

## SCOTTISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 20 September 2023 at 9.00am at 44 Melville Street, Edinburgh, EH3 7HF

### Present:

Tamara Cairney (TC)  
Andrew Carruthers (AC)  
Omolola (Lola) Dabiri (OD)  
Lucy Dixon (LD)  
Kelsey Drummond (KD)

Richard Shearer (RS)  
Catriona Sinclair (CS)  
Jacqueline Sneddon (JS)  
Jill Swan (JS)  
Audrey Thompson (AT)

### Apologies:

Iain Bishop (IB) and Josh Miller (JM)

### Guests:

Cara Mackenzie (CM), Clinical Leadership Fellow

### In attendance:

Ross Barrow (RB), Head of External Relations – Scotland, Catriona Mackenzie (CM), Clinical Leadership Fellow, Fiona McIntyre (FM), Scottish Practice & Policy Lead (from 2/10), Carolyn Rattray (CR), Business Manager and Laura Wilson (LW), Director for Scotland, Neal Patel (NP), Interim Associate Director for Pharmacy and Membership Experience

<b>23.09.SPB.01</b>	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed board members, staff, invited guests and observers to the meeting.</p>	
<b>23.09.SPB.02</b>	<p><b>Apologies</b></p> <p>Apologies were received from Iain Bishop (IB) and Josh Miller (JM).</p>	
<b>23.09.SPB.03</b>	<p><b>Declarations of Interest</b></p> <p>The SPB noted paper 23.09/SPB/03(a) BMs were asked to send any updates to CR.</p> <p>The SPB noted paper 23.09/SPB/03(b)</p> <p><b>Action:</b> BMs to feedback any changes to declarations of interests to CR</p>	<b>BMs/CR</b>
<b>23.09.SPB.04</b>	<p><b>Minutes and matters arising</b></p> <p>The minutes of the meetings held on 21 June 2023 were accepted as a true and accurate record.</p> <p>23.09/NPB/04 – Approved by Lucy Dixon. Seconded by Audrey Thompson.</p> <p>23.09/SPB/04 – Approved by Jill Swan. Seconded by Richard Shearer.</p> <p><u>Actions:</u> <b>NPB:</b> Action No. 23/06/07 – Set up a Board working group to further help and guide our policy work and direction of travel in independent prescribing – action through Policy &amp; Stakeholder Group. To be actioned once work plan has been confirmed. <b>Open.</b></p>	<b>LW/BMs</b>
<b>23.09.SPB.05</b>	<p><b>Membership</b></p>	

	<p>Neal Patel (NP) provided an update on membership and planned activities. NP focused his update on 3 areas:</p> <ul style="list-style-type: none"><li>• Prescribing (Foundation trainees)</li><li>• Raising the profile of Board members – November Board meeting</li><li>• Activities at RPS Annual Conference</li></ul> <p>NP reported on a session with student interns where it was apparent that their studies and training have changed significantly in preparation for registration in 2026 as prescribers. BMs were asked to consider two areas of policy, clinical supervision and the Foundation trainee assessment, and whether the existing arrangements are fit for purpose. Details will be presented to Assembly in November.</p> <p>There will be an opportunity at the November joint NPB meetings, to do some filming of Board members. The proposal is for a production company to film short vignettes will be filmed with Board members (3 or 4 Board members from each Board) describing what a Board member does, how they represent the membership and how the RPS and its NPBs contribute to the development of the pharmacy profession. The films will be used on social media and the website to raise awareness of the role of the Boards and engage with members.</p> <p>A specific area for Board members on the RPS Stand at the Annual Conference will be made available. There will be 3 main themes: prescribing, Fellowship and the country specific visions.</p> <p>It was noted that prescribing is different in Scotland as more advanced in its prescribing journey; a chance to reflect on Scotland's experiences both opportunities and challenges.</p> <p>It was suggested that conference would provide an opportunity for discussions with members around the professional leadership commission which could then be fed into Assembly.</p>	
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<b>23.09.SPB.06</b>	<p><b>Professional Leadership</b></p> <p>Laura Wilson (LW) gave an update on behalf of Paul Bennett (PB) and Claire Anderson (CA) who gave apologies for this meeting. Feedback from the PB/CA blog was generally supportive but there were concerns:</p> <ul style="list-style-type: none"> <li>• that the perception of members would be that the SPB had input into the blog</li> <li>• that there was such a short timeframe between Assembly members having sight of the blog and it being published.</li> <li>• That the NPBs are elected members and, as such, the blog should have come to them for consideration before publication.</li> <li>• That the tone of the email wasn't helpful although there was support of the content</li> </ul> <p>RPS is trying to engage and is keen to push forward, t however, until the Chair is announced (likely to be autumn 2023) and the terms of reference confirmed, very little progress can be made.</p> <p>LW stated at that time they were unaware of any response or comment from APTUK on the blog.</p> <p>There were no other updates.</p> <p><b>Action:</b> LW to feedback SPB comments re: the blog to PB and CA.</p>	<b>LW</b>
<b>23.09.SPB.07</b>	<p><b>Pharmacy Manifesto – 2024 General Election (23.09/NPB/07)</b></p> <p>Ross Barrow (RB) provided an outline of activities around the upcoming UK general election which can be called no later than 28 January 2025. In Scotland, 59 MPs will be elected.</p>	

