which we have sold 9 pedestals so far generating some income. Other items of furniture no longer needed by RPS have been donated to St Helier Hospital for which we have received huge appreciation.

5 Completed projects

- The sale of RPS flat Apartment 30 has been completed.
- Roof panelling repair works have been completed.
- Phase 1 of project WoW completed. The next phase involves the employee value proposition and there remains a further phase of work addressing use of the fourth floor as the business need evolves.

6 NEW Risk Implications

- London
Roof & Exterior – There is a cracked glass panel and a dented panel on the ground floor external façade on East Smithfield, roof flooring is slightly ‘bubbling’ in places, providing uneven surfaces and may be a source of future leaks within the building, roof panels (not near the edge of the roof) are showing some signs of wear and tear and have cracks in the paintwork because of exposure to the elements.

CCTV & Access Control – System needs some attention, although we are able to apply quick fixes as necessary if we encounter any problems. We are undergoing research and liaising with various suppliers to identify suitable upgrades or inexpensive options to improve the technology.

- Scotland – Maintenance and Defects – remedial works taking place post audits.
- Wales – Maintenance and Defects – remedial works taking place post audits.

7 Facilities Contract Update

- Incentive Facilities Management team have been working hard to ensure all three buildings are fully compliant and all necessary remedial work is being undertaken. IFM are now well established in all offices.



Title	2023 Election Scheme
Open, confidential or restricted	Open
Author (include email/phone)	Alison Douglas alison.douglas@rpharms.com
Position	Governance manager
Purpose of item (for noting/discussion/ decision/approval)	To note
Item Summary	To note the contents of the Election Scheme for 2023 NPB Elections. (Updates from 2022 shown in red)
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 2023 Election Scheme



Election scheme for Members of the National Pharmacy Boards in ~~2022~~2023

1. Elections
2. Interpretation
3. Returning Officer
4. Effective date
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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~~18;

‘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 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 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 they consider necessary in the interests of fairness.

- (5) All decisions taken by the Returning Officer in the exercise of their 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

~~Five places~~One place 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

~~Three places on the Scottish Pharmacy Board are for Members who work or live wholly or mainly in Scotland.~~There are no places on the Scottish Pharmacy Board for election in 2023.

~~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~~8. Places for Members on the Welsh Pharmacy Board

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

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

~~(1a) One place for any eligible Member whose substantive practice is in the Community Locum (any sector) Practice sector;~~

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

~~10~~9. 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)(b) above. In addition, eligible candidates may be nominated for election to the sector listed in 9(2) (a) 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) above, the candidate receiving the highest numbers of votes shall be elected to each place~~

~~(5) —~~

~~(6) 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)(b).~~

1110. 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 2025/2026:

~~(2) In relation to the elections to the Scottish 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 2025~~

(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 2025/2026.

(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.

1211. 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)~~(5) ——— A Member shall be eligible for election to the Welsh Pharmacy Board only if they work or live wholly or mainly in Wales.

~~(7)~~(6) ——— 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)~~(7) _____ 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.

(98) No Member shall be eligible for election if they are currently charged with a criminal offence (except where that charge is covered by the Rehabilitation of Offenders Act 1974) 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 the matter is unresolved.

~~(109)~~ _____ No Member shall be eligible for election if they are employed by the Society.

1312. 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 before the date on which voting 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 vote in that election.

1413. 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 instructions are expected to be distributed; and
 - (f) the method, place, date and latest time by which completed votes shall be received by the Scrutineer.

1514. Nominations

- (1) All nominations shall be made platform 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 must be submitted digitally:
 - (b) 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 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 [15-14 \(3\)](#)
 - ~~(e) 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 \(3\)](#);~~
 - ~~(g)~~(f)(e) 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 [15-14 \(3\)](#); and
 - ~~(g)~~(f) 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 digital form provided
 - (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) a declaration, signed by the candidate:
 - (i) attesting that they 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 (unless considered as spent under the Rehabilitation of Offenders Act 1974 or where there are applicable time bars under other relevant laws), 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;
- (d) 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(s) (written and/or video) complying with paragraph 16; and
- (b) a photograph of them self, ideally taken within the previous six months(c)
- (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

provided that, if the candidate chooses to supply any of (a)- (c) 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) must be submitted before the latest time specified for the 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 after the latest specified time.
- (8) The Returning Officer can declare invalid any purported nomination which has not been properly completed, is not accompanied by the items mentioned at paragraph (4) and (5) 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 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 submitted to the Returning Officer no later than the date which will be specified in accordance with [1413.4\(c\)](#) above.
- (11) If a prospective candidate dies or ceases to be eligible for election before the date which will be specified in accordance with [1413.4\(c\)](#) 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

[1615](#). 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 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.

1716. 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.

1817. Voting

- (1) The Returning Officer shall specify the method, place, date and latest time by which voting must be completed .
- (2) No later than 11 days before the specified date for completion of voting, the Returning Officer shall send, by email, the voting instruction, or by post if requested, to each Member entitled to vote in that election.
- (3) The voting 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 votes shall be returned to the Scrutineer;
 - (d) instructions on the voting procedure.
- (4) The voting instruction shall contain details as to where the information provided by candidates under sub-paragraphs 1514(3)(c) and (d) and 1514(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 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 via another mechanism provided by the Scrutineer.
- (8) Only one vote for each vacancy may be cast by each voter. The Scrutineer may replace a voting instruction on receipt of a request confirming that the original 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 submit their vote in accordance with the instructions thereon. Each voter shall have as many votes as there are vacancies for which they are eligible to vote.

1918. 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 instructions;
 - (c) examine and validate 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 votes received;
 - (b) the number of 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 the Scrutineer.

20.19 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 20.19(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 20.19(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 candidates 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.

2120. 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 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.



Title	RPS Membership Equality, Diversity and Inclusion Data
Open, confidential or restricted	Open
Author (include email/phone) Position	Amandeep Doll amandeep.doll@rpharms.com 0207 572 2353 Head of Professional Belonging Yen Truong yen.truong@rpharms.com Calvin Smith Neal Patel Wing Tang Joseph Oakley
Purpose of item	For discussion and agreement on actions outlined
Item Summary	This paper reports the RPS membership EDI data collection and recommendations on long term EDI data collection.
Related Risk Register item (where applicable)	<ul style="list-style-type: none">• A risk will be flagged through the completion of a DPIA for this.
Related RPS Strategy item (where applicable)	<ul style="list-style-type: none">• RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy
Actions/decisions required of the Assembly	To agree a long-term solution of collecting membership data through our membership data base.

Background

1 [Introduction](#)

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

The strategy is built on three strategic pillars:

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

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

This report presents the findings from our second EDI survey and recommendations of how EDI data can be collected in a more sustainable, meaningful way in the future.

The EDI survey provides a snapshot of equality and diversity data for the RPS membership and may not be representative of our membership, however, we believe the surveys provide a good starting point for future EDI data collection and tracking of progress. Although not necessarily an accurate comparison due to the relatively small proportion of members choosing to complete the survey, we have compared our findings to GPhC data sets (a combination of the GPhC

[EDI survey](#) data and GPhC records). These data sit as part of our ambitious inclusion and strategy

At the November 2020 Assembly meeting it was agreed RPS membership EDI data would be collected annually as an optional anonymous survey.

2 [EDI Survey](#)

This second RPS Equality, Diversity and Inclusion survey received a much lower response rate (4% of membership) compared to the first survey launched in 2021 (9% response rate), meaning the findings require great caution in their interpretation and use.

The 2022 survey was developed using an adapted version of the RPS EDI survey 2021. All questions were optional. The survey was launched on 25 May 2022 and promoted, regularly, through RPS communication channels, including membership email newsletters, social media and working groups. The survey closed on 6 July 2022.

A summary of the main findings are presented below.

- 43% of respondents are working or studying in England, 5% in Scotland and 3% in Wales. These figures are broadly consistent (proportionally) with the representation of responses found in previous RPS surveys. *(The question received a low response rate, which was a result of branching issue with the survey design, which was, subsequently corrected).*
- Over half of respondents (58%) identify as female (including trans women) and 38% identify as male (including trans male). Similar to previous RPS surveys, the proportion of female respondents is higher.
- 85% of respondents are from the United Kingdom, of which 4% have dual nationality. 17% of respondents are international.
- Almost three-quarters 72% of respondents identify as white, 15% as Asian or British Asian and 5% as Black or Black British.
 - Of the respondents identifying as white, 87% are English, Welsh or Scottish
 - Of the respondents identifying as Asian or British Asian, 54% are Indian, 17% Pakistani and 14% Chinese.

- Of the respondents identifying as Black or Black British, 94% are African
- There was a diverse spread across *career stages* and *main area of practice*, with 33% working in *community pharmacy*, 26% in *hospital pharmacy*, and 8% in *general practice*.
- 70% of working respondents, including Foundation Trainee Pharmacists, have between 11 and 39 years of practice.
- Nearly half of respondents (45%) are between 45 and 64 years of age
- The majority of respondent were *heterosexual* (83%), and *married* (60%), with just less than one-third (27%) of the sample reporting that they had never been *married* or *registered a civil partnership*.
 - *The proportion of respondents selecting 'prefer not to say' appeared slightly higher for the question on sexual orientation compared to some of the other questions, which suggests this may still be considered a sensitive topic.*

3 Comparison to GPhC workforce data

Table 1 (below) provides a comparison of our EDI survey data (2022 and 2021) with GPhC workforce data for pharmacists (2019¹). However, a degree of caution should be taken when comparing the results due to significant differences between sample sizes of the three data sets, where appropriate, as this provides some indication of how representative our sample is compared to the wider workforce. The data is compared in the table below.

¹ Cameron A. 2019. Survey of registered pharmacy professionals 2019 – Main report. General Pharmaceutical Council. Online at <https://www.pharmacyregulation.org/sites/default/files/document/gphc-2019-survey-pharmacy-professionals-main-report-2019.pdf> (accessed on 13 July 2022).

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

	RPS 2022	RPS 2021	GPhC 2019
	%	%	%
Response rate	4	9	22
Sex			
Female	62	66	62
Male	34	33	38
Other	1	< 1	-
Not known	2	< 1	< 1
Age			
16-24	< 1	4	4
25-34	10	14	39
35-44	22	20	27
45-54	32	27	18
55-64	25	26	11
65+	9	8	3
Sexual Orientation			
Heterosexual	84	87	91
Gay women/lesbian	2	1	< 1
Gay man	5	4	2
Bisexual	3	2	1
Other	2	2	-
Not known	5	4	6
Disability			
No	88	93	97
Yes	10	5	1

Not known	2	1	2
Race/Ethnicity			
White British	65	60	36
White Other	7	11	7
Mixed	2	2	1
Asian or Asian British	16	16	37
Black or Black British	5	6	6
Other	2	1	3
Not known	3	1	10

4 [Discussion](#)

This report provides a snapshot of equality, diversity and inclusion data for the RPS membership (2022), presented alongside RPS data from 2021 and the GPhC data from 2019.

We believe it is important to raise the following points identified from the survey and have proposed a number of recommendations based on the interpretation of the survey findings.

Effect of low response rate

Approximately 4% of our membership responded to the survey in 2022, compared to 9% responses we received to the 2021 survey.

We know that low response rates can lead to biased results as individuals who are more engaged are more likely to respond to survey requests.

There may be a number of reasons why the 2022 survey is significantly lower compared to 2021, these could include:

- The launch date and data collection period,
- The communication strategy,

- Survey fatigue, there were a number of surveys live at the same time period
- Individuals may not have felt the need to complete the survey as they had done so previously
- Individuals may not see the value in sharing their EDI data

In the 2021 EDI report, the RPS acknowledged that anonymous data collection was a short-term solution and, therefore, it is imperative the RPS considers a more effective, longer-term, solution for collecting diversity data and how we use it.

Purpose and scope of EDI survey going forward

Our current EDI survey collects only demographic data (e.g., age, ethnicity, etc.). We have established the collection of this data alone, annually, is of limited value, particularly as we are unable to map these findings to our membership demographic and diversity and inclusion strategy in any meaningful way.

We need to consider the following points:

- Review the purpose and value of collecting diversity data, annually, via a voluntary online survey, for example:
 - Would we really expect to see any significant changes in the make-up of survey respondents in a year?
 - If we have delivered activities to increase the engagement or participation of specific groups, would we expect any significant changes in diversity data in such a short period of time?
 - If we repeat the EDI survey in 2023, the trend suggests the response rate would be lower.
- How should we define and measure inclusion going forward? Our current EDI survey does not collect inclusion data and, therefore, we have no indication of how inclusive, or fair, respondents feel about:
 - the RPS
 - their own organisation / sector
 - their organisation's culture and policies
 - their feelings around belonging, etc.
- Should we be collecting the views and opinions on inclusion and diversity within the pharmacy workforce? For example, exploring whether respondents from all

backgrounds feel accepted and welcome and whether they are receiving fair opportunities without discrimination.

- Do we have a coordinated approach to how EDI data is collected across the organisation and how can we make it more streamlined?

How can we engage with a changing workforce and more diverse membership?

Promoting the importance of inclusion and diversity is an important aspect of our EDI strategy. If the next generation of RPS members is likely to be more diverse (in terms of age, disability, ethnicity, and caring responsibilities, working patterns, etc.) we need to ensure we create a more inclusive culture where everyone feels able to engage with their professional body, and where everyone's views and opinions are heard and valued.

As we are committed to making inclusion and diversity central to the profession, celebrating and encouraging diverse voices across pharmacy, we should extend this concept to encompass all RPS products and services to ensure that our membership offer is continually developed and improved to support a diverse and continuously evolving workforce. To progress diversity and inclusion workstream, further work needs to be undertaken in the following areas:

- Ensure our governance structures are diverse and representative of our workforce (how can we accurately measure whether our national boards and advisory groups are representative of our profession and any changes over time?).
- Explore the views and opinions of our existing and target members and what matters most to them e.g., what type of support, products, services and content they want/need, and how do they want to access them, etc.
- Work with key stakeholders to create content in a collaborative manner, to ensure that we develop and deliver products and services that are tailored to the needs of our current and future workforce.

Recommendations

As per the recommendations from November 2020 Assembly EDI data has been collected optionally through an anonymous annual survey. Our 2022 EDI data highlights that significant work is still needed to understand the reach and level of

engagement with the RPS across the profession to ensure our work is reflective of our members and the wider workforce.

It is important to acknowledge that EDI data collection is just one very small part of our Inclusion and Diversity strategy. In summary, RPS should consider the following:

- The purpose and value of an annual survey collecting diversity data. The RPS needs to consider a more effective, longer-term solution, for collecting diversity data and how we utilise diversity data more effectively.
- How can we develop a more coordinated approach to how EDI data is collected across the organisation?
- Mapping EDI data to our EDI strategy in a more meaningful way e.g., evaluation and feeding in the development and improvement of the EDI workstream.
- Consider the importance of collecting members' views and opinions on inclusion and diversity and how we can define and measure inclusion.
- How can we ensure our membership offer is continually developed and improved to support a diverse and continuously evolving workforce?

To ensure we are collecting diversity data in a more effective way we need to consider a more effective long term solution to collecting the data. In comparison to similar organisations across the profession and within healthcare, the Royal College of General Practitioners (RCGP), GPhC, the Royal College of Physicians (RCP) and the Royal College of Paediatrics and Childs Health (RCPCH) collect their diversity data through their members database on some of the protected characteristics on their membership which they have used to produce an EDI report and support their I&D strategies (Appendix 1).

5 Considerations for EDI data collection

RPS has consulted with its legal team and Data Protection Officer on this paper, as personal information must be collected and used in accordance with data protection law and EDI data qualifies as 'special category' data, which is subject to additional protections. It is noted that post-Brexit, data protection law may change further so

this paper is based on the GDPR rules introduced in 2018 as incorporated in UK law.

There are six key data protection principles which must inform the considerations for EDI data collection:

- Data minimisation
- Purpose limitation
- Lawfulness, fairness and transparency
- Data integrity and confidentiality (security)
- Accuracy
- Storage limitation

As set out in this paper, RPS believes that it is necessary and proportionate to collect and process specified EDI data to achieve the purposes set out in this paper, and that it is possible to limit the use of the EDI to these purposes to meet the 'purpose limitation' principle.

In collecting and processing this data, RPS intends to rely on the legal bases of 'legitimate interests' and 'explicit consent' to meet the 'lawfulness, fairness and transparency' principle – the conditions for *both* these legal bases must be met for special category data. It is neither possible, nor legally permissible, for RPS to force members to provide the data, since it is not essential to delivery of its membership services contract and, as a membership organisation rather than a public body, RPS cannot rely on many of the legal bases for data collection which do not rely on consent (listed in Article 9(2) GDPR). Members will be provided with a 'data privacy notice' which explains clearly and transparently how RPS will use the EDI data.

Having recently migrated RPS membership records to a new customer record management system, EDI data fields can be incorporated into the new design, ensuring that new data collected will be adequately protected and safely used in the future. EDI data will be updated and deleted against the members CRM record.

6 Risks of collecting EDI Data

- The principles of data privacy are clearly defined in GDPR and are even more stringent for special category personal data and any violation of the regulations can carry significant financial penalty (fines can be up to €20M or 4% of global turnover).
- Data controllers are not only required to have two lawful bases for processing special category data but must also demonstrate transparently to the data subject the purpose of processing at point of collection (i.e. what will be done with the data, and for how long).
- RPS should only collect the minimum amount of data (including EDI data) required to meet clear and specific objectives. Where in the past data was collected on a “we might use this someday in the future” basis, it is now legally prohibited to do this.
- It is prohibited to use EDI data for any purpose other than that which is stated in the privacy notice.
- The purpose of collecting EDI data needs to be explicitly clear; it cannot be used to have membership offers or products that are exclusive to particular protected characteristics.
- Explicit organisational measures need to be put in place to limit the processing of these specific data and maintain their security.
- Since December 2018, company directors in the UK can now be fined up to £500,000 if their businesses engage in unsolicited marketing activity. The new legislation extended existing powers of the Information Commissioner's Office (ICO) under the Privacy and Electronic Communications Regulations (PECR). By increasing the amount of personal data we are processing, this does increase our risk of breach, and therefore this risk is transferred to Executive and Assembly Members.

