

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 14 June 2017, Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Mr Jonathan Burton (JB)
Prof John Cromarty (JC)
Mr Johnathan Laird (JL)
Mr Alasdair Macintyre (AM)
Dr John McAnaw (JMcA)

Dr Ailsa Power (AP)
Mrs Deborah Stafford (DS)
Mr David Thomson (DT)
Miss Elaine Thomson (ET)

In attendance

Aileen Bryson (ABr), Interim Director for Scotland, Boyana Atanasova (BA), Digital Communications Assistant, Susanne Cameron-Nielsen (SCN), Head of External Relations, Marta Gutierrez (MG), Business Support Assistant, Maurice Hickey (MH), Policy Project Pharmacist, Lesley McArthur (LM), Policy Project Pharmacist, Annamarie McGregor (AMcG), Professional Support Pharmacist, Carolyn Rattray (CR), Business Manager and Alex MacKinnon (AMK), Interim Chief Executive.

Guests

Alison Strath (Scottish Government), Mahendra Patel (English Pharmacy Board member), Martin Astbury (RPS President) from 11.30 am, Corrinne Burns (PJ Publisher), Alice Fairchild (Conference Producer), Dr Catherine Duggan (Director of Professional Development & Support) and Julia Kettlewell (Interim Head of Marketing).

17/01	Welcome and introductions The Chair welcomed BMs and staff to the meeting, noting that the RPS President (MA) and Corrinne Burns (CB) would be joining for public business by video conference; Julia Kettlewell	
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	(JK), Dr Catherine Duggan (CD) and Alice Fairchild (AF) would join for their agenda items and Alison Strath and Mahendra Patel would attend the meeting in person for their agenda items.	
17/02	Apologies Apologies were received from Dr Anne Boyter and Kathleen Cowle.	
17/03	Declarations of interest CR to update declarations of interest for: <ul style="list-style-type: none"> • Johnathan Laird – Add Commercial Director, Pharmacy in Practice • Ailsa Power – Amend Assistant Director, NES to read: Associate Post Graduate Pharmacy Dean 	CR CR
17/04.	Minutes of the SPB Public Business meeting held on Wednesday 26 April 2017 The Scottish Pharmacy Board approved the minutes of the Scottish Pharmacy Board Public Business meeting, held on Wednesday 26 April 2017 with one amendment: 17/15: Amend RPS Local Champions to read RPS Local Coordinators.	CR
17/05.	Matters arising Page 2: SCN to arrange meeting between the SPB Chair, Aileen Bryson (ABr), Alex MacKinnon (AMK) and Cabinet Secretary (Cab Sec) for Health & Well-being. Susanne Cameron-Nielsen (SCN) confirmed that this is being progressed. It is likely to take place in September 2017. Page 10: Leaghann Watson (LW) to liaise with Anne Boyter (ACB) re: students supporting Research Ready projects. In LW's absence, ABr updated BMs; although LW hadn't been able to speak to ACB, at the joint NHS Universities meeting, permission has been granted for RPS to attend the Strathclyde Research Community Pharmacy Day in September 2017 to engage with students around Research Ready.	SCN BMs

