**Approved Minutes of Scottish Antimicrobial Prescribing Group Meeting held on Tuesday 26 October 2021 at 1-3pm via MS Teams**

**Present:**

**SAPG Project Board**

Dr Andrew Seaton (Chair), Consultant Physician, NHS Greater Glasgow and Clyde
Dr Jacqueline Sneddon, Project Lead, Scottish Antimicrobial Prescribing Group
Mrs Fran Kerr, Interim Project Lead, Scottish Antimicrobial Prescribing Group
Mr William Malcolm, Clinical Lead for SONAAR programme, ARHAI Scotland
Ms Sabine Nolte, Principal Educator, Public Health Team, NHS Education for Scotland
Ms Elizabeth Burgess, AMR/HCAI Policy Unit, Scottish Government
Professor Marion Bennie, Chief Pharmacist, Public Health Scotland

**SAPG Support Services**

Dr Lesley Cooper, Health Services Researcher, Scottish Antimicrobial Prescribing Group
Ms Marion Pirie, Project Officer, Scottish Antimicrobial Prescribing Group

**National Services Scotland**

Ms Polly Russell, Information Analyst, SONAAR Programme
Karen Gronkowski, Senior Information Analyst, SONAAR Programme
Cheryl Johnstone, Healthcare Scientist, SONAAR Programme
Aidan Morrison, Senior Information Analyst, SONAAR Programme

**Antimicrobial Management Teams**

Mrs Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland
Dr Simon Dewar, Consultant Microbiologist, NHS Lothian
Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley
Dr David Griffith, Consultant Microbiologist, NHS Fife

**Representing professional groups and specialties**

Kirsten Hill, Antimicrobial/HIV Pharmacist, NHS Tayside & Fiona McDonald, Specialist Pharmacist – Antibiotics, NHS Grampian (Association of Scottish Antimicrobial Pharmacists)
Ms Susan Kafka, Advanced Pharmacist - Paediatric Antimicrobials & Medicine, NHS GG&C (Paediatrics)
Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee (Research representative)
Ms Pamela Innes, Senior Prescribing Support Pharmacist, NHS GG&C (Scottish Prescribing Advisers Association)
Professor Andrew Smith, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Dental)
Mr Samuel Whiting, Infection Control Manager, NHS Borders
Dr Deirdre O'Driscoll, General Practitioner, Glasgow
Mrs Rebecca Houston, Lead Antimicrobial Pharmacist, Golden Jubilee National Hospital
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow & Clyde
Dr Virginia Santiago, General Practitioner, NHS Fife and Clinical Lecturer in General Practice, University of St Andrews
Theresa Williamson, Associate Nurse Director, Golden Jubilee National Hospital
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Scottish Antimicrobial Nursing Group)
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish Microbiology and Virology Network)

**Public partner:**

Mr Jim Findlay, Public Partner, HIS

**Apologies:**

Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde

Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire**,** and National Clinical Lead for Quality & Safety Scottish Government
Mr Russell Mackay, Specialist Clinical Pharmacist, NHS Orkney
Dr Becky Wilson, Consultant Microbiologist, NHS Grampian & NHS Orkney
Dr Scott Davidson, Deputy Medical Director of Acute Services in GGC
Dr Chris Deighan, Deputy Medical Director of Corporate Services in GGC
Ms Julie Wilson, AMR Manager, ARHAI Scotland
Dr Wendy Beadles, Clinical Lead Infectious Diseases, NHS Highland
Dr David Fallaha, Consultant Anaesthetist, Golden Jubilee
Mrs Alison Wilson, Director of Pharmacy, NHS Borders
Dr Adam Brown, Consultant Microbiologist, NHS Highland
Dr Sarah Whitehead, Consultant Microbiologist, Golden Jubilee and the Scottish Ambulance Service
Mrs Diane Stark, Infection Prevention and Control Nurse, NHS Highland (Infection Control Nurses)
Dr Linsey Batchelor, Consultant Microbiologist, NHS Dumfries and Galloway
Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)
Dr Vhairi Bateman, Consultant in Infectious Diseases and Microbiology, NHS Grampian
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr Busi Mooka, Consultant Physician, NHS Tayside
Mr Bob Wilson, Infection Control Manager, NHS Ayrshire & Arran

