

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 26 April 2017, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Mr E Black
Dr A Boyter
Mrs K Cowle
Prof J Cromarty

Dr J McAnaw (Chair)
Mrs A Smith
Mr D Thomson
Miss E Thomson

In attendance

Alex MacKinnon (AMACK), Interim CEO, Aileen Bryson (ABr), Interim Director for Scotland, Annamarie McGregor (AMcG), Professional Development Lead, Boyana Atanasova (BA), Digital Communications Assistant, Susanne Cameron-Nielsen (SCN), Head of External Relations, Leaghann Watson (LW), Research Support Coordinator, Marta Gutierrez (MG), Business Support Assistant, Corinne Burns (CB), RPS Correspondent.

RPS President, Martin Astbury (MA) and Dr Catherine Duggan (CD), Director of Professional Development & Support, joined the meeting by video conference.

Guests

Fiona McMillan (FMcM)
Heather Harrison (HH)
Mara Gilchrist (MG)
Tom Byrne (TB)
Jacqueline Sneddon (JS)

National Health Education Scotland (NES)
Educational Development Pharmacist (NES / RPS)
British Pharmacists Students Association (BPSA), Northern Area Coordinator
BPSA, Secretary General
Project Lead for Scottish Antimicrobial Prescribing Group

17/01	<p>Welcome and introductions</p> <p>The Chair welcomed BMs and staff to the meeting and then extended a special welcome to guests and also to Martin Astbury (MA) who was attending the meeting by video-conference (VC). Board Members were advised that Dr Catherine Duggan (CD) would attend the meeting by VC for the Professional Development & Support item.</p>	
17/02	<p>Apologies</p> <p>Apologies were received from Dr Ailsa Power.</p>	
17/03	<p>Declarations of interest</p> <p>David Thomson (DT) noted two changes:</p> <ul style="list-style-type: none"> • Reinstated as a specialist adviser to the CPO. • Member, Editorial Board of <i>Pharmacy in Practice</i>. <p>There were no other changes.</p> <p>Action: CR to update DT's declaration of interests.</p>	CR
17/04.	<p>Minutes of the SPB Public Business meeting held on Wednesday 18 January 2017</p> <p>The Scottish Pharmacy Board</p> <p>approved</p> <p>the minutes of the Scottish Pharmacy Board Public Business meeting, held on Wednesday 18 January 2017.</p>	
17/05.	<p>Matters arising</p> <p>P.6: ABr noted that communications officer for <i>PfE</i> has been appointed and is in post.</p> <p>P.6: The Chair reported that they have not yet met with the CPO re: finances, funding, sustainability and resources. It was agreed that it would be more appropriate to meet with the Cabinet Secretary for Health and Well-being (CabSec) to discuss these matters.</p> <p>P.10: Leaghann Watson (LW) to liaise with Anne Boyter (ACB) re: students supporting Research Ready projects.</p> <p>Actions:</p> <ul style="list-style-type: none"> ➤ P.6. (2nd action): SCN to arrange meeting between Chair, AMACK/ABr and Cab Sec. ➤ P.10: Leaghann Watson (LW) to liaise with Anne Boyter (ACB) re: students supporting Research Ready projects 	SCN LW/ACB

