

GPhC Consultation: Managing concerns about pharmacy professionals: Our strategy for change

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The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists 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 including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in several different forums.

Section 1

1. On page 12 of the consultation document, we identify four strategic aims that will guide our work and help us to evaluate the impact of the strategy. We want your views on whether we have identified the right strategic aims.

Considering all four strategic aims, to what extent do you agree or disagree that these are appropriate? *

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

2. Is there anything missing from the strategic aims, or anything that should be changed? *

- **Yes**
- No
- Don't know

2a. If yes, which of the following strategic aims need additions and/or amendments?

Some comments and a suggestion for greater prominence for inclusion and diversity detailed in 2b.

2b. Please give a brief description of the amendments, additions, or additional aims you think are needed.

Addition aim

The RPS is committed to making inclusion and diversity (I&D) central to the way we champion the pharmacy profession. We welcome the aim of addressing challenges in how the GPhC considers equality, diversity and inclusion. We accept that this is considered as part of strategic aim 2 and 4. However we believe it warrants greater prominence and should be included as a stand-alone strategic aim. We welcome any opportunities to support and engage with the GPhC through the RPS inclusion and diversity strategy and the RPS Action in Belonging, Culture and Diversity (ABCD) group.

Comments on strategic aim number 1: Keep patients and the public safe by using our full range of regulatory tools to prevent, anticipate and resolve concerns

The main objective of fitness to practice is to protect the public. We are therefore pleased to see evidence of a new way of inspecting has a focus on anticipating concerns before any harm to patients or the public occurs. Various initiatives including the development of the knowledge hub to share insight and learning, the sharing data of trends and factors appearing in concerns and concerns received from new areas of working will help to achieve this.

We welcome the ambition to work with employers to recognise and manage some concerns. However, it is important that clear guidance is available to ensure that this doesn't put extra pressure on pharmacists or ignore potential systems failures.

Comments on strategic aim number 2. Take a person-centred approach that is fair, inclusive and free from discrimination and bias

It is important that everyone involved in a fitness to practice process is treated as an individual with different needs.

The 2020 RPS mental health and wellbeing survey highlighted the pressures that pharmacy professionals are currently under with 89% of respondents at high risk of burnout. Involvement in a fitness to practice case is likely to have a negative effect on an individual's mental health and wellbeing. Whilst we understand that supporting pharmacists' mental health and wellbeing should not fall solely to the GPhC, the RPS would welcome the opportunity to work collaboratively with the GPhC and other pharmacy organisations to identify how pharmacy professional under investigation might be better supported.

We welcome the ambition to minimise and deal with the risk of potential biases in any decision-making. The commitment to provide training to all FtP decision makers on unconscious bias and decision making and pilots underway to remove bias in investigation committee decisions will be an important enabler to achieve this ambition. We welcome the ambition to better understand why a disproportionately higher number of concerns about Black, Asian and Minority Ethnic professionals are made than would be statistically expected. We are also aware that there are more referrals relating to the community sector than the hospital sector as well as locums as opposed to employees. Exploration to understand the factors behind these discrepancies should also be prioritised.

Comments on strategic aim number 3. Shift the perception from blame and punishment to openness, learning and improvement

We have received positive feedback from our members about the GPhC knowledge hub supporting their practice during the pandemic. We support the aim of developing this hub to share case studies, insight, and shared learning. Sharing these examples and emerging concerns are likely encourage others to learn, improve, promote a culture of openness, and ultimately prevent future concerns.

To shift the perception, we agree that engagement and reviewing how to engage and liaise with educators and employers is important. A view from one early careers pharmacist in a focus group was:

'I have always viewed FtP as a 'punishment' and something that is to be feared, not a culture for reflection and learning!'

Comments on strategic aim number 4. Take account of context and work with others to deal with problems in the wider pharmacy and healthcare systems

We welcome the commitment to “use all available sources of information when assessing the risk to patient and public safety”. Taking account of context is going to become increasingly important with pharmacists working in increasingly complex roles, multidisciplinary teams and via new platforms such as online. We welcome the joint working that the GPhC has demonstrated with the Competition and Marketing Authority and to review online pharmacy services. It is vitally important that the GPhC engages and works with other organisations, such as the RPS, to identify problems and deal with them in a fair way.

