

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 27 September 2017, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Dr Anne Boyter (ACB)	Mr Alasdair Macintyre (AM)
Mr Jonathan Burton (JB) (Vice-Chair)	Dr John McAnaw (Chair)
Mrs Kathleen Cowle (KC)	Dr Ailsa Power (AP)
Prof John Cromarty (JC)	Mrs Deborah Stafford (DS)
Mr Johnathan Laird (JL)	Miss Elaine Thomson (ET)

In attendance

Aileen Bryson (ABr), Scottish Practice & Policy Lead, Alex MacKinnon (AMK), Director for Scotland, Boyana Atanasova (BA), Digital Communications Assistant, Susanne Cameron-Nielsen (SCN), Head of External Relations, Dawn Ferguson (DF), Business Support Assistant, Maurice Hickey (MH), Policy Project Pharmacist, Annamarie McGregor (AMcG), Practice Development Lead, Carolyn Rattray (CR), Business Manager, Paul Bennett (PB), Chief Executive and Brian Walters (BW), Director for Business Development.

Ashok Soni, (AS), RPS President and Corrinne Burns (CB), PJ Publisher, joined the meeting by video-conference (VC).

Guests

Professor Rose Marie Parr (CPO), Chief Pharmaceutical Officer, Gary Cook (GC) and Alan Timmins (AT), SIGN Council and Joshua Miller (JM), RPS Student Champion, Strathclyde.

17/01.	<p>Welcome and introductions</p> <p>The Chair welcomed Board Members (BMs), guests and staff to the meeting. It was noted that Gary Cook, Alan Timmins and the Chief Pharmaceutical Officer (CPO), Professor Rose Marie Parr (RMP), would be attending the Public Business meeting for their respective agenda items and also for lunch.</p>	
17/02.	<p>Apologies</p> <p>There were no apologies.</p>	
17/03.	<p>Welcome and introduction to new Chief Executive</p> <p>The Chair welcomed Paul Bennett (PB), RPS Chief Executive, who had been in post since the beginning of July.</p> <p>PB noted that this was his first national pharmacy board meeting and thanked the Board for his invitation to attend the meeting; he considers it an essential part of his role to connect with the nations. PB gave a brief summary of his career to date, noting that he was an English Pharmacy Board (EPB) Chair at a time when Rose Marie Parr (RMP), Scottish Chief Pharmaceutical Officer was the Scottish Pharmacy Board (SPB) Chair (2007).</p> <p>PB reflected on his first three months: 'the pace is mad' and although the Society does an awful lot, it needs to focus more on connecting with members. He observed that the RPS has a 'great team of staff and that the calibre of individuals is astonishing, with their drive and passion to move the profession forward'.</p> <p>PB went on to note his key priorities:</p> <ul style="list-style-type: none"> • Membership engagement: this needs to be relevant to all pharmacists at all career stages – investing time and energy into this, e.g. the branding project. • The people agenda: the Society is 'trying to do 5 days' work with 4 days' resource'; vacancy and turnover rates are too high. The aim is to become an employer of choice within the sector. Colleagues, within the organisation, need to be empowered 'to do the great work that they want to do'. The Executive 'needs to step up, to provide more clarity, direction and certainty'. 	

	<p>PB is clear that pharmacy is under-utilised and needs to be developed. PB gave assurance that he will work with the Boards and the Assembly to achieve this.</p>	
<p>17/04.</p>	<p>Declarations of interest</p> <p>Amendments to declarations of interest for:</p> <p>Kathleen Cowle (KC):</p> <ul style="list-style-type: none"> • Board member, Community Pharmacy Scotland <p>Alasdair Macintyre (AM):</p> <ul style="list-style-type: none"> • Member, APC in Lanarkshire <p>John McAnaw (JMCA):</p> <ul style="list-style-type: none"> • Wife is a community pharmacist locum • UKCPA (1997-2017) • Scottish Pharmacy Awards' Judge <p>Ailsa Power (AP):</p> <ul style="list-style-type: none"> • Should read Associate Post Graduate Pharmacy Dean. <p>Action: CR to amend declarations of interest as shown above.</p>	<p>CR</p>
<p>17/05.</p>	<p>Minutes of the SPB Public Business Elections' meeting held on Tuesday 13 June 2017</p> <p>The Scottish Pharmacy Board</p> <p>approved</p> <p>the minutes of the Scottish Pharmacy Board Elections' Public Business meeting, held on Tuesday 13 June 2017 (17.09/SPB/05(i)).</p> <p>*****</p>	