	<p>Page 3: Annamarie McGregor (AMcG) to contact Sharon Pflieger and the Public Health (PH) Network re: a work stream at the National Seminar. Completed.</p> <p>Page 4: BMs were asked to forward to AMcG / ABr where there are gaps in PH as the RPSiS is keen to work more closely with the PH Network. There were no responses re: 'gaps' in PH. This is ongoing and BMs are invited to contact ABr / AMcG re: gaps in PH. Dr Ailsa Power (AP) noted that the Chief Pharmaceutical Officer (CPO) is working with the Pre-Reg pharmacists on a national project; this will take the form of a questionnaire to patients about the public health services that they would like to see from community pharmacy. The results should be available in the late Spring of 2018.</p> <p>Page 6: CD to organise a teleconference / webinar with BMs re: the abstracts' issue. AMK confirmed that this has been superseded as there will be posters at the Seminar, the Welsh Medicines Safety Conference and there will be a science event in December 2017. AMK also confirmed that an RPS Science and Research Board is in the process of being established and that a new Chief Scientist is to be recruited who will report to the CEO.</p> <p>Page 7: AMK / CR to ascertain if there is a Scottish Member on the Adjudication panel. AMK confirmed that Dr Derek Stewart is the Scottish Member on the Adjudication Panel. Closed.</p> <p>Page 12: SCN to explore viability of an article on AM Stewardship in the <i>PJ</i>. Wales has produced an article and so now not an appropriate time. Closed.</p> <p>There were no other matters arising.</p>	
17/06.	<p>Professional Development and Support Update</p> <p>Dr Catherine Duggan (CD), Director of Professional Development & Support, provided an update on some of the plans around education.</p> <p><u>Science and Research Panel:</u> Previously, RPSGB had a Science Committee and an Education Committee; these committees were disbanded when the new RPS was established. Professors Christine Bond (CB) and Jayne Lawrence (JL) set up an expert advisory panel for Science with representatives from all sectors. In 2012, a similar expert advisory panel was set up for education and then, in 2013, the Faculty Board was established. Recently, it has been felt that the role of the Faculty Board should be expanded to encompass education etc. In the last year it has been recognised that the role of science within the organisation needs to be 'highlighted and its profile raised. With this in mind, it is proposed that not only should the Faculty Board be revamped into the Faculty and Education Board, but also that the Science Expert Advisory Panel should become a Science and</p>	

	<p>Research Board. CD is seeking support in principle from the NPBs for the development of these two Boards.</p> <p>Comments from BMs: AP welcomed 'the joining together of all the educational strands into one Board'. Johnathan Laird (JL) hoped that Science and Research colleagues would be given equal weighting as education. CD reassured BMs that they would. John Cromarty (JC) noted that it was: 'good to have an overarching umbrella but further consideration required for the individual components'. David Thomson (DT) was reassured that there would not be any extra expenditure and that it was more about 'rationalisation and profile raising'.</p> <p>CD confirmed that the strategic aims of the Science and Research Board would be set out at the Science Summit, taking place in December 2017. It is envisaged that the Science Summit will become an annual event.</p> <p>The recruitment of a new Chief Pharmaceutical Scientist (Chief Scientist) had provided an opportunity to review the job description. It is proposed that, going forward, the Chief Pharmaceutical Scientist will report to the CEO and that the research team sits with the Chief Scientist; this will give science and research 'much more prominence and a higher profile'.</p> <p>The Quarter 2, PDS report will be available at the beginning of July 2017.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Professional Development and Support update and</p> <p>supported in principle</p> <p>the proposal for a Faculty and Education Board and a Science and Research Board.</p> <p>ABr drew BMs attention to the draft guidance for Members on the new Data Protection (DP) legislation. BMs were asked to consider the guidance and send any comments to Wing Tang</p>	
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	<p>Alasdair Macintyre (AM) suggested that the new DP legislation could affect the way in which pharmacists can gather patient consent for pharmacy services and that patient consent is a barrier to pharmacists delivering health services. Clarification around 'controller' responsibilities is required, i.e. PMR and PCR. AM requested that patient consent be included on the Board's agenda for consideration at the next Board meeting to get onto the SPB agenda for consideration.</p> <p>SCN noted that the Cab Sec, in her interview with <i>Pharmacy in Practice</i>, announced that a short life working group (SLWG) has been convened on the back of a question around community pharmacists having access to the patient record; however it was clear from the article that pharmacists are not included in the discussions. It was agreed that, in the letter to the Cab Sec, it should be made clear that the profession needs to be included in these discussions alongside the RCGP and the BMA.</p> <p>Elaine Thomson (ET) noted that the issue of access to records and consent needs to be addressed not only from the legal perspective but also from the educational development aspect capacity issues.</p> <p>BMs agreed that there is an appetite for a piece of work around access to records and consent to ensure so that pharmacists are treated the same as other HCPs. It would be a lobbying activity which would bring in the Care homes work. BMs were asked for vignettes of real life examples.</p> <p>MA suggested that the SPB should lead on this but GB resources should be made available. AMcG noted that this matter had been discussed at length the previous week, at the Older Persons SIG as it affects all pharmacists. She noted that, in the original Care Home Report, it was recommended that Care Homes should change their registration process to ensure that information could be shared with the pharmacist. This hasn't happened and has led to a lot of misinformation; it was recommended that there should be partnership working, i.e. with the Care Inspectorate and Scottish Care, to ensure that action points are shared.</p> <p>Action: CR / AMK to ensure that patient consent is included on the agenda for September's SPB meeting. BMs to provide vignettes to support the access to records / consent work stream.</p>	<p>CR / AMK</p> <p>BMs</p>
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17/07.	<p>SPB Business Plan 2017 – Q2</p> <p>ABr provided a brief update on the SPB Business Plan 2017, Quarter 2; she noted that it is ‘business as usual’ although there are a number of ‘ambers’ on the business plan. These are all in hand or have been discussed:</p> <ul style="list-style-type: none">• The national campaign around the role of the pharmacist which was discussed at the Strategy day.• Country teams working together, i.e. Marketing and PDS. This has not yet been achieved and there are ‘a few wrinkles to iron out’.• Website issues – these are ‘not in our gift’ to resolve but the team in London is addressing this and SCN and Boyana Atanasova (BA) have been working to make the Scottish content as good as it can be. <p>JB asked about the Faculty, delivering ongoing aspects of the professional development engagement programme and whether capacity can be increased in any way? ABr confirmed that the lack of activity had been as a result of capacity issues but that the Faculty would form a significant part of the Seminar (Saturday afternoon). BMs were asked for ideas and support. JB suggested that the support that is available in Scotland should be highlighted as he is receiving more interest from England than from colleagues in Scotland.</p> <p>JL suggested ‘Peer to peer’ support, promoting and using existing online groups on the RPS website. He recommended a ‘telegram group idea’ which other professional organisations are using, e.g. PCPA have a telegram group of approximately 500 pharmacists; the telegram idea appeals to the challenging Under 30s demographic. BMs agreed that the changes around revalidation which looks to peer support, will tie in well with the Faculty.</p>	