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| **1** | **Welcome, apologies for absence and declaration of interests**<br>Chair advised this will be JS's final SAPG meeting. Fran Kerr, Antimicrobial Pharmacist, NHS Lanarkshire will be interim Project Lead, 2-days a week from 1st Nov until end of March.<br>The Chair opened the meeting and welcomed new members and thanked those demitting:<br>• Linsey Batchelor replaces Sharon Irvine, NHS Dumfries & Galloway as AMT Lead<br>• Simon Dewar replaces Morgan Evans, NHS Lothian as AMT Lead<br>• Theresa Williamson replaces Hazel Borland as SEND representative<br>• Kirsteen Hill and Fiona McDonald replace Alison Cockburn as co-chairs of ASAP<br>• Keith Morris has stepped down as Scottish Government representative on HAI, will advise of replacement in due course<br>Chair advised there will no longer be a Chief Executives representative on SAPG<br>Welcomed guests: Laura Ciaccio, PhD student working with Charis Marwick<br>Irene Barkby, Associate CNO and Elaine Ross, Professional Advisor, HCAI/AMR, Scottish Government who will be presenting on Workforce Strategy Formulation<br>Chair noted that meeting will be recorded and asked for members to advise on any Declarations of Interest prior to relevant agenda item.<br>Encouraged registration for Antimicrobial Management Team (AMT) Network Event on Tuesday 16th November 10am-1pm |
| **2** | **Minutes and actions from previous meeting**<br>EB advised on page 8, item 8, under Scottish Government update, clarified under number 1, that the UK National Action Plan (NAP) has not yet been completed. Subject to amendment to reflect that it is the mid-term review of the 5-year NAP that was completed, the Minutes of the meeting on 24.08.21 were approved. |
| **3** | **Workforce Strategy Formulation**<br>IB reported that a workforce strategy formulation review was initially planned pre-pandemic due to the limited infection prevention and control capacity, skills and expertise within the Infection Prevention and Control (IPC), Health Protection (HP) and Antimicrobial Stewardship (AMS) workforce to support service needs within the acute, community and care home sector. COVID-19 placed additional pressures on this workforce. It also dovetails with the 5-year UK Government NAP for antimicrobial resistance (AMR). The objective of the workforce review is provide a strategic direction to the service which they can then operationalise in the context of their own settings. Ran two engagement events, firstly a strategic dialogue (Nov 2020) and secondly, a situational analysis (Feb 2021). On a trajectory to deliver a document by end of March 2022 to allow people to move |