	<p>Minutes of the SPB Public Business Elections meeting held on Wednesday 14 June 2017</p> <p>The Scottish Pharmacy Board</p> <p>approved</p> <p>the minutes of the Scottish Pharmacy Board Public Business meeting, held on Wednesday 14 June 2017 (17.09/SPB/05(ii)).</p>	
17/06.	<p>Matters arising</p> <p>from the minutes of the elections' meeting held on Tuesday 13 June 2017:</p> <ul style="list-style-type: none"> • P.3. Board Member Agreements – CR to check which Board Members have returned their signed agreements and then follow up with those who haven't. <p>Matters arising</p> <p>from the minutes of the Public Business meeting held on Wednesday 14 June 2017:</p> <ul style="list-style-type: none"> • P.5. CR / AMK to ensure that patient consent is included on the agenda for September's SPB meeting: This was included on the original agenda but it was agreed that it would be progressed as part of the Care Homes' work although it is recognised that its reach is much wider than just this aspect. BMs were asked to consider whether patient consent should be taken forward with a short life working group (SLWG). Alasdair Macintyre (AM) agreed to lead the SLWG. It was agreed that, having the CPO presenting on the new strategy for pharmacy, would be an ideal opportunity to ask about Scottish Government's (SG) approach to confidentiality and consent. ABr to liaise with AM re the SLWG. • P.5. BMs to provide vignettes to support the access to records / consent work stream. To be progressed as part of the SLWG work. CR to remind BMs - weekly email. • P.8. Local Engagement. John Cromarty (JC) to progress this in Highland. • P.8. Strategy Day in Inverness. It was agreed that 1 November should be a Team planning day and that a Strategy Day should take place in late November/early December. CR to circulate a Doodle Poll for a Strategy Day, to be held at the Scottish Directorate offices. It was agreed that an SPB meeting in Inverness should be postponed until April 2018. CR to arrange. 	<p>CR</p> <p>ABr/AM</p> <p>CR JC</p> <p>CR</p> <p>CR</p>

	<ul style="list-style-type: none"> • P.17. RPS Fellows. SCN / BA to build a campaign encouraging RPS Members to nominate other members to be RPS Fellows. SCN confirmed that, owing to resource issues, this had not as yet been progressed but would be in time for the next round of nominations. • P.17. RPS Fellows. AM and David Thomson (DT) to liaise on challenges re: the nominations' process and DT to feed back to the RPS Fellows' Panel – still outstanding. • P.19. Actions re: social media and 'Telegram' to be followed up at the Strategy Day – Late November / early December. • P.21. AP to provide names of the first cohort of trainees who have completed the RPS / NES Foundation School course. SCN / AP and Beth Ward (BW) to work together on this. There is one RPS Member, Andrew Carruthers, in Scotland and he is to receive his certificate at the National Seminar. As it is the first cohort, Corrinne Burns (CB) agreed to write a stand-alone article for the <i>Pharmaceutical Journal (PJ)</i>. <p>There were no other matters arising.</p>	<p>SCN / BA</p> <p>AM / DT SCN / BA / CR</p> <p>SCN / AP / BW</p> <p>CB</p>
17/07.	<p>Governance Handbook 2017 / 2018</p> <p>PB noted that the RPS Assembly had sanctioned a governance review, which is now underway. The review will be in two phases with a task and finish group. Phase 1 will consider areas that have already been identified as issues; it will, in the main, be a 'desktop exercise', but will require 'intensive thinking' and input from the legal team. Once complete, proposals will be taken back to the Assembly for approval. Phase 2 will be a thorough review of governance arrangements and will continue into 2018. JC is to sit on the Review Group. It was agreed that a review of the RPS governance, would be 'a positive development'.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the RPS Governance Handbook 2017/2018 (17.09/SPB/07).</p>	
17/08.	<p>SPB Business Plan 2017 – Quarter 3</p> <p>AMK provided a brief update on the SPB Business Plan 2017, Quarter 3 (17.09/SPB/08), focussing on the amber and red items. AMK expressed appreciation that the team has managed</p>	

to achieve so much in the year despite a reduced headcount for the four months that AMK took on the role of interim Chief Executive.