Similarly, the expectations placed on pharmacists by other members of the MDT may lead to individuals being put under pressure to complete tasks that they may not feel confident doing. Having identified this we have developed a document to support pharmacists to embed into multidisciplinary primary care teams. We would welcome the opportunity to work with the GPhC to support with other challenges identified within the wider pharmacy and healthcare systems.

We have some concerns about the commitment to “share information we gather about the wider context with employers” we would want some clarity about what is shared to ensure that employers are not given any information that pharmacists wouldn’t want to share.

3. Considering the full set of strategic outcomes on page 12 of the consultation document, to what extent do you agree or disagree that these are appropriate? *

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

4. Is there anything missing from the strategic outcomes, or anything that should be changed? *

- **Yes**
- No
- Don't know

4a If yes, which of the following strategic outcomes need additions and/or amendments

We welcome the strategic outcome which will be important when evaluating and measuring the success of any changes. It would be useful to have some metrics that could be used to overview these outcomes. In the GPhC webinar on the 2nd November 2020 it was mentioned that the GPhC research and evaluation team were developing an evaluation framework for these outcomes. It would be helpful if this was made publicly available. The data from the GPhC should be made available for external researchers to conduct research and to be able to report on the GPhC’s effectiveness and performance.

We have some comments on the strategic outcomes and two suggested additions outcomes detailed in 4b.

4b Please give a brief description of the amendments, additions or additional outcomes you think are needed.

Additional outcomes

- *We would recommend that supporting the mental health and wellbeing of those involved should be a key outcome.*
- *The GPhC has committed to address the over-representation of those with protected characteristics such as Black, Asian and Minority Ethnic professionals. We would like to see this added as an outcome.*

Comments on some of the strategic outcomes

- *Patients and the public receive safe and effective care because pharmacy professionals are safe to practise and can get any support, they may need to help them meet our standards.*

We would welcome some further detail on how the GPhC intends to 'explore what we can do to help professionals understand the support available during the process and make use of it'.

- *It is easy to raise a concern and understand the process and what it means to everyone involved.*

Agree, it should be clear to registrants, employers, patients and service users when a concern needs to be referred to the regulator. It would be useful to have clear guidance on the extent to which (if at all) the GPhC wishes to receive 'soft intelligence' which may of itself be minor, but if several others are seeing concerning patterns and trends, could indicate a bigger problem that needs addressing.

We welcome the development of the Knowledge Hub to provide additional support for employers about referrals and actions taken to avoid the need for referral. This will be especially useful in the context of what constitutes professional vs unprofessional behaviour. Such issues often underpin employer referrals (and may not have an immediately obvious direct correlation to patient safety) and so the GPhC may opt not to progress. In such cases, a warning or advice intervention may help prevent a bigger issue further down the line. We welcome the development of a web-based tool to share learning and trends in concerns, and how these can be successfully resolved.

- *Our decisions are clear, timely, free of bias, proportionate and deal with the cause of the regulatory concern.*

We note that the PSA report acknowledges that the GPhC has continued its work to address the concerns they reported last year about timeliness, customer service, reasoning in investigating committee decisions and the transparency and fairness of a number of fitness to practise processes. We look forward to seeing the impact of actions put in place by the GPhC to address these concerns.

RPS members fed back that the length of time of some fitness to practice cases was a huge burden and needs to be reduced. We are pleased to see an emphasis on improving this in some outcomes detailed in this consultation.

The PSA report highlights concerns about the closing of cases whilst employers' investigations are ongoing. This could lead to public protection risks if cases are not re-referred by the employer. We would like to see this addressed, potentially by committing to increase communication with the employer concerned.

The GPhC should commit to greater transparency by publishing more data on how it processes FtP concerns. The GPhC should publish additional metrics on the protected characteristics of the cases it is dealing with at every stage, including those triaged and concluded before reaching the Investigating Committee. This part of process is currently managed entirely by the GPhC staff and is least visible and open to external scrutiny. Rather than these being produced during periodic reviews of FtP cases, these should be routinely collected and published as standard for every performance report, this is currently monthly.

The GPhC should also establish and publish internal control measures for assessing and monitoring for any bias from its panel members. We understand that a similar system has been introduced by Oriel to identify any unusual patterns in terms of decisions and judgements has proven effective in identifying unconscious bias.