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| | implementation both locally and nationally. There is a range of governance groups in place which comprise of an Oversight Board, Workforce Planning Subgroup and eResources Subgroup. Utilising these forums to ensure SG can reflect the needs of stakeholder groups. Key themes which were identified under Workforce:<br>• Consideration of current workforce, likely supply and demand issues and consider future, feasible workforce supply options<br>• Consideration of recruitment and retention<br>• Consideration of new or emerging roles which support phased implement of a sustainable workforce<br>• Review effectiveness of current learning opportunities and career pathways to identify key priorities for development to meet future and evolving needs.<br>Asked for feedback and if there any gaps which should be considered as part of this work?<br>JMcE said within the document it was suggested it would not be prescriptive around the workforce, queried if there would there be an SG steer or recommendations made particularly around antimicrobial nursing and composition of antimicrobial teams to ensure optimal workforce within that specialty. IB commented there had been mixed feedback on this issue but keen to include reflection on current workforce as well as a focus on the functions required and appropriate staff to deliver them. Members agreed antimicrobial nursing contribution to AMS deliverables is important. Chair commented also does not specifically mention antimicrobial pharmacy which should be acknowledged for work to date across secondary and primary care. Also agrees with JMcE that there is no investment for antimicrobial nursing and many would be keen to see this as an output of workforce planning. FMcD commented that the slides presented are infection control orientated and noted a significant number of AMS teams are struggling with undertaking tasks. Antimicrobial and essential to ensure stewardship work is ring-fenced. KH advised that a member of the Policy Team is attending the Association of Scottish Antimicrobial Pharmacists (ASAP) meeting on Monday 01 November to discuss this item and agreed members of the team would be happy to engage and discuss further. IB confirmed she would be attending.<br>IB continued with the remainder of the presentation and confirmed they are starting to draft the strategy document and will continue to engage with a range of professional groups to provide feedback at each stage in the strategy development. Regarding eResources, one of the key themes highlighted early on was duplication of effort due to the failure in IT systems to communicate. The e-Enable Integrated Service subgroup have undertaken a piece of work on mapping utilisation and current functions of eSystems and identifying if there is a need for further inter-operability and/or additional systems. HEPMA has featured in some of these discussions. Provided an example of one health board to illustrate complexity of the landscape. Also noted work engaging with colleagues in Wales who have implemented their national surveillance system. Donald Wilson, Chair of the new eResources Subgroup has sought business analyst support from National Services Scotland (NSS) who will commence identification of a high level set of requirements for all Boards. The plan is to develop options for a national specification to be progressed on behalf of all of the Boards to ensure that key systems have the ability to interface going forward. Asked for feedback.<br>YG commented that Boards will now be sharing HEPMA antibiotic use data with AMTs and it would be helpful for antimicrobial pharmacists/AMTs to have better access to microbiology information to avoid duplication of effort and improve efficiency. IB confirmed that when the business analysts commence mapping out the high level specification they will ensure the touch points in each Board will include not just IPC teams. YG and Chair referred to link between lab systems and TrakCare so only specific organism sensitivities are reported, and suggested access for AMPs/AMTs to lab system data could be improved to support and streamline AMS initiatives. MMacL commented (in the chat function) that the issue in the GGC system is that if Sensitivity/Resistance is suppressed it may require further interpretation and cannot be taken at face value (e.g. ESBL) and so access to non-microbiologists is restricted to avoid errors. AMacD commented (in the chat function) that in Highland she has “read only” access to the microbiology system. IB agreed to consider the various issues raised and noted this is why formal mapping is being undertaken. IB thanked the group for their input and will take forward feedback received. |

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| **4** | **Review of Antimicrobial Management Team workforce**<br>JS thanked IB and ER for setting the scene for this item. In the slides presented by IB, a piece of work by SAPG is included and presented as an SBAR on review of AMT workforce. Group were asked to review the SBAR and consider the recommendations, review the AMT survey results and support submission of the SBAR to the SG Workforce Planning Subgroup and Oversight Board. Survey confirmed variation in current staffing and also captured AMT view on staffing required to deliver local programme of AMS activities. The recommendations were that SAPG should engage with board AMTs and the HIS Healthcare Staffing Programme to develop a workforce specification for effective AMS to inform the AMS element of Scottish Government's strategic plan for the infection workforce. JS acknowledged IB's point about not going into the specifics of how many clinicians and what grade are required to deliver local AMS programmes. JS asked Boards to check their data in the appendix to ensure its accuracy. AMacD noted the aspirational aspect is based on 1000 acute beds but due to the pandemic, occupied bed days have decreased and it may be more appropriate to present as per 100,000 population which would also include primary care element. This suggestion was supported and will be added. PI noted pressures on primary care prescribing support pharmacists and difficulty in devoting time to AMS as few boards have this as a specific role in primary care. ER commented that this paper is exactly what is needed to feed into the workforce strategy and confirmed will consider whole of the service including primary care. ER reminded the group that specifying numbers of staff is out of scope for the strategy.<br>**Action: All to provide comments on AMT Workforce SBAR and boards check accuracy of data in appendix**<br>**Action: Chair and FK to update SBAR ad recirculate to members and SG Work force review group** |
| **5** | **Update on antibiotic use during COVID-19**<br>WM presented the most recent data on the impact of the pandemic on antibiotic use in both primary and secondary care in Scotland, comparing 2019, 2020 and 2021. Thanked Polly Russell and team for creating the slides.<br>**E-message GP weekly data**<br>Use of respiratory antibiotics has seen weekly increases since last SAPG meeting and has returned to pre-pandemic levels of 2019. When viewed individually amoxicillin, clarithromycin, azithromycin, doxycycline and co-amoxiclav following the same trend.<br>Increased antibiotic use in younger people, particularly pre-school children which may be due to RSV which normally peaks in December, but has peaked 3 month early. Peak of RSV coincides with increase in prescribing of respiratory antibiotics.<br>**Primary care data from Prescribing Information System** (runs 3 months in arrears)<br>Total antibiotic use and respiratory following still tracking less than 2019 although will presumably increase when have access to most recent data.<br>**Total antibiotic use for paid items in dentistry** (runs 3 months in arrears).<br>Decrease in prescribing although not returned to pre-pandemic levels. Clear downward trend in amoxicillin use due to the switch to penicillin V as first line treatment.<br>**Hospital data**<br>Still experiencing issues with missing data (June/July) from HMUD but same trends in most of the boards. Total acute hospital antibiotic DDDs up to June 2021 is lower than pre pandemic levels.<br>Specific antibiotics DDDs most have returned to pre-pandemic levels. Increase in Pip/Taz is probably due to move to 4 times a day dosing rather than 3. Overall not seen a switch to broad spectrum antibiotics.<br>Chair thanked WM and queried if there was a denominator for dentistry. WM confirmed they have some data on dental monthly claims and have seen a much higher ratio of antibiotics to dental claims.<br>DO'D queried the RSV seasonal increase and if these have been lab confirmed infections. WM confirmed yes and similar patterns observed in England. SK confirmed in secondary and tertiary care surge in RSV over the last few months and 30% increase in A&E attendance with other childhood viruses which result in prescribing of antimicrobials. Attended UKPAS meeting last week and data from England shows the exact same issues although a month ahead and also following recent data from the southern hemisphere. PI queried the age bands as predominantly 0-4 would |