Items colour coded amber:

- **Promotion of the Revised Hospital Standards** – the intention had always been that this work stream would be in Q4 as the revision is still to be finalised.
- **Engagement in terms of the RPS Foundation and Faculty** – This has suffered as a result of an increased workload and reduced capacity. This work stream will be included on the 2018 Business Plan. AMK noted that 40 delegates have registered for the Faculty workshop at the National Seminar and so it is likely to turn from amber to green.
- **Revalidation Ready** – AMK confirmed that the Professional Development and Support team is to take this forward, together with Marketing and a programme is scheduled to be in place for Autumn 2018.
- **Membership** – Scotland has failed to achieve its ambitious recruitment and retention targets; this was mirrored across the three countries and would be discussed in further detail in confidential business. It was noted that costs have been kept very much under control. The RPS President, Ashok Soni (AS) confirmed that the Assembly has recognised the challenges around membership and has agreed to resource.
- **Communications** – Needs further work to ensure collegiate working across all areas of the Society.
- **FIP 2018** - work is ongoing and Scotland's contribution will become clearer in the coming months. The next FIP meeting takes place in October 2017.
- **Digitalisation** – this will be a key objective for 2018 for the RPS as a whole.

Highlights:

Partnership working – this has proved very powerful, particularly when influencing Scottish Government (SG).

Jonathan Burton (JB) was encouraged that so many delegates had signed up to Faculty session at the National Seminar; he was concerned re: resource and asked if resource could be made available centrally.

Rebalancing – there was concern around the Rebalancing of Medicines Act and the lack of understanding around the process of what is being proposed: 'needs a myth busting project'. It was agreed that it should be considered at a Strategy Day.

AMK gave a brief update on the Rebalancing work:

	<ul style="list-style-type: none"> • The Dispensing Error Order has had cross government clearance; there were a few suggested minor amendments in terms of wording. It's in the process of going through the Joint Committee for Statutory Clearance; the Order should be laid before Parliament in mid-November. If RPS is to lobby it should be with MPs and most likely through the All Party Pharmacy Group, as this is a matter reserved to the Westminster Parliament,. • The next area for consideration will be a consultation on the responsible pharmacist and the superintendent regulations • Supervision will recommence from a Department of Health and Rebalancing Board perspective. AMK reported that the Society has established a cross board working group which he will lead. The SPB will have two representatives – AM and JMCA with Kathleen Cowle (KC) to deputise if either JMCA or AM are unavailable. The next meeting will be in October. AMK noted that, during his tenure as Interim CEO, he only attended one Rebalancing Board meeting and it was made clear that there is an expectation that there will be consensus from the RPS, as a professional body, re: supervision. It is crucial that the Society reaches a view that enables future practice, future roles and deals with the sale and supply of medicines in a sensible way. It has been 50 years since the Medicines Act was passed and it may be another 50 before it is reconsidered: 'it is crucial that it is right'. PB welcomed what had been said and added that it is really important that the cross Board working group helps the Society to get to a consensus position. He assured BMs that he will not be taking a personal opinion to the Rebalancing Board but the RPS view. The RPS President noted that the perception is that the Rebalancing Board can just make changes whereas there is a whole process of consultation before any decisions can be made. <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the SPB Business Plan, Quarter 3 Update.</p>	
<p>17/09.</p>	<p>SPB Business Plan 2018</p> <p>AMK provided context and background to the proposed 2018 SPB Business Plan. The Executive Board is working on six key work streams:</p>	

- **People**
- **Engagement**
- **Brand** - a clear brand strategy is required
- **Revalidation** – Pre-Foundation, Foundation, Faculty and Mentoring
- **Professional** – lead on key professional issues, e.g. supervision, the role of the pharmacist, registered technicians and working together with other 17 health professionals
- **Digital** – how we use all sorts of channels including digital to support our members

John Cromarty (JC) suggested that the headings were too general, e.g. role of the pharmacist AP suggested that members should be top of the list. AMK assured BMs that the headings were not in order of priority. Brian Walters (BW) noted that, unless we invest in our people, we will not be able to support our members. PB agreed with BW; the Business Plan (BP) needs to be member focussed but also needs to be people focussed: 'it needs to focus on the audience'. It was suggested that a deliberate statement of change is required, crystallising and setting the scene for the six Society headings.