• Professionals, patients, the public and any witnesses feel confident and supported to take part in the process.

We would encourage consideration to adding 'protection from any stigmatisation and victimisation in the workplace' to this strategic outcome.

The importance of listening, learning and supporting patients was highlighted by the Cumberledge report: First do no harm/.The report highlighted the general; feeling amongst patients that 'No-one is listening 'and that the patient voice was being dismissed. It is important that these lessons are learnt.

Section Two: Our proposals and how we will achieve them

5. We are proposing to make more enquiries when we first receive a concern, to help us gather enough evidence to make an informed decision on the most suitable action to take. We set out the areas of enquiry on [page 14 of the consultation document](#).

Have we identified the appropriate areas of enquiry? *

- Yes**
- No
- Don't know

After our enquiries conclude, we also propose to apply the following test to decide if the concern should be referred for investigation or an alternative is appropriate in the circumstances:

Does the information suggest potential grounds for investigating whether a pharmacy professional's fitness to practise may be impaired?

6. To what extent do you agree or disagree that the proposed test is appropriate? *

- Strongly agree
- Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

7. Please explain your responses to the two questions above.

The enquiries and test proposed seem appropriate. We would recommend considering the addition enquiries:

- *A test to consider the possibility of any discrimination?*
- *A test to consider the motivation behind the complaint? For example, if a registrant referred have themselves raised concerns to the GPhC?*
- *The addition of "colleagues " to statement one.*

We support the commitment to make more enquiries in the early stages after receiving a concern. Using these enquiries and a test will reduce risk to patient safety by identifying and dealing with serious cases sooner and identifying at an earlier stage when FtP proceedings are not suitable. Some members had concerns about the background or lived experience of the person gathering this information affecting their ability to consider the wider context. Further clarity on this issue would be helpful.

The timeliness of processing fitness to practise cases was a concern amongst our membership and in the PSA report who found 'avoidable or unexplained delays in a high proportion of the cases reviewed'. We are concerned that the median timeframes have increased in all three of the key stages of the FtP process with the median time from referral to a final Fitness to Practise Committee decision being 98.3 weeks. These timeframes do not compare favourably with other regulators such as the NMC (80 weeks) and GMC (80 weeks).

As well as using these tests to help support quick action we acknowledge that the GPhC has put some other procedures in place to improve the timeliness of cases such as:

- *Programme of training and developments aimed at improving timelines*
- *Developing case review process*
- *Assessments of new concerns involving people at a more senior level in the GPhC.*

When registrants are investigated, whether formally or informally, there are adverse implications for their careers, reputation and wellbeing. We heard of instances where this has led to mental breakdown and even the attempted suicide of individuals under investigation. With the [RPS mental health and wellbeing survey](#) showing a profession under strain, we welcome the impact that these enquires may have in investigating the right concerns only and in a timelier fashion.

We are proposing to invite pharmacy professionals in certain cases to produce a reflective piece as a way of managing some concerns outside the formal processes. This proposal is set out on page 14.

8. To what extent do you agree or disagree that this is an appropriate and effective outcome for some concerns? *

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

9. Please explain your response.

We welcome the aim of promoting reflection and learning and understand that reflective pieces are being used effectively by several pharmacy organisations. We would need more information on what this process would involve. For example.

- *In what circumstances or concerns would this be used?*
- *How would the GPhC involve the employer?*
- *Would it be a pass/fail?*
- *Would there be any follow up?*
- *Would it be peer reviewed?*

Reflective accounts may be highly valuable in response to certain incidents, or behavioural issues, where the pharmacist is able to demonstrate empathy, learning and remediation. However, it would not be suitable for many cases and there is a risk that this could become a 'tick box' technical response rather than a genuine, free-flowing personal reflection on what has gone wrong.

For reflective pieces to be open and honest there would need to be assurances that professionals would never be asked by their regulator to provide their reflective notes to investigate a concern about them in the future. We are aware of reports that in the wake of the Dr Bawa-Garba case many doctors reported unwillingness to engage in reflection for fear that their written reflections may be used against them in court or in regulatory proceedings.

