



## **Health Care and Associated Professions (indemnity Arrangements) Order 2013: A paper for consultation.**

### **Royal Pharmaceutical Society Response**

The Royal Pharmaceutical Society (RPS) is the new professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

**Leadership, representation and advocacy:** promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

**Professional development, education and support:** helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

**Professional networking and publications:** creating a series of communication channels to enable pharmacists to discuss areas of common interest.

#### **Questions:**

- 1. Do you agree that the requirement for healthcare professionals to have an indemnity arrangement in place should match the requirements set out in the Directive and place an obligation on healthcare professionals themselves to ensure that any indemnity arrangement in place is appropriate to their duties, scope of practice, and to the nature and the extent of the risk?**

Yes, we believe that all pharmacists should have appropriate indemnity arrangements in place. There may need to be different rules for indemnity arrangements dependant on scope of practice such as academia, industry etc where the registered healthcare professional does not have a direct patient facing role. However, we believe that any healthcare professional with a role to play in any activity that may affect patient care should be classed the same.

- 2. Do you agree with the proposed definition of an indemnity arrangement?**

Yes, we agree that if an employer has an indemnity arrangement in place than this should be sufficient to cover registered healthcare professionals within their employment.

- 3. Do you agree with the provisions that set out:**
- a. What information needs to be provided by healthcare professionals, and when, in relation to the indemnity arrangement they have in place;**
  - b. The requirement to inform the Regulator when cover ceases; and,**
  - c. The requirement for healthcare professionals to inform their regulatory body if their indemnity arrangement is one provided by an employer?**

Yes, registered healthcare professionals need to ensure their regulator has the required information. This can be provided on an annual basis at the time of registration and updated when required if changes are made.

- 4. Do you agree with the proposal to allow healthcare regulatory bodies the ability to refuse to allow a healthcare professional to join, remain on, or return to, their register, or, for the GMC, to hold a licence to practice unless they have an indemnity arrangement in place?**

In principle we agree with this. The current arrangements for the pharmacy profession require declarations about indemnity arrangements at registration or renewal but the sanctions are only exercisable through fitness to practice procedures. If this were to change there would need to be clear guidelines in place. For example, newly qualified registrants may not find immediate employment so would not immediately require indemnity arrangements. On gaining employment they would then need to comply with the requirements to have indemnity arrangements in place appropriate to their work. In addition a pharmacist may wish to register with GPhC but has yet to find employment, or they may be on a career break but wish to maintain their registration - does this mean they are obliged to purchase insurance prior to knowing where, or if, they will be employed ?

- 5. Do you agree with the proposal to permit healthcare professional regulatory bodies to remove a healthcare professional from their register, withdraw their licence to practice, or take fitness to practice action against them, in the event of there being an inadequate indemnity arrangement in place?**

In principle we would agree with the regulatory bodies undertaking the suggested courses of actions. However, there need to be clear guidelines in place, from the regulatory body, to outline under exactly what circumstances a healthcare professional would be removed from their register. There also need to be clear guidelines as to what indemnity arrangements are appropriate for what role i.e. in the pharmacy profession there are a number of pharmacists who do not undertake a patient facing role so may not require the same level of indemnity arrangements.

- 6. Please provide any information with regard to the potential barriers to independent midwives moving to alternative governance and delivery practices in order to obtain appropriate indemnity arrangements.**

We have no comments on this question.

- 7. Do you agree that the provisions in the Draft order should only apply to qualified healthcare professionals and not students?**

Yes, we would support this course of action. Whilst students may have direct dealings with members of the public and patients their work should be supervised by a registered healthcare professional.

- 8. Are there any equalities issues that would result from the implementation of the Draft Order which require consideration? If so, please provide evidence of the issue and the potential impact on people sharing the protected characteristics covered by the Equality Act 2010, disability; race; age; sex; gender reassignment; religion & belief; pregnancy and maternity and sexual orientation and carers (by association).**

We have no comments on this question.

- 9. Please provide comments as to the accuracy of the costs and benefits assessment of the proposed change as set out in the Impact Assessment.**

We have no comments on this question.

- 10. Please provide information on the numbers of self-employed registered healthcare professionals and whether they are in the possession of indemnity cover or business insurance which includes public liability insurance and professional indemnity insurance.**

We do not have access to this information. All pharmacist applicants for registration with GPhC, restoration and registrants applying for renewal whether practising in an employed or self-employed capacity already declare as part of the relevant application process with GPhC that they have appropriate indemnity arrangements in place.

- 11. Please provide information on the numbers of employed healthcare professionals, who, in addition to working in an employed capacity covered by an employer's arrangement for indemnity or insurance, also undertake self-employed practice. Where possible, please provide information as to whether they are in possession of indemnity cover or business insurance which includes public liability insurance and professional indemnity insurance for that self-employed element of their practice?**

We do not have access to this information.

- 12. Do you have views or evidence as to the likely effects on costs or the administrative burden of the proposed changes set out in the Draft Order?**

Many pharmacists working in the community sector already have indemnity arrangements in place, even those who are employed, as there have been incidents when employers have not supported an employee. Therefore we would not envisage the cost of this to be large for the pharmacy profession. We have no comments in relation to the administrative burden.

- 13. Do you think there are any benefits that are not already discussed relating to the proposed changes?**

No, we can not think of any additional benefits.

- 14. Do you have any further comments on the Draft Order itself?**

No.



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*For further information or any queries you may have on our consultation response please contact Heidi Wright at [heidi.wright@rpharms.com](mailto:heidi.wright@rpharms.com) or 0207 572 2602.*