BMs were reminded that the aim is to prioritise and focus our work streams to ensure excellence and that they are relevant to our Members. BMs were presented with proposals for Scotland specific objectives and asked to choose three from the under-noted:

- RPS Local Engagement
- RPS Revised Hospital Standards
- The Role Of The Pharmacist / Public Patient Involvement
- Students, Pre-Registration and Early Years, Pre-Foundation and Faculty – Professional Development
- Pharmaceutical Care Of People In Care Homes / Care At Home

Apart from the three Scotland specific objectives, Scotland will be expected to make a contribution to FIP Glasgow 2018.

JL suggested that, whichever options are chosen, the overall strategy of the RPS will change from a paternalistic to a collaborative mode; this should address the resource issue: 'flattening the hierarchy'.

	<p>There was a discussion around the role of the pharmacist with KC suggesting that areas like the role of the pharmacist should be GB wide. AMcG noted that models of pharmacy should be championed rather than the role of the pharmacist.</p> <p>The SPB was asked to consider Scottish work streams for 2018, ensuring alignment to the RPS corporate business plan. With this in mind, AMK suggested placing the Scotland specific headings on a poster on the wall and BMs to indicate their three preferences. BMs were also asked to consider if there was anything missing.</p> <p>Action: CR to circulate options to BMs to tick their 3 priorities for the Scottish 2018 Business plan in the weekly update.</p>	CR
17/10.	<p>FIP Conference</p> <p>Although, because of the global unrest surrounding North Korea, AMK and JMcA didn't attend FIP, the RPS was represented. AS attended and gave a brief update. 2.6k delegates attended (this would usually be nearer 4k), the content was good but the venue was challenging. Because many people weren't able to attend this year's event it is expected that FIP Glasgow 2018 will be huge, with approximately 4.5 to 5.5k delegates likely to attend. The next FIP 2018 planning meeting is scheduled to take place on 6 October; he will provide a report on this meeting. AS was concerned about reputational risk and asked that this be taken into account.</p> <p>Action: AMK to report back via the weekly update on the FIP 2018 meeting which is to be held on 6 October.</p>	AMK/CR
17/11.	<p>Policies and consultations</p> <p>Aileen Bryson (ABr), Scottish Practice & Policy Lead, gave an update on policies and consultations since the previous meeting. At the start of the Summer, focus had been on three major pieces of work for the Scottish Parliament Health & Sport (H&S) Committee. They were:</p> <ul style="list-style-type: none"> • Clinical Governance, • Technology and Innovation • Budget <p>ABr reported that she had recently given evidence to the H & S Committee on the budget.</p>	

	<p>One of the main concerns around the budget is that it isn't sufficiently transparent. SCN stated that the evidence was discussed in depth. It was agreed that to be invited to give evidence is a very positive move.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The update (17.09/SPB/11) on policies and consultations' activities for Quarter 3.</p>	
<p>17/12.</p>	<p>RPS strategy and policy – re-scheduling of cannabis for medicinal use</p> <p>(17.09/SPB/12) Maurice Hickey (MH) ran through the background of this work. He has been working with the Pharmaceutical Science Expert Advisory Panel (PSEAP) which is recommending that the policy be adopted. The re-scheduling of cannabis has been considered on a number of occasions. He established a SLWG comprising of two members from each NPB plus five other non-members. The survey prompted an unprecedented response, with 1,699 respondents, more than any other RPS survey. The results showed that over 89% think that cannabis should be re-scheduled and 87.93% supported legislation for medical use.</p> <p>The recommendations in the draft strategy and policy on the decriminalisation of cannabis need to be agreed by each of the NPBs and MH will be presenting to the EPB and WPB in October.</p> <p>A discussion followed on the wording of the policy recommendation and it was agreed that it should be re-phrased, reflecting the discussion, to state:</p> <p><i>The Royal Pharmaceutical Society recommends to the UK government that cannabis should therefore be moved from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001. This change will enable scientific research to proceed unimpeded within a UK context.</i></p> <p>The Scottish Pharmacy Board</p> <p>approved in principle, the policy recommendation</p> <p>but required the wording to be amended and then re-circulated to reflect conversations.</p>	

