

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 25 April 2018, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Dr Anne Boyter (ACB)

Mr Jonathan Burton (JB) (Vice-Chair)

Mrs Kathleen Cowle (KC)

Prof John Cromarty (JC)

Mr Johnathan Laird (JL)

Mr Alasdair Macintyre (AM)

Dr John McAnaw (Chair)

Dr Ailsa Power (AP)

Mrs Deborah Stafford (DS)

Miss Elaine Thomson (ET)

In attendance:

Aileen Bryson (ABr), Deputy Director and Scottish Practice and Policy Lead, Alex MacKinnon (AMK), Director for Scotland, Susanne Cameron-Nielsen (SCN), Head of External Relations (from 11:30), Dawn Ferguson (DF), Business Support Assistant, Annamarie McGregor (AMcG), Practice Development Lead, Carolyn Rattray (CR), Business Manager and Ashok Soni (AS), RPS President.

Paul Bennett (PB), Chief Executive, Corrinne Burns (CB), RPS Correspondent and Christopher John (CJ), Head of Workforce Development joined the meeting by video-conference.

Guest:

Professor Luigi Martini (GM), RPS Chief Scientist.

18/04/01.	<p>Welcome and introductions</p> <p>The Chair welcomed everyone to the meeting, in particular, the RPS President. He then welcomed Paul Bennett (PB), Chief Executive and Corrinne Burns (CB), RPS Correspondent who joined the meeting by video-conference. Christopher John (CJ), Head of Workforce Development would attend for the agenda item on the role of the pharmacist (18/04/11)</p> <p>BMs were advised that the newly appointed RPS Chief Scientist, Professor Luigi (Gino) Martini would attend the meeting for his agenda item.</p> <p>It was noted that Norman Lannigan would not be attending this meeting but would attend the July Induction day (afternoon).</p>	
18/04/02.	<p>Apologies</p> <p>No formal apologies were received. It was noted that David Thomson did not attend the meeting.</p>	
18/04/03.	<p>Declarations of interest</p> <p><u>Kathleen Cowle:</u></p> <ul style="list-style-type: none"> • Daughter is a pharmacist at St John's Hospital, Livingston • Board member, Community Pharmacy Scotland • Son-in-law works for Lloyds Pharmacy <p><u>Johnathan Laird:</u></p> <ul style="list-style-type: none"> • Sole owner, <i>Pharmacy in Practice</i> <p><u>Elaine Thomson:</u></p> <ul style="list-style-type: none"> • Member, NHS Tayside Area Pharmaceutical Committee – noted twice; remove duplicate <p>Action: Board Members were asked to email CR with updates Action: CR to update the declarations of interest accordingly to reflect the changes.</p>	<p>BMs CR</p>

18/04/04.	<p>Minutes of the SPB Public Business meeting held on Wednesday 17 January 2018</p> <p>The Scottish Pharmacy Board</p> <p>accepted as a true and accurate record</p> <p>the minutes of the Scottish Pharmacy Board Public Business meeting, held on Wednesday 17 January 2018 (18.04/SPB/04).</p>	
18/04/05.	<p>Matters arising</p> <p><u>Patient Consent:</u> Aileen Bryson (ABr) noted that this matter is a work in progress. Comments have been received back from Board Members (BMs) which need to be collated. It is expected that this matter will 'be wrapped up' with community pharmacy standards and other related issues. ABr to report back to BMs at the SPB Board meeting on 4 July 2018.</p> <p>Action: ABr to provide a report on patient consent and other related matters at the July Board meeting.</p> <p><u>Mental health:</u> Alex MacKinnon (AMK) advised BMs that, at the present time due to resource and the current work commitments, there is no capacity to add mental health to the Business Plan but that it would be reconsidered at the mid-year point. BMs were advised that some background work had already been carried out.</p> <p>Action: AMK to consider the Business Plan 2018 at the mid-year point to understand if there is capacity and resource to add mental health to the Scottish Directorate work plans.</p> <p><u>Hospital Standards:</u> AMcG advised BMs that she would be attending a NAPs Group meeting in June 2018 with Laura McIver (Health Improvement Scotland); this meeting will clarify the way forward. It is understood that the Directors of Pharmacy (DoPs) are supportive of the Standards being enabled and it is intended that the RPS in Scotland will support this through RPS Local events.</p>	<p>ABr</p> <p>AMK</p>

