

## SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 17 January 2018, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

### PUBLIC BUSINESS

#### Present

Dr Anne Boyter (ACB)	Dr John McAnaw (Chair)
Mr Jonathan Burton (JB) (Vice-Chair) (From: 11:15)	Dr Ailsa Power (AP) (From: 10:30 )
Mrs Kathleen Cowle (KC)	Mrs Deborah Stafford (DS)
Prof John Cromarty (JC)	Mr David Thomson (DT) (From: 12:45 )
Mr Alasdair Macintyre (AM) (From 11:00)	Miss Elaine Thomson (ET)

#### In attendance:

Alex MacKinnon (AMK), Director for Scotland, Boyana Atanasova (BA), Digital Communications Executive, Susanne Cameron-Nielsen (SCN), Head of External Relations, Dawn Ferguson (DF), Business Support Assistant, Annamarie McGregor (AMcG), Practice Development Lead, Carolyn Rattray (CR), Business Manager, Paul Bennett (PB), Chief Executive, Corrinne Burns (CB), RPS Correspondent and Robbie Turner (RT), Director for England.

Ashok Soni, (AS), RPS President joined the meeting by video-conference (VC).

#### Guests:

Melinda Cuthbert (MC), Associate Director of Pharmacy, NHS Lothian and Janice Watt (JW), Lead Pharmacist Acute Services, NHS Greater Glasgow & Clyde.

18/01.	<p><b>Welcome and introductions</b></p> <p>The Chair welcomed Board Members (BMs), guests and staff to the meeting and wished everyone a happy new year. It was noted that Melinda Cuthbert and Janice Watt would be attending the Public Business meeting for their agenda item on the revision of the hospital standards and also for lunch. All attendees introduced themselves to Robbie Turner (RT), Director for England, who was attending his first Scottish Pharmacy Board (SPB) meeting.</p>	
18/02.	<p><b>Apologies</b></p> <p>Apologies were received from Johnathan Laird. The Chair explained that Dr Ailsa Power (AP) was involved in a teleconference meeting in another meeting room but that she would join the meeting as soon as this was over. David Thomson would join the meeting for the afternoon sessions; he had been asked to support Clare Morrison who was speaking at the Primary Care Conference taking place that day.</p>	
18/03.	<p><b>Declarations of interest</b></p> <ul style="list-style-type: none"> <li>• Ailsa Power (AP): Member, National Acute Pharmacists' Group</li> <li>• Elaine Thomson (ET): Vice-Chair of Tayside's Area Pharmaceutical Committee (APC)</li> <li>• Deborah Stafford (DS): Member, Pharmacy Management National Reference Group</li> </ul> <p><b>Action:</b> CR to update declarations of interest.</p>	<b>CR</b>
18/04.	<p><b>Minutes of the SPB Public Business meeting held on Wednesday 27 September 2017</b></p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;"><b>accepted as a true and accurate record</b></p> <p>the minutes of the Scottish Pharmacy Board Public Business meeting, held on Wednesday 27 September 2017 (18.01/SPB/04).</p>	
18/05.	<p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>• <b>P.4: <u>Aileen Bryson (ABr) / Alasdair Macintyre (AM) to liaise re: Patient Consent and Confidentiality Short Life Working Group (SLWG).</u></b></li> </ul>	

It was confirmed that the SLWG has been established and that ABr has emailed delegates. ABr / AM to update the BMs on progress of the Patient Consent and Confidentiality SLWG at the next meeting.

**Action:** ABr / AM to update the BMs on progress of the Patient Consent and Confidentiality SLWG at the next meeting.

- **P.4:** BMs to provide vignettes of real life examples re: access to records / Consent as part of the SLWG. CR to remind BMs via the weekly update.  
CR confirmed that BMs had been reminded via the weekly update and that this reminder would be repeated. DS confirmed that ABr had also emailed BMs and that she had replied to ABr. Ongoing.
- **P.4:** John Cromarty (JC) to speak to Ian Rudd, Director of Pharmacy, NHS Highland, about holding RPS Local events in NHS Highland and feedback to BMs and Scottish team.  
JC confirmed that he is to meet with Ian Rudd in the coming weeks to discuss holding events within NHS Highland, possibly at the Centre for Health Sciences. JC and IR to consider potential RPS Local Coordinators. JC to report back to the SPB. AMcG confirmed that there are three vacancies for RPS Local coordinators and that the posts are to be advertised in the coming weeks.
- **P.4:** CR to explore venues in Inverness suitable for the April 2018 SPB meeting.  
It was agreed that SPB formal meetings should be held at the RPS in Scotland Head Office in Edinburgh and that a meeting in Inverness would be better suited to a strategy day which could be linked to an RPS Local event.
- **P.5:** AM and David Thomson (DT) to liaise re: challenges re: the nominations' process for RPS Fellows.  
AM / DT to update BMs when they join the meeting.
- **P.5:** AP to provide names of the second cohort of trainees who have completed the RPS/NES Foundation School course.  
AP to provide names as soon as they become available.

