Patient-Centred Professionalism in Pharmacy

The Royal Pharmaceutical Society is pleased to respond to this discussion paper which we understand is a starting point in the process of revisiting the current standards of conduct, ethics and performance.

The subject of professionalism and how this affects every pharmacist cannot be underestimated. Any changes to the benchmarking and expectations of routine pharmacy practice must be taken in full consultation with the profession. As the professional body representing individual pharmacists across Great Britain from all sectors of the profession we look forward to working closely with the GPhC over the coming months as part of the wider consultation process.

General Comments

The tension between commercial and corporate interest and professionalism in the retail environment of community pharmacy has been mentioned in member’s responses. Pharmacy is not unique in having a retail business model but is viewed as more commercially biased than other independent contractors in primary care.

It is vital for the new clinical roles emerging in pharmacy practice that pharmacists are seen to be professional and person centred in all aspects of their practice. Therefore we are particularly interested in how any changes to the regulatory standards will be reflected in the new inspection model.

The General Pharmaceutical Council (GPhC) has used the term patient centred in the discussion paper. Pharmacists also engage with the public, not all of whom are patients therefore we have used the term person centred throughout this response as this reflects the wider aspect of professional practice.

The examples given and answers to the questions for discussion, outlined below, are collated from individual member views across Great Britain, through our Local Practice Forums, our elected national board members, pharmacy students and joint working with the Welsh Centre for Professional Pharmacy Education (WCPPE).

1. What characteristics does someone who is professional demonstrate?

Being professional encompasses a range of expected characteristics which include:

- Competence, expertise, integrity, trustworthiness, compassion, honesty, altruism and accountability.

The behaviours expected of professionals include:

- The ability to lead in daily practice, be non-judgemental and respectful of others and understanding the implications of consent and confidentiality.
- The requirement for professional autonomy, to always put the care of client/patient first.
- A willingness and ability to act above self-interest and outwith commercial or corporate incentives or targets was a theme which came through strongly in member responses.
- Professional responsibility and accountability for individual decisions which can pose ethical dilemmas in daily practice.
2. What characteristics does someone who is person-centred demonstrate?

All the above characteristics of a professional are applicable to person-centred professionalism which also includes the following additional elements:

- The concept of a “duty of care” to your patient and consequences of not taking action must be considered by a professional acting in a person centred way.
- Putting your patient first and “going the extra mile” was a theme which was often repeated in member responses.
- Friendly, empathetic, an active listener and treats the individual.
- Flexible and adaptable with a pragmatic approach to situations and act as a patient advocate when necessary.

3. We would like to hear about situations you have been in or seen, when you think pharmacists and pharmacy technicians have acted professionally or been patient-centred. What went well in those situations?

Feedback from our public and patient focus groups highlighted that when directly interacting with the public pharmacists are generally very friendly and informative, taking time to make sure the person’s needs are met, despite increasing workloads. Numerous anecdotal examples were provided of excellent person centred care across the countries and evaluations of pilot projects enhancing clinical care such as the urinary tract infection project in community pharmacies in Grampian which received 100% patient satisfaction.¹

Working in the Multidisciplinary team

There are many examples around the country of projects where collaboration with other health and social care professionals or between primary and secondary care has enabled pharmacists to contribute with their unique expertise as part of a multidisciplinary team (MDT). This works well where pharmacists are recognised as essential contributors to the MDT and part of the decision making process in prescribing.

Integrated care and re-enablement funding has straddled the primary and secondary care boundaries. It has funded many projects designed to prevent hospital admissions, or re-admissions and facilitate earlier discharge back to a community setting. Examples include:

- A Domiciliary Medicines Service in Croydon where secondary care communicate with the patient’s regular community pharmacy who then follow up with domiciliary visits to help prevent hospital readmissions. There are similar initiatives where a copy of the Immediate Discharge Letter is shared with the patients’ designated community pharmacist who then monitors repeat supply to ensure any changes made to the medication regimen in hospital are maintained in primary care.

- Development of a pharmaceutical service whereby patients in a community hospital have their pharmaceutical care needs addressed by their community pharmacist, who has been

¹ NHS GRAMPIAN EXTENDING ACCESS TO NHS SERVICES; UTILISING COMMUNITY PHARMACIES FOR ACCESS TO SERVICES TO TREAT UNCOMPLICATED LOWER URINARY TRACT INFECTION.
Final Report
December 2013 to December 2014
March 2015
enabled to provide input on a sessional basis and as part of the hospital multi-disciplinary team to patients in the community hospital.