17/06.	<p>SPB Business Plan (BP) 2017 - Quarter 1 (Item: 17.04/SPB/06). ABr began the SPB BP Q1 update by thanking the team who had managed to keep activities on track despite the fact that the team being reduced by one staff member.</p> <ul style="list-style-type: none"> • Partnership working: Partnership working with other HCPs is progressing and the group has met with Scottish Government (SG) on the back of the principles document. The next meeting is on Friday 5 May at the Royal College of Nursing. The principles have worked well and the group is still collaborating; SG is looking for input from the group. • Long Term Conditions (LTCs): There are no plans to progress this work stream further; there has been good media coverage in the Glasgow Herald around its 'Ageing Society' series. • Hospital Standards: Sandra Melville is involved with this. • Public Health (PH): AMcG to contact Sharon Pflieger and the PH Network re: input a PH work stream at the Seminar. BMs were asked to forward to AMcG / ABr details of where there are 'gaps' as the RPSiS is keen to work more closely with the PH Network. AS noted that Fife is not meeting its heat targets which are in the local delivery plan and pharmacy is seen as a significant part of this; needs reinvigorating. The Chair suggested that it would be useful to scope out the PH service, which is part of the 'contract', to see what good could / should look like. • Health and Sport (H&S) Committee: A number of members were nominated to speak informally to the H & S Committee about the culture and governance of the NHS. This was a new venture and proved to be very useful; will be fed back to the H & S Committee at next meeting. • National Seminar 2017: Graeme Kramer is to present at a short plenary session on Health Literacy at the National Seminar and it will be woven into the workshops. Health literacy was one of the ambitions of the SPB Manifesto 2016. • Medicines Shortages and Valuing Medicines: The RPSiS is represented at these meetings. • Quality Road Shows: AMcG was thanked by AMaCK for the delivery of the Quality Road Shows. The Road Shows have succeeded in raising awareness of error reporting and the quality and safety agenda. AMaCK will report to the Rebalancing meeting that is due to take place on 27 April. • New GB Communications / PA / PR project: There is a watching brief with consideration for working in a more streamlined way across GB whilst still progressing the Scottish agenda. This new way of working needs to be an improvement rather than just a spreading of the load. 	AMcG
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	<p>ABr confirmed that all work streams are on track for Quarter 1 leading into Quarter 2.</p> <p>Action: BMs were asked to forward to AMcG / ABr details of where there are 'gaps' in Public Health as the RPSiS is keen to work more closely with the PH Network.</p>	BMs
17/07.	<p>Professional Development & Support Update (Item: 17.04/SPB/07). Dr Catherine Duggan (CD), Director of Professional Development and Support (PDS), provided a brief update on PDS activities. The Report has been streamlined and includes international activity. She asked that the report be kept as confidential to the Board.</p> <p><u>Professional Support, Standards and Guidance, Consultations, Accreditation and Museum:</u> These work streams are led by Ruth Wakeman (RW), Assistant Director for Professional Development.</p> <ul style="list-style-type: none"> • <u>RPS standards and guidance:</u> All RPS standards and guidance documents have been NICE accredited on first submission. This is a badge of quality recognised by other external organisations. Measures are in place to ensure that the same level of accreditation is accorded in Scotland through SIGN. CD noted that she is very grateful to the PDS team. • <u>Downloads:</u> a gap has occurred with the launch of the new website with the consequence that a number of resources have not been uploaded; it is likely that this will impact on Q2 results. • <u>Research:</u> The Research team is made up of the equivalent of 2.4 members of staff; the devolved aspect has proved to be beneficial. Research is now over-lapping between research and professional development, There is a Pharmacy Research UK (PRUK) meeting today (26 April) at which AMacK will emphasise the importance of research. • <u>Workforce Development:</u> RPS Workforce Summit held at the end of 2016; this was principally about the hospital sector. This needs to be rolled out to include science and academia. Chris John, who leads on workforce development has been invited to attend a number of local engagement meetings and so, it is hoped, that there will be increased activity across the nations. • <u>Science:</u> Prof Jayne Lawrence left the RPS at the end of March. The job description is being revised and a new Chief Pharmaceutical Scientist will be recruited. In the meantime, CD is taking on the handover work in the interim and working with the Science Expert Advisory Panel. • <u>Professional Development update:</u> The RPS Faculty is regarded as 'a huge success' and, although actual submissions are fewer than hoped for, it is gaining 'great traction with the royal colleges. RCGP is putting forward a bid in England for pharmacists working in GP 	