	<p>AMcG to report back to the SPB at the next Board Day</p> <p>Action: AMcG to provide a report on progress of the enablement of the Hospital Standards at the next formal SPB Board Day, 4 July 2018.</p> <p>Action: AMK/CR to invite representatives from the NAPs Group to the September 2018 Board meeting to update BMs on the progress of delivery and implementation of the Hospital Standards.</p> <p>Action: CR to amend 'terrestrial' to territorial.</p> <p>There were no other matters arising.</p>	<p>AMcG</p> <p>AMK/CR</p> <p>CR</p>
<p>18/04/06.</p>	<p>FIP Glasgow 2018</p> <p>AMK, Director for Scotland, provided BMs with an update on progress of FIP Glasgow 2018.</p> <p><u>Chief Pharmaceutical Officers' (CPhO) International Summit.</u> The CPhOs' meeting (Friday 7 September 2018?) is being progressed and the programme has been agreed. The Scottish CPhO, Prof Rose Marie Parr, will chair the 'whole day meeting', which will be 'closed'. It will take place at the Royal College of Physicians and Surgeons of Glasgow. Originally, subjects to be considered were going to include the role of the pharmacist in the humanitarian crisis and medicines shortages but these have now evolved into 'a much higher level sequence of topics based around medicine regulation and affordable medicines'. In the morning session, the CPhOs will consider:</p> <ul style="list-style-type: none"> • The scale and types of corruption in the pharmaceutical sector and its impact on global access to essential medicines • Regulatory systems strengthening – a shared responsibility for improving global health • How to and why to support global regulatory cooperation and harmonisation <p>This will be followed by a question and answer session and then a workshop.</p> <p>The afternoon sessions will consider:</p> <ul style="list-style-type: none"> • Affordable medicines – driving change in big pharma and how this impacts access to essential medicines • Working towards a global approach for innovation, intellectual property and public health • The impact on a monopoly based system and how to create an alternative future 	

Planning for FIP:

AMK noted that the agenda for the event is driven by FIP. The RPS is the joint host with responsibility for:

- Securing student volunteers. AMK thanked ABr and Dawn Ferguson for their work securing the student volunteers. The RPS President (ASo) noted that it is hoped that the RPS will host an evening for the volunteers to meet with RPS staff attending FIP and to thank them for their important contribution.
- Organising pharmacy visits in Glasgow for delegates; further information on this will be forthcoming. AMK reminded BMs that this event isn't just about front-line pharmacists but is much wider and that visits might be to diverse locations, e.g. military installations.
- Organising a *Pharmacy in Great Britain* day on Sunday 2 September in The SECC. This event will be balanced across the countries and will 'showcase GB pharmacy to the rest of the world'. Sessions will include:
 - Pharmacy Careers - Workforce Delivery
 - RPS Leadership and Workforce Development
 - Innovation and Initial Education in pharmacy careers
 - Putting Policy into Practice
 - Doctor / patient scientific collaboration

There are challenges around sponsorship and attendance but positive progress has been made and preparations are very advanced.

The RPS President (ASo) noted that a record number of abstracts (more than 1,000) have been submitted, most of which will be accepted and this will have a positive bearing on attendance figures.

Anne Boyter (ACB) was concerned about the lack of engagement with the Scottish Schools of Pharmacy (SoPs); she has received one email from RPS. AMK to follow up with the RPS events team and then with the SoPs. ACB then asked whether anyone from Strathclyde had been invited to the educational event on Sunday 2 September. It was confirmed that 'this is in hand' and that the RPS is sending to all the Heads of the SoPs inviting them to encourage as many 'of their people to participate in the educational day as they can'. ASo added that he would remind FIP organisers that Strathclyde SoP 'is on the doorstep', ACB noted that 'there is an appetite to be involved but notice is required to plan'.