	<p>AM: need to change approach and develop a much simpler package of support for revalidation; this would provide a great opportunity for increasing membership. DS suggested that, although focussing on the Faculty, the Foundation programme provides lot of tools to support with revalidation submissions.</p> <p>AP noted that NES is making the link with pharmacists who, having completed the Foundation, can then start stage 1 of the RPS Faculty.</p> <p>The Foundation and Faculty are not mutually exclusive and support is required 'to help members to join the dots'.</p> <p>It was agreed that there is a lot of misunderstanding around the Faculty; the Faculty should be something that you build on throughout your career – myth busting!</p> <p>JMcA noted that the key priority areas of the business plan must maintain momentum and urged staff to use BMs to boost capacity and support; it is crucial to ensure that 'existing resource is not spread too thinly'.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the SPB Business Plan, Quarter 2 Update.</p>	
17/08.	<p>Update on RPS Conference 2017</p> <p>Alice Fairchild (AF), Conference Producer, provided an update on progress re: the RPS Conference.</p> <p>The programme is now nearly complete; within the programme there is a new Learning Zone, an interactive aspect which is designed to engage better with the membership.</p> <p>95 nominations for the different awards categories have been received – more than ever before. Had a lot of support from BMs and other key stakeholders. There is a wide panel of judges who have been considering all the nominations and these should be shortlisted by the end of the day.</p> <p>Sponsorship – This has been challenging as the sponsorship executive post has been vacant for some time; a temporary person is now in post and some sponsorship has been secured. The Events team is working with the Corporate Communications team re: social media and other innovative approaches. Also contacting multiples to secure group bookings – lots of activity.</p> <p>Logistics – complimentary booking link and accommodation; this will be emailed to BMs this week.</p>	AF/CR

	<p>AF confirmed that the content is focussed on the whole of the membership: 'threw the net wide' and there is representation from all three countries. AMcG noted that she will be facilitating a workshop on error reporting at the Conference.</p> <p>JMcA asked if the key speakers have been secured; everything in place for the plenaries. More information will be circulated in the next while.</p> <p>DT asked about the budget. AF confirmed that the budget is under review.</p>	
17/09	<p>RPSiS National Seminar 2017</p> <p>The Scottish Pharmacy Board</p> <p>approved</p> <p>the programme for the National Seminar 2017, taking into account the amendments agreed at the Induction day.</p> <p>SCN showed the visuals for the National Seminar.</p> <p>Local Engagement</p> <p>Annamarie McGregor (AMcG), Professional Development Lead updated BMs on progress of the new Local Engagement Model. The recruitment phase is now complete; there were 13 applications for 12 RPS Local Coordinator roles and all but one of the successful applicants have accepted. The demographic for applicants was 'amazing', with a strong cohort of young pharmacists who are very enthusiastic and supportive of the Foundation, Faculty and are keen to have something local both locally and physically to link them. A key focus will be to consider how to network and support members particularly in the remote and rural areas. The Highlands requires particular attention. AMcG suggested holding a Board event / meeting in Inverness, which would be a great location as it is accessible. CR to scope out and cost holding a Board meeting / event followed by an RPS Local evening event in Inverness. JC agreed to speak to Ian Rudd, Director of Pharmacy (DoP) in the Highlands. AM also suggested contacting Catriona Sinclair who would be able to identify supporters. Holding a Board meeting/event in Inverness to be scoped and costed. It would be a positive public</p>	