	<p>practices to be a Member of the Faculty or working towards it; this would be a sign that the pharmacist would be trained to a standard required to work in a GP practice.</p> <ul style="list-style-type: none"> • <u>GPhC and professional portfolio work</u>: This is progressing well. CD to circulate a confidential note to BMs regarding this activity and also the work with employers that is being progressed. • <u>International Programme</u>: <ul style="list-style-type: none"> ○ Namibia – Since the Professional Body was launched, Namibia has established its first school of pharmacy, with a first set of graduates. They are all RPS Members and going through the Foundation as part of the RPS accredited programme. ○ Japan – the RPS has a partial agreement with the Japanese Pharmacy Association to run a 3 year programme. There is no CPD in Japan and so a legal agreement is in place to allow Japanese pharmacists to use a translated version of the RPS Framework. Japan has an ageing population, approximately 20 years ahead of GB and so they are experiencing issues which GB will experience in the future. ○ Australia - Signed a partial agreement with the Society of Hospital Pharmacists of Australia and the RPS is working in alliance with ten organisations to credential their members. There will be reciprocal arrangements with Australia. ○ Trinidad & Tobago - Twenty Members signed up International Membership in order that they can achieve Faculty status. ○ Indiana, USA - Ongoing discussions; pharmacists there are very restricted in how they can move from sector to sector. Very keen to work with Foundation and Faculty. ○ Hong Kong – Discussions with the President of the Hong Kong Pharmaceutical Association who is very keen to progress partnership working and the RPS's Faculty support for their leaders. ○ Lebanon - Mehendra Patel gave a presentation to Lebanese pharmacists; this was very well received. ○ Iceland - Iceland has 350 pharmacists of which 21 are working through the Faculty; two are progressing through the Foundation programme with a further four pharmacists about to start. AMaCK reported that Iceland is very enthusiastic to engage in the Faculty and Foundation. It is hoped that these pharmacist might attend the Seminar. <p>Each of these programmes brings in revenue from Members from those nations and then also revenue from Faculty submissions. It takes approximately one hour per month of the team's time to provide webinar support. CD reassured BMs about the resources being focused on international activities, noting that it would not impact on UK activities. The international programme is very exciting and has a very high return on investment. A major re-structure of PDS is planned to allow for an increase the support around professional development.</p>	
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	<p>CD noted that she would welcome any comments and concerns and would be happy to set up a meeting to allay concerns.</p> <p>Actions:</p> <ul style="list-style-type: none"> ➤ CD to organise a teleconference / webinar with BMs re: the abstracts issue at Conference. ➤ CD to circulate a progress update (in confidence) to BMs on GPhC and the professional portfolio work. 	<p>CD</p> <p>CD</p>
17/08.	<p>Update on RPS Conference 2017</p> <p>Dr Anne Boyter (ACB) provided an update on progress of the RPS Conference:</p> <ul style="list-style-type: none"> • The programme is fairly well developed with a number of speakers confirmed. • It will remain as a two day event; a one day event had been considered but was dismissed. • New venue: The Vox, a sister venue to the IECC. • There is little Scottish content at the moment; ABr confirmed that a request for AMcG to present the Quality Road Shows has been submitted. ACB confirmed that this has been included in the programme. • AMacK is trying to get Science & Research embedded into the work-streams. • There will not be any abstract posters this year but emergency measures are in place to allow the abstracts to be presented at the Welsh conference two months later. <p>AMcG noted that she had met with Derek Stewart (DS) who was very upset about the lack of abstracts. There have been communications' issue that need to be resolved – it is incongruous to promote research in pharmacy practice and not have the research components at the national conference. AMacK confirmed that there will be research elements within the work streams. KC asked if there might be an opportunity to have abstracts at the Scottish National Seminar; AMacK noted that the abstracts will only be ready in time for the Welsh event. ACB suggested that there would be an opportunity to do something on a small scale. Perhaps asking DS to review and adjudicate them together with a representative from Strathclyde.</p> <p>JC's had a number of concerns regarding the lack of abstracts at the Conference, particularly as he had been a member of the Adjudication Panel for seven years and seen the quality improve year on year. He sought reassurance that the oral research sessions would continue. ACB was asked to clarify whether the oral research sessions would go ahead. JC asked why this had been allowed to happen – AMacK to update in Confidential business. Dr Catherine Duggan</p>	

	<p>(CD) offered to host a teleconference to explain to BMs how this matter has arisen and to try to reassure BMs.</p> <p>ABr: if we are to do abstracts do we have to get the call out to people to submit abstracts. CD assured BMs that PDS will support.</p> <p>It was agreed that CD, DS and ACB to be the panel.</p> <p>Actions:</p> <ul style="list-style-type: none"> ➤ AMack / CR to ascertain whether there is a Scottish Member on the Adjudication Panel. ➤ ACB to draft template. ➤ ACB to clarify whether the oral research sessions will go ahead in 2017. ➤ CD to host a teleconference to explain to BMs how this matter has arisen and to try to reassure BMs. 	<p>AMack ACB ACB CD</p>
17/09	<p>Antimicrobial resistance (AMR) update</p> <p>Jacqueline Sneddon (JS), Project Lead for the Scottish Antimicrobial Prescribers' Group (SAPG), thanked BMs for the invitation to the SPB meeting. JS provided an update on work to date and set the scene for a workshop. SAPG was set up in 2008 to deliver the SG's action plan on antimicrobial resistance; it is based on the structure of the Scottish Medicines' Consortium (SMC) with representatives from all the NHS Boards on the Group as well as other national stakeholders. The group receives funding from the SG Healthcare Associated Infection (HAI) budget.</p> <p>Three streams of work: Informatics, quality improvement and education.</p> <p>The Group looks to provide antimicrobial stewardship pharmacist support at national and local level.</p> <p><u>National level:</u> Marion Bennie is the Group sponsor, JS is the Professional Lead, Billy Malcolm (Health Protection Scotland) is the Informatics Lead and there is good pharmacist representation; i.e. Education Lead from NES, a Director of Pharmacy and the Chair of the Association of Scottish Antimicrobial Pharmacists (ASAP) and representation from the SPAA Group.</p>	