	<p>The question of promotion was raised. It was confirmed that FIP is marketed well in the city that it is being held. ABr added that it would be promoted at Glasgow Airport: 'Glasgow welcomes FIP'.</p> <p>AM asked what the expectation will be of BMs. Currently, only the NPB Chairs are expected to attend along with members of the Host Committee as there will be a cost implication. RPS staff will host the RPS stand; there was concern that pharmacists should be available on the stand rather than solely the Events team.</p> <p>It was noted that the First Minister has been invited to the opening ceremony but, because her diary is not available until 1 June, her office is unable to respond until then.</p> <p>PB suggested that he has a discussion with Hannah Jenvy (Events Producer) and Maeve O'Leary (Engagement Manager) around Board Member involvement at FIP and they should be invited to attend the next Board meeting.</p> <p>Action: AMK to follow up Schools of Pharmacy involvement at FIP with the RPS events team and then liaise with the SoPs. Action: ASo to remind FIP organisers that there is a SoP on the doorstep; there is an appetite to be involved but notice is required in order to plan activities. Action: PB to liaise with Hannah Jenvy and Maeve O'Leary around Board Member involvement at FIP and invite them to the July SPB Board meeting to discuss BM involvement.</p>	<p>AMK ASo PB CR</p>
<p>18/04/07.</p>	<p>Scottish Pharmacy Board Business Plan for 2018 (SPB BP 2018)</p> <p>AMK provided BMs with a brief update on progress of the work streams within the SPB BP 2018, highlighting a number of areas:</p> <p><u>RPS Local:</u> The RPS Local revalidation events have been well received. These events are being used to provide an RPS Update, a revalidation event and also electronic surveys to gauge members' views. The aim is to cover every area of the country including the islands.</p> <p>Once the revalidation roadshow events are complete, focus will turn to the promotion of RPS Foundation and Faculty events.</p>	

AP noted that she has been advised that there is anxiety amongst RPS Faculty Members around revalidation and mapping to GPhC. AP was assured that, going forward, Faculty Members will receive communications from RPS to clarify what is required; RPS Faculty surgeries are also planned to support Faculty Members.

Influencing:

- The RPS in Scotland has been working closely with the Conservative Party and it is hoped that 'a number of our 'asks' will be appearing in their policy document'.
- Positive meeting with Anas Sarwar MSP, Labour Shadow Spokesperson (17 April). The team will submit a paper to the Labour Party to, hopefully, influence their policy documents.
- Primary Care Clinical Professions Collaborative – a joint event is being planned in the Scottish Parliament; this event will call upon politicians to enable the better sharing of information, so that all Primary Care HCPs can work seamlessly together.

Brand:

The RPS brand project is now moving forward to the implementation stage. It will be necessary to check all Scottish materials and messaging to ensure alignment to the new brand guidelines. ACB noted that a number of BMs, who were not able to attend the recent strategy day, would not know what the new brand looks like. AMK agreed to circulate a paper with highlights and samples, to those BMs who were unable to attend the Branding Strategy day meeting.

Access to records:

There was a discussion around access to records, the primary care development plan and concerns around these matters. It was agreed that this should be a separate and significant agenda item at the July SPB meeting. AMK assured BMs that access to records would be on the agenda for his monthly meeting with the CPhO and that he would report back to the SPB.

ABr noted that, as much as access to records is a concern, so is the workforce and capacity issue. There is concern over the numbers of hospital pharmacists leaving and whether Scottish Government (SG) has realised the impact of this. If exact figures of pharmacists leaving from each health board were available it would facilitate a public discussion which would resonate with the membership.

The Chair asked about video snapshots of the key messages from meetings. AMK noted that the digital element is the next stage in the communications plan.

	<p>Action: AMK to circulate a paper on the new brand, with highlights and samples, to those BMs who weren't able to attend the Branding strategy day meeting.</p> <p>Action: Access to records to be a separate and significant agenda item for the July SPB meeting.</p> <p>Action: AMK to discuss access to records with the CPhO at their monthly meeting. AMK to report back to the SPB.</p>	<p>AMK</p> <p>CR</p> <p>AMK</p>
<p>18/04/08.</p>	<p>RPS Local</p> <p>Annamarie McGregor, Practice Development Lead, provided a verbal update on the recent RPS Local Revalidation events, which have been well attended. By the time of the final event, more than 400 Members will have attended. AMcG presented two slides showing before and after 'word clouds'; the 'after' slide showing that attendees had felt 'reassured' following the event.</p> <p>AMcG noted that the new revalidation app, MyCPD, will be free to members; non-members will have a 7 day free usage taster, after which it will be charged at £10 per month.</p> <p>The events have been used as a sounding board for Members to tell their professional body what they expect it to do to support them. A key factor that was very evident was the desire for more protected learning time; Members weren't aware that this was part of the RPS manifesto. When asked to consider what would be most helpful to them to change and improve practice, 'a second pharmacist' was one of the most common responses; when the same question was asked two years earlier, the response was 'a pharmacy technician'.</p> <p>Two new RPS Local coordinators have been appointed:</p> <p>Calum Murray will be the RPS Local Highland coordinator; he is based in Alness and recently won the Community Pharmacist of the Year Award at the Scottish Pharmacy Awards. He was involved with the Local Practice Forums. It is likely that Calum will be involved in the remote and rural areas as well.</p> <p>Gillian Anderson has accepted the RPS Local coordinator role in Lanarkshire. Gillian works for Boots.</p>	