7 Options for EDI Data Collection

	Options	Benefits	Risks
1.	Optional collection as part of the membership joining and renewal processes and storage in CRM (identifiable to individual)	<p>All the data on members in one place.</p> <p>Easily manipulated and reported on</p> <p>This data set would build over time and may become more substantial</p> <p>Could be linked to usage of individual products so we could improve, tailor or target to specific audiences if they were underutilised by members with certain characteristics</p>	<p>a. All the data on members in one place with different purposes – increased likelihood of breach</p> <p>b. Data would be accessible to individuals with CRM access.</p> <p>c. Certain sets of data may become out of date so a regular process to refresh would be required for some aspects</p> <p>d. Members may be unwilling to provide data knowing it would be identifiable to them</p> <p>e. Increases the length of the membership processes which could increase drop-out rates</p>

2.	Continue collection as part of the annual EDI survey and storage in a separate EDI data file (not linked to renewal or member joining)	All EDI data in one place with clearly defined purpose of processing All data stored anonymously so lower data privacy risk to individuals or RPS	<p>a. This would not be compulsory so only a proportion of members would provide data</p> <p>b. As it is linked to the EDI survey some members may not feel it applies to them and so may not fill it out and response rates are likely to reduce each year.</p> <p>c. This will not capture EDI data for new members joining RPS</p>
3.	Don't collect EDI data	Zero risk of breaching special category data	We will be unable to evidence, track and monitor changes and success of our I&D strategy, as this be considered in addition to a fuller evaluation of the impact of the strategy.

Recommend option

Option 1 would offer a more coordinated approach of collecting EDI data across the profession, having it within the CRM/Salesforce data base as part of the membership joining and renewal processes as well as throughout the year linked to coordinated communications campaigns would allow us to consistently build a fuller picture of our membership. This option would also end the need for numerous ad hoc surveys having to be sent out to collect diversity data on RPS governance structures and advisory boards. Due to the small numbers of responses achieved on these surveys we are unable to produce aggregated statistics without the risk of identifying individuals. We will also be able to use this data to triangulate with other data collected using other methods.

Collecting and holding these data centrally will support other teams across the organisations, particularly education team who have to collect these data for individuals undergoing credentialing to be able to monitor differential attainment. Proactively monitoring this is essential to ensure compliance as a qualifications body under the Equality Act. Currently there are a number risks with the process which is done through the assessment sign up process, central database would strengthen our information governance especially as assessment operations scale.

The risks and potential mitigations identified with option 1 are:

Risks	Potential Mitigation
1. Data collection will be optional, and therefore we cannot guarantee data will be provided by all members.	We will support the data collection with an engagement plan to encourage members to participate in giving us their very sensitive and personal data and the importance of this to them individually and why it will improve I&D for the profession. A lack of personal benefit will substantially reduce people opting in.
2. The data collection is an additional step for members who manually renew their membership.	<ul style="list-style-type: none"> <li data-bbox="639 1848 1316 1937">• The importance of the data collection will be highlighted to members.

	<ul style="list-style-type: none"> The data collection will be presented after a member has completed their renewal, upgrade or joining process not before
3. As renewal for direct debit members is automatic, they will not be presented with the data collection form in their renewal process.	<p>A prompt can be sent once renewal is confirmed to fill in their data with an explanation of the importance of sharing their data.</p> <p>Response rate would likely be lower though so need to prioritise.</p>
4. Any breach of our systems/data would carry more significant fines for the organisation	<ul style="list-style-type: none"> Full examination of the processes for collecting, storing, and manipulating these data must be established as part of a project plan. Full DPIA must be completed to identify all risks, document key decisions, and identify necessary changes to policy documentation. Regular security and safety checks must be coordinated with the technology team to ensure cyber security.
5. Data would be accessible to individuals with CRM access.	Would need to investigate whether the availability of the data can be limited to certain individuals within the organisation for specific purposes to safeguard against this.
6. Certain sets of data may become out of date so a regular process to refresh would be required for some aspects	<p>This could be done as part of regular campaigns for users to keep their data up to date</p> <p>We have to do this anyway with all types of personal data to maintain the data integrity as this is specified in the GDPR</p>

8 Timescales

Option 1 would be impacted by the timescales of implementation of the new Salesforce system.

Salesforce is likely to go live in 2023 Quarter 1 and the work to add extra fields to enable diversity data collection will need to be considered in 2023 and data collection could potentially commence in 2024.

In the meantime, we will be considering options of how we can collect EDI data either as part of our national drumbeat events and campaigns or as a wider Inclusion and Diversity evaluation survey.

9 Resource implications

Option 1 would require internal staff resource to implement new member recruitment and retention operations supported by DPO, Technology and Legal Team. It is unlikely there would be a budgetary implication for this option.

Option 1 would require more involvement of DPO and Legal Teams and could have greater opportunity costs. There may be further technology costs from additional requirements on the new CRM system. This would be explored further if Assembly wish to choose this option.

10 Appendix 1

Diversity data collection in some other similar organisations:

General Pharmaceutical Council (GPhC)

The GPhC collect some EDI data of their registrants at the point of initial application to the pre-registration training scheme or at initial registration as a pharmacist or pharmacy technician. Some of the fields are mandatory as part of the application process (Date of Birth and Nationality). Some of the fields are optional and include a “prefer not to say” choice. The optional EDI data GPhC ask for covers ethnicity, gender, religion, disability and sexual orientation.

The GPhC do not currently collect EDI data on gender reassignment, marriage and civil partnership and pregnancy and maternity.

The General Pharmaceutical Council commissioned a one-off survey in 2019 which captured diversity data excluding pregnancy and marriage/civil partnership.

<https://www.pharmacyregulation.org/sites/default/files/document/gphc-2019-survey-pharmacy-professionals-equality-diversity-inclusion-report-december-2019.pdf>

Royal College of Physicians (RCP)

The Royal College of Physicians records information about their members on their CRM database. This includes standard personal details but also captures some diversity data. RCP members are asked to provide optional details for gender, ethnicity and age but have never collected data on disability, sexual orientation, religion or belief, gender identity.

In 2020 the Royal College of Physicians commissioned an independent report into the diversity and inclusion of their workforce and volunteers.

<https://www.rcplondon.ac.uk/projects/outputs/2020-vision-independent-report-diversity-and-inclusion-royal-college-physicians>

Royal Society of Chemistry

A membership organisation with an international membership; they have a dedicated team for inclusivity and diversity. They currently survey their membership by region for EDI data e.g. UK members will receive a dedicated UK EDI survey. Participation in this survey is optional and anonymised. They use this information to report proportionally on the diversity of characteristics within that region. They do not capture EDI data on their CRM as they have no purpose for doing so.

Royal College of General Practitioners (RCGP)

The Royal College of General Practitioners extract the data from their member database Salesforce. A member's details are captured at the point of registration and members can then subsequently update these through their MyRCGP account at any point. Email campaigns from 2020 and 2021, as well as reminders during the annual renewals cycle, have sought to increase the proportion of members completing protected characteristic fields.

<https://rcgp.org.uk/getmedia/f2101875-867b-4c0c-ad5d-d09330598c7f/edi-membership-data-report.pdf>

Royal College of Paediatrics and Child Health (RCPCH)

The Royal College of Paediatrics and Child Health collect EDI data of all their members, examiners, exam candidates and those representing the College (such as volunteers, officers and committee members). The data is collected as it is in the public interest for them to ensure compliance with the Equality Act 2010 and monitor and promote equal opportunities in paediatrics.

The information is stored as part of the membership record with restricted access and used for equal opportunities monitoring, which may include publishing anonymised research.

<https://www.rcpch.ac.uk/about-us/privacy-notice-equality-diversity-inclusion>

<https://www.rcpch.ac.uk/sites/default/files/2022-03/EDI-working-for%20change-one-year-on.pdf>



Title	Election of President
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas & Paul Bennett alison.douglas@rpharms.com paul.bennett@rpharms.com Governance Manager Chief Executive
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	To note the consideration of changes to election of the President will be considered as part of a wider review of Governance in 2023
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	None

Election of President

Background

As part of the consideration of the 2022 AGM motions at the July Assembly meeting, Assembly requested a paper outlining potential options for direct election of President be brought back to Assembly for future consideration.

At present the Society's Charter states:

9. The Assembly shall exercise all the powers and functions of the Society except where, by virtue of this Our Supplemental Charter, such exercise requires approval by Special Resolution, and shall in particular have power: ...(3) to appoint a President, who shall be a registered pharmacist, and other officers of the Society in accordance with regulations

The President of the Society has therefore, since the creation of Assembly under the amended version of the Charter adopted in 2010, been elected by the 14 members of Assembly.

The question of whether this process should be revised and another process introduced has been considered at several points in the recent history of the organisation including consideration by Transcom when it was drafting the current Charter clauses and governance structure of the Society before the Society split from the Regulator and again by Assembly under both the recent governance reviews in 2016 and 2019. At each point the proposal has been rejected.

Legal Advice

As was noted most recently during the 2019 Governance Review, a substantial degree of ambiguity exists under the current wording of the Society's Charter as to whether it is possible to change the way the President is elected without requiring a formal change to the Charter.

Specialist external legal advice has therefore been sought on this matter (see Appendix A below) which has confirmed that '... the overall conclusion is clear. There are no obvious and simple answers, and if it is desired to make a material change to an appointment process which has been long established, then a change to the Charter to substitute explicit and unambiguous wording is the safest course'.

Wider Review of the Society's Governance

Assembly have already requested that options for a further full review of the Society's governance be brought back to the meeting in March for consideration once the outcomes of the current Independent Commission on Pharmacy Leadership have been published. (It is anticipated that the findings of the Commission may well include recommendations that touch on aspects of the RPS's current governance, either directly or indirectly). More recently, the Independent Review of Member Participation and Communication review undertaken by Luther Pendragon has very clearly recommended that a further review of the Society's governance be undertaken.

Given this, and the external legal advice received, it is not practical or cost-effective to consider a single aspect of the Society's governance (especially not one that would require a change to the existing Charter) in isolation and this item will therefore be held over either for inclusion in the scope of a further Governance review in 2023 resulting from the formal discussion of governance at the March Assembly meeting or, should the decision following discussion by Assembly at the March meeting be that there is no requirement for a further formal review of the Society's governance, a paper on this item will be brought back to Assembly for fuller consideration in 2023.

Alison Douglas
Governance Manager
October 2022

Paul Bennett
Chief Executive

Pinnars Hall 105-108 Old Broad Street
London EC2N 1ER

+44 (0)20 7842 8000
london@laytons.com
laytons.com

Member of the ETL-Group

Direct email:
john.gavan@laytons.com

Our reference:
JVG/CW/031628.000005

Your reference:

Sheona Burrow
Royal Pharmaceutical Society of Great Britain
66-68 East Smithfield
London
E1W 1AW

21 September 2022

Dear Sheona

THE ELECTION OF THE PRESIDENT

We have been asked to advise on those provisions of the Society's Constitution which relate to the election of the President.

The President is currently elected by the Assembly and not by the Membership. We have been asked to advise whether election by the Assembly (as opposed to the Membership) is required by the Constitution, or whether it would be open to the Society to adopt a different procedure which opens the electoral process to the full Membership, or some limited category of the Membership.

When referring to the Constitution we are referring to the Royal Charter (the Charter) and to the Regulations which are made under it.

Article 9 of the Charter delegates all the powers and functions of the Society to the Assembly.

The Assembly has the power to make, amend, add to or revoke Regulations for any purpose relating to the governance, management or functions of the Assembly or the Society (provided it follows the procedure set out in Article 10 of the Charter).

It is to be noted that the powers of the Assembly to effect constitutional or procedural changes may in some circumstances require approval by Special Resolution. Any amendment, addition or revocation of the provisions of the Charter is not effective unless approved by the King in Council.

It follows that the Assembly has the power to amend the Regulations unless they are inconsistent with the express terms of the Charter.

The Charter (Article 9 (3)) provides that the Assembly has the power to appoint a President, who shall be a registered pharmacist, and other officers of the Society in accordance with Regulations.

The Regulations clearly and unambiguously provide for the election of the President by the Assembly.

We can therefore re-frame the question upon which we have been asked to advise in these terms:

If the Assembly wished to amend the Regulations such that the Membership (rather than the Assembly) elects the President would such an amendment be inconsistent with the express terms of the Charter?

Our advice is that there is no clear answer to this question, and that there are arguments which can be made for and against.

These are the arguments:

- A. For the proposition that the Assembly has power to amend the Regulations without the consent of the King in Council.
 1. The Charter only provides that that the Assembly must **appoint** the President but does not stipulate the method or process by which the appointment is to occur. So far as the Charter is concerned, because it is silent on the issue, that appointment process could be by any means by which any officer could be appointed (acclamation, election, show of hands, secret ballot, rotation, casting of lots etc.).
 2. It is the Regulations which stipulate the detailed process to be followed (as set out in Appendix B).
 3. The Assembly has power to amend its Regulations if it follows the procedure set down in the Charter.
 4. The power to amend is only limited if an amendment is inconsistent with the Charter.
 5. Although wholesale amendments to the Regulations would be required, they can be framed in such a way that they are (arguably at least) not inconsistent with the Charter.

- B. For the proposition that the Assembly does not have power to amend the Regulations without the consent of the King in Council.
 1. Although a Royal Charter is not a statute, it is quasi-statutory and therefore it is appropriate to look at the principles of statutory interpretation.

The starting point for the courts in interpreting a statute is the literal rule: that the legislative intention is to be found by giving words their ordinary and natural meaning in context. In theory, if the court can apply the literal rule, it should do so. The House of Lords held, that in applying the literal rule, words should be given their common or ordinary meaning if they apply generally to people, but if the word has a technical meaning (for example, in a business context), it should be interpreted with that meaning in that context. In all cases, the meaning to be applied to a word is the meaning which it bore at the time of the enactment of the relevant statute.

The literal meaning of “The Assembly shall exercise all the powers and functions of the Society.....[to] appoint” is that it means the Assembly (and not the Membership as whole) shall make the appointment. Company law, for instance, draws a distinction between the appointment of Directors by the Board, and appointment of Directors by the Company (by resolution of the Members). So, perhaps the more natural meaning of an Assembly appointment is that it is drawing a distinction with a Membership appointment, as in Company Law.

The modern method of interpreting legislation in the light of its purpose is increasingly described as purposive, although it is not essentially different from the contextual approach always applied by the UK courts.

Of course, it is difficult here to divine any “purpose” in these words, but one could say that the context is the historical sense in which the words have been applied. The argument here is that the Regulations derive from the Charter, and under the Regulations the appointment of the President by the Assembly has been a power it reserves to itself, rather than acting at the command of the wider body of Membership.

2. One can look to other provisions of the Charter to establish whether there is any guidance provided in any analogous situation. There is such an analogous situation. Article 7.1 (b) requires the Assembly to maintain an English Pharmacy Board. But Article 7.2 goes on to provide that “Only persons referred to in articles 5(1)(a) and 5(1)(b) [current or former registered pharmacists] above shall be entitled to vote in respect of elections to a Board established under article 7(1)(a) or 7(1)(b) above”. Because Article 7 stipulates the constitution of the electoral voting body and restricts it to a narrower category of the wider Membership, then it is to say the least very odd, that in relation to the appointment of a President the Charter is silent as to the composition of the electoral voting body, and silent as to whether there should be an election. Therefore, by looking elsewhere within the Charter one can derive a presumed intention that the Assembly itself is to vote on the appointment of the President and not the Membership as a whole.

I think the overall conclusion is clear. There are no obvious and simple answers, and if it is desired to make a material change to an appointment process which has been long established, then a change to the Charter to substitute explicit and unambiguous wording is the safest course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Gavan', written over a vertical line that serves as a separator.

JOHN GAVAN



Title	Recording of open business of Assembly and Board meetings
Open, confidential or restricted	Open
Author	Wing Tang Head of Support and Guidance wing.tang@rpharms.com
Director responsible	Consulted parties: <ul style="list-style-type: none">• Country Directors and teams• RPS Data protection officer• Head of Business Transformation• RPS legal team• RPS events team Neville Carter Chief Education and Membership Officer Neville.carter@rpharms.com
Purpose of item	This paper outlines considerations for recording open business sessions of Assembly and Board meetings following May 2022 AGM motion 5
Related RPS Strategy item (where applicable)	RPS strategic objectives 5, 6 and 7 <ul style="list-style-type: none">• Working in collaboration and partnership• Creating a sense of belonging• Enhance our organisational effectiveness
Actions/decisions required of the Assembly	Decision requested regarding recording and publishing open business of Assembly and Board meetings.

1 Background

This paper follows on the back of motion 5 raised and passed (89%) at the May 2022 Annual General Meeting (AGM) and subsequent assembly discussion on the 20th July 2022.

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

- *Meetings to be recorded and uploaded on RPS website for members to view*

There was agreement from the [20th July 2022 assembly meeting](#) for a paper to be detailed outlining implications, advantages and disadvantages of recording open business sessions of Assembly and Board meetings, and for the paper to be brought back to Assembly for formal consideration by PMED.