	<p><u>Local level:</u></p> <p>At least one AMR pharmacist in every health board and separate funding was provided for one per region.</p> <p>ASAP is a key group supporting the national work; it was set up in 2004 and JS was one of the four founding members. There are now 25 to 30 members. It also shares best practice and helps to develop the clinical specialty.</p> <p>There is an annual work plan with education and research as the main focus and the group has links with both Schools of Pharmacy (SoPs) at under and post graduate level and also for research purposes.</p> <p><u>Key achievements:</u></p> <ul style="list-style-type: none">• Developed a Specialist Vocational Training for infection and Antimicrobial Stewardship; this is one of the programmes available through NES. This was to support new pharmacists to ensure sufficient training and resources were available.• National pre-reg training – a study day; this programme won an award.• Developed national courses for CPD; these have been delivered in all regions of the country. <p>Current research is mostly hospital focussed and involves a time and motion study to map out AMR pharmacist activities in day to day practice; this is in collaboration with RGU; the Group is also working with Strathclyde on the evaluation of data.</p> <p>The other key group is SPAA; this group has been instrumental in linking work with primary care and social work settings.</p> <p><u>Outputs:</u></p> <p>AMR use in the hospital setting - Antibiotic use is considered in a qualitative and quantitative way; there is evidence that it is increasing in hospitals and this is a major challenge. A major recent development is an AMR app which is used in hospitals; there is a tool within the app that allows the SAPG to collect data for the National Quality Indicator.</p> <p>AMR use in Primary care - There is better data for primary care because patient level data can be attained whereas in hospitals the data is based on 'crude consumption data'. Total use is reducing in primary care; this is as a result of various initiatives that the SAPG has been working</p>	
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on with the SPSS. There is a lot of variation in primary care. England has lower rates of antibiotic prescribing than Scotland but all countries are reducing.

Education resources:

- Education is a significant part of SAPG's remit; various resources have been developed aimed at responsible antibiotic prescribing.
- The latest resource that has been developed is the ScRAP programme. Originally, it was focussed on respiratory tract infections and reducing use of antibiotics; increasingly, urinary tract infections (UTIs) have become resistant to antibiotics and so have been included in the ScRAP programme. The programme has a facilitated approach to learning as a team and there is a pack to support this. It is not only for GPs but for the whole primary care team and can also be used in care homes.

Other supporting groups:

- UKCPA: mainly hospital focussed but is keen to promote membership to primary care and community pharmacists. Going forward, the work of UKCPA will be focussed on providing education to meet the needs of pharmacists.
- RPS AMR Expert Advisory Group: The Scottish representatives on this group are JS and Alison Cockburn. The group has a long list of deliverables. A big role of this group is to provide input into consultations on AMR.

Promotion:

- Pharmacists in all areas of practice need to be aware of antimicrobial stewardship. European Antibiotic Awareness Day (EAAD) is a pharmacist led campaign that has been running since 2008. There is a website and also the Antibiotic Guardian campaign which encourages people to make a personal pledge re: antibiotic use; there are specific pledges aimed at pharmacists and how they can contribute.
- In 2014, a self-care leaflet, developed by RCGP, was piloted in Scotland; the SAPG developed a pharmacist specific version which was sent to all community pharmacies in Scotland. The evaluation showed poor uptake. The leaflet was well thought of in the other countries and has been taken up by Public Health England (PHE).
- There have been two Public Health Campaigns using posters and leaflets; the first, in 2015 was a PHE campaign and included an antibiotic guardian element. The second campaign, in 2016, was Scottish and was more 'hard-hitting'; it was delivered through SG to Scottish community pharmacists. The campaign was evaluated through a survey, the results of which were mixed. SG has stated that any campaign in 2017, SAPG will be required to pay 50%, i.e. £8k.