	<p><b>Key messages.</b></p> <p><u>Susanne Cameron-Nielsen (SCN) /ABr to draft a response to the new Scottish Government (SG) strategy for pharmacy; to be circulated to BMs for comment before publication.</u> SCN confirmed that an initial response to the new SG strategy had been drafted but that it should be considered at a strategy day.</p>	
18/06.	<p><b>FIP Glasgow 2018</b></p> <p>AMK provided a brief update on plans for FIP Glasgow 2018. RPS has agreed to recruit the student volunteers. More applications have been received than there are places and interviews will take place in January and February. The FIP programme 'went live' on 16 January. RPS Members will be offered discounted rates.</p> <p>The Chief Pharmaceutical Officers' (CPO) meeting is being developed by the team at RPS Head Office in London in conjunction with experts in humanitarian crises pharmacy and also the issue around medicines shortages. These two topics link in with the ambitions of FIP and also the World Health Organisation. It is hoped that this work will 'drive change' before the next Congress in 2019. The Scottish CPO will chair the meeting and it is expected that approximately 40 CPOs from around the world will attend. The meeting will be a 'closed' meeting, held on the Friday before the Congress begins and will be held in the Royal College of Physicians and Surgeons Glasgow.</p> <p>Concern was noted that, although RPS members will pay a discounted rate, NHS employees will not be allowed to attend. AMK agreed that this is a 'huge challenge' and that, although it is expected that numbers from the rest of the world will be very positive, numbers from the UK might be more difficult to achieve.</p> <p>Anne Boyter (ACB) asked if there would be any link into the two Scottish Schools of Pharmacy. AMK confirmed that there would, in a number of ways.</p> <p>It was also noted that various pharmacies in Glasgow would be approached to showcase Scottish pharmacy services.</p> <p>AMK noted that engagement with other pharmacy bodies and organisations would be approached from a central perspective; now that the programme has been confirmed and launched, engagement can take place. AMK confirmed that there would be resource available</p>	

	<p>to present to these organisations. Kathleen Cowle (KC) asked, specifically, that Community Pharmacy Scotland (CPS) and the Company Chemists Association (CCA) be included.</p> <p><b>Action:</b> AMK to provide BMs with a summary of the recent FIP Host Committee meeting as soon as the minutes become available.</p>	<b>AMK</b>	
<b>18/07.</b>	<p><b>National Pharmacy Board Elections for 2018</b></p> <p>AMK reported that all comments, received from each of the national pharmacy boards (NPB) had been fed back and had been considered at the RPS Assembly in November 2017. AMK advised BMs that he is to chair the NPB elections 2018 meeting to be held on 23 January and would provide feedback from this. The RPS is to change the company used to scrutineer, in previous years, from UK Engage to Mi-Voice.</p> <p>CR confirmed that nominations will open on 15 March 2018.</p> <p>The Scottish Pharmacy Board</p> <p><b>noted</b></p> <p>the paper on the National Pharmacy Board Elections 2018. (Item: 18.01/SPB/07).</p>		
<b>18/08.</b>	<p><b>Scottish Pharmacy Board Business Plan for 2018 (SPB BP 2018)</b></p> <p>AMK summarised the different aspects of the corporate business plan (BP) which had been developed from the six key headings, <b>People, Technology, Revalidation, Influence, Brand and Engagement</b>, i.e. People + T.R.I.B.E. AMK noted that the first column on the BP relates to the strategic objectives for 2017 and does not relate to the columns on the right hand side of the table. This column will be summarised on a sheet at the start of the BP.</p> <p>Key corporate objectives include:</p> <ul style="list-style-type: none"> <li>• Access and input into the patient record</li> <li>• Protected learning time</li> <li>• Supervision</li> <li>• Technicians' Road Map and the journey towards supporting pharmacy technicians more as part of the pharmacy family.</li> </ul>		