Our discussions with stakeholders, including our work looking at other regulators, showed that mediation could play a role in resolving concerns.

10. To what extent do you agree or disagree that mediation can play a role in resolving concerns about pharmacy professionals? *

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

11. Please explain your response including, if it is appropriate, what form you think the mediation should take.

In theory a process of mediation would be helpful. If it is applied appropriately mediation has the potential to:

- *Shift from a culture of blame to openness*
- *Improve effectiveness and timeliness of the process*
- *Ensure concerns progress along the proportionate and most appropriate pathway*
- *Support a focus on resolution and learning, rather than an overly legalistic and adversarial process*

However, careful consideration needs to be given as to when it is applied (in the interests of patient safety) as timeliness is of the essence to achieve early resolution of problems of fitness to practice. There needs to be clearly defined criteria regarding the circumstances when mediation should be

used. The focus of mediation should always be assessing the fitness to practice of the individual rather than a way to keep complainants placated.

Any service will need to ensure there are robust processes for managing people with behaviour that is challenging (i.e. vexatious complainants) and that it is transparent and standardised across cases.

Engaging with patient groups such as the Patients Association to a point of gaining endorsement guidance on mediation would provide patients and service users with assurance that the process was not seen to favour registrants over patients / service users.

There should be processes in place to ensure that there is no detriment if mediation is rejected.

We understand that mediation has been introduced by the General Optical Council and the Royal College of Veterinary Surgeons. Especially noteworthy is the fact that over 90% of optics mediations are concluded within the target timescale of 45 days, and the mean time to resolution is less than 13 days. We would expect the GPhC to engage with these organisations to identify and lessons that have been learnt.

To make sure we put people at the heart of what we do, we are proposing a number of service promises that set out what you should expect from us. These are included [in the table on pages 17 and 18 of the consultation document](#).

12. Do you think our service promises give you clear expectations of the service you will receive from us? *

- Yes
- No
- Don't know

13. Please explain your response.

We welcome the person-centred promises which, when applied, will offer greater support for everyone involved in FtP cases. It is important that these promises are monitored and audited to ensure that everybody is getting this care. Could these promises be rephrased as commitments?

Research commissions by the PSA to explore with patients and the public their perspectives on future fitness to practise procedures found an expectation from some that there would be an online case management system which complainants would have access to. This tracking system would allow complainants to log on and see the progression of their case in real time. We understand that this is being looked at by the GPhC as 'Making key regulatory datasets available to the pharmacy sector 24/7 through a self-serve data portal' is part of the GPhC strategic plan 2020-25. Participants also wanted telephone calls at key junctures in the process. We believe that these processes would be valuable for everyone involved in the FtP case.

We want to improve our understanding about the potential barriers that may prevent groups and individuals being able to engage effectively with us because of one or more protected characteristics. This will help us develop effective measures to remove these barriers.

In particular, we want to understand whether people who share one or more protected characteristics

encounter specific barriers in our fitness to practise processes, because of those characteristics, once a concern has been raised. Under the Equality Act 2010, there are nine protected characteristics:

- Age
- Disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- Race/ethnicity
- religion or belief
- Sex
- sexual orientation

14. Do you think people who share one or more protected characteristics encounter specific barriers in our fitness to practise processes because of that characteristic? *

- **Yes**
- No
- Don't know

12. If yes please explain including any measures to remove these barriers

The RPS is committed to making inclusion and diversity (I&D) central to the way we champion the pharmacy profession. Members who identify as having a protected characteristic have expressed concerns about potential barriers to effective engagement with the GPhC. We welcome the GPhC's aim of improving its understanding of this issue

In July we welcomed the GPhC piloting unbiased investigation committee decisions. We support this system as a step in the right direction to address systemic bias and a way to create a fairer and more consistent approach to regulation of the profession. With significant evidence that use of names, gender and age on documents can all lead to unconscious and conscious bias, could the GPhC explore the anonymisation of cases files where they are being reviewed, including by GPhC staff for triage.

We would like to see further transparency and detail from the GPhC as to how they are working to remove potential barriers. For example, what additional metrics will be used and published to build greater trust and how frequently will reporting be? There was strong support amongst our members for this work:

'I feel strongly about the proposed EDI strategy that the GPhC mention, and I hope all protected characteristics are given equal consideration and weighting'

Through this engagement with our membership and the wider profession we have identified some potential barriers and some suggested measures to remove these barriers.