	<p>JS concluded her presentation by noting that the hospital and GP practice pharmacists are well supported however community pharmacy where AMR has the most significant impact is proving challenging. JS believes that pharmacists are providing leadership for AMR stewardship at both national and local level around Scotland and the rest of the UK, but getting all pharmacists involved is crucial and community pharmacy is the key gap; JS is keen to work with the RPS and CPS to address this gap.</p> <ul style="list-style-type: none"> • KC: asked if the remits of any of the health board representatives were linked to community pharmacy. JS noted that most links were to hospitals and primary care; links to community pharmacy were minimal with the main contact being through NES events. Some boards have a separate Primary Care AMR pharmacist and in Tayside there have been links with community pharmacists around care homes. • ET noted that in Tayside they are exploring how to work with the local authorities and social care to progress matters. Antimicrobials are included on the medicines' management plans. As the clusters develop and health care and social care work together, there will be an opportunity to target demands from patients and carers and to raise awareness. • AMcG was surprised that the self-care leaflet wasn't well taken up as there was lots of tweeting when it was published. She suggested that it might be helpful to review the document. JS noted that the leaflet would be useful for training pharmacy teams to have pertinent conversations with patients and the public. • JMcA asked about point of care testing (swab tests for sore throats) which had been reported in the <i>PJ</i>. JS confirmed that there is a new scoring system for sore throats called FeverPAIN which is easier to use and scoring is more effective; there is still a role for triage. • JC asked what level the ScRAP package is aimed at. The first iteration, respiratory tract infections, was delivered by prescribing advisers. Because there are relatively few prescribing advisers, this was deemed a draw back. The new version has 6 sections which can be facilitated by anyone in the team. 	
17/10	<p>Anti-microbial resistance workshop</p> <p>The team has identified three strands that are being considered to support the AMR campaign:</p> <ul style="list-style-type: none"> • Public awareness, e.g. handwashing • Developing RPS resources – Linking antimicrobial stewardship to the Competency Framework. There is already a DH document and so consideration needs to be given to what the Professional Body can add that is meaningful, e.g. specific resources around an antibiotic care bundle 	

	<ul style="list-style-type: none"> Working with the pharmaceutical industry to highlight the development of new drugs; engaging with politicians and experts <p>The meeting was asked to consider how the Professional Body can support, contribute and add value.</p> <ul style="list-style-type: none"> Signs on the sides of buses 'Consultation only' on the eMAS might be an incentive Pharmacy Champions to raise awareness when visiting community pharmacies RPS Local - clinical workshop to promote antibiotic guidance on respiratory tract infections and UTIs; these could be delivered in all health board areas and also digitalised to be used elsewhere. Launch at the National Seminar. <p><u>Group 1:</u></p> <ul style="list-style-type: none"> Scope out the RPS supporting community pharmacy input into the SAPG. Community pharmacy members to be involved in testing, e.g. best practice Stewardship and AMR should be a professional core component of pharmacy practice. Include, as part of a campaign, the clinical check of prescriptions, counselling for new antibiotic prescriptions being a core component of professional accountability. Exploring a new component of AMR as part of the Public Health Service and community pharmacy practice; this would need to be scoped out with SG and CPS. Community pharmacists and GP practice pharmacists and Community pharmacists working more cohesively. RPS policy states that they should work more cohesively and there is the potential to scope out 'good modelling' around this. Include in the Care Homes review which is scheduled for summer 2017; consider the role of the care homes pharmacist. <p><u>Group 2:</u></p> <ul style="list-style-type: none"> Antibiotic stewardship suits RPS Local and could be 'the first of the autumn events'; there is a need for community pharmacists to have summaries (crib sheets) with local guidance to ensure that prescriptions are correct. Primary Care pharmacists could be involved as could RCGP to 'complete the triangle'. Leaflet on the RPS website; would need to be able to link it to the local health boards. Working with eMAS Consultation only; encouraging community pharmacists to document /audit these so that impact can be measured. A workshop at the national seminar 	
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	<ul style="list-style-type: none"> Public health messaging – take to the PH Group Raise awareness through an article in the <i>PJ</i> article; highlighting the AMR resources. SCN to follow this up to see if feasible BA and SCN to take to the group to see if there is a budget. <p>JS confirmed that the presentation can be shared.</p> <p>Action:</p> <ul style="list-style-type: none"> SCN to explore viability of an article AM stewardship in the <i>PJ</i> – focussing on AMR resources. 	SCN
17/11	<p>British Pharmaceutical Association (BPSA) Mara Gilchrist (MG), BPSA Northern Area Coordinator and Tom Byrne (TB), BPSA Secretary General introduced themselves.</p> <p>MG and TB provided a presentation and some background to the work of the BPSA. The aims of the BPSA are to educate, entertain and represent. There are 19 Executive members and 15k pharmacy student members.</p> <p>The purpose of the presentation is to update BMs on the views and aspirations of the BPSA membership.</p> <p>Recently debated by the BPSA membership:</p> <ul style="list-style-type: none"> An aspect of pharmacist prescribing should be incorporated into the undergraduate degree. Schools of pharmacy should promote IPL with other healthcare students through social and academic activities. Inter-professional learning. A multiple mini interview stage process should be used to assess prospective undergraduate students. Introducing upcoming technologies, i.e. personalised medicines, pharmacogenetics, etc. Students are the future and so they should be furnished with the latest information on technology. 	