	<ul style="list-style-type: none"><li>• Engagement with Members (through RPS Local) and also with stakeholders</li></ul> <p>Key Scottish ambitions, aligning with the corporate business plan, include:</p> <ul style="list-style-type: none"><li>• Increasing Membership – both recruitment and retention (as a percentage of the practising Register)</li><li>• the role of the pharmacist; public and patient involvement – campaign to raise awareness of the pharmacist with the public, patients, politicians and other stakeholders</li><li>• Improving pharmaceutical care of people in care homes – review of the 2012 report to align with the SG strategy: <i>Achieving Excellence in Pharmaceutical Care</i></li><li>• Promotion and enablement of the RPS Hospital Standards</li><li>• Engagement with key stakeholders in the Scottish health board areas.</li></ul> <p>There is potential to run a mental health campaign with a focus on the care homes work stream and, in particular, dementia. This is an RPS campaign, with six strands, that is being led by Team England; it could be ‘tartanised’ for Scotland. Potential outcomes might be a summit, a report in the early summer of 2018, refresh of the Mental Health toolkit and RPS Local events throughout Scotland. There was some concern that ‘there is so much in the BP and that adding in another campaign might cause stress to a very small and hard-working team’. It was agreed that this campaign would lend itself to patient-centred care, enabling pharmacists to have important conversations with patients.</p> <p>It was agreed that when considering a mental health campaign, it should include community pharmacy and existing mental health support tools.</p> <p>DS suggested that the Mental Health Special Interest Group (SIG) could provide input and support to any RPS mental health campaign.</p> <p>The Scottish pharmacy Board</p> <p><b>agreed</b></p> <p>That a mental health strand should be included in the Scottish Pharmacy Board Business plan 2018 but that further consideration would be given as to whether Mental Health should be a ‘stand-alone’ campaign or whether it should be incorporated into the existing work streams.</p>	
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	<p>Action: AMG to update BM's on the progress of the Team England Mental Health Campaign and take appropriate action in relation to the BP.</p> <p>Paul Bennett, Chief Executive (CEO), commended the Business Plan 2018 as a rational and ambitious, but achievable, plan. Each of the countries have plans in similar formats: 'very clear and easy to focus in on the KPIs'.</p> <p>AMK noted that, although originally he had not been sure about the T.R.I.B.E. headings, they did allow consideration as to what would be achievable with the resource available.</p> <p>AMK confirmed that the final SPB BP2018 would be expanded to include advocacy, communications and stakeholder engagement plans.</p> <p>The Scottish Pharmacy Board</p> <p style="text-align: center;"><b>approved</b></p> <p>the Scottish Pharmacy Board Business Plan 2018 (Item: 18.01/SPB/08).</p> <p><b>Action:</b> AMK to add mental health in an agreed form to the SPB BP 2018.</p>	<b>AMK</b>
18/09.	<p><b>RPS Local</b></p> <p>Annamarie McGregor (AMcG) provided a brief summary of events to date and thanked Board Members (BMs) for their support at the Autumn 2017 RPS Local events.</p> <p><u>Plans for 2018:</u></p> <ul style="list-style-type: none"> <li>• Recruit RPS Local Coordinators in the areas where there are 'gaps'.</li> <li>• Potential events in 2018 to include revalidation and the Todd Lecture which will be presented by Norman Lannigan.</li> <li>• AMcG is working with the Anti-Microbial Specialist Pharmacist Group to develop further the Anti-Microbial Stewardship (AMS) toolkit across GB. This will be delivered as an RPS Local event in Q3/Q4.</li> </ul> <p>AMcG confirmed that numbers average around 10 to 15 delegates per event but that numbers depend on geography and also subject matter; AMcG noted that Opioid Analgesic Dependency events always attract good numbers and are often over-subscribed.</p>	