At present transparency of open business of Assembly and National Boards is supported by

- **Attendance of live observers:** This has included the attendance of individuals at in-person meetings, or virtually at digital meetings.
- **Written minutes:** Written minutes constitute the official record of governance meetings. These are published for public access (including the press) on the RPS website alongside meeting papers

2 Considerations

- a) Reasons supporting a decision to record and publish “open business” governance meetings

Reasons in support of publishing “open business” board and assembly meetings are described below

Improved transparency	<p>The AGM motion sought to improve transparency and was passed with the support of 89% of members attending.</p> <p>The October 2022 Independent review of member participation and RPS communications flagged a need to improve transparency, particularly around governance and decision-making. Publishing a recording of governance meetings should help with this recommendation.</p>
Improved equity	<p>Publishing recording of governance meetings will improve access and equity of access. People who are unable to attend at the time of the meeting, will have the option to view</p>
Government agencies and NGOs	<p>The RPS is aware some public bodies and independent statutory bodies publish recordings of governance meetings online.</p> <ul style="list-style-type: none"> • NHS England https://www.england.nhs.uk/about/nhs-england-board/meetings/previous/ • Healthwatch (various regional branches) <p>RPS is also aware that one Royal College who publish recordings of governance meetings online (members must log in to access these)</p> <ul style="list-style-type: none"> • Royal College of Nursing https://www.rcn.org.uk/About-us/How-the-RCN-is-governed/RCN-Council/RCN-Council-meetings/Watch-online

	Other than RCN, The RPS is not aware of other pharmacy organisations, Royal College or Royal Society who publish recordings of governance meetings
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b) Other considerations relevant to recording and publishing of open business

Low utility of recording expected	<p>The expected member audience for viewing recorded meetings is expected to be low.</p> <ul style="list-style-type: none"> • Live observers to RPS governance meetings are typically a handful of people • Healthwatch viewing figures for meetings published and available open access are typically viewed by between 3-150 times including having been published for months or years.
Low member engagement with existing offer to increase meeting transparency	<p>RPS provides access for Members to observe open business at meetings. Meetings are advertised in events newsletters and on social media, welcoming members to register to join. Per meeting, across all staff involved, it takes approximately 4-5 hours pre and post each meeting to enable this (setting up, testing, marketing, communicating, monitoring, reporting etc); this time is the same, regardless of the number of members that register to observe a meeting.</p> <p>The highest registration was 21 members for the February 2021 National Pharmacy Board Meeting, with 12 attending on the day via Zoom (43% no show rate). Since then we have seen on average 5 registrations per meeting, with a 50% attendance rate.</p>
Other means to increase transparency and accessibility for members	<p>Currently to observe a meeting, members must register in advance. RPS could remove perceived barriers to members observing meetings by removing the need for advance registration to trial if this increases engagement and member experience.</p> <p>The RPS website would house Zoom joining details for all upcoming RPS governance meetings, with timings for open business clearly stated, allowing members to join at ease.</p> <p>To enable this, members must join a meeting with their Zoom name formatted in a particular way to enable hosts to identify an observer is a member or not. Instructions would be provided on the webpage and a reminder sent to members when in the waiting room.</p> <p>As no registration would be required, no reminder emails with joining information would be sent to members interested in attending. Data shows the reminders have limited success with a 50% no show rate.</p>
Legal and regulatory compliance	<p>Recording for the purpose of publication is more complicated. In order for the RPS to publish a recording, the RPS is required to comply with the following legislation</p> <ol style="list-style-type: none"> 1. Data Protection Act 2018 2. Regulation of Investigatory Powers Act 2000 3. Copyright, Designs, Patents Act 1998

Whilst post-pandemic, the consent process developed under US law by Zoom and other video meeting platforms is widely used, the additional copyright/privacy rules applicable in the UK require more than just 'I consent' to proceed to risk free public publication.

RPS cannot rely on consent as the basis for making a recording of a governance meeting because: -

- The technical functionality does not allow people to participate/remain in the meeting if they do not agree to recording, unless the meeting is set up to record as a webinar. This means that any consent does not meet the legal criteria that it be 'freely given'.
- Where consent is relied on, data subjects are allowed to remove that consent at any time, which would then require editing of the recording, which then detracts from the integrity of the recording as a record of meeting.

From a data protection perspective, RPS therefore would need to establish a different legal basis such as 'legitimate interests' and consider how to comply with data protection principles such as data minimisation, purpose limitation, security and accuracy.

Recording for the purpose of publication also requires consideration of the Copyright, Designs and Patents Act 1998 (which grants individuals certain copyright, performance and moral rights including the right to prevent films and photographs being issued/shown to the public and to prevent 'derogatory treatment' (editing)) and the common law 'right of publicity' (which as a general rule means that models and speakers in films need to sign a release for their image to be used unless it is a crowd scene in a public place or the person is not recognisable). RPS therefore has to consider how it would manage the risks of people cropping, editing or misusing clips from any published recordings and whether it is reasonable to expose ordinary RPS members trying to attend governance meetings to this.

A further issue is that English law requires any transfer of copyright/performance/moral rights to be done for 'consideration' (payment) or for the transfer to signed with a witness to document that the person making the transfer was fully informed of the implications of giving away their rights for free. Clearly this is impossible to achieve in a Zoom consent button (even if customisable). This theoretically means that RPS might be using video recordings of governance meetings without full rights clearance – and it might only take one aggrieved individual to then derail the process. Transfer of these rights could be incorporated into Board Member Agreements and/or membership contracts, but might not be valid and enforceable if challenged.

As RPS is not a public body, the copyright exceptions that allow public bodies such as the NHS to carry out certain acts otherwise prohibited by copyright law do not apply.

RPS has considered the list of copyright exceptions that might possibly allow it to not have to consider copyright and noted that s70 CDPA allows for copying of broadcasts "solely for the purpose of enabling it to be viewed or listened to at a more convenient time" for private and domestic use. Whilst this exception may not strictly apply to allow RPS to make the recording, if publication is limited to the membership of RPS

	<p>only, it may be that members could benefit from the exception when viewing the recordings at home. RPS might also consider whether making a recording available assists disabled members to access the material and whether those copyright exceptions permit that use.</p> <p>In brief, it would be <i>possible</i> to create a recording, however processes would need to be changed to ensure compliance before publication of any recording – and the current legislation suggests that some level of limitation on publication might be required (for example, not making recordings public but maintaining them behind a membership portal so that use is limited to the specific purpose/legitimate interest of achieving transparency for the membership without exposing the recordings to misuse). Changing processes and implementing a new workflow would require not an insignificant resource.</p>
Resource required to implement	<p>Recording and publishing meetings is a possible, however would require acute activities and recurring activities across RPS teams</p> <ul style="list-style-type: none"> • Establishing a preferred process <ul style="list-style-type: none"> ○ Transfer of rights by deeds for all people recorded (which may include guests and observers) ○ Initiating and completing a recording ○ Review, editing, processing, and uploading of recording footage ○ Consideration of safe storage of recordings • Completing a full Data Protection Impact Assessment (DPIA)

3 Options for next steps

	Decision Options	Pros	Cons
1.	<p>No change to recording and publication of RPS governance meetings</p> <ul style="list-style-type: none"> - Live observers will continue to be welcome - Written minutes continue to support transparency as the official record of the meeting. - Decision NOT to record and publish audio visual of governance meetings. 	<p>This is the current process.</p> <p>Does not require resource to implement.</p>	<p>Perception of lack of transparency.</p>
2.	<p>Increase access to RPS governance meetings through other means</p> <ul style="list-style-type: none"> - Live observers will continue to be welcome - Written minutes continue to support transparency as the official record of the meeting. - Decision NOT to record and publish audio visual of governance meetings. - Instead remove perceived barriers to members observing meetings by removing the need for members to register in advance and trial if this increases engagement. The RPS 	<p>This is the current process but enhanced by removing barriers to attend.</p> <p>Improves access for members, especially if deciding to observe a meeting last minute.</p>	<p>Perception of lack of transparency.</p>

	website would house Zoom joining details for all upcoming RPS governance meetings, with timings for open business clearly stated, allowing members to join at ease.	Does not require additional resource to implement.	
3.	<p>Move to implement digital recording and publication of RPS governance meetings to members only <u>behind a membership log in</u></p> <ul style="list-style-type: none"> - Live observers will continue to be welcome and option 2 improvements to remove barriers are included in option 3 - Written minutes continue to support transparency as the official record of the meeting. - Recordings would be made available for time limited period only to minimise data protection risks/storage requirements. This time period is proposed to be 60 days 	<p>Perception of improved transparency for members.</p> <p>Ensures that the recordings are published only to the membership – limiting misuse risks.</p> <p>Ongoing reliance on the public minutes as the permanent record.</p> <p>Creates some new member data engagement matrices.</p>	<p>In order to implement recording and publishing of “open business” Not an insignificant resource is required to change processes and workflows to ensure these are compliant e.g. transfer of rights, changes to the website</p> <p>The changes <i>may</i> also require members of staff to review full recordings of governance meetings e.g. for sound and picture quality or inappropriate behaviour, which <i>may</i> require editing by trained staff before publication as well as appropriate follow-up.</p> <p>Possibility of legal challenge if transfer of rights not valid and enforceable.</p>

4 Recommendation

The RPS recommends moving to implement a digital recording and publication of RPS governance meetings to members only, behind a membership login, with a sunset period of 60 days (Option 3)

5 Decision and next steps

Assembly are asked to consider the paper and direct an option above. If options 2 or 3 are selected, the RPS will establish a preferred process, complete a Data Protection Impact Assessment and implement as soon as possible.



Title	Open/Confidential Business Classifications
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas alison.douglas@rpharms.com Governance Manager Chief Executive
Purpose of item (for noting/discussion/ decision/approval)	For approval
Item Summary	To approve amendments to Standing Orders re classification of open/closed business items for meetings
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	To discuss and approve

Open/Confidential Business

Background

At present Assembly (and National Board) business is classified as follows (Regulations Appendix F – Assembly Standing Orders (Appendix G for Boards)):

4.1 Designation of agenda items

In the interests of openness and transparency every effort should be made to include items in open business wherever possible. However, the Chief Executive/Director, in consultation with the President may determine that an item(s) for discussion is confidential or, in exceptional circumstances, restricted. Such items will appear on separate, confidential or restricted agendas. Guests, observers and staff not involved in the discussion of the confidential/restricted matter will be required to leave the meeting.

The definitions of the different categories are:

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

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

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

4.2 Confidential

Items may be considered as confidential when:

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

4.3 Restricted

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

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

Inclusion on a confidential/restricted agenda does not necessarily mean that the paper or minute is protected from due legal process.

Following discussion of the AGM motions at the Assembly meeting in July, Assembly members agreed that a paper containing proposals to address the points raised during the meeting regarding the classification of open and closed business at Board and Assembly meeting be brought back to the November Assembly for decision (relevant minute included below):

Item 03(v) (b&c)

- overall feeling that some items are currently included in Confidential business that could be taken under Open business
- Item 6 under Confidential business description ('the fact that a specific topic under consideration is, in itself, confidential') seemed to be unnecessarily broad and should be removed or replaced with more specific examples
- Item 7 under Confidential business description should include a requirement to state what the identifiable reason might be
- members re-affirmed a commitment to having as much business as possible in Open sessions
- any recommendations from the Luther Pendragon review in this area would need to be considered in due course [NB - there were no specific recommendations in the LP review on this matter]

Action

Given that the current definitions listed on p1 are not, per se, the only criteria used to determine an item's classification and the existing Standing Orders already clearly state that '*in the interests of openness and transparency every effort should be made to include items in open business where possible*', and that the President/CEO (or Board Chair/Director) should adhere to the ethos that all items are placed into Open business by default and only moved into confidential business Assembly members are asked to consider the following:

a) Classifying Items of Business

Amendments to Standing Orders for Assembly be made as follows (highlighted in yellow below)

b) 4.2 Confidential

Items may be considered as confidential when:

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

4.3 Restricted

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

1. They refer to individuals or organisations who could be prejudiced by their disclosure;

2. Their disclosure to members other than members of the Assembly could be prejudicial to the commercial activities of the Society, or another organisation or an individual.
The reason for the classification of the item should be included on the paper.

b) Publishing of confidential/restricted business agendas

At the July meeting Assembly members also agreed to consider publishing headline agenda items for confidential and restricted business at Assembly and Board meetings unless there was a particular reason of confidentiality that prevents this.

A version of what this might look like in practise has been included at the end of the full Confidential business agenda for this November meeting to help inform Assembly's consideration.

Publishing the headline items in this way would help increase the transparency of the Assembly meetings without the risk that any confidential details of the items themselves would be available to an inappropriately wider audience. However it might lead to requests from numerous members that they subsequently be provided with more information as to what the item covers, the detail of the discussion by Assembly or the outcomes reached which they would not be able to have.

Assembly members are therefore asked to discuss whether this approach should be adopted for future Assembly meetings and if it should also be recommend that the Boards similarly adopt this approach.

Alison Douglas
Governance Manager
October 2022

Confidential Business

13. **Minutes of the Confidential Business of the Assembly meeting 19th/20th July 2022**
14. **Matters arising from the Confidential Business minutes not specifically included in the agenda**
None
15. **Chairs' and Officers' Group**
To ratify any decisions taken by COG since the last Assembly meeting:
None
16. **CEO Update**
17. **Finance and Corporate Services**
 - a) **Business Information Pack**
To note latest BIP & year end forecast
 - b) **Remuneration Committee**
 - i) To note the draft minutes of the meeting held on 19th October
 - ii) To approve the 2023 pay award for staff
 - c) **Finance & Investment Committee**
 - i) To note the draft minutes of the meeting held on 20th October
 - ii) **FIC Terms of Reference**
To discuss proposed options and recommendation from the Committee
 - d) **Audit and Risk Committee**
To note the draft minutes of the meeting held on 14th October
 - e) **Risk Register**
 - (i) To note the latest Risk Register
 - (ii) To discuss specific risk(s) in more detail
 - f) **RPSGB Pensions Scheme**
 - (i) To consider proposal for annual discretionary increase
 - (ii) To approve continued contributions of the Society to the Pensions Fund
18. **2023 Budget**
 - (I) To ratify the proposed RPS business plans and budget for 2023
19. **Current Activity**
 - a) **PhP**
 - i) **PhP update**
To note the minutes of the PhP Board meetings held on 6th October
 - b) **Member Experience**
 - (i) To note the latest update from PMED
 - (ii) 2023 Membership Fees
To approve proposal for 2023 Membership fee increases
20. **Any Other Business – Confidential items**
21. **Close of meeting**



Title	Governance Members' Declarations
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas alison.douglas@rpharms.com Governance Manager Chief Executive
Purpose of item (for noting/discussion/ decision/approval)	For approval
Item Summary	To approve amendments to Gifts & Hospitality policy & annual Declaration of Interests form
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	To approve

Elected Members' Declarations

Background

As part of the consideration of the 2022 AGM motions at the July Assembly meeting, Assembly requested a paper outlining amendments to the current disclosures for elected members be brought back to the November meeting for consideration (relevant minute included below):

Item 05iii (v)(i)

i) External Payments to Governance Members

(a) Does the Assembly wish to add to the list of disclosures already required.

(b) If so, what specific additional disclosures should be made.

- *noted that Patreon, as referenced in the full detail of the related motion, was an on-line mechanism whereby Twitter users could give money to other Twitter users (eg for services undertaken or just to 'buy someone a coffee' virtually) and tended to be for small sums of money (ie £2-£3) but that it might helpful to add reference to on-line donations in general*
- *noted that attendance by members at round table events were nearly always ad-hoc in nature so would be very difficult to specifically declare in advance*
- *suggested that the Board/Assembly members' expenses listing in the Annual Report be broken down by category rather than headline total only and any additional governance position held by individuals be noted*
- *the Society's Expenses Policy already included a robust 'pre authorisation' process for attendance at additional events*

Assembly members are therefore asked to consider the following:

a) On-line donations

Assembly are asked to approve the following amendment to the Conflicts of Interests, Gifts & Hospitality policy (highlighted in yellow):

*The offer or acceptance of all gifts and hospitality worth £50 or more (in the equivalent currency if you are travelling on business), **including donations/gifts made via on-line platforms**, must be declared and recorded by completion of the RPS Gifts and Hospitality Form.*

b) Round-table Events

The Society's current Annual Declaration of Interests Form includes the following instructions under 'Remuneration':

'Short-term or one-off consultancies need not be included unless the organisation concerned is likely – or possibly seeking – to do business with the Royal Pharmaceutical Society.' In no case are you expected to disclose the level of salary or other payments

Given it is not possible for a member to know at the time of completion of the annual form whether they will be invited to attend an ad-hoc round table meeting during the course of the coming year, Assembly are asked to agree that any attendance by a governance member at such an ad-hoc external event for which remuneration is received should be included retrospectively by a member providing an update to their Declaration of Interests published for the next appropriate

Board/Assembly meeting and that reference to the need to do this be included in the Annual Declaration of Interests form.

c) Expenses listed in Annual Report

At present the Society's Annual Accounts already include the following categories when listing expenses paid to governance members:

- Attendance Fees
- Travel
- Other

Assembly members are therefore asked:

i) whether the existing breakdown of expenses used for the Annual Report should continue to be used or, if not

ii) whether the category of 'other' should be sub-divided to include any of the following areas for the purposes of the Annual Report:

- Accommodation
- Mileage
- Subsistence
- Parking

iii) to agree that details of all governance posts held are be provided alongside the listing of expenses claimed for each Assembly and Board member in the Annual Report

Alison Douglas
Governance Manager
September 2022



Title	<i>Charitable Donations to Pharmacist Support</i>
Open, confidential or restricted	Open
Author (include email/phone)	Rick Russell Rick.russell@rpharms.com
Position	Chief Operating Officer
Director responsible	Chief Operating Officer
Purpose of item (for noting/discussion/ decision/approval)	For discussion
Item Summary	Following the AGM in May 2022, Assembly was asked to consider whether it should support a charitable donation to Pharmacist Support
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Committee	Assembly is asked whether it would like the Society to pursue the approach outlined in this paper and provide the opportunity for charitable donations to Pharmacist Support.

Pharmacist Support – Charitable Donations Suggested Approach

In May 2022, 94% of members who attended the AGM voted for the following motion: *A motion that seeks that as the professional leadership body of pharmacy, the RPS supports the professions' charity by donating a minimum of £1 per member per year to Pharmacist Support.* This paper outlines how this motion could be implemented following discussions with Assembly in July 2022.