	<p>relations exercise; Scottish Government holds meetings all around Scotland to demonstrate that it represents the whole of the country.</p> <p>There is to be an RPS Local team building day on 25 August 2017.</p> <p>It was agreed that revalidation would need to be a significant topic for consideration for the local group.</p> <p>Action:</p> <ul style="list-style-type: none"> JC to speak to Ian Rudd, DoP, Highlands about holding RPS Local events in NHS Highland. CR to scope out and cost holding a Board meeting / event in Inverness. 	<p>JC</p> <p>CR</p>
17/10	<p>Policies and consultations</p> <p>Lesley McArthur (LMcA), Policy and Practice Pharmacist, gave a brief update on:</p> <p><u>Valuing Medicines, Public Participation (VMPP) Group.</u> In May, LMcA attended a VMPP group meeting and ad hoc workshop. It was linked to health literacy and the public perception of pharmacy and pharmacists by the Citizens' Panel who had conducted a survey through the Alliance. The results showed that the public's perception of pharmacists is that they supply medicines, there is a low awareness of services available, low confidence and lack of awareness of the pharmacist's medical education. A workshop was held where participants were asked to consider eight outcomes and how to achieve them; this proved to be challenging. As yet, there hasn't been any feedback from the workshop.</p> <p><u>MHRA labelling and packaging guidance.</u> Response has been emailed to the RPS Consultations team.</p> <p><u>Gluten Free Service.</u> There have been changes to the way that NHS England provided its gluten free service; LMcA has been working with Heidi Wright (England Practice & Policy Lead) on this, inputting from the Scottish perspective.</p> <p><u>Heath and Sport (H&S) Committee.</u> LMcA has been supporting the H&S Committee on the digital strategy and access to records.</p> <ul style="list-style-type: none"> Maurice Hickey (MH), Policy and Practice Pharmacist, thanked BMs for their input to his briefing, the previous day, on the legalisation of cannabis. 	

	<ul style="list-style-type: none"> • AMcG referred to MH's briefing and an inaccuracy in Scottish Government's (SG) published data. AMcG suggested that, as the experts in medicines, the professional body should have challenged SG – 'a call to action'. • SCN noted that she has been part of a GB project to update the policy web pages. Should be completed by the end of September 2017. <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The policies and consultations update.</p>	
17/11	<p>Prescription for Excellence</p> <ul style="list-style-type: none"> • ABr noted that <i>PfE</i> is a standing item on the agenda. The refreshed document is now expected to be published by the end of June 2017. • The universities are in the process of carrying out the evaluation of the pilots. 	
17/12	<p>Chair and Vice-Chair's Report (including the SPB Chair's Annual General Meeting (AGM) report)</p> <p>JMcA shared his presentation that will be given on behalf of the SPB for the AGM. BMs were asked for comments, particularly, any gaps. The Chair will have 10 mins for presentation and 5 minutes for questions. AM suggested that there should be more about the present; perhaps another slide. JL suggested that the presentation should demonstrate how the SPB works collaboratively and how the Board and the Directorate work as one team. Other suggestions included:</p> <ul style="list-style-type: none"> • Highlight the Seminar as now have the 'visual' • Photo of Team Scotland (SPB and Directorate team) • Because of how we work collaboratively we have the support of the President to lead on the consent work • Leading on the opioid analgesic work in partnership with the Substance Misuse Group • NES and RPS Foundation School 	