AMcG confirmed that a 'meeting of all the RPS Local Coordinators has been arranged for 18 June; BMs were invited to attend and were asked to let AMcG know if they can attend. Although not yet finalised, the morning will take the form of a 'mop-up' with attendees considering what has gone well, what hasn't and how to improve events in the future. A number of early years' pharmacists have been invited to the afternoon session which will be facilitated, once again, by Jill Cruickshank; the purpose of this session will be to develop the content for a core *early years pharmacist* event to take place in the autumn of 2018.

As part of the anti-microbial stewardship campaign, AMcG is working with Jacqueline Sneddon and the Scottish Antimicrobial Prescribing Group to develop 'a Blue Peter moment' for RPS Local.

AMcG is working with Johnathan Laird (JL) to develop events which can be accessed remotely from remote and rural areas of Scotland.

The RPS Local events have had a significant administrative impact and so 18 June will look at rationalising some of the work streams.

Jonathan Burton (JB) congratulated AMcG and the RPS Local Coordinators on the progress made with RPS Local, stating that RPS Local has completely 're-framed local member engagement'. JB asked for assurance that it will be 'bullet-proofed' in the BP2018 to ensure that it is fit for the future. He asked that the revalidation roadshows are followed up.

JL 'whole heartedly agreed'. He suggested that the budget should be 'doubled' to encourage membership; 'moving from non-membership to membership is a big step and RPS Local is a huge incentive'. AMK reassured the SPB that the budget is flexible to move funds around to RPS Local.

AMcG asked that the whole team is recognised, particularly Dawn Ferguson (DF) and Boyana Atanasova (BA), for their contributions.

A discussion followed around whether events should be RPS Member only or open to non-members; it was agreed that a balance has to be reached. Events should be considered as a Member benefit first and foremost. There will be a discussion in confidential business around this. AM suggested that events should be opened to non-members on an event by event basis.

	<p>AMcG noted that 12% of attendees at the English revalidation events had been non-members. It was agreed that it would be helpful to have the data relating to conversion rate from non-member to member, from the Marketing team. It is necessary for the Board to formally request this information. AMK to coordinate this request.</p> <p>ACB suggested that the RPS Local Coordinators should facilitate second events, particularly, if there is no staff capacity.</p> <p>Action: BMs to advise AMcG if they wish to attend the RPS Local Coordinators' meeting on 18 June.</p> <p>Action: AMK to ask, on behalf of the SPB, what the conversion rate, from non-members to members, is following events.</p> <p>Action: It was agreed that there should be a discussion at the July strategy day on how BMs can support and contribute to RPS Local. CR to add to the agenda.</p> <p>Action: AMK to coordinate a request from the SPB for information regarding the conversion to membership as a result of attending RPS Local events.</p>	<p>BMs</p> <p>AMK</p> <p>CR</p> <p>AMK</p>
<p>18/04/09.</p>	<p>Norman Lannigan NL to attend the meeting in July (induction day, afternoon).</p>	
<p>18/04/10.</p>	<p>Policy and consultations update</p> <p><u>Policy and consultations update - Quarter 1 (18.04/SPB/10).</u></p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Policy and consultations' paper.</p> <p>*****</p> <p><u>Independent Prescribing (IP) (18.04/SPB/10(i)).</u></p>	

Aileen Bryson (ABr), Scottish Practice and Policy Lead, presented version 15 of draft Independent Prescribing policy to BMs. ABr explained that the all comments from January board meeting have been included but also that since the board papers went out the team had re-formatted the paper and made amendments which addressed most of the comments the board members made on version 15. Due to timings the other national boards would see the next iteration.

ACTION AB to circulate final version

ABr then explained the policy consultation procedure which is in the process of being streamlined. Draft policies will be circulated to NPBs once for comments and feedback. There will then be an open consultation to the membership whereby BMs would have a second opportunity to feed in. Once the consultation process has concluded the finalised document will be signed off by the NPB Chairs.

BMs were advised that the key recommendations were presented to attendees at the RPS Local Tayside event to see if there were 'any show stoppers'; feedback received was positive. The policy has to inform the RPS response for the GPhC consultation on the education of independent prescribers.

The two main aspects, from the RPS perspective, are:

- Changing the required two year post-graduation period to an experience competency based process rather than time fixed
- Change from a designated medical practitioner to either a pharmacist practitioner or other experienced IP practitioners

AM referred to key recommendation: 2.3 suggested that 'with patient consent' be removed, that restrictions should not be included.