Barrier

- *The consultation recognises that there are a disproportionately high number of concerns raised about those with protected characteristics such as Black Asian Minority Ethnic professionals*

Measure

- *The GPhC should actively engage with past registrants that have been unnecessarily referred to FtP, who can share their experiences to better understand the barriers they faced. When a referral has been found to be unjustified, the GPhC should review the reasons why that person has been referred to better understand motivations behind referrals.*

- With 55% of complaints coming from the public collecting EDI data for the individual making a complaint may help to identify these trends.
- The independent research commissioned by the GMC Fair to Refer? recommended that employers introduce a mechanism whereby, before a formal complaint process is initiated, someone who is impartial to the issues involved and understands diversity, evaluates whether a formal response is necessary.

Barrier

- Challenging Inclusion and diversity barriers are not always a priority for organisations

Measure

- The independent research commissioned by the GMC Fair to Refer? recommended embedding routine assessment of workforce inclusion within every inspection and strengthen assessment criteria to ensure all aspects of the public sector equality duty are complied with.

Barrier

- The perceived ethnic make-up of FtP panels may be barrier to engagement for those with protected characteristics

Measure

- If the make-up is diverse, GPhC should actively ensure this is visible and easy to find for registrants. We understand that FtP committees are independent of GPhC and that the GPhC are working hard to improve their diversity to reflect the profession.
- The Independent review of gross negligence manslaughter and culpable homicide recommendation that all relevant healthcare sector organisations, including the GPhC, should have published measures and aspirations for diverse workforce representation in key roles and at all levels involved in decision making.
- We also note that that the GPhC Equality, Diversity and Inclusion Policy on the website was due for review in early 2013.

Barrier

- Most GPhC resources are largely available through the GPhC website, this may be a barrier to some.

Measure

- We appreciate the challenges with developing and maintaining website content that are easy to use and intuitive.
- We welcome the ambition to 'Improve accessibility of our online services' in the GPhC Equality Diversity and Inclusion Statement and the GPhC work with Stonewall, the Business Disability Forum and the use of ReciteMe to improve accessibility of resources on the webpage. However, we would like to see other methods of accessing GPhC resources made more prominent on the webpage and in communication to registrants. One member commented:

'Besides website-based technology, what other methods are used to reach out? The app is available, but I was not aware of its existence'

Barrier

- Issues such as discrimination are difficult topics to raise in the workplace and there can be a fear of stigmatisation.

Measure

- The Right touch reform review 2017 highlighted the importance of registrants discussing problematic situations openly and at an early stage to ensure safe and effective care. One way in which it has been proposed to achieve this is through the creation of 'formative spaces', or regulator-sanctioned confidential discussions between colleagues about

problematic areas of practice. This would allow for open and constructive discussion of more uncomfortable material than a recorded formal discussion. The review recommended that further work to explore how the idea of formative spaces could be applied by regulators.

Barrier

- *One barrier identified by our members was a 'fear surrounding illness and being judged against this, in particular mental illness and disability status'*

Measure

- *We would welcome the addition of anonymised cases to the 'knowledge hub' where early support has been offered and been effective. We would support an increase in signposting to other organisations to support people with their disability and mental health and wellbeing.*

Barrier

- *The Fair to Refer report highlighted the need for comprehensive support for practitioners new to the UK*

Measure

- *Could the GPhC work with stakeholders to provide support, guidance or signposting to facilitate this transition into a new healthcare setting and culture?*

Barrier

- *Understanding the challenges when returning from maternity leave, and the level of support required with respect to application of knowledge and confidence*

Measure

- *Could the GPhC work with stakeholder's to provide support or signposting to facilitate the return to practice.*

Barriers

- *The barriers are not fully understood.*

Measure

- *A survey of the profession which informed the RPS Inclusion and Diversity strategy identifies race as a barrier to working in pharmacy and an area where more support is needed. We acknowledge that these issues are not unique to pharmacy. Across all healthcare professional regulators, the rates at which registrants are referred into the Fitness to Practise processes are higher for Black Asian and Minority Ethnic registrants than they are for white registrants.*
- *We welcome the GPhC ambition to work with other organisations facing similar challenges and to learn and adopt best practices. Other healthcare professions have commissioned independent research to help understand why some groups of professionals are referred to fitness to practise process more, or less, than others such as the The Fair to refer report. This report included a number of recommendations. It is important that we learn from these and consider whether there is a need to commission one for pharmacy / Possible through RPS workstream?*