Introduction

The Society has supported the charity from when it was the Benevolent Fund for pharmacists before it became Pharmacist Support, so there has been a long history of generous donations to the charity which span the last two decades. Support has come through direct gift-aided donations through to property and its sale. The recent motion was requested to look at new ways in which the Society could provide charitable support.

The above motion was raised at the AGM in May 2022 and was then discussed and reviewed by Assembly in July 2022. At that meeting, it was decided that it would be preferable to provide options for members to donate directly to Pharmacist Support rather than providing £1 per member as part of an integrated membership fee which imposes that support on all members. The Society has therefore been exploring options for how we may implement the facility for members to make a charitable donation to Pharmacist Support which is additional to their membership fee.

Why should the RPS support the profession's independent charity?

With high levels of stress and potential burnout present across the profession, the demand for the charity's service remains high. It's important for the charity to continue to build steady new income sources to support the increased demand and changing needs of the pharmacy profession. In 2021, Pharmacist Support launched a new counselling service thanks to a two-year grant from the Covid-19 Health Support Appeal. That funding is coming to an end. It is important that the charity builds new funding streams to support delivery of its important work in line with its five-year strategy.

There are clearly benefits for organisations who pledge support to a charity. For the RPS, developing a relationship underpinned by discretionary donations from members will demonstrate support for the wellbeing agenda and a commitment to act on the results of our joint workforce wellbeing survey. There is also clearly member support for the RPS to support Pharmacist Support financially. This can come with the added benefit of a positive impact on reputation and improved public relations. It can support with increased visibility of the work of the RPS.

Developing a relationship will help renew the link between the profession's professional body and the profession's independent charity and allow better promotion of each organisation to reach a wider audience. Through support for the charity, there will be increased opportunities for joint communications on the wellbeing agenda. The charity would also be able to directly address some of the needs identified in the workforce wellbeing survey with increased financial support.

How could the RPS support the charity financially?

- Encourage member donations

Historically, members could opt to donate to the charity at point of renewal of their RPS membership. There still appears to be appetite for this, with 24% of the charity's market research respondents saying they would like to be able to donate at the time of

renewing/paying their membership fees to the RPS. This would facilitate direct payments and provide a simple way to increase donations to the charity.

How might this be achieved?

In order to provide the membership with every opportunity to make a donation, it is recommended that there will be an option on each membership form which, post-payment of the membership fees, will allow members to add a separate charitable donation to Pharmacist Support. We would like to make the size of the donation discretionary rather than fixed so each member selects what they feel is an appropriate donation given their own individual circumstances. In this way, we hope that some people will donate more whilst others may not be able to make any donations at this time.

We would envisage adding the payment option to the post-purchase completion messaging for membership renewals and upgrades so we maximise the opportunity for members to support Pharmacist Support at every stage of their membership journey with us. We are still scoping the exact technical detail and working with Pharmacist Support with help from our Membership, IT Support and Technology teams to facilitate the required development effort to achieve this desired outcome.

Once Assembly approves this approach, we will look to implement the above suggestions.

What are the tax implications?

We have engaged with our external auditors to provide the necessary tax advice for the Society. We would like to provide the option for any donations to be made as Gift Aid so the charity may benefit from the gross amount donated by individuals.

Next steps

Assembly is asked to approve the approach to providing charitable donations and, once approved, we will move to implement these suggested next steps. As we do not as yet have a timeframe for implementation and with the roll-out of Salesforce expected in January 2023, it may not be possible to complete this work whilst resource is allocated to the critical CRM delivery, however, we will schedule the work as soon as possible and provide every opportunity for members to donate to the charity at the earliest opportunity.

Rick Russell, November 2022



Title	Meetings Frequency
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Alison Douglas – Governance Manager Rick Russell – Chief Operating Officer Paul Bennett – Chief Executive Officer
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	Board/Assembly Meetings Frequency
Related Risk Register item (where applicable)	n/a
Related RPS Strategy item (where applicable)	n/a
Actions/decisions required of the Assembly	None

Board/Assembly Meetings

Background

As part of the consideration of the 2022 AGM motions at the July Assembly meeting, Assembly members asked if a paper outlining options for holding additional meetings of Assembly and National Pharmacy Boards be brought back for consideration.

Board Meetings

At present the three National Boards meet between 4-5 times a year (mostly virtual but with one face to face meeting per year).

Assembly agreed when it approved the 2020 budget in November 2019 that the National Boards would be given an overall 'budget envelope' for each year within which they would be free to set their own meeting frequency. The proposed 2023 budget allows for the same amount of meeting time overall as in 2022 (ie the equivalent of four full-day meetings one of which would be held in person) and it is for the individual Board Chairs and Country Directors to set the details around meeting frequency/duration they would like to adopt for the year within this overall budget.

There might be a number of options the three Boards wish to consider as to how their individual meeting budgets might be 'cut' to utilise the overall allocation of meeting time within this budget (examples of which are provided below) but the final structure would be for the Chairs/Directors to agree in discussion with their respective Board members. There is no requirement for the three Boards to adopt the same meeting frequency/time model and there might of course be other meeting time combinations in addition to the ones below.

Examples of options within the current budget

	Virtual meetings	In-person meetings
National Pharmacy Boards	3x full day	1x full day
National Pharmacy Boards	6x half-day	1x full day
National Pharmacy Boards	1x full day and 4x half-day	1x full day
National Pharmacy Boards	3x shorter day (6 hours) and 3x 1.5-hour evening meetings	1x full day

Assembly Meetings

Assembly currently meets three times a year for two days (one two-day session to be held face to face) timed specifically to deal with particular aspects of the Society's formal governance processes over the course of the business year: March – approval of annual accounts and annual report (ahead of the AGM, typically in April or May), July – induction of new Assembly members/Officer elections, November – approval of budget for the next year. The proposed 2023 budget allows for the same amount of meeting time overall as in 2022 (ie three two-day meetings, with one of these two-day sessions to be held face to face).

The time requirement to consider these formal business items means there is less scope for flexibility overall for Assembly meetings than the Board meetings. Consequently, if Assembly felt there was an over-riding business need to consider meeting more frequently, these existing fixed-point governance and business requirements would still need to be met and an increase in the overall budget for Assembly would be necessary. (The cost of a single day virtual Assembly meeting is c£4k, a single in-person meeting would be c£7k.)

ROYAL PHARMACEUTICAL SOCIETY

Assembly have already requested that options for a full review of the Society's governance be brought back to the meeting in March 2023 for consideration once the outcomes of the current Independent Commission on Pharmacy Leadership have been published as it is anticipated that the findings of the Commission may well include recommendations that touch on aspects of the RPS's current governance, either directly or indirectly. More recently, the Independent Review of Member Participation and Communication undertaken by Luther Pendragon has very clearly recommended that a further review of the Society's governance be undertaken.

Given this, it is not practical nor cost-effective to consider this aspect of the Society's governance in isolation and this item will therefore be held over, either for inclusion in the scope of a further Governance review in 2023 resulting from the formal discussion of governance at the March Assembly meeting or, should the decision following discussion by Assembly at the March meeting be that there is no requirement for a further formal review of the Society's governance, a paper on this item will be brought back to Assembly for fuller consideration in 2023.

Alison Douglas
Governance Manager

Rick Russell
Chief Operating Officer

Paul Bennett
Chief Executive

Title	Future RPS Membership of FIP
Open, confidential or restricted	Open
Author (include email/phone)	Paul Bennett
Position	CEO
Director responsible	Paul Bennett
Purpose of item (for noting/discussion/decision/approval)	For discussion and decision
Item Summary	To determine the Assembly's position on re-joining membership of FIP in 2023 and agree immediate next steps.
Related Risk Register item (where applicable)	Reputation Viable & Sustainable organisation
Related RPS Strategy item (where applicable)	Goal 1. Shape the future of pharmacy & medicine use. Goal 2. Being essential to professional practice Goal 3. Being at the heart of pharmacy and pharmaceutical science Goal 5. Working in collaboration & partnership Goal 7. Enhance our Organisational Effectiveness
Actions/decisions required of the Assembly	<p>a) To consider if the indicated direction of change to FIP's Membership T&Cs that have now been shared with us, and the wishes of our own membership (as captured in both AGM motions and recent engagement emails) are sufficient for Assembly to affirm its 'general willingness to re-join' as agreed at its last meeting.</p> <p>b) If so, to ask the CEO to complete the necessary application form in time for FIP Bureau and Council to consider in time for membership to recommence in 2023.</p> <p>c) If Assembly decide to not re-join FIP in 2023, what positioning should the organisation adopt when communicating its decision.</p>

Royal Pharmaceutical Society Membership of FIP

Purpose of this document

This paper addresses the prospect of RPS re-joining FIP membership in 2023 after one year of absence. It provides Assembly with information so far forthcoming from FIP regarding their consideration of reforms to ways of working with its members and plans to maximise the value and benefits of membership in addition to making fees more affordable and sustainable.

Previous Decisions of Assembly & Membership Response

Following the formation of an Assembly short life working group in 2021 to consider the issues associated with continued membership of FIP, and subsequent report and discussion at Assembly meetings, a decision was taken in November 2021 by Assembly not to re-join for the membership year 2022. This decision was taken after Assembly had considered the issues of cost, value, participation, and engagement and an alternate recommendation from the CEO.

This decision was reached by a narrow majority vote of Assembly members present on the day and was taken in confidential business as there were certain sensitivities regarding organisational relationships considered important to respect.

However, this decision became public knowledge some months later when a social media post revealed that RPS had withdrawn from membership of FIP. The organisation received much criticism for not engaging with our members or communicating earlier and subsequently RPS issued a press release explaining the situation in March 2022 ([here](#)).

There was considerable social media coverage, press inquiry and member dissatisfaction with the decision that Assembly had taken and about the lack of member engagement. The latter was a contributory factor that led to the President's commission of an independent review of membership participation and communication by Luther Pendragon as announced in May ([here](#)) and which reported last month ([here](#)).

At the RPS AGM in May there were three (out of thirty-nine) motions received that proposed that RPS re-join FIP. These motions were consolidated into one motion for debate as follows.

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

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

At the subsequent meeting of Assembly in July 2022 Assembly members debated the individual motions and considered the proposed actions as follows.

Action 1

Assembly members are asked to consider whether to:

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

It was agreed that there was a general willingness to re-join FIP, subject to caveats and it was agreed that the wider membership views would be sought before re-joining and that a

'consultation' would take place in September and the results of this consultation exercise be brought back to Assembly in November. It was, however, recognised that the member consultation exercise should be undertaken once updated member offer information was available from FIP. This information was provided by FIP in outline at the end of October, following their September Council meetings.

At time of writing this paper we are collating wider member feedback on the prospect of re-joining having now heard from FIP that they are looking at reforms that will involve new ways of working with its members to create a more cohesive and inclusive membership model. They also have plans to maximise the value and benefits of membership and make the fees more affordable and sustainable for all. However, the exact proposals are confidential to FIP.

What are FIP Proposing?

The reform of terms of membership of FIP are to go to FIP Council members in a paper in early November and it is anticipated that there will be virtual consultations about the proposals with Council members throughout the month before an extraordinary Council meeting is held w/c 12th December. At that meeting the Council will vote to either accept, amend, or reject the proposals. Obviously, the detail of the proposal is confidential to FIP, but we have been provided with the following summary by the FIP CEO.

The membership reforms at FIP are set to focus on our membership categories, members fees and voting rights of the different categories to create a more cohesive and transparent model that is inclusive to all who are eligible to be member organisation. These developments are in the spirit of making fees more affordable and sustainable for all, while reducing the reliance of FIP on a few highest paying members, of benefit to all. To this end, we commit to our existing and new MOs that the fees will not increase in 2023, and no inflationary rise is in our plans.

Secondly, we will endeavour to ensure individual members of our member organisations will have greater awareness of FIP and their member organisation's inputs and contributions globally, as well as the wider work of FIP. This will ensure we maximise the benefits of the MO investment in FIP membership to their members, whilst increasing global awareness of FIP activities and influence- a mutual benefit to our members and to FIP and our profession worldwide.

Financial Implications.

The annual recurring FIP membership fee for RPS was typically c£31K. This was discounted slightly in 2021 (by 5%), the last year of RPS membership, and we believe member organisation fees were frozen at the same level in 2022.

As stated above, subject to FIP Council agreement, it is proposed that fees will be capped at no higher than 2022 levels for member organisations and no inflationary increases are planned. We understand the membership fee for RPS for 2023 would therefore likely be the same or lower than in 2021.

The Society's proposed budget for 2023 incorporates the anticipated membership fee and additional allowances for attendance at a small number of FIP meetings by the nominated representatives. The total proposed budget for FIP in 2023 is £51K.

Timelines to consider & FIP Process

If Assembly agrees with the direction of travel outlined by FIP and remains minded to re-join, then an application must be completed and submitted to FIP Bureau first for review. Bureau makes a recommendation to Council which would then vote to support or reject the application. The first opportunity Council has to do so would be at its extraordinary meeting in December.

If approved by FIP Council, RPS could then anticipate re-joining from January 2023.

As these timelines are very tight it was sensible and necessary to gauge a wider RPS membership view ahead of knowing exactly what FIP Council might agree regarding its detailed new membership terms and value proposition. Following the Luther Pendragon review we are committed to improved engagement with our members and the response to this has demonstrated that it has been well received with many respondents thanking us for asking for their opinion.

Options available

As the governing body of RPS, Assembly is still able to exercise its discretion on whether to re-join FIP. There are three main options to consider.

1. Should Assembly NOT be content with the direction it appears FIP is taking it would be helpful to state that now. The status of non-membership would continue, and further RPS member engagement and explanation would be necessary.
2. Alternatively, if supportive of FIP's direction, we could apply immediately after the November Assembly meeting, to meet the FIP's administrative timetable, but with the caveat that if FIP Council were not to agree favourably revised terms the application be suspended. The Chairs and Officers Group (COG) to assess Council's decision for expediency.
3. Await the outcome of the Council meeting in December and then apply. However, this would mean FIP Bureau would not be in a position to make any recommendation to Council, and this would potentially delay our application for a further twelve months as FIP only accept new memberships at the start of each calendar year.

Recommendation

Option 2 is the recommended course of action.

Paul Bennett
CEO
November 2022

Title	Approach to publication of membership numbers
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Neal Patel and Neville Carter Chief Education and Membership Officer Neville Carter
Purpose of item (for noting/discussion/ decision/approval)	Discuss the implications of publishing our membership numbers in full, and decide when we would do this, if at all
Item Summary	<p>The number of members we have is an important metric for RPS. It is also something which a some of our members, (and commentators who aren't members) are very interested in.</p> <p>There have been calls for us to publish this metric for many years and recently we have published the top line overall membership numbers in the 2021 Annual Report (see appendix 1) However a member has now asked us to publish a full breakdown of membership numbers at this years AGM</p> <p>More detailed breakdowns of membership numbers, including trend analysis and sector and stage of career breakdowns are available to Assembly members currently to discuss as part of confidential business.</p> <p>There are several implications which should be explored before deciding whether to publish a full breakdown of membership numbers by category.</p>
Related Risk Register item (where applicable)	Not applicable although either decision may impact membership recruitment and retention
Related RPS Strategy item (where applicable)	Not applicable
Actions/decisions required of the Assembly	<p>Assembly members are asked if the decision taken in July 2021 should be reconsidered and whether to:</p> <p>(a) continue to publish the member numbers annually as they are now</p> <p>(b) publish membership numbers by individual categories</p>

Questions for consideration:

What approach should we take to publication of membership numbers? Should we include a full breakdown of our membership numbers by member category? What do we want our membership story to be?

What we are looking to achieve:

Answer AGM question and agree approach to publication of membership numbers

Background:

At this years AGM a member proposed a motion that:

“demanded the RPS publish its annual membership numbers, clearly setting out the different membership cohorts, pharmacists, students, pharmaceutical scientists, etc.”

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

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

Recommendation:

We will continue to publish an annual overall membership figure within our annual report but with much more detail on action related to improving performance.

We will produce quarterly updates next year on our activity to address membership decline.

These actions will improve the accountability of the organisation, as well as transparency and openness, in line with our participation and communications review.

We want to redefine the narrative on membership numbers to be about what we are doing to grow our membership and do this with and through our members.

This means we will need to own the problem of declining membership collectively and publicly.

And we need to proud and transparent in sharing our numbers, so will be using them our website and other places as well as in our Annual Report.

Are we following best practice and doing what other organisations do? (note this research was done via looking at Annual Reports, if they existed, and web search)

- PDA – publish overall membership number – ‘more than 35,000’ – more granular data not found
- UKCPA – publish overall number – “Network with over 2600 fellow members from all parts of the UK” – more granular data not found
- NPA – no publication of membership numbers found
- RCGP publish overall membership number – ‘over 54,000 members’ – does publish numbers in annual report – 54,159. More granular data not found
- RCP – publish overall membership number ‘over 40,000 members and fellows’ – no specific number in annual report More granular data not found

- RCPCH – publish overall number – “20,479” in annual report, reference to proportion of UK vs international members More granular data not found

Appendix 1

RPS [Annual report 2021](#)

This was the first time we published membership numbers. This was included in the ‘report of the assembly section’ where the following paragraph described the position as:

“Membership numbers have declined slightly over the year, and we have 38,630 members at the end of 2021 compared with 40,194 at the end of 2020. We have seen growth in Member, Student, Fellow and Pharmaceutical Scientist membership. However, Associate membership remains a challenge. Membership revenues grew to £4,697,000 (2020: £4,623,000) owing to improved upgrades from Foundation Trainee (Associate) to Member.