- Working with local authorities social care departments to develop their medication policy guidelines and to provide training to enable the safe administration of medicines by paid carers.

- The Macmillan pharmacist facilitator project in Glasgow and similar work in the Aneurin Bevan Local Health Board extended the provision of palliative care from community pharmacies and provided a truly person centred approach to care focusing on the needs of patients, their families and carers. The principles embedded in this approach allowed time for peer support, along with educational and information initiatives to review incidents and foster a culture of continual learning and improvement. This model could be extrapolated to more general care.

- Polypharmacy reviews where pharmacists working collaboratively with geriatricians and general practitioners have been shown to be more successful than uni-professional approaches alone.²

Education and Training

It is vital that all pharmacists are part of the decision making process of prescribing, working alongside other healthcare professionals in a patient facing role to provide person centred care. Pharmacists need to be afforded protected time to meet with others in the health and social care team, to facilitate training, peer review and sharing of learning and best practice. They should have individual caseloads of patients, working in a similar way to other health and social care professionals. This would ensure that specific patient needs can be met and that pharmaceutical care issues are addressed and communicated to others in the MDT as appropriate.

Projects which begin to break down professional silos both intra and inter professionally are good examples of both professionalism and a person centred approach to care.

Legal and Ethical issues

Most pharmacists will try to overcome any challenges they are presented with in order to provide person centred care but, particularly in community, legislative and contractual changes are required to fully enable a professional approach, to allow a pharmacist to work at the top of their licence and to be properly integrated into NHS services. Areas of concern include:

- Working outside the pharmacy.
- Medicines legislation, particularly around controlled drugs.
- Medicines shortages and continuity of supply.
- Commercial or contractual targets which focus on quantity rather than quality of service

Constraints in leaving a community pharmacy for any length of time can impinge on the ability to be integrated into the wide primary care team. Modernisation of legislation is required to fully enable professional autonomy and enhance the decision making process. For example, even routine repeat prescriptions which the pharmacist has agreed are suitable to be handed over to the patient with no further pharmacist input cannot be given out if the pharmacist is absent. This in itself can be puzzling for patients and the public.

² NHS Scotland Polypharmacy guidance March 2015
The considerable time and effort community pharmacists and their teams currently spend sourcing medicines in short supply impacts greatly on their capacity and ability to spend more time with their patients. Despite this, when presented with a prescription for a medicine in short supply and needed urgently, many pharmacists do spend substantial amounts of time trying to find a person centred solution, sourcing a prescription from an alternative source, wherever possible, regardless of commercial interests.

4. We would like to hear about situations you have been in or seen, when you do not think that pharmacists or pharmacy technicians have acted professionally or been patient-centred. What do you think could have been done to improve on what you saw?

There have been examples cited of pharmacy professionals not thinking of their “duty of care” to a patient in supplying medication out of hours. Sometimes the consequences of not supplying a medicine have not been fully considered or acted upon, and there is an issue of competence in being unaware of the enabling legislation and the tools available to ensure continuity of supply. This can lead to inappropriate and unnecessary appointments at out of hours services. It also has reputational issues for the profession working in a multidisciplinary team where we are perceived as being too risk averse.

Improvements would include:

- Greater emphasis on the requirement to take professional responsibility for continuity of care, along with the more emphasis on the consequences of not meeting the patient’s needs.
- Better public awareness of the full range of pharmacy services available to them.

We have had some feedback from our patient and public focus groups of instances when patients felt confidentiality was compromised by having discussions about medicines and health in an open area, where it would have been more appropriate to have used a consultation room or private area.

Improvements would include:

- Better staff awareness of the need for confidentiality around all aspects of patient care and supply of medicines both OTC and prescribed.

We have recently become aware that the problem of medicines shortages is being passed back to the medical practice for resolution by the prescriber or practice pharmacist. This is inconvenient for all concerned, particularly the patient, as it can cause delay in patients accessing their treatment. It also has the potential to compromise the reputation of the profession.