	<p>At the last general election (2019) RPS developed an 'Pharmacy Manifesto' and is proposing to take a similar approach in the run up to the next general elections. The 'Manifesto' will be used to engage with political parties; it will be a particularly interesting election for Scotland as, recently support for the SNP as measured in polls, has begun to decline. It remains to be seen what will happen to polling between now and election day.</p> <p>Although 'Health' is devolved to Scotland, there are many decisions, reserved to Westminster e.g. immigration, that impact indirectly on Scotland.</p> <p>The future of the NHS will be one of the most important issues of the general elections; it will be crucial for RPS to engage on this.</p> <p>The proposal is that England will lead on the 'Pharmacy Manifesto', liaising with other country boards as appropriate.</p> <p>Board members were asked to consider the outline approach to developing a pharmacy manifesto (23.09/SPB/07) for use when engaging with local candidates at the next general election.</p> <ul style="list-style-type: none"><li>• Reads as community heavy; perhaps badge to be less sector-based</li><li>• Some of the work is happening already in Scotland and could be used as examples</li><li>• Be aware of contractual issues, it is important RPS remember their remit and do not make funding or contractual requests in their manifesto.</li><li>• Important to recognise the Westminster MPS do visit Scotland.</li><li>• Need to ensure clarity regarding messages; ensure that English messages are not considered as national messages</li><li>• Ensure that any requests for inclusion are backed up by rationale</li></ul> <p>It was confirmed that the country visions would be used as a basis for developing a manifesto.</p>	
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	<p>It was noted that access to records should be included. BMs were asked to contact RB with any other issues that should be considered. BMs were invited to be involved in engagement with politicians, sending letters, etc. and were asked for other ideas for engagement. It would be useful for a template (for letters to politicians) to be developed and shared with Board members.</p> <p><b>Action:</b> BMs to consider any other issues to be included in the Manifesto and share with RB.</p> <p><b>Action:</b> PA leads to develop a letter template for use in engaging with politicians.</p>	
23.09.SPB.08	<p><b>New Engagement Model – Recruitment, plans</b></p> <p>LW provided an update on the new Engagement Model which replaces RPS Local. During the Pandemic, face to face engagement ceased, but now that the world is opening up and RPS is out engaging with the profession, the RPS Local Model was no longer viable and so a new model has been developed.</p> <p>Member engagement is crucial and to ensure the success of the ‘Regionals’ model a support structure has been put in place. The new model will be led by Amandeep Doll (AD) Head of Professional Belonging &amp; Engagement, who will report to the country directors. Reporting to AD will be a Pharmacy Engagement Manager, responsible for Expert Advisory Groups, and three Pharmacy Professional Leads who will be responsible for the 14 regional Ambassadors. The overarching aim is for every RPS member to have access to vibrant networking opportunities.</p> <p>It was agreed that the annual programme will include:</p> <ul style="list-style-type: none"> <li>• One face to face event (Ambassadors could work together to have a joint event)</li> <li>• A quarterly virtual event (could be hybrid)</li> <li>• Digital networking</li> </ul> <p>Once the Engagement Leads have been confirmed, the outstanding Ambassador roles will be readvertised.</p>	