ROYAL PHARMACEUTICAL SOCIETY

Assembly Meeting 16th November 2022

22/11/ASB/06 – Open

Title	Panel of Fellows Annual Report
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Christine Bond c.m.bond@abdn.ac.uk , 070984190565 Chair of the Panel of Fellows Kate Hopkins Kate.hopkins@rpharms.com /02075722470 Membership Manager
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	Annual update on the activities of the Panel of Fellows
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	

Panel of Fellows Annual Report

This paper covers:

1. Membership of the Panel of Fellows
2. The Remit of the Panel of Fellows
3. Fellowship nominations submitted to the Panel of Fellows
4. Update on the Activities of the Panel of Fellows
5. Date of next Panel of Fellows Meeting

1. Membership of the Panel of Fellows

As previously agreed by the Assembly's Appointments Committee, the Panel of Fellows currently comprises the following members:

Chair

Christine Bond FFRPS FRPharmS

Surinder Bassan FRPharmS

Alexander Daghlian FRPharmS

Mair Davies FFRPS FRPharmS

Barbara Lynn Haygarth FFRPS FRPharmS

Ceinwen Mannall FFRPS FRPharmS

Martin Stephens FRPharmS

Two Panel members, Christine Bond and Surinder Bassan came to the end of their first three-year term in 2022. They were both therefore due to stand down or apply for another three-year term. They both chose to make a formal application for a second term of office.

The Appointments Committee met on 05 October 2022. The new procedures introduced in 2021 were followed to ensure that that the assessment process was accessible and fair.

The Appointments Committee agreed to reappoint Christine Bond and Surinder Bassan for another three-year term.

2. Panel of Fellows Remit

Under Section 4 of the Society's Regulations, the Panel of Fellows is given the authority by the Assembly to designate members to be Fellows of the Society.

The Panel of Fellows was given authority to agree that the seal be affixed to Fellows Certificates by the Assembly in May 2011.

3. Fellowship nominations submitted to the Panel of Fellows

The Panel of Fellows has designated the following 32 members as Fellows of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy at their meetings on the 11 November 2021 and 12 May 2022.

November 2021

- Mohammed Yousaf Ahmad
- Alice Mary Conway
- John Christopher Deavin
- Mark John Griffiths
- Amira Guirguis
- Jamie Michael Hayes

- Andrew James Hodgson
- Heather Alison Leake Date
- Fiona Jane Marra
- Claire May
- Anthony Stephen McConkey
- Laura Catherine McIver
- Philip John Newland-Jones
- Amanda Jane Plummer
- Susan MacGregor Roberts
- Anne-Gabrielle Gabrielle St Clair Jones
- Elizabeth Maree Ward
- Alison Warren
- Emma Joanne Williams

May 2022

- Grainne Mary D'Ancona
- Emma Louise Foreman
- Paul Andrew Forsyth
- Fiona Allison Jones
- Helen Patricia Liddell
- Alasdair Angus Macintyre
- Mary Catherine Maclean
- Abigail Ruth Mee
- Peter James Mulholland
- Amanda Rose Rae
- Paula Russell
- Ravi Sharma
- Alison Linda Sparkes

4. Update on the Activities of the Panel of Fellows

The Panel of Fellows met on 11 November 2021 via Zoom and on 12 May 2022 at the RPS office in London.

RPS Website

The Fellows pages on the RPS website have been reviewed, updated, and rationalised <https://www.rpharms.com/rps-membership/fellows>. The content has been reduced to make it clearer and easier for members to understand the criteria for Fellowships and what is needed to submit a nomination form. The guidance emphasises that the Panel of Fellows welcomes nominations for pharmacists working in any sector of practice and from any background.

Case Studies

The case studies page has also been updated. It now only contains case studies of the most recently appointed Fellows <https://www.rpharms.com/rps-membership/fellows/rps-fellows-case-studies>.

Annual Dinner and Reception

Face to face events returned this year. The 14th Annual Fellows dinner was held at the Law Society on 12 May 2022. 92 Fellows attended an evening of networking over drinks and dinner, at the Law Society, which also included the award of certificates to newly appointed Fellows.

Gisela Abbam, newly appointed Chair of the GPhC gave the after-dinner speech about her experience in delivering change in the health and life sciences sector and her vision for pharmacy to contribute to better health care.

Newly appointed Fellows, resident in Scotland, were invited to receive their certificates at a celebratory event at the RPS offices in Scotland, alongside the presentation of certificates to those newly credentialled as Consultant Pharmacists. This was another very successful networking event attended by the President and RPS CEO, as well as the Director for Scotland, the Chair of the Scottish Pharmacy Board, and the Chair of the Panel of Fellows.

Fellows who were awarded Fellowship between November 2021 (and have not yet received their certificate) and May 2022 have been invited to the RPS Fellows Presentation and Reception which will be held after this year's annual conference at etc venues, Houndsditch, London on 11 November. The President and CEO will attend the reception and present the Fellows with their certificates. Those new Fellows resident in Scotland have the option to attend a further joint celebratory event at the Scottish headquarters in Edinburgh on 22 November to receive their certificates. This event had to be rescheduled from the original date of 29 September, due to the passing of the Queen.

Fellows Newsletter

Two Fellows newsletters have been sent: one in February 2022 and one in September 2022.

The newsletters were emailed to all Fellows and included updates on newly appointed Fellows, a link to the case studies page to find out more about new Fellows and information on how Fellows can get involved in the work of the RPS. A call for nominations and information about how to improve the chances of completing a successful nomination were included, along with a link to the Inclusion and Diversity Survey for RPS Fellows.

Call for Fellowship nominations

A new call for nominations has been launched, 8 weeks prior to the next nomination deadline, on both the Pharmaceutical Journal and the RPS websites, along with targeted emails to pharmacists in different sectors of practice and Tweets.

The Chair of the Panel is also working with the Interim Associate Director for Pharmacy and Membership Experience to explore other ways of making Fellowship more accessible to those who meet the criteria.

5. Date of the next Panel of Fellows meeting

The next meeting of the Panel of Fellows will be held via Zoom on Thursday 10 November 2022.

Prof Christine Bond FFRPS FRPharmS
Chair of the Panel of Fellows

October 2022

Title	Membership Committee Annual Report
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Professor Anne Boyter Chair of the Membership Committee Kate Hopkins Kate.hopkins@rpharms.com/ 02075722470 Membership Manager
Purpose of item (for noting/discussion/decision/approval)	For noting
Item Summary	Annual update on the activities of the Membership Committee
Related Risk Register item (where applicable)	
Related RPS Strategy item (where applicable)	
Actions/decisions required of the Assembly	

Membership Committee Annual Report

This paper covers:

1. Membership of the Committee
2. Remit of the Membership Committee
3. Membership applications referred to the Membership Committee
4. Existing memberships referred to the Membership Committee
5. Non-GPhC related cases
6. Appeals

1. Membership Committee members

Chair:

Anne Boyter FRPharmS (until October 2022)

Gazala Akram FRPharmS (from October 2022)

Rachael Fallon MRPharmS

Sandra Gidley FRPharmS (from October 2022)

Sandra Hall MRPharmS

Paul Jenks MRPharmS (until October 2022)

Michael Keen FRPharmS

Joanne Loague MRPharmS

Tin Wai Ng MRPharmS

Parag Oza MRPharmS

Minesh Parbat MRPharmS

Richard Strang MRPharmS

Nicholas Thayer MRPharmS

Jessica Thompson MRPharmS

Komal Vadday MRPharmS

Barbara Wensworth FRPharmS

Ellen Williams FRPharmS

The Membership Committee held their annual meeting via Zoom on 02 December 2021. Routine business of the Committee is carried out using Box to share documents, followed by a Zoom meeting to discuss the case.

Appointment process for vacant Committee places

Anne Boyter and Paul Jenks (Chair and Vice Chair) were due to stand down in 2022 as they have served two terms. Nicholas Thayer was due to stand down or reapply for another term, in line with the committee governance.

Three vacancies for Committee members were advertised in the Pharmaceutical Journal and on the RPS website. The applications were reviewed by the Appointments Committee of the Assembly in October 2022, following the appointment process detailed in the Governance Handbook.

The Appointments Committee met on 05 October 2022. The procedures introduced in 2021 were followed. Nicholas Thayer was reappointed for another three-year term. Gazala Akram and Sandra Gidley were appointed to the Committee.

2. Remit of the Membership Committee

The Membership Committee was established in March 2011 to provide staff with support and guidance when reviewing non-standard membership applications as well as existing memberships. They take referrals of complaints about member conduct, hear appeals relating to membership and recommend appropriate and proportionate resolutions in accordance with Society rules.

All standard applications are reviewed and processed by the Society's membership team. Applications from people who have been suspended or removed from the GPhC register of pharmacists because of a fitness to practice issue are passed to the Membership Committee for consideration. In addition, the membership team reviews existing memberships and refers any members who have either been removed or suspended from the GPhC register to the Membership Committee for consideration. The Membership Committee can re-classify an existing membership from Fellow or Member to Associate or can deny or remove membership, where appropriate. The Membership Committee also takes referrals related to the conduct of a member of the RPS raised either by other Members or Fellows or by the RPS through the Assembly or the Chief Executive as covered in the RPS Governance Document.

While it would be unacceptable for the Society to admit or keep members who damage the reputation of the profession and its professional body there is a role for the RPS to play in providing support and guidance to individuals seeking re-admission to the register. The option to re-classify a member means that an individual can still access this support and guidance available from the RPS to enable them to do this.

3. Membership applications

There have been no applications for membership since October 2021 from anyone who has been suspended or removed from the GPhC register.

4. Existing members

There have been three membership reviews of members who have been suspended or removed from the GPhC register between October 2021 and September 2022.

GPhC Decision	Membership Committee Decision	What happened next?
The member was suspended from the register for eight months in September 2021 as CCTV footage showed that they had stolen perfume and prescription only medicine from the pharmacy they were working in.	The Membership committee decided they had not provided enough evidence to demonstrate they were of suitable standing. Their membership was suspended until evidence provided. Further evidence was requested before allowing a membership application for Associate to be accepted.	They remain suspended and no extra evidence has been provided. They are no longer listed on the GPhC website
The member was removed from the Register in September 2021 as they stole cash from their employer and were subsequently sentenced for the offence, receiving and	The Membership committee decided that the Member was not of good or suitable standing and their membership was suspended. They were told that they are welcome to demonstrate they are	They remain suspended. They are listed as erased on the GPhC website.

eight months imprisonment, suspended for 12 months.	working towards suitable standing in a year's time if they would like to apply to re-join.	
The member was suspended from the Register for four months from May 2022 because they prescribed inappropriate medications, did not have the authority to prescribe this medication and has failed to carry out adequate checks in regard to a patient's medication.	The Committee regarded them to Associate and advised them that they could reapply as Member in six months' time when they are registered again.	They are now registered. They are currently an Associate.

5. Non GPhC related cases

The Membership Committee did not review any non GPhC related cases between October 2020 and September 2021.

6. Appeals

There have been no appeals to reconsider a decision made by the Membership Committee since October 2019.

Professor Anne Boyter FRPharmS
Chair of the Membership Committee

October 2022

Personal Footnote

As I stand down as the Chair of the Membership Committee, I would like to record my thanks to both the staff at the RPS, and the pharmacists who have served on the committee. In particular thanks to Kate for her role supporting the committee.

It has been a privilege and pleasure to serve on the Membership Committee since its inception in March 2011. During this time, I was initially Vice Chair under the steady guidance of the initial Chair Ian Simpson, and latterly the Chair. Over the last 11 years the working of the committee has been varied and at times challenging but always interesting and stimulating.

My best wishes to the incoming chair and in the year, I have as ex-officio I will do what I can to help them settle into the role.

Anne



Title of item	Report from the Commonwealth Pharmacists Association
Open, confidential or restricted	Open
Author of paper Position in organisation Telephone E-mail	Victoria Rutter Executive Director (CPA) Meghna Joshi - von Heyden Strategic Development Advisor (CPA) Beth Ward Associate Director of Education (RPS) 07961 436154 victoria.rutter@commonwealthpharmacy.org
Item to be led at the meeting by	n/a
Purpose of item (for decision or noting)	For noting
Risk implications (where applicable)	N/A
Resource implications (where applicable)	N/A
Actions/decision required of Assembly	The Assembly is asked to: 1. Recognise the shared vision of RPS and CPA 2. Receive an update on the CPA's key achievements and areas of alignment during 2021/22 3. Consider joint working opportunities, with potential to provide RPS with an ongoing return on investment (RoI) and align with the future RPSi and/or CSR strategy.

1. BACKGROUND

This report is an update from the Commonwealth Pharmacists Association (CPA), and a follow up to previous annual papers submitted to the Royal Pharmaceutical Society (RPS) Assembly.

2. MAIN CONTENT

2.1 OUR SHARED VISION

	RPS	CPA
Mission	'To put pharmacy at the forefront of healthcare'	'Empower pharmacists to improve health and wellbeing throughout the Commonwealth'
Vision	'To become the world leader in the safe and effective use of medicines'	'To lead and develop the pharmacy profession across the Commonwealth'

Table 1: The shared missions and visions of the RPS and CPA

The CPA is the leading global network of pharmacists across the Commonwealth. The RPS is the leading professional body for pharmacists in Great Britain and highly regarded as a world leader for the profession. Both seek to develop, empower and raise the profile of the profession and support the safe and effective use of medicines, for the benefit of the general public.

In the face of Brexit, as we continue through a phase of benefits realisation, there is an increase in activity and emphasis on the Commonwealth. The Commonwealth covers one third of the world's population, over every continent, and encompasses many rapidly evolving economies. The CPA's members are the National Pharmacy Associations (NPAs) of the 56 Commonwealth nations, equating to a reach of over 1 million pharmacists. Based on a strong heritage, and where there is alignment in goals, the 'special relationship' that has developed between the RPS and the CPA allows the CPA to support the development of an RPS international strategy through its networks with member organisations and relationships with governments and policy makers. The CPA was established in 1970 by the RPS, which set the scene for establishing a partnership agreement and continued close working relations after the CPA became an independent charity in 2015.

An accredited organisation of the Commonwealth, the CPA is a registered charity, leading and developing the pharmacy profession to benefit the people of the Commonwealth. The CPA works collaboratively across the Commonwealth to develop the pharmacy workforce and build capacity through education and training; strengthening healthcare systems to ensure the safe and effective use of medicines, prevention of disease and promotion of healthier lifestyles; and advocating for improved access and quality of medicines and vaccines, by supporting and embedding pharmacists at all levels of medicines management. The CPA has a growing collaboration plan with WHO and is in special relations, ensuring the strategic alignment of the CPA's work to delivering the Sustainable Development Goals (SDGs).

The COVID-19 pandemic has shone a light on the key work our profession does in terms of access to medicines, vaccines and information and this has caused both challenges for the profession globally but also greatly enhanced their visibility. The CPA's affiliated status with the Commonwealth and the unique connections to Commonwealth health ministers and Heads of State have resulted in extremely

successful advocacy drives over the last three years, raising the profile of pharmacy and culminating in the development and implementation of several CPA initiatives, most notably the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS). The CPA also continues to build on a strong collaborative relationship with the International Pharmaceutical Federation (FIP), increasing the visibility of pharmacists as key members of the healthcare team, advocating for investment in the pharmacy workforce and supporting the embedding of pharmacists at all levels of medicines management.

This report describes the strategic direction of the CPA from 2022 onwards, highlighting the work delivered by CPA over the past year and identifying areas of alignment and possible future work between the CPA and the RPS. For a more in-depth summary of the CPA's activities this year please see attached Annex 1.

2.2 CPA STRATEGY 2021 AND BEYOND

In October 2021, the 'CPA Strategy 2021 and Beyond' was agreed and ratified by the CPA Council and Board of Trustees. The strategy sets out the direction of travel for the organisation in three core areas, aligned to the Charitable objectives and values (Figure 1).

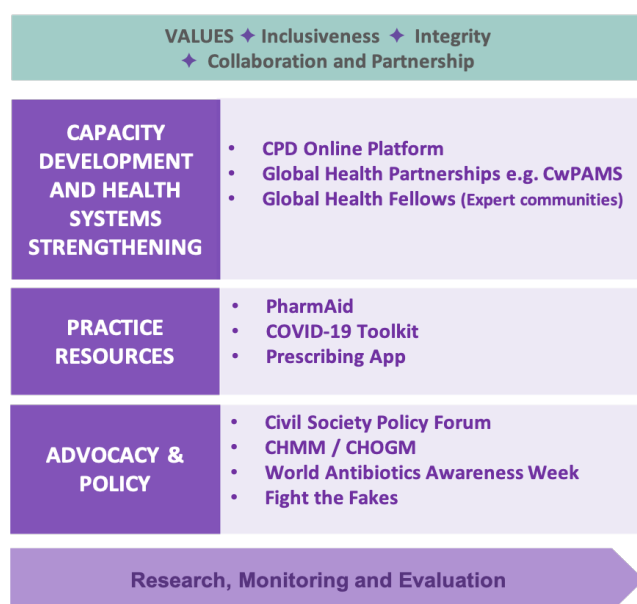


Figure 1: Overview of the CPA Strategy 2021 and Beyond

The strategy, underpinned by robust research, monitoring and evaluation, delivers the core benefits offered to our members, to the profession as a whole and the communities they serve, across the Commonwealth.

The alignment between the CPA and RPS vision and mission are further highlighted through our strategic goals:

- Develop the pharmacy workforce and build capacity through education and training
- Support pharmacists to strengthen healthcare systems and enhance the safe and effective USE of medicines, prevention of disease and promotion of healthier lifestyles

- Advocate for improved ACCESS and QUALITY of medicines and vaccines, embedding pharmacists at all levels of medicines management

2.3 KEY ACHIEVEMENTS AND AREAS OF ALIGNMENT OVER THE LAST YEAR

It has been another very productive year for the charity, and despite the impact of the ongoing COVID-19 pandemic, global stakeholder engagement, strategic projects and operational activity has continued to increase exponentially. The complete update on the CPA's activities over the last year (Annex 1) will be published on the Charities Commission website imminently as per mandated annual reporting requirements. This report highlights key areas of existing RPS and CPA collaboration, and further opportunities for closer working.

2.3.1 Health Education England's Global Strategy 2022 – 25

In 2017, the CPA established and led the *Pharmacy and Medicines Task Force* for the Health Education England's (HEE) global strategy. The CPA was instrumental in ensuring that RPS was a key stakeholder from the outset of this work, and contributed to the development of HEE's updated global strategy, published in 2019.