Barrier

- *The results of the RPS survey showed Disability is considered the biggest barrier to working in pharmacy.*

Measure

- *Issues identified ranged from difficulty in sharing disability status through to the lack of support from employers. If individuals with a disability are going through the FtP what support will they receive and from what stage of the process?*

We would like to thank the GPhC for engaging with our ABCD group on the 17th of December 2020 to discuss this consultation. We would welcome the opportunity to work collaboratively with the GPhC through our inclusion and diversity work and our Action in Belonging, Culture and Diversity group.

During the pandemic we have learnt that remote hearings can be effective, but we know they shouldn't replace our usual ones. We want to understand more about when they could be used and what impact they may have.

15. Do you think that to continue with remote hearings would:

- a. Disadvantage anyone? Yes No Don't Know
- b. Present any risks to a fair hearing? Yes No Don't Know
- c. have benefits for those involved? Yes No Don't Know

16. Please explain your responses.

The pandemic has brought unparalleled challenges that have stretched personal and professional resilience to the limit but it also brought innovation and transformation like never before. By engaging with members and the wider profession the RPS Future of pharmacy in a sustainable NHS policy identified that the use of remote digital platforms for meetings and consultations was a key innovation that should be built on. We have also seen significant growth of remote meetings and patient consultations across the NHS during the pandemic.

It is important that we congratulate the agility shown by the GPhC to be able to offer virtual hearings at such pace. We welcome the option of remote hearings but agree that they are not always suitable and should not universally replace standard practice. Each case should always be considered individually in a person-centred way. It is also important that equality analysis is undertaken before considering a virtual case.

Remote hearings will be beneficial when hearings cannot be delayed and to improve timeliness. There are clear benefits for people who find travel difficult, for example, those who have very long travel times to London, and people with caring responsibilities, physical disabilities, and some health conditions. The burden of travel should not be underestimated, for many it can be stressful both getting to a hearing and travelling home alone afterwards.

There is also the issue of witnesses making plans (childcare arrangements, booked trains and hotels) to attend GPhC hearings only to find at the last minute that their attendance is not required. This causes issues for witnesses – and for other colleagues. Many individuals find the process of giving evidence at such a formal hearing to be very daunting – some employers allow for a 'buddy' to accompany them – this has resource implications, which would be removed through greater use of remote hearings. Therefore, the option for people to attend from their own environment should be maintained.

The environmental impact of reduced travel should also be recognised, particularly going forward as organisations will be expected to work towards net zero status.

However, it should be emphasised that remote hearing would not be suitable for all types of FtP cases. They may even be unhelpful or have a negative impact in some cases. For example, if a hearing is likely to involve detailed cross-examination of witnesses or when witness statements need to be tested. In such cases, interactions and non-verbal signs will be crucial and could be potentially misinterpreted or missed completely in a remote hearing. It may be possible to mitigate against these challenges as people become more familiar with using video calls and through training for all those involved. There are also other situations when remote hearings may not be suitable, such as causing anxieties over the technology failing, and being inappropriate for people with some hearing and visual impairments (although not in all cases). We are also aware that not all participants will have access or the skills to access remote hearings

Given that there are both barriers and benefits to using remote hearings, we would suggest that it is important to enable person-centred choice. This would involve explaining how a remote hearing would work, the benefits and barriers to remote hearings, and then asking the person what they would prefer.

It is also vitally important that guidance on how to use the remote hearing technology is in place to support every participant. The technology must not affect the hearing, this can be done by ensuring that test calls are part of the process and that participants have clear information about what to do if there is a technology failure.

We want to get a better understanding of the wider implications and appropriateness of [using personal experience statements](#) (see page 19 of the consultation document) - from the people affected by the concern - in the fitness to practise process. The statements could be taken into account at any stage, including during an investigation, at an investigating committee or at a fitness to practise hearing.