	<ul style="list-style-type: none"> Highlight the work of the Board; focus on a few key issues including the continuing actions around advocacy. <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The Chair and Vice-Chair's report and also the presentation for the AGM.</p>	
17/13	<p>RPS elections</p> <p>ABr tabled a paper on the RPS elections' process and advised BMs that there would be an internal 'wash up' of this year's elections' process.</p> <p>The paper was a draft of a letter which was intended to be published in the <i>Pharmaceutical Journal (PJ)</i>. The letter had been written jointly by JB and Ross Ferguson (RF) and was about challenges surrounding the RPS elections' process. On reflection, it was agreed that the letter should be considered by the SPB first.</p> <p>JB, as one of the authors, gave some context. Both JB and RF had felt that the letter would be more powerful if written by an unsuccessful and a successful candidate. In general, BMs agreed with the content of the letter. There followed a discussion around the various points made:</p> <ul style="list-style-type: none"> AP urged caution around reducing the length of time to vote as may be away. AMK noted that the group that isn't voting is the 20 – 29 age group. Need to consider how we engage in a way that is different to just social media. PCPA's hustings event should be taken into account as they had over 650 participants. PCPA has formed a new group which debates RPS issues. This should be a 'wake-up call' for the RPS. PCPA is a smaller organisation but is showing itself to be more effective. Marketing should target such groups as the Schools of Pharmacy and the BPSA. Although students can't vote, they can as soon as they become pre-reg pharmacists. A strategy is required to engage with students and pre-regs It was agreed that, having already had a General Election and Council election, people were 'all voted out'. RPS emails all look alike; the elections' emails need to be distinct from the general emails. 	

	<ul style="list-style-type: none"> Facebook, the most popular form of social media in Scotland, should be used as well as Twitter. <p>Action:</p> <ul style="list-style-type: none"> The view of the SPB should be considered at the Elections' review meeting. JB and RF's paper to be taken with a timeline proposal. The SPB supported the views shared in the draft letter and agreed that they should be included in the key messages. Keen to take new ideas into the election. 	<p>ABr/AMK/CR</p> <p>SCN</p>
	<p>Tribute to Professor Peter Noyce CBE</p> <p>JC gave a special and moving tribute to Professor Peter Noyce, to be published in the <i>PJ</i> in June. BMs were invited to share the sentiments and to recognise the impact that he had on the pharmacy profession and also personally to so many.</p> <p>The Scottish Pharmacy Board</p> <p>supported</p> <p>The tribute to Professor Peter Noyce.</p>	
17/14	<p>Chronic Medication Service (CMS) and e-Health</p> <p>Dr Alison Strath (AS), Principal Pharmaceutical Officer for Scottish Government, gave a presentation on the Chronic Medication Service. She began by recognising the contribution of Prof Peter Noyce and noted that he had been instrumental in the design and setting up of the CMS.</p> <p>AS outlined the aims of her presentation, describing CMS as 'a journey of passion and perseverance'.</p> <p>A working group was established, led by Sir Lewis Ritchie, to design a framework for the chronic medication service; a key part of this was developing effective therapeutic partnerships, building relationships between patients, community pharmacists and GPs.</p>	