As we emerge from the pandemic and HEE refocuses on implementation of their global strategy, there are numerous opportunities for collaborative working through the establishment of opportunities for global electives for UK based pharmacists and training options for pharmacists from overseas. Initial market research has shown these groundbreaking new opportunities would be highly valued by the pharmacy workforce. To further facilitate global working opportunities, through this Taskforce, CPA and RPS have led key strategic conversations with the GPhC and international regulators regarding the re-establishment of reciprocal working arrangements for pharmacists from certain Commonwealth countries. In the context of workforce shortages resulting from Britain's EU exit, this would result in significant benefits for both individual pharmacists and global workforce systems. CPA continues to facilitate RPS involvement in these critical discussions.

2.3.2 Commonwealth Partnerships for Antimicrobial Stewardship and Related Fellowship Programmes

The Commonwealth Partnerships in Antimicrobial Stewardship (CwPAMS) programme to tackle global antimicrobial resistance (AMR), established in 2018, is funded by the UK Department of Health and Social Care's (DHSC) Fleming Fund and run in partnership with the Tropical Health Education Trust (THET). The success of this programme was recognised through additional funding and programme extension in 2021, and again in 2022, with a new call launched in September 2022 for up to 23 additional partnerships between UK health institutions and those in 8 African countries. The CPA leads the technical aspects of this programme. The RPS AMR EAG and Hospital EAG have been active in promoting this significant funded opportunity to RPS members and supporting the call for UK partners. The CPA would welcome discussions with RPS regarding further collaborative opportunities which are expected to arise over the course of the programme, leveraging on the significant expertise UK AMS pharmacists have.

The Chief Pharmaceutical Officer's Global Health Fellows (ChPOGHF) programme was established in 2019 to support the development of leadership skills in UK pharmacists who were part of the CwPAMS partnerships. The second cohort of the Fellowship graduates in December 2022, funded and supported by HEE, with a potential third programme to launch in 2023..

Scoping work has demonstrated a significant demand by African pharmacists involved in the CwPAMS partnerships for a similar fellowship opportunity. Through additional funding acquired in 2021, the CPA scoped the development of a Commonwealth Partnerships in Antimicrobial Stewardship Leadership Programme (CwPAMS LP) tailored for African Pharmacists. This groundbreaking, innovative leadership training programme has been specifically designed to address learning needs of the pharmacy workforce identified by key stakeholders across the 8 CwPAMS countries in Africa: Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda and Zambia.

The scoping report, programme design, operational project plan and budget were developed in collaboration with the RPS Head of Education, and is now scheduled to be delivered alongside CwPAMS2 in 2023, funded by the Fleming Fund. .

The long-term vision for pharmacists trained through this programme is to establish a cohort of leaders who implement their leadership skills to drive the continuous improvement of health systems in their countries, building a more sustainable, local workforce.

This flexible programme is aligned to both FIP and WHO global competency standards, and has been designed such that simple modification will result in new leadership training programmes in other key clinical areas.

There is significant potential for the RPS to provide certain aspects of this programme e.g. mentors through its networks, training provision for both the clinical and leadership aspects , as well as joint funding opportunities to explore.

2.3.3 Professional Development Opportunities

During the COVID-19 pandemic, the RPS's COVID-19 digital Education Programme delivered online training sessions to upskill frontline pharmacists to deliver care. The CPA and RPS used this opportunity to test a model of collaboration whereby existing RPS content was repurposed into certified CPD resources for pharmacists across the Commonwealth. A total of 458 of the pharmacists from across the Commonwealth who registered on the RPS website have *successfully* completed these modules, receiving a co-badged CPD Certificate as a result of this very simple low-cost initiative.

This is a tangible example of the potential in collaborating with CPA, whereby RPS could continue to expand their international network.

With increasing demand for education, training and support across the nations, the CPAs continues its collaboration with University College London Hospitals NHS Foundation Trust (UCLH), offering several free places to Commonwealth Pharmacists, on the 'UCLH Fundamentals of Critical Care' course. This highly popular programme has received almost 200 applications this year, illustrating the demand that exists for upskilling and specialising in aspects of clinical care.

The CPA continues to support and drive the education of pharmacists around the Commonwealth (and globally) through the Continuing Professional Development (CPD) online e-learning platform, providing education and training for pharmacists and building communities of practice. So far we have over 8500 pharmacists onboarded from 22 countries, with access to 7 courses in communicable and non-communicable disease areas, including an extensive offering in antimicrobial stewardship. More courses are planned for launch in 2023, and we are currently planning the next phase of expanding both the offering and the functionality of the platform. These online training opportunities lend themselves to extensive collaborative opportunities to develop and deliver education and training to Commonwealth pharmacists and subsequently enhance the international footprint of the RPS.

2.3.4 Accessible Medicines Information

2.3.4.1 PharmAID

PharmAID has established and enhanced RPS' reputation in many Commonwealth countries. Set up in the 1970s, PharmAid annually redistributes recent copies of pharmaceutical books from the UK to National Pharmacy Associations (NPAs) across the Commonwealth. The NPAs distribute these books to pharmacists working in medicines information, community pharmacies, clinical practice and training environments. The most frequently cited use of the books is to check paediatric doses and safety of drugs in pregnancy and lactation. By accessing credible and reliable resources of medicines information, pharmacists are able to optimise medicines management, ensuring better care for patients and in turn improving professional practice in resource-poor settings.

Over 5000 books were donated during 2021-2022 and – many of these were kindly provided by the Pharmaceutical Press and NICE. The CPA continues to reassess how best to deliver this offering in a digital age, especially with the current challenges of rising shipping costs and other environmental pressures. Some of the most resource-poor Commonwealth countries can already access the BNF digitally via the WHO's HINARE arrangement, but there are issues with connectivity in many areas.

2.3.4.2 Antimicrobial App

In October 2022, the CPA launched the Prescribing Companion App as part of the Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building (SPARC) programme. With capability to be used offline, in remote locations, the App promotes the use of and facilitates access to national standard treatment guidelines giving digital bedside access to national antimicrobial prescribing guidelines. The App is being deployed across 22 countries in Africa and Asia, with the support of in-country consultants and App champions. There is immense potential for RPS and CPA to collaborate in providing similar accessible medicines information via digital resources in the future.

2.4 BENEFITS TO THE RPS OF COLLABORATIVE WORKING

There continues to be clear alignment in the missions and visions of the CPA and RPS.

As the RPS' international offer and the scope of the corporate social responsibility (CSR) strategy continues to evolve, the CPA hopes that what emerges is a strategy that strengthens the special relationship between RPS and CPA, for the benefit of the public,

Notwithstanding the recommendation for a strategic review of wider opportunities, the following collaborative recommendations around priority work streams are made. These largely reflect those made in our previous report to the RPS Assembly, as COVID-19 has stalled the development of many work streams outside of the pandemic response and delivering on established programmes of work and are therefore still relevant.

2.4.1 Post-registration Training and Assessment

The RPS remains in a strong position to lead globally on novel approaches to post-registration training that is flexible, adaptable, affordable, and easily established in any country in a sustainable manner. These values align to RPS policy drivers around inclusion, diversity and equity as well as to the FIP Workforce Development Goals in the wider context of a significantly changing global demographic.

The CPA can support the RPS through the following opportunities, aligned to RPS strategic criteria:

- **Reputation:** Building RPS' international reputation through promoting the RPS post-graduate education and assessment model as a gold standard model in dialogue with governments, national bodies and individual pharmacists. This will lay the groundwork for any future RPS international strategy
- **Revenue:** Supporting the localization of existing RPS materials and training
- **Revenue:** Jointly applying for grants and funding to help support initiatives

2.4.2 Early Career Pharmacists Offer

It is widely known that the needs and wants of early career pharmacists can vary significantly to those of their more experienced colleagues. Many new generation pharmacists report that they:

- Value a clear purpose and philanthropic element to their work, and initiatives and organisations that they support.
- Desire flexibility and the opportunity for portfolio working that includes opportunities to travel and work overseas.

The CPA can support the RPS through opportunities such as:

- **Recognition:** Promoting the CPA/RPS partnership, enabling RPS to capitalise on the charitable aims and objectives of CPA
- **Recruitment and Retention of members:** Offering RPS members development opportunities through engagement with
 - Global partnerships with LMICs
 - Global Health Fellowships
 - Advocacy activities

3. RECOMMENDATIONS FOR 2022 ONWARDS

In the current context of discussions regarding the RPS' role as a body akin to a Royal College, and the launch of the new PMED Strategy, there are significant opportunities to further capitalise on the CPA/RPS relationship, for mutual benefit of both organisations and the public, as documented in our Partnering Charter.

Whilst the RPS' primary responsibility is to its members, the majority of whom are based in the UK, the pandemic has further highlighted the shared workforce needs globally, and in turn the potential opportunities. The pandemic has brought our profession to the forefront of healthcare, and we have gained favour and traction with governments and the people. The RPS, as a body akin to a Royal College, and as a well respected brand, is in an excellent position to collaborate with CPA, its charitable arm, leveraging the expertise, data and insights across both organisations to develop education and training offerings for a global audience. Under the leadership of the Executive Director, and with extremely limited resources, the CPA has grown from £40k to £1.2m turnover in 5 years. This demonstrates the appetite for workforce development support, and the significant funding opportunities currently available.

Building on our heritage and special relationship, we hope the RPS will be part of our journey as we enter a new era for the Commonwealth. We believe that the RPS is a world class leadership body for the profession, with the potential to have an excellent international offering.

The CPA therefore recommends that RPS consider dedicating initial time to scope the breadth of opportunity available, with a view to establishing an international strategy aligned to RPS strategic

priorities and Royal Charter objectives. This would help to secure the viability of both organisations for the future.

Examples of collaborative opportunities could include:

1. The CPA and RPS partner to support the development of the pharmacy workforce in Commonwealth countries through:
 - a. Development of a **novel member offer** for early career pharmacists: provision of funded global exchange opportunities, aligned to the new HEE Global Strategy
 - b. **Local adaptation** of relevant, existing RPS/GB resources where appropriate
 - c. Utilisation of CPA's considerable **market research data** to inform the development of post-registration educational materials and resources, aligned to the RPS educational strategic goals , to support future collaborative international postgraduate education opportunities in Commonwealth countries

2. Partner to identify and apply for funding from grants, private funders and foreign governments to support our work, capitalising on CPA's charitable status and networks, expanding RPS' reach and reputation and creating opportunities for RPS members to be involved in global health work.

The work that we have undertaken in the last six years has built networks and collected evidence for the needs and challenges faced by the pharmacy profession across the Commonwealth. It is imperative that the pharmacy workforce throughout the Commonwealth is flexible and adaptable - ready to take on new and emerging roles in order to face the global challenge of achieving Universal Health Coverage. Advocacy, training, regulatory and cultural changes are all required to facilitate integration of pharmacists as key members of the multidisciplinary team, and will be key to ensuring that the skills and expertise of pharmacists are recognised and used to best effect for the benefit of patients. As a leading global pharmacy body, RPS has a duty to contribute to this upskilling, and support the advocacy efforts of civil society and the global pharmacy profession. In turn this also further raises its profile, supporting the RPS vision of being the world leader in safe and effective use of medicines

The CPA has a duty to secure resources and offer training, development and support to member organisations and their pharmacists. Our new strategy creates many avenues to achieve this. Our unique partnership delivers much in return for the RPS annual investment. It is important to note that the CPA's impressive progress this year has been made with the existing team of 2 part-time employees, a supporting team of project-based consultants and some willing volunteers. The RPS has supported 50% of one of these employment posts with an annual grant, and in return the CPA have waived the RPS' membership fee. We are very grateful for this support, as this grant has enabled us to grow the charity and develop our work significantly over the last 6 years. The CPA sees many further opportunities to realise the full potential of our shared vision through the work of the charity on the back of another very successful year and would very much welcome the continued support and collaboration of the RPS.

Activity Start Date
01/07/2021
Activity End Date
30/06/2022
Activity Name
PharmAid
Organisation Role
Lead
Name of Partners (Optional)
National Pharmacy Associations of The Commonwealth
Beneficiary Member State(s)
<ul style="list-style-type: none"> • Dominica • eSwatini • Ghana • Grenada • Lesotho • Malawi • Malaysia • Nigeria • Saint Lucia • Sierra Leone • Sri Lanka • St Vincent and The Grenadines • Uganda • Zambia
Description of Activity
<p>PharmAid is an annual scheme that has been running since the establishment of the CPA in the 1970s.</p> <p>Aim: To provide pharmaceutical texts to resource poor settings in the Commonwealth. The books provide critical information to help guide prescribers in the choice of medications and vaccines.</p> <p>Activities that CPA has undertaken:</p> <ul style="list-style-type: none"> • The CPA organises the collection of recent copies of pharmaceutical text from the NHS and redistribution to national pharmacy associations throughout the Commonwealth on an annual basis. Donations from Pharmaceutical Press and NICE meant NHS collection has not been required this year. • Books are sent out in response to requests from national Pharmacy Associations around the Commonwealth. • During the 2021/22 scheme, 5496 books have been donated to 14 countries (Dominica, Eswatini, Ghana, Grenada, Lesotho, Malawi, Malaysia, Nigeria, Sierra Leone, Sri Lanka, St Lucia, St Vincent & the Grenadines, Uganda, Zambia) <p>Challenges encountered:</p> <ul style="list-style-type: none"> • Shipping costs • Customs clearance <p>We plan to transition into a partnership with BookAid and/or an App development to address these challenges.</p>

Charter of the Commonwealth

- [The Role of Civil Society](#)
- COVID 19*

Activity Start Date

15/11/2021

Ongoing Activity?

-

Activity Name

Online Continuing Professional Development (CPD) platform

Organisation Role

Lead

Name of Partners (Optional)

Pharmaceutical Societies of the Commonwealth, Novartis Global Health

Beneficiary Member State(s)

- Cameroon
- eSwatini
- Fiji
- Gambia
- India
- Lesotho
- Malawi
- Mauritius
- Namibia
- Sierra Leone
- St Vincent and The Grenadines
- Tanzania
- Uganda
- Zambia

Description of Activity

The development of an online CPD platform has been a request from our members for many years, and now it is a reality! The platform ensures that Commonwealth pharmacists have an opportunity to learn and develop in their role(s) in order to optimise the care they provide to patients.

Aim: To raise the level of pharmacy practice in every member country, using our platform to disseminate pharmacy knowledge and best practice. To collaborate with National Pharmacy Associations to develop the capacity of the association through co-badging the programmes, making the modules available free to their members, driving membership for them and supporting theory advocacy efforts. Where applicable, accreditation is obtained to allow pharmacist to use the learning as credits towards their own national CPD requirements.

Activities that CPA has undertaken:

- CPD platform was launched in 2021.
- Materials are designed in response to requests from the National Pharmacy Associations of the Commonwealth and co-created with core members of the CPA team and writers across the Commonwealth to ensure regional and local contexts are taken into account.
- Five courses have been launched to date, including antimicrobials overview, AMR & principles of antimicrobial stewardship, antimicrobial stewardship hospital programmes, antimicrobial stewardship in community pharmacy, and tuberculosis overview.
- Enrolment of 7882 pharmacists has been achieved.
- As of June 2022, there were 14 Commonwealth countries fully or partially onboarded onto the platform; The Gambia, Eswatini, Lesotho, Malawi, Sierra Leone, Uganda, Zambia, Saint Vincent & the Grenadines, Fiji, India, Namibia, Mauritius, Cameroon and Tanzania
- There has been a high uptake in the antimicrobial overview course (an introductory course in AMS) and the tuberculosis overview course, which was recently launched.
- There is generally higher course completion in Q2 of 2022 compared to Q1, with a 53% increase in course completion for Tuberculosis overview.
- We continue to monitor enrolment and activity on the platform as well as creating and launching new content and onboarding more members.
- Diabetic eye and Malaria are the next courses that will be launched.

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- [Sustainable Development](#)
- [The Role of Civil Society](#)

Activity Start Date

01/09/2018

Ongoing Activity?

-

Activity Name

Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)

Organisation Role

Technical Lead

Name of Partners (Optional)

The Tropical Health and Education Trust (THET), Fleming Fund

Beneficiary Member State(s)

- Ghana
- Kenya
- Malawi
- Nigeria
- Sierra Leone
- Tanzania
- Uganda
- Zambia

Description of Activity

The Commonwealth Partnerships in Antimicrobial Stewardship (CwPAMS) programme is managed by the CPA and partners at the Tropical Health and Education Trust (THET), and is funded by the Fleming Fund, a £265 million UK aid investment to tackle antimicrobial resistance by supporting low- and middle-income countries to generate, use and share data on AMR. CwPAMS takes a partnership approach to focus on:

1. Antimicrobial stewardship, including surveillance.
2. Utilising/developing pharmacy expertise and capacity (including in the community).
3. Infection Prevention and Control.
4. Strengthening capacity of using clinical microbiology data.

Aim: The CwPAMS leverages the expertise, particularly in pharmacy, of UK health institutions, volunteers and technical experts to strengthen the capacity of the national health workforce and institutions in Commonwealth countries around the focus areas above.

Activities that CPA has undertaken:

- From 2018 to 2021, CwPAMS supported 12 Health Partnerships between UK and Ghana (5), Tanzania (1), Uganda (5) and Zambia (1) health institutions.
- A scoping study was successfully completed for CwPAMS Extension Phase from February 2021 to July 2021 with the intention to extend the programme to include 4 more countries: Malawi, Sierra Leone, Nigeria and Kenya.
- 8 country reports (4 new and 4 updated), a summary of recommendations and accompanying resource kits were generated from the scoping study.
- From October 2021 to June 2022 the CwPAMS programme launched a new grant call and supported 14 partnerships between the UK and 8 LMIC: Uganda (4), Ghana (3), Zambia (2) Sierra Leone (1), Kenya (1), Tanzania (1), Malawi (1), Nigeria (1).