	<p>Metrics and KPIs are in place to measure the success of the new Model. The role of the Ambassadors is not to focus on signing up members but more about engagement and support. BMs were invited to support the Ambassadors.</p>	
<p><b>23.09.SPB.09</b></p>	<p><b>Update on the Vision for Pharmacy Practice in Scotland</b></p> <p>LW provided an update on activities in 2023 to support the objectives of the Scottish Vision. Hopefully, the Leadership Development session provided an opportunity for the Board to:</p> <ul style="list-style-type: none"> <li>• Identify successes in 2023.</li> <li>• Evaluate which aspect of the workplan could be enhanced.</li> <li>• Identify gaps and opportunities that might have been missed.</li> <li>• Assess the impact and effectiveness of different types of activities in 2023.</li> </ul> <p><b>Key work in 2023</b></p> <ul style="list-style-type: none"> <li>• <b>Experts in Medicines – Patient safety:</b> Members of the Quality Improvement in Pharmacy Practice collaboration</li> <li>• <b>Optimising therapeutic outcomes – sustainable prescribing:</b> Presenting on the global stage, events, collaboration and presentations</li> <li>• <b>Providing holistic care – Drug deaths:</b> SDCR, drug testing and Naloxone</li> <li>• <b>Improving access to care – Green prescribing:</b> CU workshops</li> <li>• <b>Improving access to care – Health inequalities:</b> Policy, presentations and lobbying</li> </ul> <p><b>Key work on enablers</b></p> <ul style="list-style-type: none"> <li>• <b>Pharmacogenomics (Px)</b> – Cara Mackenzie (CM), will lead on Px during her tenure as Scottish Clinical Leadership Fellow (CLF).</li> <li>• <b>Artificial Intelligence (AI)</b> – CM may support the English CLF with AI</li> </ul>	

- **Developing the workforce** – A significant proportion of the work plan to include Assessment & Credentialling, Protected Learning Time (PLT), I & D (Pride Edinburgh and remote & rural), Skill mix, well being and Independent Prescribing (IP) support.
- **Harnessing digital technology and Innovation** – Shared patient data (round table) and digital prescribing and dispensing

**Observations:**

- It hasn't been possible to meet as many MSPs as in 2022; this has been partly because of the many 'unknowns' of the Professional Leadership Commission and because of the issues in the Scottish Government, etc. RPS and Marie Curie have a stand at the Parliament (19-21 September) to lobby MSPs on the Daffodil Standards. It is hoped that this presence will reassert RPS awareness with MSPs. Although the Daffodil Standards were the main focus, RB was able to have a conversation with Liam MacArthur on the Assisted Dying Bill and conscientious objections.
- Communications with NES should be improved, so that there is a mutual understanding of what each other is doing. There are good relationships between individuals in each organisation but the bonds of trust between NES/RPS need to be nurtured and developed for mutual benefit and the benefit of the profession.
- Assessment & Credentialling:
- Consultations: If Board members don't respond, there is an assumption of endorsement/agreement. BMs were encouraged to respond as consultation responses are based on comments and feedback from BMs and others.
- The Board used the charts from the development day to consider successes, gaps, what should be kept and what should be dropped from the work plan. CR to share photos of the charts with BMs.
- BMs were very disappointed that the Fellows were not presented with their certificates at the celebratory event the previous evening. It was agreed that the evening had been a great success; with nearly 50 guests attending including Fellows, Consultant pharmacists and Newly Qualified pharmacists, but that not having certificates was a missed opportunity. It was agreed that the mix of the newly qualified and experienced worked well. It was felt that the Annual