JB sought clarification on the key recommendation: 1.2 and the related Next Steps (page 5), bullet 6 and suggested that should be made more explicit. He suggested that the wording could be interpreted as Faculty membership leading to prescribing status.

AP urged caution around the RPS Foundation and Faculty.

A question was raised around training and development and the need to ensure that the undergraduate programme has the required amount of experiential learning and assessment.

	<p>ACB provided clarity around accreditation, noting that there are two accreditations: the MPharm and Independent Prescribing; prescribing is not included in the MPharm accreditation.</p> <p>ABr confirmed that the policy will align with the Task and Finish Group on Career Frameworks.</p> <p>DS suggested that, although ‘a course’ might be seen as a barrier, ongoing experiential training is required post registration.</p> <p>AM noted that the investment in time and backfill required needs to be acknowledged as training will ‘take the pharmacist away from the day job’. There was an acknowledgement that ‘contractors have to make protected learning time happen’.</p> <p>Action: BMs to forward any further feedback to ABr. *****</p> <p><u>GP Pharmacist – Top Tips (18.04/SPB/10(ii)).</u></p> <p>ABr explained the background to this paper, noting that BMs have already seen one draft and this is yet another iteration. The SPAA group has reviewed the draft policy and given feedback. Content has been added around cultural differences, which Professor Zubin Austen (ZA) included in his presentation at the RPS Conference. BMs were advised that the paper should be taken in the context that it was written by a GP for GPs; and will be an appendix to the RPS / Royal College of General Practitioners (RCGP) joint statement. The joint statement needs updating to align with the new GMS contract and the RCGP is very supportive of an update. ABr noted that, once all the comments have been incorporated it will be re-circulated to the RCGP for further consideration and will need to be signed off by their council.</p> <p>AM hoped that, by having pharmacists in GP practices, better relationships would be forged with other pharmacists, e.g. community pharmacists. He asked that relationship building and engagement with pharmacists, regardless of sector, be included in the policy.</p> <p>ET commented that the GP practice should consider the patient’s needs above the practice needs and suggested that this should be deleted; ABr reminded BMs that this is a jointly written document and so noted that this would probably be put back in; it was suggested that the phrase should be turned around to state: patient and practice needs. ACB asked that the word: ‘training’ should be amended to: ‘education’;</p>	<p>BMs</p>
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	<p>JMcA noted that ZA's presentation was very impactful visually, demonstrating comparisons between pharmacists and GPs. It was suggested that, if considering ZA's presentation, it should be 'time-stamped' to the RPS Conference 2016.</p> <p>JC referred to the paragraph entitled: 'Managing Risk and Uncertainty'. He was unhappy about the statement, suggesting that the document should be edited to reflect complimentary skills and correct some of the imbalances: 'The document needs to reflect the role of the pharmacists and what the GP can expect from a pharmacist'. ASo concurred, noting: 'the need to nip in the bud so as not to promulgate the impression that the pharmacist is inferior'. It was agreed that the joint statement should also be updated.</p> <p>ABr suggested that the 'Top Tips' document and the RPS / RCGP Joint Statement should be updated and amalgamated to make the overall tone better balanced.</p> <p>Action: ABr to consider the suggestions made by BMs and amend to reflect the discussion. Action: ASo to contact ZA for presentation from RPS Conference 2016, with any updates made since, and to find out where the research came from.</p>	ABr ASo
18/04/11.	<p>Role of the Pharmacist report</p> <p>Christopher John (CJ), Head of Workforce Development, noted that his presentation would incorporate three different strands:</p> <p><u>Interim summary of response to draft Health and Care Workforce Strategy for England.</u> At the end of March 2018, the RPS submitted a response to this strategy, asking for:</p> <ul style="list-style-type: none"> • A medium to long term workforce strategy with clear goals and actions • Updated modelling of the pharmacy workforce and a greater commitment to improving workforce intelligence • The funding and implementation of a national Pharmacy Foundation Programme (this applies to UK) • Stronger infrastructures to support the transformation of the pharmacy workforce <p>There were no questions.</p>	

RPS Consultation on the Role of the Pharmacist.

This consultation was circulated at the beginning of 2018. The consultation asked whether the five core attributes/abilities were clear to understand and, if not, how they could be made clearer from the perspective of the pharmacist, from other HCPs and also from that of the public. The consultation also asked if anything was missing from each core attribute / ability and what improvements could be made.

