

### 1. Since January 2012, which regulator have you been in contact with?

General Pharmaceutical Council

### 2. Why were you in contact with the regulator?

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacy and has an ongoing relationship with the GPhC over professional regulatory issues. We have strived to grow a mutually respectful role with the GPhC, with our role being to present the voice of professional leadership to the process of pharmacy regulation; we have done this through informal and formal discussions as well as formal consultation responses.

### 3. When in 2012 were you in contact with the regulator?

During 2012 we have specifically been in contact with the GPhC when responding to their consultation on:

- Modernising pharmacy regulation: A consultation on the draft standards for registered pharmacies
- GPhC fees rules 2012
- Draft amendments to rules consultation
- Call for evidence for revalidation

The English Pharmacy Board Chair and Director have at least twice yearly meetings with the Chair of the GPhC and the Chief Executive of GPhC to discuss regulatory issues and the wider health policy agenda pertinent to England and the English Pharmacy Board.

The Welsh Pharmacy Board Chair and Director have at least twice yearly meetings with the Chair of the GPhC and the Director for Wales to discuss regulatory issues and the wider health policy agenda pertinent to Wales and the Welsh Pharmacy Board.

The Scottish Pharmacy Board Chair and Director have held regular meetings with the Chair of the GPhC and the Director for Scotland to discuss regulatory issues and the wider health policy agenda pertinent to Scotland and the Scottish Pharmacy Board.

The President and Chief Executive of RPS have regular meetings with the Chair and Chief Executive of the GPhC.

We have jointly supported and run events pertinent to pharmacy regulation; namely standards for registered pharmacies and Responsible Pharmacist and instilling a *Just Culture*, these events enabled both organisations to engage in direct debate with our members.

There has been direct contact between appropriate RPS staff and GPhC staff on issues pertaining to ongoing work programmes that have joint implications such, as Standards and

the guidance needed to support these standards, and also when GPhC have issued fitness to practise judgements that have implications for the whole profession.

#### **4. What was your experience in dealing with the regulator? Please tell us what was good about your experience and where your experience could have been improved**

Our experience of formal meetings with the GPhC is generally very good. The ethos of our formal meetings with the GPhC Chair and Chief Executive is for a frank and open discussion in a mutually respectful environment. The GPhC appear responsive and inclusive of our views at these meetings and we are aiming to develop this relationship further into being “critical friends”.

The staff of both organisations have endeavoured to build relationships with their relevant counterpart to gain an understanding of each other’s work priorities and exchange information, where this can be freely shared, that will impact on those priorities. Our experience of these informal exchanges has been positive and productive.

Our experience of written responses to the GPhCs consultations is mixed. We appreciate that the GPhC has a duty to listen to all arguments and then act in accordance with its role and remit as regulator. However we believe engagement with key stakeholders such as ourselves when deliberating important decisions could be improved. A written response is one dimensional and can form one of many responses received by the regulator; we believe an improved relationship could be developed in this area whereby we should be asked for more information to back up some key areas of policy that we disagree on. For example our submission to the standards for registered pharmacies contained a strong view on the self selection of P medicines and while we understand this was discussed and deliberated internally within the GPhC, standards were subsequently produced that were opposed to this stance. What would have been helpful in this instance would have been a request for a formal meeting to listen to our views directly and for us to be told directly the regulator’s views and justification for their action.

Furthermore it can appear, at times, that consultation responses do not carry much weight or influence to change the final outcomes of the GPhC decisions. The papers presented to the GPhC Council reflect the consultation responses, and then proceed to give explanations as to why the GPhC will continue with its original policy intent. We rightfully acknowledge that the strength of argument in our response may be too weak to change the GPhC’s stance; however it can also reflect the difficulty of changing policy through the consultation process. For example:

##### **GPhC; Draft amendments rules – consultation report Nov 2012**

“The responses to the 12 week consultation were broadly supportive of the proposed changes, and Council decided to go ahead with all of the changes that were proposed”

##### **GPhC; Fees Rules 2012**

“Overall, the results of the consultation, considered in the context of the various relevant factors, indicate that it would be appropriate for the Council to go ahead with its proposed fees rules for 2012. “

We would advocate that a better relationship could be developed in understanding policy development, and influencing policy through consultation responses.

**5. If you wish to provide any other information, please use this box.**

Some of our members have provided ad hoc feedback indicating how useful they find the Regulate newsletter the GPhC produce. They appreciate having another link with the regulator other than a reminder for fees.

Members have raised concerns over some controversial fitness to practise judgements eg “touching patients” and the use fitness to practise proceedings for incorrect use of loyalty card schemes. These judgement seem out of sync with the GPhC ethos of “*ensuring that the way in which we regulate is fair and proportionate to the risk involved*” We would therefore question if this ethos is instilled in all committees of the GPhC , and how the GPhC ensures its new regulator culture is core to committee members.