

SCOTTISH PHARMACY BOARD

Minutes of the open meeting on Tuesday 22 November 2022 at 14.30 at RPS Scotland with Zoom link

Present

Scottish Pharmacy Board

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, William (Iain) Bishop (IB), Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Kelsey Drummond (KS), Josh Miller (JM), Richard Shearer (RS), Jacqueline Sneddon (JS), Jill Swan (JW), Audrey Thompson (AT), Lucy Dixon (LD)

RPS Staff

Clare Morrison (CM), Director for Scotland, Laura Wilson (LW), Policy & Practice Lead, Aman Doll (AD), Head of Professional Belonging, Beth Ward (BW), Associate Director of Education, Helen Chang (HC), Head of Professional Development, Joseph Oakley (JO), Associate Director of Education and Professional Development

Item	Notes	Actions
1. Welcome and apologies	AC welcomed everyone to the meeting, in particular BW and HC who were attending in person in Edinburgh, and AD and JO who were attending by Zoom	
2. Equality, inclusion and diversity workshop	AD led a 1.5 hour workshop on equality, inclusion and diversity. Following an extensive discussion, BMs concluded that future RPS work should include: <ul style="list-style-type: none"> • Providing resources to support pharmacy teams to have challenging conversations • Developing resources and tools to help pharmacy teams appropriately deal with situations that arise when third party participants (not pharmacy employees) such as patients or people making deliveries to the pharmacy behave in ways that do not meet expected standards of equality, inclusion and diversity • Defining the appropriate use of targets 	AD to consider the Board's suggestions in future RPS Inclusion & Diversity work

	<p>Other points raised by BMs in the discussion included a need to:</p> <ul style="list-style-type: none"> • Be more active and less passive in improving equality, inclusion and diversity • Provide more supportive working environments • Address bias in new technology (eg, artificial intelligence) • Address bias in clinical trials • Better understand women’s health inequalities 	
<p>3. Focus on education</p>	<p>BW, HC and JO provided an education update:</p> <ul style="list-style-type: none"> • Foundation training: Scotland remains at the forefront across GB, with cohort 1 now at the end of year 1, with 150 places purchased by NES for credentialing in Jan 2024. • Core advanced: newly launched ePortfolio and all three countries working out how to support pharmacists; there is a need for advanced status to be integrated into job descriptions and an event greater need for protected learning time to achieve this. • Consultant: Scotland’s structured peer support approach through NES has resulted in a higher pass rate, however there is frustration that there is no Scottish Government policy on consultant pharmacists’ roles. • Supporting the development of independent prescribing had been a focus for the education team and it was proposed this should continue in 2023. • Another area of focus was with Oriel recruitment. <p>JM asked whether there would still be an incentive to complete the foundation credentialing if the independent prescribing qualification was obtained first. JO suggested that recognising the credentialing as the output was key, and that aligning credentialing with job descriptions was essential. IB added that since all new registrants will be prescribers by 2026, then being credentialed as completing foundation training would be a way to differentiate from peers.</p> <p>AC asked whether the CPCS training run by the RPS for pharmacists in England could be opened to pharmacists in Scotland. BW explained that the intellectual property rights for the previous training programme was owned by CPPE and the contract for delivery was for England-only. However, RPS is developing a new multidisciplinary programme in conjunction with other professional leadership bodies such as RCGP, which could be made available across GB. There may also be a potential to collaborate with NES. Board</p>	<p>Education team to continue focus on supporting development of independent prescribing in 2023</p>

	<p>members were supportive of this and noted that cross-sector training is much more beneficial in Scotland than a single sector focus.</p> <p>Board members were supportive of the focus on independent prescribing. CS noted the incorrect perception that becoming a DPP is complicated and that support is needed to overcome this challenge. BW confirmed that RPS will look at further events to support DPPs.</p>	
4. Board meetings for 2023	<p>Following a discussion at the last Assembly meeting, Boards were asked to state their preference for Board meetings in 2023.</p> <p>The Board agreed that future meetings should be:</p> <ul style="list-style-type: none"> • Continue with the quarterly ¾ day plus a short evening meeting in between • The Board should meet in person after the elections each June, to support the induction of newly elected Board members and to support the cohesion of the newly formed Board • The Board would prefer to have a second in person meeting in September to link with an annual celebratory event: to welcome newly qualified pharmacists to the profession and to award Fellowship and other certificates. • The Board noted that in 2023, the Executive/Assembly had only made financial provisions for one face to face meeting per year and suggested that the costs of Board meetings should be monitored carefully to see whether the budget could stretch to cover two in-person meetings (one June, one September). • The Board stated that there must always be a hybrid option for Board members who cannot travel in order to meet Inclusion & Diversity standards. • The Board agreed that the drop-in calls on Monday afternoons at 4-4.30pm should be retained. 	AC and CM to take Board's preferences to National Board Chair's Forum, and then to confirm dates for 2023

<p>5. Engagement with Expert Advisory Groups</p>	<p>Board members discussed how to improve engagement between the Board and the Expert Advisory Groups (EAGs). Board members were keen to enable two-way discussions between the Board and EAG members. Most groups meet quarterly.</p> <p>The groups are:</p> <ul style="list-style-type: none"> • Antimicrobial Expert Advisory Group • Community Pharmacy Expert Advisory Group • Digital Pharmacy Expert Advisory Group • Early Career Pharmacist Expert Advisory Group • Education and Standards Committee • Hospital Expert Advisory Group • Industrial Pharmacy Expert Advisory Group • Primary Care Expert Advisory Group • Science and Research Committee <p>The Board agreed:</p> <ul style="list-style-type: none"> • For each Expert Advisory Group to be attended by at least one Board member who could bring any matters back to the Board. Board members to identify which group they could attend between them, potentially linked with their portfolio lead areas. This would be on a voluntary basis. • To invite the chairs of the Expert Advisory Groups to attend an annual Board meeting where they are each asked to provide a 5-minute overview of the Group’s priorities, perhaps linked to the September Board meeting where Boards are considering the following year’s workplan. 	<p>All Board members to identify which EAG they would like to attend by email</p> <p>CM to take forward proposal of inviting EAG chairs to annual Board meeting with the other Country Directors and Education team</p>
<p>6. Any other business</p>	<p>AC noted that it was CM’s last Board meeting as Director for Scotland, noted the Board’s appreciation of her work and wished her well in her new job. CM said that she was very grateful for all the support the Board had given her.</p>	

The meeting closed at 17.15, and was followed by a Welcome to the Profession and Celebratory Event at 19.00-21.00