	MH to re-word and re-circulate to the Board.	MH
17/13.	<p>RPS Local</p> <p>AMcG provided a verbal report on the outcomes of the RPS Local day held on 25 August. Tjis was a very positive day and a follow up and events development session is planned for the Seminar on 30 September</p> <p>AMcG still looking for Board sponsors to support events. AP and AM volunteered for Ayrshire and Aran and Dumfries and Galloway respectively</p> <p>JC to speak to Ian Rudd about identifying an RPS Highland Coordinator</p>	<p>AP / AM</p> <p>JC</p>
17/14.	<p>Chair and Vice-Chair's report</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Chair and Vice-Chair's report (17.09/SPB/14).</p>	
17/15.	<p>SIGN Council</p> <p>JMcA introduced Alan Timmins (AT) and Gary Cook (GC) to the meeting. AT gave a summary of the history of the SIGN Council. SIGN was established in 1993; it is multi-disciplinary and, originally, its focus was purely on healthcare; as time has gone on, social care has become an increasingly important area. It was set up to design and implement guidelines to improve the care of people in Scotland. SIGN sits under the Health Improvement Scotland (HIS) umbrella of like-minded organisations. The SIGN Council is over-arching and makes final decisions on strategy, direction; it also oversees the work programme.</p> <p>The Guideline Programme Advisory Group (GPAG), which AT sits on, selects which proposals should be accepted for guideline development. He was also involved with the Trainees' Group; this has fallen into abeyance at the moment but will be reinvigorated with a fellowship approach, working with HIS, for training grades.</p> <p>AT then referred to Dr Mahendra Patel's proposed MDT SIGN Student Champions pilot project; he suggested that it needed further consideration and raised concern that this was discussed with HIS without the knowledge of RPS in Scotland and SIGN Council reps.</p>	

	<p>AT and GC provided details of the current and future work plans and also how the work of SIGN and HIS is impacting, particularly around the positive impact that work with the RPS has been involved with</p> <p>The current work plan includes:</p> <p><u>Active</u> Diabetes (rapid review) Migraine Cardiovascular (six guidelines are being 're-vamped') Delirium Epilepsy in children</p> <p><u>Development work (still being considered by GPAG)</u> Dementia Changing the emphasis on treating Diabetes (lay proposal) ADHD - revision of the guideline</p> <p><u>Impact</u> The Pharmacy compact Links with SIGN and RPS – are they sufficiently robust? Both HIS and SIGN are very aware of the positive impact RPS has on pharmaceutical input.</p> <p><u>Engagement proposals</u></p> <ul style="list-style-type: none">• How to involve community pharmacy• Utilisation of guidelines, particularly guidelines around dealing with patients• Ensuring that there are enough pharmacists skilled in critical appraisal to support the work of SIGN. <p>In conclusion, going forward, the SIGN Council will be looking to improve working relationships and input, to highlight and reinforce the significant role that pharmacists can play in SIGN processes and to promote further engagement with and from the profession of pharmacy.</p> <p>The Chair thanked AT and GC for their enlightening presentation and then opened up the floor for questions:</p>	
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	<ul style="list-style-type: none"> • ACB noted that there will now be two pharmacists on the SIGN Asthma group. An advert will be produced; she suggested that the Society should be more involved. She also suggested that students from both Schools of Pharmacy and early years pharmacists could be more involved in the work of SIGN • Jonathan Burton (JB) noted that he hadn't realised that there was a mechanism for feeding back gaps in evidence based practice. • JC noted that pharmacists are probably the best healthcare profession to scrutinise and strongly encouraged an open avenue for a pharmacist to also become a non-executive director. He also noted that there is a Faculty opportunity being involved with SIGN. <p>It was agreed that RPS would continue to support the work of SIGN through its communications' channels. It was suggested that students are well equipped to support this. GC noted that there is a confidence issue and that not all pharmacists will be experts in all medicines AT noted that there is an appetite for more involvement from pharmacists and also acknowledged AMcG's support in promoting SIGN and recruiting pharmacists into the SIGN Guidelines with the support of the Directors of Pharmacy.</p> <p>JC urged that the profession develops credibility amongst other clinicians; pharmacists need to be able to make judgements on the clinical use of medicines where there is no evidence. Some of the most challenging, but rewarding, tasks that he was involved in was around equity of healthcare for all of the population within a health board. 'Engaging with the work of SIGN and honing skills through the career path is something that all pharmacists should aspire to'. This is an important role for the RPS Faculty to consider and pin to achievement of some of its competencies.</p> <p>Action AMG to explore how to involve undergraduate and early years pharmacists in the SIGN Guideline Development and encourage input and ideas for topics from community pharmacists AMG to promote the Faculty to the pharmacists involved in SIGN.</p>	
<p>17/16.</p>	<p>Achieving Excellence in Pharmaceutical Care – a Strategy for Scotland</p> <p>The Chair welcomed Professor Rosemarie Parr (RMP), Chief Pharmaceutical Officer (CPO), to the meeting. RMP set the scene, referencing previous strategies including the <i>Right Medicine</i> and also the <i>Nuffield Report</i> which had referred to pharmacist prescribers. Scotland is growing and the demographic is changing and, with it, health and social care. The pharmacy landscape is changing and this is reflected within the clinical governance. The Strategy is about shifting the balance of care from hospital to home. The other real change is a culture change around realistic medicines and what that means.</p>	