	<p>The definition given to CMS was around allowing patients with long term conditions (LTCs) to register with the community pharmacy of their choice and to have a pharmaceutical shared care arrangement.</p> <p>There are three stages to the service:</p> <p>Stage 1: the registration of patients, building on the MAS work to achieve this</p> <p>Stage 2: prioritising patients – using the pharmacy care record web based system to help identify problems patients might have with their medicines; where issues were identified with the pharmaceutical care plan and working with the patient and others to address these issues within the plan</p> <p>Stage 3: Bringing in the GP aspect around patients with regular repeat prescriptions and establishing a serial prescription which could be for 24, 48 or 56 weeks; this allows the shifting of the repeat prescription management to the community pharmacy.</p> <p>AS flagged up the proposed future for the new GMS contract where GPs will focus on three areas:</p> <ul style="list-style-type: none">• Complex care• Undifferentiated illness• Qualitative issues – linkages between primary care in terms of pharmacy and general practice <p>AS noted that it has ‘been a long journey’; it is reassuring to note that it normally takes 15 to 20 years to take a service through from concept to being thoroughly embedded and resilient.</p> <p>The team commenced an incremental ‘testing roll-out’ of CMS in 2006 with a ‘full roll-out’ in 2010, although it has continued to evolve since then. As of February 2017, there were more than 600k CMS patient registrations and over 835k Pharmacy Care Records (PCRs) in total; some of these will relate to smoking cessation and so not necessarily related to CMS and patients with LTCs.</p> <ul style="list-style-type: none">• There has been a small upward trend in terms of patients receiving serial prescriptions (1.45% of the total dispensing volume); this is variable across the Health Boards.• CMS serial prescribing has increased by 26% across 2015 to 2016 (uneven across Boards)• In March 2017 the total number of items dispensed via CMS was 108,479.	
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	<p>AS explained that there had been a 'mind set' around using the PCR and documenting practice, particularly because a decision had been made to use a web-based tool that wasn't embedded within the PMR system. At the time, it was agreed that this was the right thing to do but it has thrown up a number of challenges around IT and the exchange between the different systems, and how this can be facilitated better. Although there have been barriers and challenges, there is an increasing number of enthusiasts and supporters with a shared view of the problems and solutions.</p> <p><u>Going forward:</u></p> <ul style="list-style-type: none">• Wireless enablement in community pharmacies is now being rolled out.• NHS Wireless access will support the use of tablets for pharmaceutical care planning activities. A number of pharmacies have piloted this new way of working and the feedback has been very positive.• The PCR12, rolled out in May 2017, has an SBAR communication tool contained within it. The contribution of the RPS to the SBAR, and in particular AMcG, was recognised. There is still work to be done to integrate it into the GPs system but 'a step in the right direction'.• The PCR13, is likely to be released in 2018. The intention is to remove the risk assessment and replace it with the medication review template; this will support some aspects within general practice.• There has been a focus on serial prescribing and dispensing with involvement from NHS GGC; NHS Grampian, NHS Highland and NHS Tayside on tests of change. Areas considered include:<ul style="list-style-type: none">○ different models for patient identification and suitability○ the use of Scottish Therapeutics Utility (STU)○ generating serial prescriptions without the associated CMS registrations○ improving communication channels and processes (the SBAR tool will help with this)○ non-medical prescriber assuring the clinical suitability for a serial prescription <p>A workshop was held earlier in the year with participants who are using CMS, from this workshop an action plan has been developed.</p> <p><u>Action plan</u></p> <ul style="list-style-type: none">• Refresh name and aspects of delivery model: Implement learnings from tests of change etc. and embed transformational change into primary care.	
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	<ul style="list-style-type: none">• Support and educational materials: revision of patient materials, review of GP practice and CP materials, publication of 'How To' guides and checklists.• ePharmacy enhancements: Update the treatment summary and managing medication changes and cancellations.• NHS Board and GP engagement. <p>AS invited questions from BMs.</p> <p>JL asked about how data protection around CMS and where the Caldecott regulations sit with it? AS confirmed that what pharmacists do as data controllers sits within Caldecott; it becomes more complicated when there is cross over into other HCPs. AS confirmed that the data controller is the pharmacist inputting the patient data.</p> <p>Scottish Government is working nationally to address the consent issues. Consent governance needs to be more of a priority for Schools of Pharmacy.</p> <p>AMcG suggested that the <i>PJ</i> should cover the SBAR work. AMcG to work with Corrine Burns on this.</p> <p>It was noted that the alignment of the pharmacy contract with the GP contract would provide great opportunities.</p> <p>AS suggested that prescribing could become part of the 5 year integrated MPharm undergraduate degree course.</p> <p>AS concluded her presentation by describing the CMS as a journey; 'there are a lot of the building blocks in place to allow much more modern working'.</p> <p>SCN asked how it is envisaged that the public and patients will recognise the different experience; the change from a risk assessment to a medication review which will make the experience seem more real to patients, that they will feel more involved. ET agreed, adding that a change in terminology would allow patients to understand and feel more involved in their care.</p> <p>ET noted focus groups; suggested that terminology needs to change so that patients will feel more involved in their care plan.</p> <p>The Chair thanked AS, on behalf of the SPB.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The Scottish Government presentation on CMS.</p>	
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17/15.	<p>International Pharmaceutical Federation (FIP) 2018 Update</p> <p>Julia Kettlewell (JK), Interim Head of Marketing, and Maeve O'Leary (MO'L), Engagement Manager, provided an update on FIP developments. JK gave an overview of the FIP World Congress. Hosting the event in Glasgow has been in the pipeline since 2014 when it was approved by the RPS Assembly. The team has been working closely with the host community for over a year. It is expected that approximately 4,000 delegates will attend the event over the five days. The event will be truly international with speakers from all over the world</p> <p>Everything is on track and Glasgow is proving to be a fantastic venue. The CPO has agreed to host a CPO global meeting; it is hoped that this will evolve into a global network, discussing medicines shortages and emergency response. JK confirmed that FIP managed the programme content of the Congress</p> <p>BMs were asked to encourage networks to raise awareness, attend and to contact anyone who might wish to have an exhibition stand or who might wish to sponsor aspects of the event.</p> <p>JK is working with SCN on a letter inviting the First Minister to open the event and also the Cab. Sec. for Health and Well-being to attend an event, this will most likely be the CPO's meeting.</p> <p>JK confirmed that AMacK and JMcA will attend the event to represent Scotland at Seoul for the handover.</p> <p>DT asked for assurance that there will be continuity after JK leaves. Alice Fairchild will manage the FIP Congress for the RPS after JK leaves the organisation.</p> <p>The Chair concluded by thanking JK for her work whilst at the RPS and wished her well for the future.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The FIP Congress Update.</p>	
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17/16.	<p>RPS Scottish Fellows' Reception</p> <p>DT advised that, even though Scotland is very innovative and at the forefront of pharmaceutical care, Scottish RPS Fellowship is proportionally under-represented. DT asked BMs to consider Scottish RPS members who could be awarded fellowship and then to nominate them.</p> <p>DT reported that the RPS Fellows' evening was very successful, noting that there is definitely an appetite for the recognition that RPS Fellowship brings. SCN reported that there had been a flurry of social media activity with 3,700 'tweets'. SCN/BA to build a campaign before nominations are required.</p> <p>AM noted that his experience of trying to nominate was challenging. DT to liaise with AM out with the meeting and to feed back to the RPS Fellows Panel.</p> <p>There are no plans to repeat the event unless there is a particular project / initiative for the Fellows to be involved with.</p> <p>Action:</p> <ul style="list-style-type: none"> • SCN / BA to build a campaign encouraging RPS members to nominate other members to be RPS Fellows. • AM / DT to liaise on challenges re: the nominations' process. DT to feed back to the RPS Fellows Panel. <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The RPS Fellows Update.</p>	<p>SCN / BA</p> <p>AM / DT</p>
17/17.	<p>Social Media Workshop</p> <p>Susanne Cameron-Nielsen (SCN), Head of External Relations, and Boyana Atanasova (BA), Digital Communications Assistant, gave a brief presentation on social media 'and our four Rs', looking at why and how people engage with social media and the impact social media platforms have on profile raising.</p>	