Improvements would include:

- Clear lines of communication between all individuals to give an understanding of the complex issues involved thereby avoiding any misunderstandings which can arise.
- Independent prescribing and access to patient records is needed as well as a collaborative approach to patient care in order to speed up the process of sourcing suitable alternatives with minimal disruption to patient care.
- Responsibility for the pharmaceutical care of their own case load of patients with long term conditions would enable a more person centred approach, a more streamlined patient journey and better use of the clinical skills of the pharmacist.

5. What are the barriers and enablers to pharmacists and pharmacy technicians demonstrating professionalism and being patient-centred?

Barriers

The need for professional autonomy was a strong theme across many areas of practice. Outdated medicines legislation which does not reflect the clinical expertise of the pharmacist as well as
commercial and contractual issues in community which restrict practice have been highlighted. Employee pharmacists are now a large part of the workforce and can feel vulnerable if their own professional judgement is in conflict with company policy. The current over-supply of pharmacists and shortage of full time positions only serves to exacerbate this already difficult situation. Examples cited included:

- Retail sales targets with pressure to promote specific items or to canvass for signing up to services. Targets for pharmacists should be for clinical services and related to patient needs rather than volume, with the emphasis on who will benefit rather than number completed.
- Being expected to sell an OTC item rather than provide on the Minor Ailments Service (MAS) as the profit margin is higher than the fee from the latter.
- Locums can feel pressurised to conform even if not professionally comfortable with procedures in order to ensure repeat bookings.
- Not being able to adjust prescriptions using professional judgement without contacting the prescriber, including generic substitution when appropriate and minor amendments such as switching tablets to capsules. In addition, the legal & ethical dilemma of incorrect CD prescriptions can undermine professional autonomy and prevent best patient care.

Practical considerations include:

- New services being implemented without efficient communication and IT systems to support them, and without due regards to the ever increasing prescription workload in community. Community pharmacies are operating in a very similar way to 10 years ago despite approximately a 50% rise in prescription volume in that period. A variety of new services have been added into contracts across GB despite little progress on national workforce planning.
- No access to the internet in many community pharmacies.
- Lack of sustainability when funding ceases which subsequently impinges on future patient care.

Enablers

- Independent prescribing.
- Protected time for learning and education.
- Working more effectively with pharmacy technicians. Better use of skill mix and robotics. The role of the Pharmacy technician and how they support the pharmacist in demonstrating professionalism is not evident in the undergraduate course.
- Good working practices including workflow organisation and clean clinically appropriate premises.
- Better public understanding of the skill mix and various roles within the pharmacy team, the services available and the means to feedback on patient experience to healthcare providers.
- Ensuring that locums have professional autonomy and have access to the same information as regular staff e.g. local updates and newsletters.
- Minimum staffing levels related to the level of service provided in different pharmacies to free up pharmacist time for delivery of improved pharmaceutical care.
- Two pharmacists are now sometimes required for part of the working week to support delivery of the increasing range of clinical services in community pharmacies, particularly when current legislation restricts the scope of pharmacists movements outside the pharmacy.
- Peer support and educational and information initiatives supporting a professional approach e.g. discussion at training sessions of situations which had gone badly and the impact on patients/ families/ carers brought home to pharmacists and technicians the impact of actions or omissions.
• Greater understanding of the different roles and responsibilities within the profession, the breakdown of professional silos and a more common career pathway with greater crossover between roles.

• Integrating community pharmacy into the NHS more formally as part of the multidisciplinary team and pharmacists to have responsibility for the pharmaceutical care of their own case load of patients, in a similar way to other healthcare professionals in primary care.

• Efficient IT systems which facilitate communication across the health and social care team, with read and write access to a single integrated patient record.

• Ongoing development of the Chronic Medication Service (CMS) in Scotland provides a mechanism for electronic dialogue between the prescriber and pharmacist through the Patient Care Record (PCR). Further roll out of the serial supply component of CMS in Scotland and repeat dispensing in England and Wales would allow for more effective management of repeat supply and requires more regular dialogue within the MDT to realise the full potential of these services.

• Patient centred community pharmacy contracts aligned with general Practice contracts to avoid duplication and competition thereby enhancing patient care and access to treatment and medicines.

About Us.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge of pharmacy. In addition, we promote the profession’s policies and views to a range of external stakeholders in a number of different forum.