Achievements from the extension programme included:

- 1600 health workers trained in antimicrobial stewardship (AMS) principles, antimicrobial prescribing & consumption surveillance
- 655 health workers trained in infection prevention control
- 1117 health workers trained in utilising and developing pharmacy expertise and capacity
- 17 UK health institutions actively embedding returned volunteers skills and experience in their workplace
- 255 volunteering days contributed by NHS staff 31 guidelines and protocols rolled out in low and middle income country healthcare institutions
- 27 new or revised documents developed for AMS and antibiotic prescribing

A proposal has been submitted for CwPAMS2, which will include an increase in the scope of work moving forward to include supporting lab capacity and addressing the issue of substandard and falsified medicines. The programme is scheduled to launch in Q3 2022, pending funding.

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- [Sustainable Development](#)
- [The Role of Civil Society](#)
- COVID 19*

Activity Start Date

04/10/2021

Activity End Date

25/11/2022

Activity Name

Chief Pharmaceutical Officers Global Health Fellowship

Organisation Role

Lead

Name of Partners (Optional)
Health Education England, Brighton & Sussex Medical School,
Beneficiary Member State(s)
<ul style="list-style-type: none"> • United Kingdom
Description of Activity
<p>Following the announcement of the successful Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) grantees in early February 2019, a cohort of 16 UK mid-career pharmacists undertook a yearlong in parallel with the CwPAMS programmes, taking on leadership roles to deliver the projects selected by their partnerships. In addition, they completed a short Global Pharmacy Course supported by Brighton & Sussex Medical School as well as an adapted Health Education England (HEE) International Fellowship (IGH) Induction Programme and attended action learning sets provide by the CPA. Each Fellow also worked with a UK-based mentor throughout the Fellowship and undertook a leadership development experience using the NHS Healthcare Leadership model. In 2021, additional funding was secured and a further cohort of 13 UK mid-career pharmacists who were part of the CwPAMS extension partnerships were enrolled in the fellowship programme. They are due to complete the programme in November 2022.</p> <p>Key aims of the programme:</p> <ul style="list-style-type: none"> • Supporting sustainable improvement in healthcare. • Providing an unparalleled personal, leadership development and global pharmacy experience with shared learning opportunities between UK and African counterparts. • Creating a cadre of skilled leaders with quality improvement skills who can use these skills. <p>During the current reporting year CPhOGHF has resulted in:</p> <ul style="list-style-type: none"> • Peer-reviewed publication on impact of CPhOGHF https://www.mdpi.com/2227-9032/9/7/890/htm • Recruitment of second cohort of 13 Fellows. • Delivery of Leadership Development course. • Delivery of six modules on Global Pharmacy and action learning set sessions. • Mentorship training: nine fellows from the initial programme became mentors for the current second cohort. • Global Pharmacy in Action Modules are due for delivery from September to November 2022 and to host an end of Fellowship event in December 2022. • We are in the process of securing funding for an additional cohort to run along CwPAMS in 2023 <p>The programme has been so successful that a version is under development for African pharmacists who are part of the CwPAMS2 partnerships, and is due to launch in 2023.</p>
Activity Start Date
01/07/2021
Ongoing Activity?
<ul style="list-style-type: none"> •
Activity Name
AMS Leadership Programme for Africa
Organisation Role
Lead
Name of Partners (Optional)

Fleming Fund
Beneficiary Member State(s)
<ul style="list-style-type: none"> • Ghana • Kenya • Malawi • Nigeria • Sierra Leone • Tanzania • Uganda • Zambia
Description of Activity
<p>Based on the success of the UK's Chief Pharmaceutical Officers Global Health Fellows programme, a similar fellowship programme is currently being developed for mid-career pharmacists in Africa that are part of a CwPAMS partnership. The programme is due to commence in 2023 in parallel with the second phase of the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS2).</p> <p>The programme aims to:</p> <ul style="list-style-type: none"> • Supporting AMS capacity building nationally and be key to sustainability. • Provide mentorship and leadership skills to pharmacists who are part of a CwPAMS partnership in each LMIC • Empowering and developing country leaders to continue the mission of tackling AMR in the long term. • Leverage training materials developed during CwPAMS extension phase <p>Activities that CPA has undertaken during this reporting period:</p> <ul style="list-style-type: none"> • Completed a scoping study to investigate the need for a leadership program • Developed a programme outline (12-month programme comprising core knowledge and skills and learning and leading an improvement initiative) • Mapped the courses against global frameworks (FIP-GADF and WHO curricula guide for AMS) to ensure global compliance • Identified available online courses to be incorporated into the programme (WHO, NHS, LA, BSAC). • Identified experts to write course content and co-deliver webinars to contextualise the online courses. • Drafted learner handbook, curricula, budget, programme timelines, and project plan. <p>We plan to finalise discussions and contracts with experts co-delivering courses shortly to enable the launch of the programme in 2023. We have had interest in this course from many Commonwealth states. After the initial cohort completes the programme as a proof of concept, we have a vision to extend this course to other Commonwealth states beyond the initial 8 CwPAMS countries.</p>
Charter of the Commonwealth
<ul style="list-style-type: none"> • Sustainable Development • Access to Health, Education, Food and Shelter • The Role of Civil Society • COVID 19*
Activity Start Date
19/12/2021
Ongoing Activity?

•
Activity Name
Surveillance and Prescribing Support for Antimicrobial Stewardship Resource Capacity Building (SPARC)
Organisation Role
Lead
Name of Partners (Optional)
The Fleming Fund
Beneficiary Member State(s)
<ul style="list-style-type: none"> • Bangladesh • eSwatini • Ghana • India • Kenya • Malawi • Nigeria • Pakistan • Papua New Guinea • Sierra Leone • Sri Lanka • Tanzania • Uganda • Zambia
Description of Activity
<p>Working with 14 Commonwealth countries (Bangladesh, Eswatini, Ghana, India, Kenya, Malawi, Nigeria, Pakistan, Papua New Guinea, Sierra Leone, Sri Lanka, Tanzania, Uganda, Zambia), and extending this work to 9 other LMICs outside the Commonwealth (Bhutan, Indonesia, Laos, Myanmar, Nepal, Senegal, Timor Leste, Vietnam, Zimbabwe), SPARC builds on the success of CwPAMS to develop sustainable solutions to support the prescribing of antimicrobials and surveillance around their use. The programme focuses on establishing culture change and continuous quality improvement in AMS, providing training, support and resources. It consists of three core workstreams.</p> <p>Workstream 1 is a new mobile App to support prudent antimicrobial prescribing in human and animal health. The App has been rolled out across all 22 countries and is funded for 5 years. CPA provides training support for countries to use the App, including customising and maintaining for country requirements. The App is available on Google play store and iOs for offline use.</p> <p>The outputs:</p> <ul style="list-style-type: none"> • Access to Standard Treatment Guidelines at point of care • Increased knowledge and awareness of International antimicrobial stewardship(AMS)/infection prevention control (IPC) resources • Strong country ownership of adaptable App beyond antimicrobial use (AMU)/AMS to host other clinical guidelines and resources as needed by countries via App champion and App developer • A one health approach has been fostered through shared learning • Sustainability through training and funding <p>Workstream 2 is focused on Point Prevalence Survey (PPS) and Support of antimicrobial use (AMU) surveillance in human health. In-country teams have been supported to conduct PPS in 6 countries (Eswatini, Nigeria, Malawi, Zimbabwe, Nepal and Timor Leste); in up to 5 sites in each country.</p> <p>Work stream 3 follows on from workstream 2 and is aimed at supporting and training for continuous</p>

quality improvement (QI) in antimicrobial stewardship. The CPA supports in-country teams to analyse PPS data, current trends and develop appropriate AMS plans, using a behavioural change approach. This involves fostering, strengthening and sustaining links between clinical staff; pharmacists, nurses, doctors and laboratory staff.

The outputs realised through engagement with and appointment of in-country site champions:

- Raised PPS awareness on site
- Facilitation of end to end PPS process in timeframe (training, coordination, roll-out and data analysis), using a behavioural change approach
- Support development and uptake of SPARC app
- Development of a network for Behaviour Change and Quality Improvement amongst colleagues and key stakeholders across their local site, region and country
- Work with ICCs to support SPARC outputs across key stakeholders

The programme has been so successful that an extension programme is currently being developed to ensure the maximum number of countries benefit with a focus on sustainability through working with on-country site and app champions and increased stakeholder engagement to facilitate successful rollout and uptake.

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- [Sustainable Development](#)
- [Access to Health, Education, Food and Shelter](#)
- [The Role of Civil Society](#)

Ongoing Activity?

-

Activity Name

Advocacy through membership of Commonwealth Health Professions and Partners Alliance

Organisation Role

Partner

Name of Partners (Optional)

Members of the Commonwealth Health Professions and Partners Alliance

Beneficiary Member State(s)

- Antigua and Barbuda
- Australia
- Bahamas
- Bangladesh
- Barbados
- Belize
- Botswana
- Brunei Darussalam
- Cameroon
- Canada
- Cyprus
- Dominica
- eSwatini
- Fiji

- Gambia
- Ghana
- Grenada
- Guyana
- India
- Jamaica
- Kenya
- Kiribati
- Lesotho
- Malawi
- Malaysia
- Maldives
- Malta
- Mauritius
- Mozambique
- Namibia
- Nauru
- New Zealand
- Nigeria
- Pakistan
- Papua New Guinea
- Rwanda
- Saint Lucia
- Samoa
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- South Africa
- Sri Lanka
- St Kitts and Nevis
- St Vincent and The Grenadines
- Tanzania
- Tonga
- Trinidad and Tobago
- Tuvalu
- Uganda
- United Kingdom
- Vanuatu
- Zambia

Description of Activity

The Commonwealth Civil Society Policy Forum (CCSPF) is convened annually by the Commonwealth Health Professions and Partners Alliance (CHPA), culminating in a list of recommendations that are fed back to Health Ministers at the annual Commonwealth Health Minister Meeting (CHMM). In 2022 the programme was hosted by the Commonwealth Association for Paediatric Gastroenterology and Nutrition (CAPGAN), with a theme of addressing how commercial determinants of health can improve the health and wellbeing of the people of the Commonwealth. The CPA inputted into the programme and helped shape four recommendations:

- Recommendation 1: Strengthen the evidence base
- Recommendation 2: Develop tools and capacity to address the Commercial Determinants of Health
- Recommendation 3: Convene partnerships and dialogue
- Recommendation 4: Raise awareness and advocacy

Raymond Anderson, CPA Trustee and Immediate Past President and Mary Anne Ciappara, regional representative for Europe constructed a blog reflecting on this event and the relevance to pharmacy, in

which they quoted:

“...for pharmacy it is vitally important to be aware of how corporations and commercial entities are a key factor in determining the health of citizens.”

The annual Commonwealth Health Ministers meeting was held (virtually) in May 2022.

- The set of recommendations from the CCSPF (the CPA helped to shape) were presented to the Commonwealth Health Ministers.
- During Commonwealth Advisory Committee on Health (CACH) biannual meetings, CPA was invited to participate as Chair of the Voluntary Price Sharing Database. CACH agrees the agenda and draft statement for CHMM. Input into this meeting allowed CPA to support incorporation of some of the recommendations from CCSPF and the advocacy papers that CHPA drafted for the Commonwealth Heads of Government Meeting (CHOGM) into the ministerial statement and successfully advocate for the inclusion of antimicrobial resistance (AMR).

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Activity Start Date

01/07/2021

Activity End Date

30/06/2022

Activity Name

The Commonwealth Heads of Government Meeting

Organisation Role

Delegate and side event host

Name of Partners (Optional)

The Fleming Fund

Beneficiary Member State(s)

- Antigua and Barbuda
- Australia
- Bahamas
- Bangladesh
- Barbados
- Belize
- Botswana
- Brunei Darussalam
- Cameroon
- Canada
- Cyprus
- Dominica
- eSwatini
- Fiji
- Gambia
- Ghana

- Grenada
- Guyana
- India
- Jamaica
- Kenya
- Kiribati
- Lesotho
- Malawi
- Malaysia
- Maldives
- Malta
- Mauritius
- Mozambique
- Namibia
- Nauru
- New Zealand
- Nigeria
- Pakistan
- Papua New Guinea
- Rwanda
- Saint Lucia
- Samoa
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- South Africa
- Sri Lanka
- St Kitts and Nevis
- St Vincent and The Grenadines
- Tanzania
- Tonga
- Trinidad and Tobago
- Tuvalu
- Uganda
- United Kingdom
- Vanuatu
- Zambia

Description of Activity

The Commonwealth Heads of Government Meeting (CHOGM) was held on 20th to 25th June 2022 in Kigali, Rwanda (4 years after the last CHOGM held in London). The CPA's advocacy efforts for this event began many months and years beforehand. Through our membership with the Commonwealth Health Professions and Partners Alliance (CHPA) and our presence on the Informal Federation of Commonwealth Organisations (IFCO) steering committee, the CPA directly contributed to the advocacy papers developed; which were drafted and presented to the Commonwealth Heads of Government around the following themes:

- Governance and rule of law
- Sustainability (Trade and Environment)
- Youth
- ICT and Innovation
- Health

The Civil Society recommendations and the subsequent deliberations from the Heads of Government are then reflected in the Communiqué issued by CHOGM as an outcome of the meeting.

b. Commonwealth Health Ministers Meeting (CHMM)

The annual Commonwealth Health Ministers meeting was held (virtually) in May 2022.

- The set of recommendations from the CCSPF (the CPA helped to shape) were presented to the Commonwealth Health Ministers.
- During Commonwealth Advisory Committee on Health (CACH) biannual meetings, CPA was invited to participate as Chair of the Voluntary Price Sharing Database. CACH agrees the agenda and draft statement for CHMM. Input into this meeting allowed CPA to support incorporation of some of the recommendations from CCSPF and the advocacy papers that CHPA drafted for the Commonwealth Heads of Government Meeting (CHOGM) into the ministerial statement and successfully advocate for the inclusion of AMR.

c. Commonwealth Heads of Government Meeting (CHOGM)

The Commonwealth Heads of Government Meeting (CHOGM) was held on 20th to 25th June 2022 in Kigali, Rwanda (4 years after the last CHOGM held in London). The CPA's advocacy efforts for this event began many months and years beforehand. Through our membership with the Commonwealth Health Professions and Partners Alliance (CHPA) and our presence on the Informal Federation of Commonwealth Organisations (IFCO) steering committee, the CPA directly contributed to the advocacy papers developed; which were drafted and presented to the Commonwealth Heads of Government around the following themes:

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- Sustainability (Trade and Environment)
- Youth
- ICT and Innovation
- Health

The Civil Society recommendations and the subsequent deliberations from the Heads of Government are then reflected in the Communiqué issued by CHOGM as an outcome of the meeting.

We were excited to see many elements of our advocacy work reflected in the CHOGM Communiqué as a result of our advocacy efforts, including the emphasis on the need for action to tackle AMR, which appeared for the first time as a key area for action.

The CPA was represented at CHOGM by Ms Winnie Nambatya, in-country consultant for Uganda (CwPAMS/SPARC) and Flandrie Habyarimana, CPA Councillor for Rwanda.

- The CPA hosted a side event led by Ms Winnie Nambatya on 'Emerging from the Pandemic: Antimicrobial Resistance - a Call to Action'
- It was an interactive discussion that:
- Highlighted the global picture of AMR and the urgency to act
- Showcased Commonwealth initiatives tackling AMR through innovation, partnerships and transformation, including the Commonwealth Partnerships for Antimicrobial Stewardship programme
- Reflected on opportunities and threats emerging from the COVID-19 pandemic regarding infection prevention and management
- Discussed barriers to tackling AMR and action required to change systems and behaviours
- Key points raised during discussions were:
- Urgent need to strengthen health systems and regulatory bodies around detection of SF medicines.
- Need to address dispensing of antimicrobials without prescriptions and without microbiological evidence in health facilities.
- Lack of collaboration among health workers around AMR also needed to be addressed (especially between doctors and pharmacists).
- Urgent call to educate health care workers and communities on AMR and the consequences
- Other events that CPA Team attended:
- AMR event
- Malaria and NTD summit
- Building resilient and equitable health systems
- Opening ceremony and reception with SG

Outcomes from the CPA representation:

- Importance of access to and appropriate use of medicines emphasised, profile of pharmacists as key health workers in this space raised amongst Civil Society and Heads of Government.
- Key issues around AMR highlighted - to be followed up through CPA programmes of work
- Inclusion of advocacy areas into the CHOGM Communiqué, including AMR for the first time...!
- Production of two blogs on the CPA website

Charter of the Commonwealth

- [Access to Health, Education, Food and Shelter](#)
- [The Role of Civil Society](#)

Activity Start Date

01/11/2021

Activity End Date

30/11/2021

Activity Name

World Antimicrobial Awareness Week Campaign

Organisation Role

Lead

Beneficiary Member State(s)

- Antigua and Barbuda
- Australia
- Bahamas
- Bangladesh
- Barbados
- Belize
- Botswana
- Brunei Darussalam
- Cameroon
- Canada
- Cyprus
- Dominica
- eSwatini
- Fiji
- Gambia
- Ghana
- Grenada
- Guyana
- India
- Jamaica
- Kenya
- Kiribati
- Lesotho
- Malawi
- Malaysia
- Maldives
- Malta
- Mauritius
- Mozambique
- Namibia
- Nauru
- New Zealand
- Nigeria

- Pakistan
- Papua New Guinea
- Rwanda
- Saint Lucia
- Samoa
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- South Africa
- Sri Lanka
- St Kitts and Nevis
- St Vincent and The Grenadines
- Tanzania
- Tonga
- Trinidad and Tobago
- Tuvalu
- Uganda
- United Kingdom
- Vanuatu
- Zambia

Description of Activity

The theme for World Antimicrobial Awareness Week (WAAW) 2021 was 'Spread awareness, stop resistance', with the slogan 'Antimicrobials: Handle with care.'