17. Do you think that we should take personal experience statements into account when deciding what regulatory action is suitable? *

- Yes
- No
- **Don't know**

18. Please explain your response.

We support the people centred approach detailed in the strategy and agree that taking personal experience statements into account, when suitable, will encourage this approach. Personal experience statements could help registrants and FtP panel members to deepen their understanding of a person's experience, such as how it affected them and how it made them feel. This learning will be a useful reflection for those involved.

The importance of listening and learning from patients was highlighted by the Cumberledge report: First do no harm, the report highlighted the general; feeling amongst patients that 'No-one is listening' and that the patient voice was being dismissed. Using personal experience statement would help by providing a platform for this patient voice.

The consultation mentions that that there are benefits and challenges attached with what stage of the FtP that these personal experience statements are considered. We would like to get a better understanding before expressing a view on when it would be best to take personal statements into account. If personal experience statement has been investigated and considered thoroughly as part of the investigation, which we fully support, we would question the need for this to be repeated again when deciding what regulatory action is suitable.

We understand that other professions are exploring the use of personal experience statements and similar statements are used by the legal profession. It would be useful to understand if these are considered when deciding what regulatory action is suitable by these bodies.

19. What methods would be effective in getting feedback from, and understanding the experience of, people that have raised a concern or had a concern raised against them?

In the consultation the GPhC state 'We will ask for feedback at various points and from various participants, including witnesses. This will include asking for feedback after the end of a case'

The content and nature of this feedback received may also be dependent on when in the FtP process those involved in cases are asked to provide it e.g. Are registrants likely to give negative feedback if asked shortly after a detrimental determination? Have the GPhC carried out any work into when its best to ask for this feedback?

In question 14 we discussed how those with protected characteristics may encounter specific barriers. It would be valuable to understand the views of past registrants that have been unnecessarily referred, to better understand motivations behind referrals. The GPhC should proactively engage with past registrants that have been unnecessarily referred to FtP, who can feedback on their experiences to better understand the barriers they faced.

This was summarised by a member of our RPS Early Career Pharmacists Board;

'I would like to think the process would be forward-thinking and look to actively engage with individuals with one or more protected characteristics and learn from their experiences'

The GPhC should also proactively seek feedback from those who have misused the fitness to practise process to deal with internal disciplinary issues to understand their reasons for doing so with the aim of preventing future occurrences.

We will consider the wider context within which a professional is working when we assess concerns and decide on the most appropriate way of managing the concern. We think that if we can better understand the context, then we can better identify whether there is a fitness to practise concern at all, or whether the issue would be better dealt with in another way, for example through our inspections.

20. To what extent do you agree or disagree that the wider context within which a professional is working should be a significant factor when assessing a concern? *

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

21. Please explain your response

It is important that all investigations should follow "Just Culture" principles and adopt a "Human Factors" approach. It is important that these approaches are recognisable and transparent, this may be achieved by publishing how these will be applied during investigations.

Historical cultural barriers as well as policies within organisations have been based on punishment of human error. There has been a lack of awareness of the need to distinguish human error from at-risk, or reckless behaviour and treating both the same. It is important that human factors are considered, and learnt from, when investigating the wider context of every fitness to practice case. The benefits of doing so are highlighted in this [Concordat from the National Quality Board](#).

The NHS has committed to these principles. Both these principles and ways of thinking require that the wider context of any incident need to be considered, as many issues are system issues rather than individual issues. Lessons learnt from the Dr Bawa-Garba's case highlight the importance of considering the wider context and should be considered. We detailed how these principles could be put into practice in the [RPS response to NHS improvements in 2019](#).

Following these just culture principles will support consistent, constructive, and fair evaluation of the actions of staff involved in fitness to practice concerns. The 'A Just culture guide' developed by NHS improvements is a user-friendly guide to ensure a just culture for staff involved in patient safety incidents. The RPS have also developed a [just culture quick reference guide](#).

It is important that those assessing the FtP have some experience in the wider context that the professional works in. Without this experience it may be difficult to appreciate and fully understand the circumstances.