	<ul style="list-style-type: none"> • To increase working with organisations, e.g. RPS to ensure that students are made more aware of the opportunities for pre-reg placements across the sectors. • Public health – child vaccinations and use of NHS services. <p>TB gave details of the discussions paper which considered the aspirations and expectations of pharmacy students. As the future of the profession it is very important that the views of the BPSA membership are given due consideration.</p> <p>BPSA recommendations:</p> <ul style="list-style-type: none"> • Multi-sectoral placements for pre-reg pharmacists. Pre-reg training can funnel pharmacists into one sector. It is becoming more common for pharmacists to work across care pathways and so multi-sectoral training would be beneficial. • Visa requirements for international students. Many non-EU students are unaware of the visa requirements (which amount to approx. £21k), BPSA states that this is unacceptable and that all prospective international students should be made aware of visa requirements before enrolling on an MPharm course. • It has been found that early years' registered pharmacists are not prepared to invest more than £500 p.a. on their personal development. RPS membership would be included in this figure and this might deter them from joining the RPS. • Young pharmacists should invest in their careers, as should their employers. • Pharmaceutical expertise should be available 24/7 in all care settings. 87% believed this should be the case but only a small percentage agreed that there should be a rota system! • Placement of pharmacy teams in A & E departments. • Included prescribing as part of the undergraduate course; increase the number of pharmacists' prescribing. The BPSA sees this as: <i>'the natural evolution of the role of the pharmacist'</i>. <p>TB concluded: 'the BPSA (students) needs to be included in decision making because we are the future of pharmacy'; he also reiterated that the BPSA would like to work with the RPS.</p> <p>JC asked whether the statement around the desire for students to have professional self-confidence might have arisen from feedback from former students. Feedback has stated that newly qualified pharmacists can feel isolated and so it was suggested that, once they become members, the professional body has to ensure that it engages with these new pharmacists so that they remain enthusiastic about their careers and are managed in the best possible way. It</p>	
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	<p>was suggested that attention could be focussed on pre reg pharmacists who might not quite know where they sit, i.e. not quite a pharmacist but no longer a student.</p> <p>ABr asked if the MPharm course had prepared him for his career. TB suggested that it had.</p> <p>AMcG noted that pre-regs are managed through NES in Scotland and asked if this model was replicated throughout the UK. In Scotland 76% of pre-regs are keen to undergo a modular pre-reg year but that there are only 21 modular places.</p>	
17/12	<p>NES / RPS Educational Project Update</p> <p>Heather Harrison (HH), Educational Development Pharmacist and Fiona McMillan (FMcM), NES, presented on the NES / RPS project. HH Gave a brief summary of the project to date. A steering group was formed, made up of AMaCK, Harry McQuillan (HMcQ), Community Pharmacy Scotland (CPS), Ailsa Power (AP), FMcM and HH. NES Pharmacy, with support from three working groups (for the different areas of practice) and a steering group for the community pharmacy work-stream (representing NES/RPS and CPS) is developing a NES Vocational Training Foundation Programme (VTFP) that will enable training across all three areas of practice. Resources and infrastructure are also being developed and considered as part of this project. A process for notes of interest has been developed and will go 'live' on the NES website on 1 June 2017 with a training start date of 1 September 2017. The community pharmacy pilot will comprise of 10 community pharmacists from a variety of community pharmacies. The development of the community pharmacy competencies are on track and evidence is being finalised. KC confirmed that two of Boots' pharmacists will participate in the community pharmacy pilot. AMaCK asked whether resources would be available to support the wider roll-out as there is potential for the RPS to support this.</p> <p>A draft of the framework was circulated to BMs. The intention is to make the Framework modular and as flexible as possible so that training can be customised to suit the individual's area(s) of practice. The whole framework is geared towards hospital, primary care and community. The primary care aspect was launched in February 2017 together with the refreshed Hospital Framework. It is hoped that, going forward, there will be more joint activities to encourage peer learning. FMcM confirmed that there is a specific area of the NHS ePortfolio that is dedicated to the VTFP.</p> <p>ACB noted that some of the entries are CPD linked; are they linked to the old or new versions of GPhC CPD? It was confirmed that entries will align with GPhC CPD requirements and developments.</p> <p>It was noted that pharmacists with the Hospital Stage II training can be awarded credits for prior learning that could count toward an MSc; ACB suggested that it would be worth involving the</p>	

