



Royal Pharmaceutical Society of Great Britain

Helping pharmacists achieve excellence

General Pharmaceutical Council
Standards Consultation
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Consultation on the revised draft standards for the General Pharmaceutical Council

Background

The Royal Pharmaceutical Society of Great Britain is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation. The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy. The Society leads and supports the development of the 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.

Following the publication in 2007 of the Government White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, the Society is working towards the de-merger of its regulatory and professional roles. This will see the establishment of a new General Pharmaceutical Council and a new professional body for pharmacy in 2010. This response by the combined English, Scottish and Welsh Pharmacy Boards represents the views of the professional body; we are aware that the Society's regulatory division has already made a response.

The Society welcomes the opportunity to respond the consultation on the draft GPhC revised Standards.

Yours sincerely,

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Chair
English Pharmacy Board

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Response from the RPSGB National Pharmacy Boards to the Consultation on the revised draft standards for the General Pharmaceutical Council

The NPBs welcome the opportunity to comment on these standards. Overall, we are encouraged that the GPhC has listened to our previous response and based its revised standards on The Royal Pharmaceutical Society's current Code of Ethics and underpinning Professional Standards. In our previous response we said:

“The Society has a Code of Ethics and a set of standards underpinning the Code which have been recently reviewed. These appear to be sufficiently understood and applied by the profession. The current regulatory system for pharmacists and pharmacy technicians has undergone a number of changes recently and appears to work extremely well; the last two CHRE reports have been very positive. The CHRE report states that ‘*The Royal Pharmaceutical Society Great Britain (RPSGB) has continued to fulfil its statutory functions and it has performed to the standards expected of it during a period of significant organisational change.* There is therefore no evidence for radical change from the current system at this point before the establishment of the GPhC The GPhC has stated that it will not create an unnecessary burden through over-regulation; therefore we advocate that the GPhC be allowed to adopt the current regulatory framework, reviewing it as required, building on the very good work that has gone before rather than starting afresh.”

These interim standards appear to be principle-based and proportionate and fit for the future. However, there are inconsistencies in the language and grammar used in these documents and overall we feel it should be more positive. We would recommend that consistent wording is used throughout the documents and that the universal glossary developed is then used when developing any documents or further consultations issued by the GPhC.

Throughout the consultation document, reference is made to resources, for example page 5 point 1.9 ‘*Make sure you have access to the facilities, equipment and resources you need to provide your professional services safely and effectively*’. We feel that this is unrealistic because it would be hard for a locum to judge what resources were required, and even an employed pharmacist would potentially have very little influence over the obtainment of resources. The responsibility for resources could lie with the Superintendent or Responsible Pharmacist and this would need to be clarified. Without a list of acceptable resources it would be impossible for anyone to judge it objectively. This theme of requiring ‘adequate resources’ recurs throughout the consultation document.

These standards have been put forward as interim standards; it would be helpful to clarify the period of time for which these standards will be operational. We would recommend that certain areas, such as the issue of a conscience clause, would be a priority area to develop and review, whereas other areas, such as CPD standards could be reviewed at a much later date, once evidence and learning from the current system have been gathered and evaluated.

The NPBs would welcome the opportunity to work closely with the GPhC at an early stage, to review and further develop these and future standards to ensure they are fit for the public and fit for the profession. We would recommend the establishment of a relevant stakeholder group to develop future standards and guidance, which could also inform the drafting of future consultations in this area.

Question 1

We propose to use the RPSGB's Code of Ethics for Pharmacists and Pharmacy Technicians as the basis for these standards. Do you agree?

Agree:

The National Pharmacy Boards initial response proposed that the General Pharmaceutical Council (GPhC) endorsed the adoption of the principles of modern regulation, which was embraced within the development of the current principle - based Code of Ethics. Thus the Boards welcome the proposal to use the RPSGB's Code of Ethics and the seven principles that it is founded on.

The current Code of Ethics was developed by involving a wide range of both members of the public and the profession, through an open and transparent process. We would ask that the GPhC adopt this ethos of standards development and work with the professional leadership body if it intends to revise the current of Code of Ethics.

Question 2

We have revised the standards of conduct, ethics and performance so that they are easy to read and use.

Are the standards easy to read and use?

Agree:

Whist the NPBs agree that the standards are easy to read, some of the language used is ambiguous, e.g. 'you must consider all courses of action'; this statement is unhelpful and unclear.

The primary aim of professional standards is to ensure patient safety and they should thus be readable from both a professional and 'member of the public' perspective. The use of the pronoun "you" throughout the document has a tendency to make the document more readable from a professional stance but distances the relevance of the standards from members of the public.

The use of professional standards should be continually monitored for compliance and effectiveness to ensure that standards evolve but retain their purpose of protecting the public. The inclusion of the conscience clause is an important area to monitor use of the standards and the balance between individual beliefs and those of the public they serve. This is such an important and potentially controversial area that the professional leadership body would ask that the GPhC work with the NPBs to develop robust policy that is fit for the future of a diverse profession working in a multicultural society.