61 individuals and 26 organisations responded and the initial findings showed that:

- 71% - agreed that the statement was clear to understand
- 54% - agreed that the consultation covered all attributes and abilities
- 39% - agreed that the consultation explained the role to the public
- 78% - broadly agreed with the statement

CJ agreed to circulate the statement to BMs; he explained that the document is intended to distil the core function of a pharmacist. The document will be updated and a new version will be made available to the NPBs in time for the next round of Board meetings (4 July 2018).

Feedback from the GPhC Education Advisory Group – Key points.

CJ reported on a meeting of the GPhC Education Advisory Group that he had attended on 6 April. GPhC has been carrying out research that has found that some stakeholders are finding it difficult to articulate a vision for what the role of the pharmacist in the future should be. It is essential to be able to define this in order to be able to design education and training around an agreed future role. The meeting also agreed the importance of defining the core function of the pharmacist and their role in the HCP team.

The GPhC has undertaken research to determine the preparedness of a new registrant for practice and how this can be improved. CJ noted that Scottish students have been found to be the most prepared. CJ will circulate this research to the SPB as soon as it has been approved to do so.

RPS Task & Finish Group - Pharmacy Careers & Continuing Professional Development.

Key recommendations from this group have gone out to, and responses received from, the CPhOs across the UK and, in response to support from the CPhOs, it has been agreed that:

	<ul style="list-style-type: none"> • The RPS, in collaboration, will develop “Principles for Foundation Training” mapped against health system and workforce needs across the four nations. RPS will steward these principles. • The development of Foundation Pharmacist Trainees will include a standardised and portable e-portfolio based on best-practice design currently applied by the RPS. This means a continuing record from undergraduate to career-long continual professional development. • Foundation Training will include a consistent scheme of continuous assessment - an assurance of Trainees’ competence and capability; this means a successful foundation for progression to Advanced Practice training. • A UK <u>Joint Postgraduate Pharmacy Training Board (UK JPPTB)</u> will be established to oversee the recommendations and this will be hosted and stewarded by RPS. • RPS will be stewards of Standards for Foundation and Advanced training for pharmacist education across the UK, including curricula and assessment standards. <p>The main priority at the moment is the establishment of the UK JPPTB and its governance structure. The aim is for this to be established by September 2018.</p> <p>PB advised BMs that the RPS is in the process of recruiting a Director of Education and Professional Development. It has been agreed that education should be a key priority and so a Programme Manager is also being recruited to support this area. BMs were advised that until these roles are filled, interim cover has been arranged with Mair Davies, Director for Wales, providing leadership around education and Robbie Turner leading on support, consultation responses, professional standards, etc.</p> <p>PC confirmed that ‘education and training has moved to the top of the priority list and activity is moving apace’ to ensure the the UKJPPTB is established by September 2018.</p> <p>There were no further questions or comments and so CJ was thanked for his presentation.</p>	
	<p>Presentation to JC and ET – thanks and recognition.</p> <p>As this was the final formal SPB meeting before stepping down from the Board, the Chair presented a card and flowers to Elaine Thomson and a card and a bottle of single malt whisky to John Cromarty. Both BMs were thanked for their unstinting contribution to the SPB and its work on behalf of RPS Members in Scotland.</p>	

18/04/12.	<p>Update from the newly appointed RPS Chief Scientist, Professor Luigi (Gino) Martini (GM).</p> <p>The Chair welcomed GM to the meeting. GM introduced himself giving a brief summary of his background. Other members of the Science team are Dr Colin Cable and Dr Claire Thompson; the Science team works closely with the RPS Research team.</p> <p>GM took BMs through the priorities for the Science team over the coming months:</p> <ul style="list-style-type: none">• Increase membership by raising the visibility of science and the importance of research to all pharmacy colleagues• Engagement with the membership• Particular focus on Early Careers pharmacists and scientists• Work closely with BPSA and School Campaigns• Engage with Key Stakeholders to maintain and reinforce the RPS position as medicines experts• Consider Brexit and its impact on pharmaceutical and life sciences• Enable & showcase the expertise of RPS Members <p>He then went through an overview of work in progress and plans noting, in particular, a 'powerful' interview with Professor Dame Sally Davies, Chief Medical Officer for England and Wales, which was published in the Pharmaceutical Journal (PJ); there were more than 7,000 tweets in the first three days of the article going online. Dame Sally gave: 'a ringing endorsement of the RPS: 'thank you to the RPS for the resources you produce for the profession including the BNF'. Dame Sally has been invited to present at the RPS New Year Lecture.</p> <p>Since commencing his role as RPS Chief Scientist, a particular focus has been given to early careers pharmacists and scientists; he has presented at a careers' event, coordinated and hosted the first BPSA event at the RPS and given a presentation at the European Parliament on behalf of EPSA to discuss Student Mobility and its importance on careers and pharmacy.</p> <p>Other activities have included:</p> <ul style="list-style-type: none">• The first RPS (Winter) Summit; an evaluation of this event was undertaken during Q1 and it has been agreed that this event should be repeated on an annual basis• Health Services Research and Pharmacy Practice Conference, 12-13 April 2018	
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- The first RPS Research Fellows Forum, 10 October 2017
- The RPS Journal Club; this is a webinar led by expert pharmacy academics and researchers for critical appraisal of a publication in an area of practice.
- UKCPA/JOMO JOMO-UKCPA National Respiratory Medicine Workshop, 1 February 2018, Birmingham.