	<p>The '4 Rs - 'Reputation, Recruitment, Retention and Revenue': these are crucial to the success of an organisation with social media playing an increasingly important part in ensuring this. SCN confirmed that 28% of the value of a FTSE 350 can be attributed to reputation.</p> <p>BMs were directed to the Society's Social Media Policy and guidance documents. BMs were encouraged to communicate via social media and BA noted that support is available if required.</p> <p>BA noted that the Society's social media following had grown significantly, especially over the previous three years.</p> <p>As an organisation the RPS has:</p> <ul style="list-style-type: none">• 3 Twitter corporate profiles• 3 Facebook corporate pages• 1 LinkedIn page• 1 YouTube channel• Presence on Vimeo, Instagram, Flickr and others• We have a corporate blog with separate presence for <u>England</u>, <u>Scotland</u> and <u>Wales</u> <p>Next steps for the organisation include the creation of an analytical dashboard.</p> <p>Johnathan Laird (JL) then gave a brief synopsis of his thoughts around social media. The trend is moving away from a public profile towards private groups; there is 'a premium on privacy'. JL would like to apply that concept to RPS in Scotland, creating an accessible, dynamic and engaging private RPS in Scotland only group(s) using 'Telegram'. It was noted that PCPA has been using this means of communication to great advantage.</p> <p>The meeting then split into two groups and were asked to consider:</p> <ul style="list-style-type: none">• What social media platforms are you comfortable using? Why?• What can RPS in Scotland do better on social media?• What support do you feel you need from team Scotland when it comes to social media?• How can we together make the Board more visible on social media? Please list your top three ideas:	
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	<p>Three key messages from each group:</p> <p>Group 1</p> <ul style="list-style-type: none"> • BMs could tweet (and re-tweet) before, during and after Board meetings where appropriate, with support from team (both groups) • Share on social media when consultations etc are submitted. This will amplify the message to reach the membership and other stakeholders. • Share on social media when staff and BMs meet with important stakeholders. <p>Group 2</p> <ul style="list-style-type: none"> • Use social media to share SPB agendas and to allow the membership to provide input on matters that are of importance to them in their professional lives; this could take the form of a standing item for member issues. • Consider messages coming through the 'Telegram' groups and distilling into key messages as well as using the usual RPS channels, to use as part of the RPS communication and engagement strategy. • Providing guidance and social media packs to support BMs when tweeting on significant issues. • Individual BMs taking over the RPSiS social media account for the day • Link to RPS Local <p>BMs were thanked for their 'very useful' feedback. It was agreed that a paper should be submitted to the next SPB Board meeting for further consideration. Social media to be included on the SPB agenda for the September 2017 Board meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> • SCN / BA to produce a paper on social media for the September 2017 SPB meeting. • CR to include social media and the 'Telegram' private members' groups on the agenda for the September 2017 SPB meeting. 	<p>SCN/BA CR</p>
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17/18.	<p>New RPS expenses policy</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the new expenses policy which was approved by the RPS Assembly in March 2017. Clarification is required around the amount payable for the day rate.</p> <p>Action:</p> <p>CR to seek clarification on the new day rate for BMs attending meetings. The day rate has now been clarified as £250 per day</p>	CR
	<p>Mahendra Patel – University of Huddersfield, meetings with SIGN Council and SIGN Board.</p> <p>JMcA introduced Mahendra Patel (MP), an EPB member and lecturer at the University of Huddersfield. MP gave an update on discussions with the SIGN Board and also the SIGN Council regarding a Student Champions programme (SCP), he had developed and which was supported by NICE. The SCP is now in its eighth year and has now been adopted by 30 universities in England and Wales. The 'Programme' empowers students to become ambassadors for their Universities, their department and the profession. The programme was 'translated' for the RPS / BPSA three years later; with the aim of supporting students to become more engaged, to encourage peer to peer learning and to promote and encourage CPD.</p> <p>The Programme has evolved to promote multi-disciplinary working (including social care) and also encourages patient input.</p> <p>There is great potential to develop this initiative to include Foundation years' HCPs; it is envisaged that HIS and NES will be involved at the early developmental stages. The programme has been approved at SIGN Council as a pilot programme involving HCPs from all disciplines. NICE has indicated interest in doing something similar depending on the results of the pilot. MP concluded that this pharmacist led initiative is very innovative and is at an early stage. MP asked for the support of the Team Scotland.</p>	