	<p>Conference is very London-centric; it would be different if it moved around the three countries but that isn't the case.</p> <ul style="list-style-type: none"><li>• Need to consider what the value of events is; it was agreed that the Fellows' Day in March was very helpful as different perspectives were brought to the table. However, need to be sure of the purpose and also such an event needs to be held in each of the countries.</li><li>• The Chair asked for feedback on the development day.</li><li>• It was agreed that it had been a very helpful day; helpful to think about the difference between a group and a team, how each behaves differently and how best to work across Boards.</li><li>• It was agreed that, before any of the learnings can be optimised, there needs to be more clarity around the responsibilities of the Assembly and the NPBs.</li><li>• The perception of Members who have elected NPBs is that the Boards will have input into decisions. There is perhaps work to be done in using BMs as a resource as they do represent members and are highly regarded pharmacists in ongoing work.</li><li>• It was recognised that the Board is generally reactive and needs to become more proactive.</li><li>• The development session demonstrated that time for reflection is very beneficial.</li><li>• It is important to develop the NPBs to make them more meaningful.</li><li>• There needs to be more discussion with Boards as to the direction of travel</li><li>• It was agreed that the 'Start, Lose, Improve, Keep' chart was very helpful and would be a good reference when considering the 2024 workplan. BMs were also asked to think about any gaps.</li></ul> <p>Overall, it was agreed that the day was very useful, supporting BMs to challenge assumptions and established perceptions. LW advised that the session had been at a basic level which could be built on.</p> <p><b>Action:</b> CR to share photos of the charts from the development day with BMs. <b>Action:</b> LW/AC to feed back to PB that SPB unhappy that Fellows weren't presented with certificates.</p>	<p><b>CR</b></p>
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<b>23.09.SPB.10</b>	<p><b>2024 Planning for the SPB</b></p> <p>Laura Wilson introduced a discussion on the work plan for 2024.</p> <p>The 2024 work plan will follow the same principles as 2023. It will include Advancing professional practice, professional belonging and professional engagement.</p> <p>Work streams to include:</p> <p>Advancing professional practice – It would be good if there were opportunities to undertake specific commissioned work in the same way as England and Wales. However, awarding of funding seems to happen differently in Scotland. It would raise the profile of the RPS in Scotland.</p> <p>Research and evaluation of services. The evaluation of services would fit better with the activities of Community Pharmacy Scotland (CPS) as could be contractual. It would be a challenge to obtain funding for a researcher and then to retrieve data in a timely manner. Data around prescribing and deprescribing would be useful; could collaborate with other organisations that support pharmacists.</p> <p>Policy work will be a priority, considering key issues, e.g. Assisted Dying and conscientious objections; this will always be challenging as emotionally charged. There may be scope for policy and guidance on gender dysphoria. BMs were asked to consider other potential areas of policy and guidance and feed back to LW.</p> <p>The discussion will serve as the foundation for the development of the 2024 work plan. Ideas generated will be further developed and then the work plan will be presented to the Board at the November NPB for approval.</p>	