Standard 7.2 on page 11 would be difficult for a locum or employed pharmacist, i.e. a pharmacist who is not responsible for employing staff, to adhere to. So although you may be responsible for staff, because you do not directly employ them you cannot ensure they have the appropriate language skills to communicate and work effectively with colleagues. Clarity would be required as to whose responsibility this is – such as the Superintendent or Responsible Pharmacist.

Question 3

We propose to adopt the RPSGB's existing CPD standards for an interim period. Do you agree?

Agree:

The NPBs welcome the introduction of these CPD standards and would ask that due consideration be given to monitoring their effectiveness prior to reviewing them. The CPD standards were introduced in 2009 and pharmacists have changed their work practices to adhere to these standards. Thus, the NPBs would ask for clarity around the timeline for developing any new standards from the proposed interim standards. Additionally the NPB would ask for a proactive approach by the GPhC in working with the NPBs to evaluate the current situation and the effectiveness of the standards in protecting the public and developing the profession.

Question 4

We propose to use interim standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority that are based on the RPSGB current standards and policy. Do you agree?

Agree:

The NPBs welcome the introduction of these interim standards; their only concern is the timeframe for developing the GPhC standards in this area. This area of standard development is one where the professional leadership body should be consulted on at the earliest stage to ensure that any premises standards take into account the perspective of the pharmacists that work within them.

Question 5

We have revised the standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority so that they are easy to read and use. Are the standards easy to read and use?

Agree:

The layout under the section headings makes the standards easy to read.

We have some concerns around standard 3.7 in relation to rest breaks and for the whole of the section on pharmacy premises (Standards 4.1 to 4.13). An employed or locum pharmacist would not necessarily be able to ensure compliance with these standards and clarity would be required as to where the responsibility for the adherence to these standards lies.

Question 6

The standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority are outcome focused and less detailed than the RPSGB standards. Do the standards cover all essential areas?

The standards have been laid out in a different format, and appear less detailed than previous. This has improved the readability of the standards. However, further work is needed to ensure that the lack of detail is not detrimental to the objective of the standards being patient and outcome focused rather than process driven, e.g. the standards state, under management and leadership responsibilities,

“that appropriate systems are in place to deal with concerns raised by the responsible pharmacists”

However, there is nothing in the pharmacy staff standards to correspond to these standards, empowering individual pharmacists with an effective 'whistle blowing' clause by which they can raise concerns without fear of repercussions.

Question 7

The standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority apply to pharmacists and pharmacy technicians who are leading teams or managing the day-to-day business of a retail pharmacy. Is this clear?

Agree:

The NPBs believe that this is made clear if read closely with reference to the glossary.

Question 8

We propose to adopt the RPSGB's current education standards and accreditation procedures for pharmacists for a transitional period to allow us to continue to accredit courses. Do you agree?

Agree:

The NPBs agrees that in the interest of continuity the GPhC should adopt these standards for a transitional period. However, more clarity is needed about the timeframe for development of a new set of standards. Additionally, the Royal Pharmaceutical Society has previously undertaken a lot work in this area and the learning from this work should be used for the mutual benefit of the profession and the regulator.

Accredited checking technicians have a specific role and we would recommend that GPhC regulates their training so that there is a common standard with, perhaps, an annotation to the technicians' register.

Question 9

We propose to adopt the draft standards of initial education and training for pharmacy technicians. Do you agree?

Agree

Response as per Q8. The models developed need to take into consideration that pharmacy technicians work in a variety of environments and could work under a number of different contractual frameworks.

Question 10

We have revised the standards of initial education and training for pharmacy technicians so that they are easy to read and use. Are the standards easy to read and use?

Agree:

The standards are easy to read. The use of the standards should be reviewed in due time, especially around a consistent model of delivery and the level of support pharmacy technicians can expect from those charged with "effective supervision" of the trainee technician.

We have some concerns about how these standards could be applied in all settings, particularly in an independent community pharmacy setting, and we would recommend that these be reviewed in that light.

Question 11

Should there be some flexibility within the curriculum requirements for competency based qualifications for pharmacy technicians to reflect differences in practice and the geographical locations within which trainees work?

Disagree:

The NPBs believes that there should be a high level of competencies that ensure all qualified technicians have the required skills and knowledge that are equally applicable wherever they practice. There should be no geographical boundary to registration within Great Britain, and as a GB regulator, GPhC should not set a precedent that skills are not transferable within the home countries.

Question 12

We have provided a single glossary for all the standards. Is the glossary comprehensive and easy to read?

Agree:

The glossary is clear and easy to read. For continuity of purpose it should be available on the GPhC website and be the source for all additional consultations and documents issued by the GPhC

Question 13

Do you have any other comments you wish to make on the draft standards?

The National Pharmacy Boards are very encouraged by the GPhC approach of consulting again on the standards. It appears that many of the points raised in the original consultation response have been listened to and acted on.

We recommend that protection is put in place for pharmacists and pharmacy technicians who wish to raise relevant concerns.

The new Professional Leadership Body anticipates working closely with the new regulator for the benefit of the profession and would welcome the opportunity to contribute to future development of standards prior to wider consultation by the GPhC.