	<p>Events are attended, in the main, by RPS Members although a number of pharmacy technicians attended the Tayside event. The intention is for some events to be multi-professional going forward. The Chair summarised that the new RPS Local initiative had ‘got off to a successful start’ and he thanked BMs who had supported events.</p> <p>The Scottish Pharmacy Board</p> <p><b>noted</b></p> <p>the RPS Local update.</p>	
<p><b>18/10.</b></p>	<p><b>Policies and consultations update (Quarter 3 and Quarter 4)</b></p> <p>The Scottish Pharmacy Board</p> <p><b>noted</b></p> <p>The Policy and consultations’ paper (18.01/SPB/10).</p> <p>*****</p> <p><b>Cannabis for Medicinal Purposes (18.01/SPB/10(i))</b></p> <p>AMK introduced and summarised the paper; comments from all three NPBs have been taken on board and the paper amended accordingly.</p> <p>It was noted that the proposed policy has the support of the Pharmaceutical Science Expert Advisory Panel (PSEAP). Board Members were asked to agree the recommendations in the paper. If agreed, the paper would be taken forward ‘with the minimum of fuss’, i.e. no campaign, advocacy or lobbying. The view of the RPS would then be submitted to the Advisory Council on the Misuse of Drugs. The view, proposed in the current paper of the RPS is that: cannabis should be legalised ‘in order to enable scientific research and clinical trials to proceed unimpeded within a UK context, the Royal Pharmaceutical Society recommends to the UK Government that cannabis should be moved from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001’.</p>	



Anne Boyter (ACB) noted that recommendation 2 'doesn't fit with' the policy on page 1; it should state in clinical trials for the purpose of research. This had been discussed previously and the paper should have been amended to reflect this. Maurice Hickey (MH) to update the paper accordingly.

Alasdair Macintyre (AM) suggested that the key facts should be more explicit, to make clear that the purpose of the policy is to allow research. He also asked that the sentence: *It is theoretically possible for doctors to prescribe Sativex off license* should be 'dumbed down or taken out' as it implies that it is a 'good thing'. AM also noted that there were a number of typos in the text. CR to detail these and pass to MH

KC questioned: the statement (Section 8): 'RPS has no opinion on decriminalisation or legalisation of cannabis for recreational use'. BMs agreed that this should be taken out as it could be taken out of context.

The Chair stated that the policy and messaging 'needs to be crystal clear' to reflect the Society's viewpoint that cannabis be rescheduled to allow research to be carried out to evaluate: 'its place'.

Paul Bennett (CEO) noted that: 'the whole purpose is to be 'really narrow' and that it should be taken from a scientific perspective rather than a drug policy reform perspective'. The CEO advised BMs that he had met with the CEO of the Royal Society of Public Health (RSPH); the Society has a policy on drug reform and it is very interested in the RPS stance. The RPS CEO has agreed to share the final policy with the RSPH. It was suggested that, should the RPS be asked any questions on drug reform that do not pertain to the RPS policy on re-scheduling, they should be redirected to the RSPH.

Robbie Turner (RT), Director for England, noted that the policy is in the blue box and that everything else: 'is superfluous'. With this in mind, the Chair suggested that the document should be an internal support document; to support the policy in the blue box.

ET questioned Section 7 re: licensed/unlicensed products. It was agreed that this paragraph should be deleted

AMK noted that there isn't a deadline and that it is much more important that the policy is correct.

	<p><b>Action:</b> AMK/Maurice Hickey (MH) to update the paper in accordance with the discussion</p> <p><b>Action:</b> Once updated, CR to proof read the document.</p> <p>The Scottish Pharmacy Board</p> <p><b>considered</b></p> <p>the paper on cannabis for medicinal purposes (18.01/SPB/10(i)).</p>	<b>AMK/MH CR</b>
18/11.	<p><b>Public Affairs Update</b></p> <p>Susanne Cameron-Nielsen (SCN), Head of External Affairs, provided a brief summary of the results of the recent MSP Awareness Survey.</p> <p>Results showed:</p> <ul style="list-style-type: none"> <li>• awareness amongst MSPs has increased slightly in 2017</li> <li>• engagement has moved from: ‘being wide to being much more focussed’</li> <li>• 8% increase in satisfaction re: RPS contact</li> <li>• 2% decrease in dissatisfaction re: RPS contact</li> </ul> <p>The Chair noted that, looking at the Scatter Plot, awareness of the Law Society is higher than the RPS and asked why this should be. SCN explained that the Law Society is ingrained in the psyche of Scottish Government (SG) and has the technical expertise in legislation. Another organisation with more prominence is Marie Curie; SCN explained that Marie Curie has a much bigger public affairs team and depends on capacity and investment.</p> <p>Next steps: MSP mapping, a public facing campaign.</p> <p>BMs were asked if they wanted to continue with the survey. JC suggested that the survey could be ‘tweaked’ to show more reasonable comparators; AMK noted that the results only cover those organisations which subscribe to the survey. It was agreed that the RPSiS should continue to subscribe to the survey.</p> <p>PB suggested that more useful data might be attained through to the Professional Association for Research Networks (PARN) of which the RPS is a member and which has a focus on membership organisations.</p>	

