

GMC Good Management Practice - Comments from The Institute of Pharmacy Management.

Background

- The Institute of Pharmacy Management was established as a company limited by guarantee and has 300 members engaged in managerial roles in pharmacy, academia and industry in this country and abroad.
- It has an interest in this area of GMC practice because it has developed parallel Guidance for Pharmacists based on the current GMC Guidance and is considering how best to proceed. We were asked by our contact to submit any thoughts on these.
- We have not answered all questions but hope our comments may be helpful in refining your Standards.

Question number

3 Do you think paragraph 2 covers the most important duties that doctors must consider when in the workplace.

Yes No **Not sure x**

Comments

2a This could be separated into two headings - it works for *taking responsibility* but a clearer idea of what is to be understood is required. We suggest all doctors should **understand the resources that they control directly and indirectly**. Whilst doctors should look to **benefit their patients** we suggest they need to be aware that profligacy may lead to lost opportunity costs that may affect treatment of other doctors patients.

2d Engage with colleagues could be clarified to include other professional colleagues as well as doctor colleagues.

2e The organisation and delivery of services to be amended to say **the organisation, delivery, quality and outcomes of services**

2f Should also include concerns over **managerial or governance problems**

4 Do you have any other comments about paragraphs 1 and 2?

Yes No **Not sure x**

Comments

The headings used in para 2 could be used for or linked more clearly to the remainder of the document

5 Do you think it is realistic to impose this duty on all doctors?

Yes No **Not sure x**

Comments

1. We suggest that the phrase **all doctors have some responsibilities for the use of resources**; is amplified by examples such as - *Writing prescriptions impacts on the drug, dressings and sundries bill as well as nursing and pharmacists' time; whilst choosing different routes can have major resource implications eg injections can cost up to 10 times as much as oral doses.*

2. We suggest all doctors also need "to understand their budgets and financial rules (*Standing Financial Instructions?*) such as who may receive and order goods as well as the legal implications of these,"

3. Some reference to *public health* could be made under 3b

4. The final sentence of para 7 could move to 5 b as it applies to all doctors

6 Do you agree that the same principles apply?

Yes x No Not sure

7 Can you think of any other factors that doctors should take into account when allocating resources?

Yes x No Not sure

Comments

1. Could add in *legal and ethical constraints* under 9a

2. 9b under references

a. The Scottish equivalent for new products guidance from NICE is the Scottish Medicines Consortium whilst SIGN issues Treatment Guidelines

IPM Comments

10 Do you think that the guidance at paragraphs 17 to 19 make clear what we mean by leadership?
Yes No **x Not sure**

Comments

Could add in a reference to "*needing to have clear lines of accountability and delegation of responsibility*"

The guidance does not adequately distinguish between management and leadership. We suggest that managers work within constraints set by organisations; leaders look to change these arrangements and improve them. Resources and facilities are managed whilst people are managed within current practice and lead into new developments.

11 Do you agree that all doctors have a responsibility to show leadership in the workplace

Yes No **x Not sure**

Comments

It may create confusion if every doctor wants to lead and no one wishes to manage. You only need one leader in most situations.

13 Do you think that the advice on communication within and between teams is helpful?

x Yes No Not sure

Comments

An explanation of who may be in the team may be useful

14 Do you have any other comments about the Working with colleagues section of the guidance (paragraphs 17 to 35)?

x Yes No Not sure

Comments

Para 22 Relevant legislation - should refer to more key legislation such as NHS Acts and regulations ; the Medicines Act 1968 and Misuse of Drugs Act 1971 and regulations etc

Para 30 – Could usefully reflect on *potential conflict of duty to patients and to the public*.

Para 34 Add in "*improve Quality and clinical governance*"

Para 35 Add in after harm – "*you should raise the matter immediately with your manager or chairman*"

17 Do you have any other comments about the Employment section of the guidance (paragraphs 36 to 61)?

x Yes No Not sure

Comments

1 Para 36 Add *staff appraisal*

2 Para 37 add *convictions and registration status*

3 Para 40 add *licensed and pass necessary character checks eg Criminal Records*

4 Para 43 add *is suitable for the role and appropriately supervised*

5 Para 46 add *raise concerns e.g. if workload is too large or there is significant stress*

6 Para 48 after training add *capacity and they should have systems for monitoring workplace stress*

7 Para 54 add *Disciplinary before Grievance*

8 Para 55 add *or workplace stress*

9 Para 57 add *stress detection ensuring staff get regular breaks and hours of work are not excessive*

19 Do you have any other comments about the Maintaining and improving performance section of the guidance (paragraphs 62 to 89)?

x Yes No Not sure

Comments

1 Above para 68 **Clinical Governance** could be used as the title and more completely described with AIR as part of that.

2 Para 72 - Patients views could be sought for this

3 Para 76 - Could mention of the *NHS Guidance on Confidentiality and Caldicott Guardians*

35 Do you have any comments on the consultation process?

We appreciate being asked for comments and hope we may usefully develop the final version with the Royal Pharmaceutical Council into a document which may apply to pharmacists.

You may be interested to see that there have been developed Competencies for pharmacy managers which may be useful in a wider context.

http://www.codeg.org/fileadmin/codeg/pdf/ACLF/Pharmacy_Management_Framework.pdf

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