	<b>Action:</b> BMs to feed back to LW on potential areas of policy and guidance.	<b>BMS</b>
<b>23.09.SPB.11</b>	<p><b>Pharmacist Prescribing (IP)</b></p> <p>Marcia Reid has been appointed as the Programme Manager to develop and promote a new member value proposition for prescribing pharmacists to incentivise RPS Membership and confirm the RPS as the leading Professional leadership body for pharmacists prescribing.</p> <p>The aim is that, by 2025, 50% of prescribing pharmacists registered with the GPhC will be RPS members.</p> <p>Over the last 12 months, workshops, focus groups and round tables have been held. They have considered the main themes of guidance and information, professional development, support, tools and resources, policy and DPP. From this a draft proposition has been developed. Web pages have been developed to pull all the content into one place. BMS have been asked to feedback to LW/Regina Ahmed (research team) thoughts on the website as it is now and specifically any comments on whether it meets the needs of all countries.</p> <p>It was suggested that the RPS DPP information is not 'user friendly', is over-complicated and could put people off becoming a DPP as they feel it is an onerous task. LW to feed this back to the team.</p> <p><u>Prescribing and the separation of the functions.</u> Current RPS guidance</p> <p>The prescribing and dispensing /supply and/or administration of medicines should normally remain separate functions performed by separate healthcare professionals in order to protect patient safety.</p> <p>All current guidance (including RPS/RCN guide, MEP, NES) provide the same message on the topic of separation of prescribing and dispensing or prescribing and administering.</p>	

	<p>There have been discussions with CPS and CP Wales, exploring how risks are mitigated. A position statement has been drafted but not yet finalised.</p> <p><u>Next steps:</u></p> <ol style="list-style-type: none"> <li>1. Wider stakeholder engagement – starting with RCN, RCGP, NES, CPhOs and CPS.</li> <li>2. Develop supporting professional guidance</li> <li>3. Potentially revise agreed draft position statement</li> <li>4. Publish position statement with support from other professions</li> <li>5. Recommend research into patient safety aspects of RX and dispensing to understand impact.</li> </ol> <p><b>Action:</b> BMs to feedback on website as it is to LW/ Regina Ahmed.  <b>Action:</b> LW to feedback that the RPS DPP information is not user-friendly; it has been over-complicated.</p>	
23.09.SPB.12	<p><b>PGDs for Technicians (23.09/NPB/09)</b></p> <p>BMs were asked to discuss and make a decision on the RPS position on the use of Patient Group Directions (PGDs) by Pharmacy Technicians (PTs).</p> <p>LW provided background information. A member survey has been carried out but low engagement numbers, with some of the responses from non-members and non-pharmacists, meant that it wasn't representative of RPS members' views. Comments that were received were around education and training, potential risks, supervision by pharmacists.</p> <p><b>Consultation questions:</b></p> <ul style="list-style-type: none"> <li>• Do you agree or disagree with the proposal to amend the Human Medicines Regulations (2012) to enable pharmacy technicians to supply and administer medicines to patients using patient group directions (PGDs)?</li> </ul> <p><b>Agree.</b></p>	

	<ul style="list-style-type: none"> <li>• Do you agree or disagree that the 2-year pre-registration training equips pharmacy technicians with the appropriate knowledge and skills to <b>complete the training requirements</b> which allow them to use PGDs? There was a discussion around responsibility. i.e., if a registered PT has the relevant training to use PGDs and makes a mistake, where does the responsibility rest? The registered PT would be acting within their training competency. It was noted that there is sufficient safeguarding within the PGD to protect the pharmacist if a mistake is made. <b>Agree.</b> <b>Some discussion around the potential need for additional training requirements for pharmacy technicians around PGDs but that training to carry out the PGD itself would be detailed within it.</b></li> <li>• Do you agree or disagree that allowing pharmacy technicians to supply and/or administer under a PGD will enable safe access to medicines for patients? <b>Agree.</b> Some slight concern over pharmacy technicians being asked to undertake or offer PGDs which are out with their level of competence.</li> <li>• This proposal is to allow registered pharmacy technicians to supply and administer medicines using a PGD. Do you have additional information in support of this proposal or for why this proposal should not go ahead? <b>Agree.</b></li> <li>• Do you agree or disagree that the consultation stage impact assessment gives a realistic indication of the likely costs, benefits and risks of the proposal? <b>Agree.</b></li> </ul>	
23.09.SPB.13	<p><b>Clinical Leadership Fellow</b></p> <p>LW welcomed Cara Mackenzie (CM) to the meeting. CM is the Scottish CLF for 2023/2024 and she will be sharing her time with NES (3 days per week with RPS). Whilst at RPS, CM's principal focus will be on Pharmacogenomics.</p>	