	<p>The new Government strategy includes nine commitments, supported by 29 actions. It was important to retain the thread of the <i>Right Medicine</i> and <i>Prescription for Excellence</i>. The strategy tries to break down barriers:</p> <p>Commitment 1: Improved and increased use of community pharmacy services, for example: out of hours and long term conditions.</p> <p>Commitment 2: Pharmacy teams integrated into GP practices</p> <p>Commitment 3: Transformed hospital pharmacy services – ‘having time to plan and care’.</p> <p>Commitment 4: Pharmaceutical care that supports safer use of medicines. The pharmacy profession needs to be more visible</p> <p>Commitment 5: Improved pharmaceutical care at home or in a care home. RMP noted that she is delighted that the RPSiS is reviewing its 2012 report on the pharmaceutical care of patients in care homes.</p> <p>Commitment 6: Enhanced access to pharmaceutical care in remote and rural communities.</p> <p>Commitments 7, 8 and 9 are all about enablers.</p> <p>Commitment 7: Pharmacy workforce with enhanced clinical capability and capacity.</p> <p>Commitment 8: Improved service delivery through digital information and technologies.</p> <p>Commitment 9: Sustainable services that meet populations needs; improving the planning and delivery of pharmaceutical care</p>	
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RMP commended the collaborative working that has been taking place in Scotland between CPS, RPSiS, NES amongst others re: quality improvement and safety

Next steps and summary

To try 'to harvest what Scotland already has'; Scotland has sound building blocks on which to build. There will be challenging times around finance and it will be important to be as resilient as possible to ensure the best result for public and patient care.

The Chair thanked RMP for her 'illuminating journey through *Achieving Excellence through Pharmaceutical Care*; There followed an opportunity for questions and comments:

- PB noted that the presentation gave him a much more sound understanding of pharmacy in Scotland; he asked how affordable it is to deliver all that is in the vision, particularly around technology? By emphasizing what can't be done without investment – building a sound business proposal. It won't all be 'pharmacy money' but, by working collaboratively in a multi-disciplinary way, it can be achieved.
- JB asked about the issue of confidentiality and consent; whether the CPO would welcome the SPB considering this matter in detail and whether the SG is planning to do anything to remedy this situation? RMP confirmed that she would very much welcome the SPB considering this issue and feeding back to her; she added that to have evidence of the issues in practice would be very helpful. RMP also confirmed that an SG working group has been established to consider what can be done around access to data and that the Minister is keen for pharmacists to have access to records. The SG working group will look to produce guidelines around this. RMP also noted that lobbying on this matter, which had been instigated by pharmacists but supported by other disciplines, had brought this issue to the attention of SG. This working group is also working on issues around *Duty of Candour*.
- AMK asked if RPS, within the correct contextual discussion, could put increased pressure on the Parliament for pharmacy to be better resourced to deliver the new strategy; would this be a help or a hindrance. RMP confirmed that this would help and would make pharmacy more visible to both politicians and patients.
- ET asked how best to engage with the public around the importance of realistic medicine and valuing medicines. RMP noted that there needs to de-prescribing, medicines' reviews and more honest discussions are required with patients is required on the subject of waste.
- DS noted that the RPS Hospital Pharmacy Standards refer to having a balance of generalists and specialists; she asked if there is a risk of hospital pharmacists and teams not being able to relate to the 'Vision' and how best to communicate the 'Vision'. She asked