	<p>Schools of Pharmacy (SoPs) regarding the Framework as there would be 'overlap' with the Masters programmes.</p> <p>EB suggested that some of the competencies are quite advanced for early years' pharmacists. HH confirmed that this is geared towards early years' pharmacists but more established pharmacists wouldn't be refused. The intention is that early years' pharmacists will have the skills to move from sector to sector.</p> <p>AMcG asked about funding for future training, bearing in mind <i>PfE's</i> ambition for a shared career pathway for all pharmacists. It was suggested that the RPSiS should discuss with SG and NES to identify the RPSiS's role and to ensure that sufficient funding is secured.</p> <p>ABr asked if the accreditation agreement is reciprocal, i.e. if a pharmacist has completed the RPS Foundation training does it automatically receive the NES Foundation Framework accreditation? HH confirmed that this wouldn't necessarily follow and that consideration is given on a one to one basis.</p> <p>EB asked for clarification as to where this project lies within the SPB's business plan. HH confirmed that it is a joint project but it sits within the NES work stream; only RPS Members would receive dual accreditation. EB's concern is that the RPS Foundation Framework should be an RPS USP and that it could be diluted. Assurance was given that RPS accreditation comes with conditions, e.g. using RPS logos.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the NES / RPS Educational Project Update.</p>	
17/13	<p>Public Affairs (PA)</p> <p>Susanne Cameron-Nielsen (SCN), Head of External Affairs, provided an update on PA activities in Q1.</p> <p><u>Highlights:</u></p> <p>7-9 March - Exhibition in the Members' Lobby in Scottish Parliament (SP). This was a very successful event giving visibility for the profession and the RPS in Scotland. Members of the team engaged with almost one third of SP MSPs and follow up meetings have been agreed with many of them. A total of 39 MSPs signed the <i>Manifesto</i> pledge. Conversations focussed around pharmacy being a science based profession.</p> <p>Over the three days, the impact of social media, i.e. Facebook and Twitter was monitored. There were 22k impressions on Twitter and 2k reached Facebook posts. SCN's proposal is that once</p>	

	<p>the follow-up has been completed, focus will be directed to the Seminar. BMs were asked for their views and aspirations for next steps once MSPs return from Summer Recess.</p> <p>At the Strategy Day, it was agreed that aspects of the Manifesto should be developed further:</p> <ul style="list-style-type: none"> • Access to records – there is an expectation that the H & S Committee will consider the sharing of information; meeting dates have yet to be confirmed. BMs were advised that the Law Society Medical Committee is to take forward the RPS proposals for Access to Records. The proposal is being scoped out and over the next 18 months the Committee will consider the legislative change, data sharing and access to records. They have the RPS policy and also the work that has been carried out collaboratively on Access to Records which the RPS is leading on; this will ease the workload. The Collaborative has been informed. • Care homes review • Local Council elections - Manifesto to be appropriate for the local council elections. • Protected learning time – to be discussed at a meeting with the Cab Sec. for Health & Wellbeing. <p>SCN noted that the presentation has been uploaded to the website to demonstrate the extent of activities carried out on behalf of RPS Members. AMcG noted that SCN had presented to the Primary Care Group who had been astonished at the extent of RPSiS activities.</p>	
17/14	<p>Policy and Consultations</p> <p>Aileen Bryson (ABr), Interim Director for Scotland, provided a brief update on policy and consultations' activity.</p> <ul style="list-style-type: none"> • There was a flurry of GPhC consultations which all had to be completed by the end of February. The consultation on Ethics had a 'huge response'; the report from this was mixed but does stipulate that the patient has to come first and that there has to be a clinical handover. • The H & S Committee has been very active inviting members for informal discussions around the consultations on prisons and schools. The Substance Misuse Group and the Secure Environment Group were involved in the Prisons' consultation. LW and SCN were thanked for their input into the consultation on schools as was DT and KC for their comments. 	