	<p>CM gave a brief summary of how she expects her year as a CLF to run. Personally, she hopes to increase her leadership and management skills and to expand her pharmacy network. She is looking forward to the next 12 months and to seeing what it brings. It is expected that the NHS Genomic Strategy will be published in the next few weeks.</p>	
<b>23.09.SPB.14</b>	<p><b>Papers for noting</b></p> <p>The SPB noted the following papers 23.09/NPB/14(i-ix)</p> <ol style="list-style-type: none"> <li>i. Science &amp; Research update</li> <li>ii. Education update</li> <li>iii. Policy and consultations</li> <li>iv. Public Affairs</li> <li>v. Sustainability</li> <li>vi. Pharmacogenomics</li> <li>vii. Inclusion &amp; Diversity</li> <li>viii. Workforce wellbeing</li> <li>ix. Marie Curie Daffodil Standards</li> </ol>	
<b>23.09.SPB.15</b>	<p><b>Any other Business</b></p> <p><u>Ban on single use vapes</u></p> <p>It is thought that the Scottish Government is considering consulting on the banning of single use vapes (England is considering an outright ban). There is no proper regulation. RPS will need to have a view; looking at an outright ban but, in the meantime, is keen to explore interventions with more immediate impact.</p> <p><u>Concerns:</u></p> <ul style="list-style-type: none"> <li>• Environmental impact</li> <li>• Health impact</li> <li>• No definitive evidence that vapes aid smoking cessation</li> </ul>	

	The SPB was supportive of an outright ban.	
<b>23.09.SPB.15</b>	<p><b>Dates of Next NPB/SPB meetings</b></p> <p>9<sup>th</sup> November – face to face in London (day before RPS conference)</p> <p>It was suggested that, if there are breakout rooms at the Nov meeting, each breakout room should have BMs from each Board (mixed).</p> <p><b>Action:</b> LW/AC to take forward to the agenda planning meeting on 5 Oct.</p>	<b>LW/AC</b>
<b>23.09.SPB.16</b>	<b>Close of meeting at 14:15</b>	

**Action List**

<b>Item</b>	<b>Action</b>	<b>By Whom</b>	<b>Open/Closed/Comments</b>
<b>23.09.03(a)</b>	<p><b>Declarations of Interest</b></p> <p>BMs to send CR any Dofl updates.</p>	<b>BMs/CR</b>	<b>Ongoing</b>
<b>23.09.04</b>	<p><b>Action No. 23/06/07 from NPB minutes</b></p> <p><b>NPB:</b> Set up a Board working group to further help and guide our policy work and direction of travel in independent prescribing – action through Policy &amp; Stakeholder Group. To be actioned once work plan has been confirmed.</p>	<b>LW/BMs</b>	<b>Open</b>
<b>23.09.SPB.06</b>	<p><b>Professional Leadership Commission</b></p> <p>LW to feedback SPB comments re: the blog to PB &amp; CA.</p>	<b>LW</b>	<b>Open</b>
<b>23.09.SPB.09</b>	<p><b>Update on the Vision for Pharmacy Practice in Scotland</b></p> <p>CR to share photos of the charts from the development day.</p>	<b>CR</b>	<b>Open</b>

<b>23.09.SPB.10</b>	<b>2024 Planning for the SPB</b> BMs to feed back to LW on potential areas of policy and guidance.	<b>BMS/LW</b>	<b>Open</b>
<b>23.09.SPB.11</b>	<b>Pharmacist prescribing</b> <ul style="list-style-type: none"><li>• BMs to feed back to RA/LW on draft value proposition.</li><li>• LW to feedback that the RPS DPP information is not user-friendly; it has been over-complicated.</li></ul>	<b>BMs</b> <b>LW</b>	<b>Open</b> <b>Open</b>
<b>23.09.SPB.15</b>	LW/AC to take forward to the agenda planning meeting on 5 Oct.	<b>LW/AC</b>	<b>Open</b>

Approved