	<p>if RPS can do anything to support this. RMP noted that the building blocks are there and that the important thing is that the role of the pharmacist, in whatever capacity, is understood. The reality is that patients are not in hospital long enough to benefit from pharmacy input and that a conversation is required about the best time and place for hospital pharmacy input and the models of hospital pharmacy services. There is a plan to review hospital pharmacy services and this potentially will be supported by appointment to clinical fellowships and undertaken in partnership with the Directors of Pharmacy.</p> <ul style="list-style-type: none"> • AMcG noted that there has been a shift in care and resources for all hospital practitioners and services and that pharmacy services are no different. • AMcG asked about new models of practice that RPS can support? RMP welcomed the question and noted that the re-design of scheduled care would be appropriate. • JC asked if there are any enablers. His plea was 'in all the machinations, debates and outcomes from the Profession's challenges, that a wedge is retained between the professional accountability of pharmacists to the GPhC regarding professional practice and any managerial accountabilities that are foisted upon them. RMP noted that focus should be 'on doing the right thing for the patient' as part of a team rather than as a pharmacist per se. <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Chief Pharmaceutical Officer's presentation of Scottish Government's strategy for Scotland: '<i>Achieving Excellence in Pharmaceutical Care</i>'.</p>	
17/17.	<p>National Pharmacy Board Elections</p> <p>AMK summarised the paper (17.09/SPB/17). BMs were asked for any final comments.</p> <p>JB was disappointed to note that the timing of the Hustings has been 'left hanging' and suggested that this was unacceptable, particularly, as it had been taken into another organisation's arena and, also, in the context of the feedback given at the previous Board meeting in June 2017. AMK assured BMs that this would be addressed.</p> <p>BMs noted that the paper contradicted itself around CVs (R5) and suggested that what a prospective BM 'would bring to the party' would be more relevant.</p>	AMK

	<p>JMcA noted that timings of the elections' process had been improved but was keen to understand how the hustings could work.</p> <p>JC suggested that the wording around the Hustings required clarification and that he would be unable to vote on the statement as it stood.</p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;">approved in principle</p> <p>the amendments to the NPB election process for 2018 (17.09/SPB/17) but would like further consideration given to the points noted above.</p> <p>Action: AMK to feed back JB's comments around the Hustings to Alison Douglas (Governance Manager) for consideration by the RPS Assembly in November 2017.</p> <p>Action: AMK to feed back to the Scottish Pharmacy Board the conclusions of the RPS Assembly meeting to be held in November 2017.</p>	<p>AMK</p> <p>AMK</p>
<p>17/19.</p>	<p>Key messages</p> <ol style="list-style-type: none"> 1. Welcoming the new SG strategy: <i>Achieving Excellence in Pharmaceutical Care</i>; SCN suggested that 'follow up' with the Board is required before a formal response can be published on the website. SCN/ABr to draft a response to be circulated to BMs for comment before publication. KC suggested that Scottish members should be asked for their thoughts on the new SG strategy. 2. Issue of confidentiality and consent. The SPB is to form a working group with the agreement and support of the CPO. Plea to members for examples. AM, JB, KC and JL volunteered to sit on the working group. 3. Supporting the implementation of the RPS Hospital Standards. 	<p>ABr/SCN</p> <p>AM/JB/KC/JL</p>
<p>17/18.</p>	<p>Any other Competent Business</p> <p><u>Burns' Supper 2018:</u> BMs were asked whether for their preference as to dates and venue. BMs agreed that the Burns' Supper 2018 should take place on the day of the SPB meetings, i.e. 17 January 2017 and that the venue should be Stac Polly, Dublin Street, Edinburgh.</p>	<p>CR</p>

	<p><u>National Seminar 2017:</u></p> <ul style="list-style-type: none">• CR to provide a list for BMs to man the RPS stand at the Seminar.• If BMs are unsure as to which workshops they are attending, to email CR.• Question required for Seminar (marbles and jar). It was agreed that the question should be around supervision and whether a responsible pharmacist is required at all times in a pharmacy.	CR
17/20.	<p>Date of next meeting</p> <p>17 January 2018.</p>	