The Scottish Pharmacy Board

**noted**

the Public Affairs update (18.01/SPB/11(i))

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### **Lobbying (Scotland) Act 2016**

SCN noted that from, 12 March 2018, all regulated lobbying activity in Scotland will have to be registered. The act has 'real teeth and real sanctions' with penalties including fines and possible imprisonment. Proactivity will be required around registering lobbying. The Act is the most significant structural change to Scottish political engagement since devolution. SCN gave a brief summary of the implications of the Act, which will be reviewed in 2020.

SCN is working closely with the RPS Legal Team for clarification on specific points (including liability) and will coordinate the RPS work to ensure compliance with the new Act. It was confirmed that the new Act includes face to face interactions but not phone calls and only includes persons specified within the Act and not researchers, etc. BMs and staff members were asked to register all regulated lobbying on behalf of the RPS with SCN who will file the returns on behalf of the RPS.

SCN concluded the presentation inviting BMs to direct any questions to her so that she can take it up with either the Legal Team or the Registrar.

The Chair suggested that the SPB shouldn't see this as an impediment to our engagement with MSPs and it was agreed that as the meetings are recorded in our own systems already, the main impact will be on any chance' meetings which might take place.

The Scottish Pharmacy Board

**noted**

the Lobbying (Scotland) Act 2016 paper. (18.01/SPB/11(ii))

	<p><b>Action:</b> SCN to seek clarification on specific points including liability and the specifics around who the Act pertains to.</p>	
<p><b>18/12.</b></p>	<p><b>Hospital Standards</b></p> <p>Members of the meeting, staff and BMs introduced themselves to Melinda Cuthbert (MC), Associate Director of Pharmacy, NHS Lothian and Janice Watt (JW), Lead Pharmacist Acute Services, NHS Greater Glasgow &amp; Clyde. MC and JW are both members of the National Acute Pharmacy Group Scotland (NAPS) which led the update of the National Hospital Standards in cooperation with other groups including Health Improvement Scotland (HIS).</p> <p>MC gave a brief summary of the rationale around the update of the Hospital Standards document which is now much more useable. The updated Standards will be more of an assessment and checklist tool. Implementation will be led by the NAPs group</p> <p>JW noted that some of the specifics within the Standards are new to pharmacy in Scotland and others will be familiar but will demonstrate more explicitly an emphasis on quality. Further work is required including more scoping, which will involve the RPS. The NAPS group will also work with the UK Benchmarking Network to establish a 'pilot' that will look at providing data which will benchmark hospital services throughout the UK. The revised standards will be wide-ranging.</p> <p>Next steps may include working with the Directors of Pharmacy (DoPs) and a stakeholder engagement event; MC asked if there might be an opportunity for RPS to sponsor such an event.</p> <p>The Chair introduced Ashok Soni (AS), RPS President, who joined the meeting by video-conference at 12:25 pm.</p> <p>AMcG noted that the newly refreshed standards are much more person-centred. Key aspects include touchpoints with palliative care, mental health pharmacy services and also the ambulance service; AMcG asked how the NAPs would manage this. JW confirmed that there are mixed models of care and ensuring that all of the services are included will be crucial. AMcG suggested that the RPS could support the promotion of the Standards through RPS Local events.</p> <p>DS asked if all of the Scottish health boards have agreed to adopt the standards. MC confirmed that the leadership of each of the Scottish health boards have had sight of the draft standards</p>	

and have provided input to them. The Standards were published in November 2017. Discussions on implementation plans for the standards is ongoing and will be discussed at the next NAPs meeting in March.

A discussion followed on the implementation of the standards with the Chair suggesting that this should sit within the Quality Improvement agenda. BMs were advised that the Standards have been endorsed by the DoPs in Scotland and HIS and that it had been agreed that their implementation should be included on the agenda at the next DoPs / RPS Executive meeting. AMK also confirmed that implementation of the Standards will be discussed at his monthly meeting with the CPO; he noted that finding the extra resource required to implement the Standards will be a challenge.