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| | be affected by RSV, however, 40% in those aged 5-14. SK confirmed that since children have returned to school viral infections have affected all children not only those with RSV. SK noted updated empirical guidelines in November 2020 for community acquired pneumonia with change from co-amoxiclav to amoxicillin which may explain the spike in the prescribing of amoxicillin. AMacD suggested at the start of the pandemic, the public appeared to be more accepting that viral infections don't require antibiotics, asked DO'D why the mind-set has changed. DO'D disappointed to see increase. Could potentially be due to a combination of reduced face-to-face consultations with their GP's and increased requests for antibiotics from parents with ill children. VS suggested it would be interesting to explore if the consultation type was a factor. WM advised this information would not be available from national datasets. Chair proposed it would be beneficial and timely to send a communication to GPs reminding them about prudent antibiotic prescribing and could coincide with WAAW. Group agreed useful to disseminate key messages to AMT leads, GP practices and out of hour's services. WM advised only has GP practices details but VS suggested contacting board heads of service for primary care to cascade to local out of hour's centres.<br>**Action: Chair and FK to prepare and send communication about prudent antibiotic prescribing in primary care** |
| | **Items for discussion and agreement:** |
| **6** | **Review of SBAR on NICE guideline on *Clostridioides difficile* infection: antimicrobial prescribing**<br>https://www.nice.org.uk/guidance/ng199/resources/visual-summary-pdf-9194639149<br>Chair reported SAPG approached the Scottish Health Protection Network (SHPN) to inquire if they would be updating their *C.diff* guidelines 2017 to reflect recent NICE guidance. SHPN advised not at the moment but suggested that SAPG review and update national recommendations around antimicrobial treatment with a view to slotting them in when a full update is progressed. JS advised she had created an SBAR summarising recently published NICE guidance, extant Scottish guidance and recommendations on NICE implementation and dissemination in NHS Scotland. AMT teams were mainly supportive of NICE's evidence-based recommendations for use of vancomycin first line although one health board suggested they would prefer to retain metronidazole as first line agent. NICE also suggest a different approach to current Scottish practice in managing recurrent cases and do not suggest treatment based on severity stratification. JMcE queried about the recurrence rate for CDI. WM advised no good data available on recurrence. SDew noted in the NICE guidelines, the only severity aspect they provide is prescribing vancomycin and metronidazole, for life threatening C.diff which is the same as the Scottish guideline. Also some differences in suggested use of immunoglobulin. SDew also noted the only case of metronidazole resistance was in NHS Lothian and in Lothian they retain local data on *C.diff* recurrence for surveillance purposes. Chair reiterated this is only guidance, not mandated by SAPG and boards are more than welcome to use metronidazole locally, but would welcome feedback from group. SK queried if this SBAR was for adult use only and JS confirmed yes. SK will take this forward to next Paediatric Stewardship Steering Group meeting in December to discuss recommendations. Queried if there should be specific advice for recurrence around choice of vancomycin plus metronidazole or fidaxomicin. JS advised it would be informed by local specialist advice. MMacL suggested recommendations should be based on severity and advice around dosing required. JS proposed asking SMVN for their viewpoint and it would be helpful to badge as joint SAPG/SMVN advice. FMcD suggested it would be useful to have a link on the Scottish HPN website advising there has been a statement from SAPG/SMVN otherwise could create confusion with clinicians who refer to the SHPN guideline. Also highlighted that as vancomycin will become the first line and 50% of the *C.diff* cases occur in the community not all community pharmacies will stock this so need to how this will be managed. In England there have been discussions on having nominated pharmacies otherwise there could be a 24-hour delay in starting treatment. Chair thanked FMcD for highlighting this. PI acknowledged there have been issues in the past with logistics of procuring vancomycin in the community and offered to make inquiries about this and what it might mean for community pharmacists. Chair said could build a nuance into the recommendations if there are delays in accessing vancomycin in primary care then metronidazole can be used to start with. FK queried if this would have any knock on effect on Infection Prevention Control (IPC) as they use the severity markers frequently. Chair |