Individuals and organisations participating in WAAW were encouraged to 'Go Blue' in support of the AMR Tripartite's (FAO, OIE and WHO) vision for tackling AMR using a One Health approach and CPA provided and disseminated templates for use on social media by our networks to support this. The CPA's campaign around WAAW focused on the important role of pharmacists in improving the use of antimicrobials, linking it to the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS) tools and resources, including the CwPAMS toolkit.

Participants were encouraged to "Go Blue" for pharmacists working in AMR by sharing their favourite AMR/AMS messages on social media. There were a series of 9 blue boards that included key messages in English, and 3 for participants to insert their own messages in a relevant language to accommodate diversity across the Commonwealth.

Participants were invited to change their social media profile cover images, photo frames or video backgrounds to show support for pharmacists tackling AMR across the Commonwealth. To help "spread awareness and stop resistance", participants shared some of the #CwPAMS "mysterious microbes" fun facts. They were also encouraged to create their own cards in any language.

A TweetChat was organised on the eve of WAAW (17th November) between 5 to 6pm GMT using the hashtag #CPApharm. The TweetChat was designed for individuals working or involved in the AMR sector, such as pharmacists, doctors, patients and policymakers, to share their views around the topic: "Spread awareness, stop resistance – the role of pharmacists". A blog was posted about the session, which was disseminated widely in the preceding weeks.

90 people participated in the TweetChat, representing many countries including the UK, Ethiopia, Tanzania, Canada, Nigeria, South Africa, Malta, and Uganda. A total of 1506 Tweets, 394 participants and 6,928 million impressions were measured during the month of November 2021, with most of the engagement taking place during WAAW.

Campaign participants were encouraged to share the CwPAMS programme tools and resources including the Infection Prevention Control (IPC) resources, AMS Prescribing App, AMS Toolkit, Continuing Professional Development (CPD) programmes and PULSE community platform during WAAW as part of the WAAW toolkit.

To close the WAAW campaign, participants were invited to join an AMS game tournament on the 24th November as a player or facilitator. To help drive interest, a digital copy of the game was offered as a prize; 124 people across 23 countries registered to play. This contributed to a peer-reviewed publication: <https://www.mdpi.com/2079-6382/11/5/611/htm>

Various stakeholders were personally invited to write a short blog on the role of pharmacists in tackling AMR across the Commonwealth, taking a One Health approach. The CPA published 6 blogs, covering a range of AMR topics from the role of digital technology in combatting AMR, to antimicrobial stewardship.

5 participants recorded a video documenting their views, experiences, and expertise from a One Health approach of how pharmacists play a role towards tackling AMR. The videos covered AMR in 4 countries: India, Australia, Fiji and Malaysia.

CwpPAMS developed the hashtags #CPApharm and #CwpPAMS for the WAAW campaign. Although the target audience was predominantly pharmacists working in the Commonwealth, communication materials were designed to be accessible to other audiences.

A page on the CPA website was also developed. This featured a toolkit, with a variety of daily activities to promote the role of pharmacists in tackling AMR. The toolkit also encouraged participants to support the One Health AMR Tripartite global campaign by using the hashtags #WAAW, #AMR #AntimicrobialResistance, #OneHealth and #HandleWithCare. Participants were also encouraged to “Go Blue to show support for pharmacists working to tackle AMR” and pass this onto colleagues.

Overall, the CPA's campaign for WAAW was a great success. #CPApharm was in the topmost used hashtags, and @CW_Pharmacists was measured as a top influencing account in a random network of 27,042 Twitter users whose recent tweets were included in a list related to #WAAW #EAAD search terms. A report was also published on the Fleming Fund Website.

CPA is looking forward to building upon the strengths, and using the lessons learnt from WAAW 2021 in the 2022 campaign.

Charter of the Commonwealth

- [Access to Health, Education, Food and Shelter](#)
- [The Role of Civil Society](#)

Ongoing Activity?

-

Activity Name

Research Publications

Organisation Role

Lead

Name of Partners (Optional)

Various

Beneficiary Member State(s)

- Antigua and Barbuda
- Australia
- Bahamas
- Bangladesh
- Barbados

- Belize
- Botswana
- Brunei Darussalam
- Cameroon
- Canada
- Cyprus
- Dominica
- eSwatini
- Fiji
- Gambia
- Ghana
- Grenada
- Guyana
- India
- Jamaica
- Kenya
- Kiribati
- Lesotho
- Malawi
- Malaysia
- Maldives
- Malta
- Mauritius
- Mozambique
- Namibia
- Nauru
- New Zealand
- Nigeria
- Pakistan
- Papua New Guinea
- Rwanda
- Saint Lucia
- Samoa
- Seychelles
- Sierra Leone
- Singapore
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- St Vincent and The Grenadines
- Tanzania
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- United Kingdom
- Vanuatu
- Zambia

Description of Activity

The CPA is very active in research and has produced 28 publications since 2018, raising awareness of the impact of our programmes and the issues around access to and use of medicines, as well as the role of pharmacists within this.

A full list of publications can be found on the CPA Website: <https://commonwealthpharmacy.org/publications/>

A summary of publications for this current reporting period is outlined below:

Published:

Two manuscripts were published in May 2022.

Links to the publications:

<https://www.mdpi.com/2079-6382/11/5/691>

<https://www.mdpi.com/2079-6382/11/5/611>

Submitted Pending Peer Review

Scoping Review of National Antimicrobial Stewardship Activities in Eight African countries and adaptable recommendations.

Medicine supply chain factors: Essential considerations for effective antimicrobial stewardship (WHO Bulletin)

Tackling Antimicrobial Resistance: A Case Study of Developing and Implementing Antimicrobial Stewardship Interventions in Four African Commonwealth Countries through a Health Partnership Model.

Ongoing Manuscripts

Exploring Barriers & Facilitators around reporting Substandard & Falsified Medical Products in Eight Commonwealth Countries: Kenya, Uganda, Ghana, Nigeria, Malawi, Sierra Leone, Tanzania and Zambia.

Scoping Pharmacists' Health Leadership Training Needs Across Eight African countries.

We also have 5 abstracts that have been submitted to the International Pharmaceutical Federation's congress in September 2022 and have been asked to participate in their AMR case study session to raise awareness in the global community around the great work of our partnerships in Africa.

Ongoing Activity?

-

Activity Name

Campaigns

Organisation Role

Lead

Name of Partners (Optional)

Various

Beneficiary Member State(s)

- Antigua and Barbuda
- Australia
- Bahamas
- Bangladesh
- Barbados
- Belize
- Botswana
- Brunei Darussalam

- Cameroon
- Canada
- Cyprus
- Dominica
- eSwatini
- Fiji
- Gambia
- Ghana
- Grenada
- Guyana
- India
- Jamaica
- Kenya
- Kiribati
- Lesotho
- Malawi
- Malaysia
- Maldives
- Malta
- Mauritius
- Mozambique
- Namibia
- Nauru
- New Zealand
- Nigeria
- Pakistan
- Papua New Guinea
- Rwanda
- Saint Lucia
- Samoa
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- South Africa
- Sri Lanka
- St Kitts and Nevis
- St Vincent and The Grenadines
- Tanzania
- Tonga
- Trinidad and Tobago
- Tuvalu
- Uganda
- United Kingdom
- Vanuatu
- Zambia

Description of Activity

The CPA has an annual calendar of health campaigns that they support and promote that are relevant to the Commonwealth and aligned to our strategic goals.

The purpose of these campaigns is to raise awareness of health issues affecting the Commonwealth and the role of pharmacists in tackling these, encouraging and empowering pharmacists around the Commonwealth to better serve their communities.

We celebrate Commonwealth Pharmacists Day on the 16th June each year, the theme this year reflected that of Commonwealth Day, 'Working towards a common future for the pharmacy profession through partnerships, innovation and transformation.' We created banners for pharmacists to use throughout the Commonwealth to promote this theme on social media. It was one of the most engaging campaigns that we have had and is encouraging to see the continued increase in activity amongst our members and followers.

Charter of the Commonwealth

- [The Role of Civil Society](#)

Title	Inclusion and diversity targets
Open, confidential or restricted	Open
Author (include email/phone)	Helen Gray Helen.gray@rpharms.com
Position	Director of People and Culture
Purpose of item (for noting/discussion/ decision/approval)	For noting
Item Summary	To receive an update on diversity monitoring/reporting throughout the recruitment process and the next steps that we are proposing to take.
Actions/decisions required of the Remuneration Committee	For noting only

Our internal I&D strategy

We believe that by creating an environment that values and celebrates our diversity, we will ensure that our people can be their best selves at work and help us deliver more as an organisation. Our members and customers are diverse, and we can serve them best by nurturing a diverse workforce.

We introduced an internal I&D strategy in 2020 to help move us towards our vision for inclusivity at RPS. We have since taken action to work towards our three strategic themes, which are – equity for all, challenge barriers to inclusion and diversity, and creating a culture of belonging.

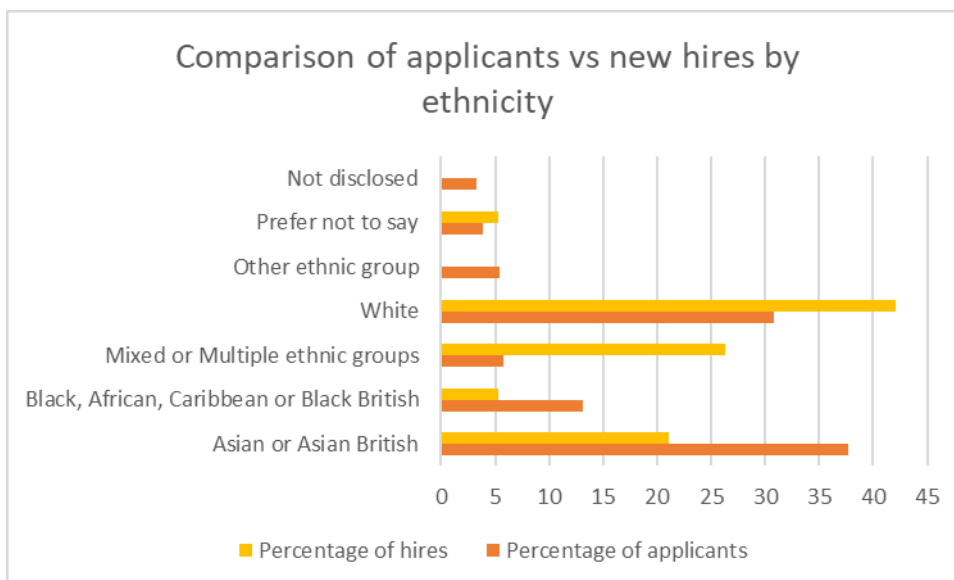
Our action plan for 2022 can be found in Appendix A, and as part of it we regularly monitor our employee and candidate diversity data (as part of the second strategic priority), so that we can understand trends, gaps in representation and identify areas requiring improvement. This paper provides more information on our recruitment data and the next steps that we are proposing to take.

Monitoring diversity data

We introduced a new applicant tracking system (Team Tailor) in June to support our reporting and the improvement of inclusivity in our recruitment processes. Since then, we've been very encouraged to see 98% of applicants completing the voluntary equality monitoring survey (for the period from June to September 2022). This contrasts with 53% disclosure in 2021, and 58% in the first half of 2022.

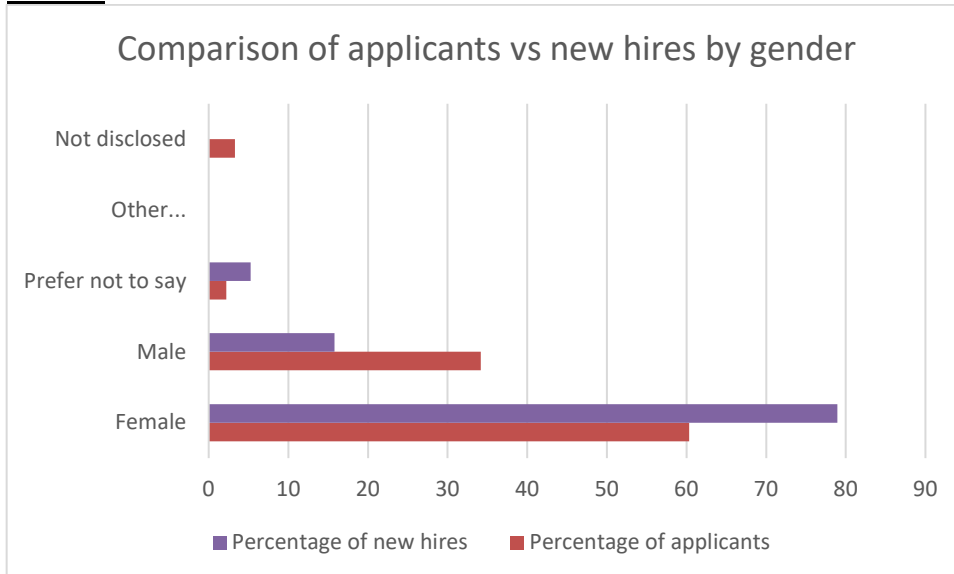
During this period, we received applications from 726 candidates and made 19 new hires. We can now accurately monitor diversity data at application and offer acceptance stages of the recruitment process, which enables us to review trends and see whether the diversity at both stages is proportionate.

Ethnicity



As you will see from the above table, we are appealing to high numbers of Black, Asian and minority ethnic candidates. We have hired a disproportionately higher number of white and mixed ethnicity candidates, and disproportionately low black and Asian candidates.

Gender



As for gender, we attracted high numbers of female candidates and made offers to an even higher proportion of females. This is no surprise considering our employee-base is predominantly female (66%).

Disability

We had no candidates declare a disability during this period.

Next steps

We will continue to monitor this data on a quarterly basis to further identify trends, alongside our employee demographic data which is regularly reviewed at Remuneration Committee.

The new system will also enable us to trial blind recruitment processes up to the interview stage, which our previous system made prohibitive. Up to September, this had been trialled for particular roles, and from October to December it is being trialled for every role. We will evaluate the success of the trial and assess whether we can improve our inclusivity up to offer stage by removing opportunities for bias earlier in the process.

The system will also support us in our aims towards upgrading our Disability Confidence accreditation to level 2 by the end of this year, as it will allow candidates with disabilities to be automatically offered an interview should they meet the minimum requirements. We are now in the process of training managers to manage requests for reasonable adjustments during the interview process.

As part of our wider work towards improving inclusivity at RPS, we have decided that now is a good time to conduct an audit of our data, strategy and objectives to ensure they are fit for purpose and will actually make us a more inclusive organisation. We have a lot of data and have taken a lot of action to make improvements, but this hasn't necessarily been translating into positive results, particularly for our ethnicity, gender and disability pay gaps, and representation within senior levels of the organisation.

We are currently in the process of engaging with external consultants so that they can provide expertise and recommendations to us. We will report back on the outputs of this work at the next Remuneration Committee and Assembly meetings.

Appendix B – I&D plan 2022

Strategic objective	Q1 2022	Q2 2022	Q3 2022	Q4 2022
<p>Equity for all</p> <p>We recognise that there are many complex factors that contribute to inequity and pay gaps, including cultural, social and external labour market factors that are difficult to directly influence, and change can be slow, however we will do everything in our power to ensure every employee is rewarded fairly and equitably for the work they do.</p>		Employee wellbeing section in April Workbuzz employee survey, with follow-up focus on mental health support/resilience training - complete	Produce 2022 pay gap reports and initial suggestions for action for Exec, discussions to go alongside salary benchmarking discussions – complete but with potential follow up action as part of the strategy review	Host employee drop-in to discuss and engage in pay gaps – preparation in progress
		Run pay gap reports in April - complete		
<p>Challenge barriers to inclusion and diversity</p> <p>We strive for representation for all at all levels within the organisation and ensure inclusion is integrated into everything we do. Our processes are fair, and everyone has equal opportunities within the organisation.</p>	Monitor and review employee and candidate diversity data - complete		Monitor and review employee and candidate diversity data - complete	
	Introduce equality impact assessments for all new and reviewed internal policies and processes - complete	Introduce a new applicant tracking system to facilitate more inclusive recruitment processes and enable better diversity monitoring at each stage of the process – complete but more work to be done to produce valuable diversity reporting	Trial blind recruitment for particular roles. Evaluate success – in progress	Trial blind recruitment in Q4. Evaluate the success of the trial – in progress
	Identify executive search agencies with a good track record for diversity and inclusion to encourage a strong pool of diverse applicants for three director roles - complete	Introduce new menopause policy - complete	Invite employees to participate in Parents and Carers campaign- complete	Review census data once it is published in November/December 2022 to re-evaluate our comparator population – not started

	Roll out neurodiversity training available to all employees and managers - complete	Updated Disability Confident Self Assessment and identified key actions required to progress to level 2 - complete	Roll out Disability confidence training for managers, Exec team and People team- in progress	Achieve Disability confidence status – level 2 – in progress
			Draft employee wellbeing passport, with input from Exec/managers, Employee Forum, Internal ID group – in progress	Engage an external consultant to review our I&D strategy to ensure FFP – Implement recommendations (which could include a recruitment charter) from the audit - in progress
<p>Creating a culture of belonging</p> <p>We celebrate, raise awareness and educate each other about diversity. Our employees feel that RPS is an inclusive place to work and would advocate this to others.</p>	Engaged with the wider organisation to redesign our multi-faith room - complete	ID group comms: celebrating Easter, Vaisakhi and Ramadan; LGBTQ+ inclusivity and Pride- complete	Roll out menopause awareness training - complete	Roll out Inclusive leadership development for Assembly members – to be extended to board members in 2023 – in progress
	Celebrate International Women’s Day employee blogs on women who have inspired me - complete	Special campaign for South Asian Heritage Month – what my culture means to me - complete	Special campaign for Black History Month– employee blogs on inspirational leaders, showcasing culture, supporting black business – in progress	
		Invite employees to add pronouns to their email signatures - complete		