The [Cumberledge report](#) found that :

'The healthcare system is not good enough at spotting trends in practice and outcomes that give rise to safety concerns. Listening to patients is pivotal to that'

It is vitally important that the GPhC engages widely with patient groups and works with other external organisations to identify wider problems and deal with them in a fair way. Perhaps learnings from this engagement could be shared through the knowledge hub, alongside the additions already suggested, to prevent similar issues occurring.

It is also important that culture is considered as part of the wider context. To understand this those involved in investigations must be culturally competent. There is an opportunity for the GPhC to work with wider stakeholders such as the RPS [ABCD group](#), UKBPA, The Black pharmacist collective, the PDA networks and others to ensure this competence.

Taking account of context is going to become increasingly important with pharmacists working in more complex roles in multidisciplinary teams (MDT). The expectations placed on pharmacists by other members of the MDT may lead to individuals being put under pressure to complete tasks that they may not feel confident doing. We welcome the commitment to share concerns relating to MDT or in new settings with other regulators. We have developed professional guidance to support pharmacists to embed into [multidisciplinary primary care teams](#). We would welcome the opportunity to work with the GPhC to provide further guidance for pharmacists working in MDT and new areas of practice..

Some of our members wanted clarity on how concerns about new trends are considered by the GPhC, such as the inappropriate use of social media:

'I am particularly interested to learn how the GPhC manage and moderate 'displays of professionalism' online (e.g. via social media)'

It is important that the GPhC continue to engage with the profession to identify these concerns. We believe that sharing anonymised cases on the knowledge hub is a good way of doing this.

We plan to improve our website, website materials (guidance about what we deal with and guidance for witnesses) and online form for raising a concern. This is to improve the support we give to patients and the public involved in the fitness to practise process.

22. Are there any other ways, not identified in our proposals, we could provide support to patients and the public involved in the fitness to practise process?

Often the issues for registrants, patients and the public are the similar; perceived exclusion from the process, not enough support, and a lack of information about the process can lead to some feeling let down and disenfranchised. Being part of any FtP proceedings is likely to have detrimental effects on all that are involved, it would be useful to have some obvious signposting for MHWB support on the website for patients and the public.

We welcome the addition of FtP cases to the knowledge hub as well as support for employers to help them identify which types of concerns can be managed locally and what needs referring. It may be helpful to provide a resource, such as a roadmap or an escalation tool, to support public understanding about alternative routes for raising concerns, such as employers, and an appropriate escalation process. This document should be easy to find on the section of the website that people use to submit concerns.

Providing lay advocacy services for patients, carers or witnesses who may need them would improve the level of support provided by the GPhC. If introduced, we would expect this to be clearly signposted on the website.

Many pieces of guidance on the GPhC website are intended for the public as well as registrants. We would recommend that simpler communications could be introduced to support the public.

Often the role of pharmacists is misunderstood or underappreciated by patients and the public. It may be helpful to have some resources, such as a short video, on the GPhC website to raise awareness about the role of the pharmacist. This may help to reduce concerns when a pharmacist is carrying out their role professionally to the displeasure of the patients e.g. Not supplying due to patient safety concerns. This resource should be easy to find on the section of the website that people use to submit concerns.

Impact assessment

We want to understand whether our proposals may have a *positive* or *negative* impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010.

23. Do you think our proposals will have a *positive* or *negative* impact on individuals or groups who share any of the protected characteristics? *

	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
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Age	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
Disability	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
Gender reassignment	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
Marriage and civil partnership	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
Pregnancy and maternity	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
Race	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
Religion or belief	Yes - positive impact	Yes - negative impact negative impact	Yes - positive and negative impact	No impact	Don't know
Sex	Yes - positive impact	Yes - negative impact	Yes - positive and negative impact	No impact	Don't know
Sexual orientation	Sexual orientationYes - positive impact	Sexual orientationYes - negative impact	Sexual orientationYes - positive and negative impact	No impact	Sexual orientationDon't know

We also want to know if our proposals will have any other impact on any other individuals or groups (not related to protected characteristics), for example: patients, pharmacy owners or pharmacy staff.

24. Do you think our proposals would have a positive or negative impact on any other individuals or groups? *

- Yes - positive impact
- Yes - negative impact
- Yes - positive and negative impact
- No impact
- Don't know

25. Please give comments explaining your answers to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

We would expect that this strategy would be positive to the achievement of the aims of the Equality Act.