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| | confirmed they would still want to assess severity from the point of view of patient care, but treatment prescribed may be different. SDew noted the definitions for relapse/recurrence have changed and may cause confusion. DG shared that in NHS Fife they plan to continue to use metronidazole first line as have not experienced local failure or evidence of resistance plus availability of oral vancomycin is problematic in primary care. Also noted they do use fidaxomicin first line for a very select group of patients at high risk of recurrence (severe disease, very elderly and recent surgery), probably six treatments per year and in consultation with microbiology colleagues. SN commented (in the chat function) that NES resources would also need to be updated with any change in recommendations. Chair thanked members for extremely useful suggestions and agreed to redraft SBAR to reflect feedback received and to seek input from SMVN.<br>**Action: All to send any further comments/amendments on SBAR for *C.diff* to MP**<br>**Action: FK/Chair to update recommendations, recirculate and share with SMVN and SHPN before finalisation.** |
| | **Items for update:** |
| **7** | • **Scottish Government**<br>EB reported now halfway through the UK Government's AMR national action plan (NAP), the first of four 5-year plans under a 20-year vision. This first NAP has three ambitions; reduce need for unintentional exposure to antimicrobials, optimise their use and invest in supply and access. An external evaluation the NAP has taken place, with a renegotiation of some of the commitments. SAPG members contributed and Scottish wording was adopted plus have volunteered for a number of extra commitments. The Delivery Board will be meeting on 01 November, and there will be a deep dive on IPC presented by Lisa Ritchie to inform the next 5-year plan. Looking at other One Health areas, trying to build upon knowledge on environmental contamination and proportion of AMR is contributed by environmental transmission. A stakeholder group which includes Scottish Environmental Protection Agency, Scottish Water, ARHAI SONAAR Program and SG have now met twice. As part of gathering together research and evidence, a list of AMR related research in all the One Health areas over the last 5 years has been collated. The aim now is to source funding and convert into a live data base which can be updated regularly and will be available publically.<br>• **Association of Scottish Antimicrobial Pharmacists (ASAP)**<br>KH reported that she and FMcD will now co-chair the group. Thanked AC for chairing ASAP for 7 years and also JS who was a member of ASAP before SAPG was established. Group is meeting on 01 November. Education meeting held recently and there are some future pieces of work which will be presented at the AMT Network Event on 16 November.<br>• **Scottish Antimicrobial Nurses Group**<br>JMcE reported that the joint NES and SANG questionnaire which was distributed to the Schools of Nursing has concluded and plan to present the results at the AMT Network Event. From an educational perspective, there have been numerous requests recently from higher education institutes (HEI) for support in delivering AMS education across undergraduate and postgraduate programmes. SANG have developed two separate work sets packages, one for undergraduate nursing and the other for non-medical prescribing (NMP) courses, these have been peer reviewed by Chairs of SANG and ASAP and an HEI representative. These will be piloted in Robert Gordon University, Queen Margaret University and University of Dundee. Once pilot has taken place will feedback the results. Contacted by a British Veterinary Nursing Association representative about potential collaboration with SANG, and plan to use social media communications during WAAW to showcase the similarities across the One Health agenda. Thanked JS for her support with SANG which has been phenomenal and wished her all the best.<br>• **Dental Stewardship**<br>Chair reported the dental work is continuing to progress well, with a specific focus on metronidazole. JS advised the focus on WAAW will be "Antibiotics don't cure toothache" and have launched dental resources on SAPG website. There will be radio adverts on key messages and Tweets from SAPG Comms team and dental group stakeholders around this message.<br>• **OPAT** |