	<p>The Chair thanked MP for his update and suggested that Team Scotland would wish to support this initiative and to be able to contribute to its development.</p> <p>Action:</p> <ul style="list-style-type: none"> CR to send MP's email address to the Board. 	CR
	<p>Key messages</p> <ul style="list-style-type: none"> RPS/ NES Foundation School – first cohort of trainees have completed the course. AP to provide names. Patient consent, in the context of working with other HCPs on improving access to information. A call for the process to be streamlined and taken forward. Call for a review of the elections' process <p>Action:</p> <ul style="list-style-type: none"> AP to provide names of the first cohort of trainees who have completed the RPS /NES Foundation School course. SCN / AP and Beth Ward to work together on this. 	AP
17/19.	<p>Any other business</p> <p><u>BMs to meet the Head of School, Cincinnati, 18 August.</u></p> <p>Action: CR to email out to the Board to see who might be available to meet with the Head of School, Cincinnati.</p> <p><u>Volunteers for the Service of thanksgiving for the Edinburgh International Festival, Sunday 6 August.</u></p> <p>ABr and DT to attend and represent the Professional Body. CR to arrange and to tweet.</p> <p>Action: CR to make arrangements for DT and ABr to attend the Service of Thanksgiving.</p>	<p>CR</p> <p>CR</p>

17/20.	Dates of next meeting 27 September 2017.	
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