KC asked how learnings can be taken from the better health boards. MC confirmed that benchmarking will support this. JC noted that he had been involved in a previous benchmarking exercise and had found it very helpful. It was agreed that advocacy around implementation would be crucial.

The Chair asked how the RPS could support the implementation of the Standards and the development of the work force. It was suggested that the DoPs and the professional body could promote the standards with a 'more formal and visible' joint launch. Another possibility is NES and the RPS organising a stakeholder day with the hospital service and also working with HIS on the quality improvement aspect of the Standards. AMcG to work with the NAPS Group on this.

AP noted that NES is in discussions with the RPS Professional Development and Support (PDS) team to develop and roll out advanced level pilots in various hospitals; this work will provide opportunities for Members to develop their RPS Faculty portfolios. The Chair asked if there were other key stakeholders that RPS needs to be engaging with.

JC suggested that stakeholders shouldn't just be Scottish specific but also disease or specialty specific. JW confirmed that the NAPS are trying to establish relationships with the Special Interest Groups (SIGs).

AMcG noted that Sandra Melville and Norman Lannigan had been members of the Hospital Expert Advisory Group (EAG) but had both now stepped down; AMcG asked that membership of this group be promoted through the NAPS Group and its networks. MC and JW agreed to do this, adding that any recommendations should be endorsed by the DoPs.

	<p>MC and JW were thanked for attending the meeting, for their presentation and the ensuing discussion on how the RPS can best support the implementation of the new Hospital Standards.</p> <p><b>Action:</b> AMcG to lead, on behalf of the RPS, on the quality improvement aspect of the Hospital Standards.</p>	<b>AMcG</b>
<b>18/13.</b>	<p><b>Hospital Standards</b></p> <p>A further brief discussion on the revision of the RPS Hospital Standards took place. AMcG noted that she and SCN would consider the communications' plan around the Hospital Standards. It was agreed that it would be beneficial to have the support of a territorial DoP; Laura McIver, who is already involved through HIS, was suggested. It will be important to commit to supporting the delivery of the Standards as much as possible. As part of the communications plan, JC suggested that the APCs and Area Clinical Forums (ACFs) should be approached and should be on the agendas of the clinical governance forums.</p> <p>The Chair agreed that engagement with the NAPS Group would be important, adding that the RPS should be seen to be leading on the Standards.</p> <p>AP noted that NES is to hold a stakeholder day, aimed mainly at younger pharmacists who will be the ones to deliver the planned new ways of working in hospitals. The day will consider the Hospital Standards but only as part of the event; seven day working will also be considered.</p> <p>KC suggested that it would be a good idea to invite representatives from the NAPS Group to the September 2018 Board meeting to update BMs on progress of delivery and implementation of the Standards.</p> <p><b>Action:</b> SCN and AMcG to work on the communications to the DoPs, APCs and ACFs around the Hospital Standards.</p> <p><b>Action:</b> NAPs to be invited to the September 2018 Board meeting to update BMs on progress of delivery and implementation of the Standards.</p> <p><b>Action:</b> Identify a territorial DOP lead; to be discussed at next RPS/DOP exec meeting.</p>	<p><b>SCN/AMcG</b></p> <p><b>CR/AMK</b></p> <p><b>RPS/DOPs</b></p>

<b>18/14.</b>	<b>Chair and Vice-Chair's report</b> The Scottish Pharmacy Board <b>noted</b> the Chair and Vice-Chair's report (18.01/SPB/14).	
<b>18/15.</b>	<b>Key messages</b> The Scottish Pharmacy Board <b>Agreed</b> the following key messages: <ul style="list-style-type: none"><li>• Approval of the SPB Business Plan 2018</li><li>• The SPB is committed to progressing RPS Local and its events both in person and digitally</li><li>• Commitment to work with NAPS and other stakeholders to promote the Hospital Standards and Quality Improvements.</li></ul>	
<b>18/16.</b>	<b>Any other competent business</b> <ul style="list-style-type: none"><li>• Moving the date of the January 2019 Board meeting forward (to 23 January 2019)</li><li>• Details for the Burns Supper, accommodation and travel</li></ul>	
<b>18/17.</b>	<b>Date of next meeting</b> 25 April 2018.	