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| | Chair reported the group continues to meet and work is progressing. FR, antimicrobial pharmacist, GGC, has been seconded to assist on developing and finalising the drug monographs. Noted considerable strain on OPAT services around Scotland, pleased to see Grampian have advertised for two OPAT nursing posts. Noted that SG Interface Care Group has recently committed monies to all health boards to fund interface care development including OPAT admission avoidance. Advised AMT/OPAT colleagues to contact those with responsibility for unscheduled care in boards to find out more.<br>• **Paediatric stewardship**<br>SK reported the group reconvened their meetings in June 2021 and meet every 3 months and now have representation from all health boards. The group have agreed priorities. Developing a work plan on how to standardise hospital empirical management across and also how paediatrics stewardship should feature across Scotland. VS queried if there was primary care representation on group and SK advised PI involved, but VS more than welcome to join.<br>Chair pointed out that SG interface care programme includes specific paediatric work which may be worth exploring in the boards.<br>• **Penicillin Allergy**<br>Chair reported the group reconvened in September 2021. Have reviewed the penicillin allergy de-labelling (PADL) toolkit and a few adjustments were made to the FAQs and algorithm and are now available on the SAPG website. Further work required to promote and develop PADL within the health boards. Group have invited VS to join to ensure primary care representation.<br>• **Education sub-group**<br>SN reported that she will meet with JMcE to discuss results on joint NES and SANG questionnaire and also assisting with other colleagues to review the "Raising awareness of AMS" for nurses and midwifes programme. Received requests from the boards to make ScRAP and HARP materials editable to allow for local adaptation. These are now available on NES website. Will be meeting with FK to discuss new work.<br>• **SMVN group**<br>MMacL reported EUCAST changes and change in categorisation of **I** (susceptible, increased exposure). Delays in implementing in Scotland around automated systems, but now resolved and available from 01 November. SMVN group are meeting in November and there will be a schedule of roll out dates agreed. MMacL will liaise directly with Chair as GG&C will be the first site to go live. BSAC had a webinar around the implementation of EUCAST changes and noted Wales have moved ahead but are experiencing the same issues. At the last meeting, Morgan Evans queried suggested piperacillin/tazobactam dosing and practicalities of 3 hourly infusions beyond use in critically unwell patients. Discussed with other nations and this seems to be common approach across the board i.e. only in ICU. MMacL will send two guidance documents to FK and JS for publication on the SAPG website as joint SAPG/SMVN advice. |
| | **Items for information:** |
| **8** | • **Consultation on new Draft infection prevention and control (IPC) standards for health and social care settings**<br>JS said the former HAI Standards have been updated and renamed IPC Standards and if anyone wishes to provide feedback please do so via the survey available via this link.<br>https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/ipc_standards.aspx<br>• **New BSAC resource for educators** https://bsac-kaw.co.uk/<br>JS said this is a resource highlighted by CD, work by teams in England and Wales on what doctors should be taught about stewardship, so helpful for anyone involved in medical school teaching. |
| **9** | **AOCB**<br>• JS reported on initial discussion last week with Chair, FK, WM, LC, VS regarding new piece of work for SAPG on out of hours prescribing. Will consider antibiotic use data, attitudes and behaviours around prescribing in this setting. Looking for AMT and primary care reps, so please email MP if interested. First meeting will take place before Christmas. |

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| | • YG highlighted the colistin guidelines are due for review at the end of October. JS confirmed LC is reviewing the literature to update on evidence and FK will bring to December SAPG meeting.<br>• Chair announced Jacqui's virtual farewell will take place on 27.10.21 and face-to-face on 29.10.21. Contact MP for details. Chair thanked JS for her incredible leadership over the last 13 years and wished her all the best in her future role with BSAC. |
| **10** | Date of next meeting **– 14th December 2021**<br>Following meeting – 15th February 2022<br>AMT Network Event – 16th November 2021 |