GM went on to update BMs on the Research Ready Community Pharmacy Programme; a Research Services Associate has been appointed to oversee the Research Ready Accreditation Programme.

GM's next focus will be to consider the impact of Brexit, and the European Medicines Agency move to Europe, on UK Life Sciences and Pharmacy with Sir Michael Rawlins, Chair of the MHRA. GM is also in discussions with other leaders to look at Big Pharma and its view on innovation and Brexit.

Dr Colin Cable (CC) then went on to update BMs on:

The Yellow Card Scheme:

The team has been working with the ABPI Pharmacovigilance Expert Network on documents for the RPS website on the Yellow Card Scheme; it is hoped that this work will be completed by the end of 2018.

ABPI Dermatology Initiative Expert Working Group:

CC represented the RPS on the ABPI Dermatology Initiative Expert Working Group (report published March 2018).

Quick Reference Guide (QRG) on Sunscreens:

A QRG on Sunscreens for the RPS website is in the process of being finalised and the team is working with the RPS PR team to see how it can best be promoted to the public. AMK noted that this is a 'real media opportunity'.

New Psychoactive substances (Legal Highs):

This has been of concern to the Science and Research Board (SRB) and the SRB was keen to highlight the issue around these materials to pharmacists. A small working group of SRB members was established and the SRT has been working with it to finalise documents which have now been uploaded to the RPS website.