	<ul style="list-style-type: none"> ABr confirmed that the 'Backfill' for her role would be in place, starting in May. ABr invited BMs to submit any 'hot topics' for consideration, as with the extra resource there will be capacity to address these. <p>AS asked if there have been any conversations around the Manifesto commitment to realistic medicines and the single national formulary? As yet, there have not been any conversations on this matter but a meeting of stakeholders is planned (clarity is required as to who should attend). The email regarding the meeting asked for clinical practitioners but was aimed at strategic level. Alpana Mair is to lead this work.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the policy and consultations' update.</p>	
17/15.	<p>Local Engagement Update</p> <p>Annamarie McGregor (AMcG), Professional Development Lead provided a brief update. The recruitment advert for the RPS Local Coordinators will be live week commencing Monday 1 May; it has already been uploaded to the Society's intranet. BMs were asked to circulate the advert to their networks. There are 12 posts in Scotland made up of 11 positions linked to the health boards and one other which will focus on remote and rural areas (including islands). Coordinators will receive an honorarium. Interviews are scheduled for May with an induction 'Away Day' on 15 June. BMs might be asked to mentor Coordinators. A Local Membership Engagement day was held on 28 February; this proved to be very successful. It was agreed that it would be beneficial to hold more of these events, giving members the opportunity to inform and direct focus. Initially, the posts will be for a year and continuation will be dependent on outcomes.</p> <p>BMs were advised that they may be called upon to provide some mentoring to the Coordinators depending on their level of experience.</p> <ul style="list-style-type: none"> AMcG confirmed that expenses will be covered over and above the honorarium. Funding will be covered by the now obsolete Membership Development Manager role. It was suggested that a reciprocal arrangement for venues might be possible with NHS Boards who use the RPS premises at no cost. 	

	<p>Actions:</p> <ul style="list-style-type: none"> ➤ AMcG to send out the advert in soft copy to BMs. ➤ BMs were advised that they may be called upon to provide some mentoring to the Coordinators depending on their level of experience. <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The Local Engagement Update.</p>	<p>AMcG</p> <p>BMs</p>
17/16.	<p>Quality Roadshows' (QRs) update</p> <p>Annamarie McGregor (AMcG), Professional Development Lead, updated BMs on the QRs which have now been completed with the final one being held the previous evening, 25 April. There were very positive outcomes in that 100% of participants went away saying that they will do something different going forward as a result of attending the QRs.</p> <ul style="list-style-type: none"> ➤ The Collaborative will meet again on 12 May to consider the evaluation and to look at next steps. Further work is required around the Error Reporting Standards and raising awareness of them. ➤ The RPSiS has been asked to host a podcast around the QRs; this will be produced once the RPharmS website is functioning fully. ➤ EB asked if it is known how many contractors have not completed the safety climate survey as the deadline set was for March 2017. AS noted that she is to meet with HIS week commencing 1 May to consider data capture and also to confirm the completion date as there has been some confusion around this; she is to facilitate a NES webinar on this subject on 22 May. <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Quality Roadshows' update.</p>	
17/17.	Chair and Vice-Chair's Report	

	<p>(Item: 17.04/SPB/17). The Chair noted that much of his time in Q1 was spent on the recruitment of the new CEO, Paul Bennett (PB). PB 'has a strong focus on developing people'. JMcA clarified the entry on 17 March: had attended a PGEU agenda setting meeting by VC. PGEU agenda.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The Chair and Vice-Chair's Report.</p>	
17/18.	<p>Key messages</p> <ul style="list-style-type: none">• AMR – working with SAPG re: AMR• Promoting the Scottish National Seminar and show-casing research abstract• Future of pharmacy – BPSA presentation• RPS Local• New ways of working – helping pharmacists to achieve their career goals through: BPSA , RPS Local and the NES / RPS Foundation Framework.	
17/19.	<p>Any other business</p> <p>There was no other business.</p>	
17/20.	<p>Dates of next meeting</p> <p>Tuesday 13 and Wednesday 14 June 2017.</p>	