	<p><u>E-cigarettes:</u> Members of the SRB and SRT have fed comments back to the RPS Policy team for consideration in updating the RPS policy on E-Cigarettes.</p> <p><u>Biosimilars:</u> A Biosimilars module has been developed by the University of London as part of a revalidation pilot; the module was based on the Biosimilars QRG produced by the Science team and CC provided input on the science aspects of the module developed.</p> <p><u>Human Factors:</u> The SRT has represented the RPS at meetings of the Pharmaceutical Human Factors and Ergonomics Special Interest Group of the Chartered Institute of Ergonomics and Human Factors. The SRT 'is keeping a watching brief'.</p> <p>GM noted that one of his key priorities is to ensure that all this work is promoted.</p> <p>Immediate plans for 2018 include:</p> <ul style="list-style-type: none">• RPS (Winter) Summit - It is proposed that a second SRT Summit will be held early in 2019. The structure has been defined and work is ongoing with the Events team to determine a location and date.• RPS Research Fellows Forum – this will be held on Wednesday 6 June 2018, at RPS; there will be a specific focus on community pharmacy• Research Ready Community Pharmacy Programme - 93 pharmacies, who's accreditation expired at the end of 2017; the Research team is evaluating factors contributing to why pharmacies are not reaccrediting and developing an engagement strategy and ways to improve the service• RPS Journal Club – The next sessions are planned for 19 June, to be delivered by Dr Michael Twigg, University of East Anglia and on 3 October by Dr Helena Herrera, University of Plymouth• Women in Leadership event – 27 June 2018 <p>GM asked BMs how the SRT can best engage with the NPBs. He concluded his presentation by noting that the long term aim is to ensure that the RPS stays at the forefront of science!</p> <p>AM asked if any of the 93 pharmacists are in Scotland. GM to find out and confirm. ACB noted that there are a number and asked that the RPS link up with Strathclyde SoP and CPS for their</p>	
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	<p>poster day event in September to promote Research Ready. GM assured ACB that the SRT would be in touch to discuss ways for Research Ready to be promoted at the Poster event. ACB asked if the SRT is linked into the Pharmacy Schools' Council as there seems to be some ambiguity 'as to how the SoPs fit in with the science of the RPS'. GM confirmed that links are being established.</p> <p>JL asked for information on which sector was most receptive to research work and where there are barriers. GM agreed to send the requested information to BMs. He added that it is evident that 'there is a strong desire for community pharmacy to be involved'. Dame Sally Davies is keen for community pharmacy to be more involved and will provide resource to enable this.</p> <p>GM noted that the SRT is in the process of creating opportunities for the resourcing of qualified pharmacists for quality assurance; GM asked DS to send details of the early years' pharmacist to him so that he can progress this. AMcG also suggested Janet Halliday who she put DS in contact with.</p> <p>AMK asked if there would be an opportunity for another science event in the Scottish Parliament. GM confirmed that he would be very supportive of such an event and suggested a theme of artificial intelligence. SCN advised BMs that the RPS in Scotland has representation on the Life Sciences Cross Party Group.</p> <p>AMcG suggested that dermatology would be a good subject to take to RPS Local; good from pharmacist prescribing perspective and also that RPS Local has a research support component.</p> <p>JMcA thanked GM for his presentation on behalf of the SPB and congratulated GM on his appointment. GM noted that emails would be welcomed.</p> <p>Action: GM to find out if any of the 93 pharmacies whose accreditation has lapsed, are in Scotland. GM to feedback information to BMs. Action: GM to send information on the sectors where research work is carried out and where more focus is required. Action: DS to send details of the early years' pharmacist to GM so that he can progress the matter of QPs for quality assurance. Action: AMcG to put DS in touch with Janet Halliday. Action: The interview with Dame Sally Davies (PJ article). ABr to circulate.</p>	<p>GM</p> <p>GM</p> <p>GM</p> <p>AMcG ABr</p>
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<p>18/04/13.</p>	<p>External Relations</p> <p>SCN highlighted that a return that was submitted to the Lobbying register has been returned due to insufficient information. SCN urged BMs to include as much information as possible. It was agreed that the Lobbying (Scotland) Act should be an agenda item at the induction day in July.</p> <p><u>Stakeholder engagement.</u></p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;">noted</p> <p>the Stakeholder engagement paper (18.04/SPB/13(i)).</p> <p>*****</p> <p><u>Social Media.</u></p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;">noted</p> <p>the Social Media update (18.04/SPB/13(ii)).</p> <p>SCN welcomed questions from the Board by email.</p> <p>Action: CR to include the Lobbying (Scotland) Act on the agenda for the July induction day.</p>	
<p>18/04/14.</p>	<p>Chair and Vice-Chair's report</p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;">noted</p> <p>the Chair and Vice-Chair's report (18.04/SPB/14).</p>	

18/04/15.	<p>Key messages</p> <p>The Scottish Pharmacy Board</p> <p>agreed</p> <p>the following key messages:</p> <ul style="list-style-type: none"> • Unequivocal success of RPS Local and the fact that there has been an increase from the original 7 to 39 events. • Opportunities for science and research now that the SRT and SRB have been established. Encouragement of pharmacists to be Research Ready, or at least aware, and to let them know that there is support available from the RPS. • Lend RPS support to the Strathclyde / CPS Posters event. RPS to 'be a willing friend.' • The SPB's enthusiastic support for the development of the RPS educational strategy (September deadline). • The SPB is proactively looking to inform the workforce strategy. 	
18/04/16.	<p>Any other competent business</p> <p><u>Marketing and promotion of pharmacy as a profession to schools, etc. and the role that the RPS can play in this.</u></p> <p>Ailsa Power (AP) noted that there is an issue in Scotland around attracting young people to the profession; she asked what RPS can do to encourage young people into the profession. ACB noted that numbers are not dropping but are being clustered from around the two Scottish SoPs. It was agreed other areas of Scotland should be considered, as an issue could arise in the future where there are no pharmacists in certain areas of the country. ASo noted that he is in discussions with the Pharmacy Schools' Council but that this matter should be considered locally with particular focus on the community sector.</p> <ul style="list-style-type: none"> • DS suggested the creation of a toolkit to take into schools; this would fit within the role of the pharmacist and the SPB Business Plan. • Use Fellows to promote pharmacy as a profession. • Team up with the BPSA on how to engage. • AMcG suggested that this should belong to PDS and Marketing and is not part of the Scottish Directorate remit. It was agreed that this matter should be raised at the 	

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The meeting closed at: 14:40.

