

## Comment from IPMI

### General Comments

These are much more acceptable but still need some fine tuning and must also reflect GB legislation differences e.g. Partnerships

Guidance for Owners and Superintendent needs most work as it does not cover all classes of legally allowed ownership and guidance for managers is needed. These standards do not easily reflect the roles of technicians.

Some of the questions are rather superficial and assume the content detail is satisfactory. In future please allow a section for such comments

### Standards consultation: Full set

*General questions 1- 8 over respondent omitted*

**9. We propose to use the RPSGB's Code of Ethics for Pharmacists and Pharmacy Technicians as the basis for the standards of conduct, ethics and performance. Do you agree?**

Yes

No

Unsure

Comments

Pragmatic and sensible

**10. We have the 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?**

We have the 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?

Yes

No

Unsure

Comments

However the standards now relate only to clinical practice and some are excessive eg It appears everyone must meet all standards when in non clinical areas that will be impossible. The introduction should require you to meet the standards that relate to your work area.

1.4 Get all the information you require to assess a person's needs in order to give the appropriate treatment and care – this is not practical when treating a heart attack

1.7 Keep **full** and accurate records of the professional services you provide in a clear and legible form. How is full defined – we suggest they need to be adequate and accurate. What records do you require lecturers to make?

3.6 Get consent for the professional services you provide and the patient information you use. Who from? The patient, employer, insurer?  
We understand that Patient information can be held by health professionals without consent if in the public interest and held confidentially

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

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

Yes

No

Unsure

Comments

Pragmatic and sensible

**12. 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?**

Yes

No

Unsure

Comments

Pragmatic and sensible

**13. 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?**

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?

Yes

No

Unsure

Comment

Possible additions

1 Make sure products that may be injurious to a person's health – could add “sweets confectionary”

2 Put in place procedures so that medicines or medical devices that are out-of-date, returned from patients, obsolete or otherwise not suitable for supply are not supplied – suggest this means **to patients**. (This could be fraudulent if the cost is reclaimed from the NHS twice)

3

#### **14. 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 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?

Yes

No

Unsure

Comments

No mention of non-pharmacist partners (applies only in Scotland) and should be similar to board members of Corporate bodies except it should refer to the pharmacist partner rather than superintendent. Guidance for owners and superintendents should cover also the role of pharmacist partners. There is no mention of those running a pharmacy of a deceased pharmacist.

#### **Suggested changes**

There two paras 4.12

1.17 As a superintendent pharmacist you must should read As **a pharmacist partner** or superintendent pharmacist you must.

Make sure that the members of the board of the body corporate **or non pharmacist partner** are

A new para 1.21 is suggested that

Should also require them to cooperate with and handover formally to any subsequent responsible pharmacist except in emergency situations.

*4.6 Make sure systems are in place to ensure that the supplier and the quality of any medicines, devices and pharmaceutical ingredients obtained are reputable.*

This does not make sense Reword as below

Make sure systems are in place to ensure that the supplier of any medicines, devices and pharmaceutical ingredients obtained are reputable and they meet quality standards.

*4.8 Ensure medicines, pharmaceutical ingredients, devices and other stock are kept **safely & securely***

4.10 Ensure a product with a marketing authorisation is supplied where such a product exists

in a suitable form and is available, in preference to an unlicensed product or food supplement except where an exemption has been authorised, **ADD or in an emergency**  
**Who authorises this needs to be stated?**

4 There seems to be no requirement for ensuring safe disposal of old medicines, devices and sundries.

**15. 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?**

Yes

No

Unsure

Comments

Technicians roles are not covered at all and the word only features in education. The introduction should make clear that management function guidance applies also to technicians.

**16. 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?**

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?

Yes

No

Unsure

Comments

Much more work is required to develop the earlier draft guidance. However the old guidance is in need of urgent replacement.

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

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

Yes

No

Unsure

Comments

There is no mention of the place or role of Skills for Health in developing standards here.

It is important to emphasise that the Level 3 NVQ/SVQ technician qualification requires both knowledge and competency assessment.

There should be requirements for tutors, trainers and assessors **and verifiers internally for any courses and external verification for awarding bodies.**

**18. 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?**

Yes

No

Unsure

Comments

BUT Is it not important that they are also relevant and dovetail with pharmacists needs? Management is not covered in the knowledge course.

There is no standard to checking technicians

**19. 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?**

Yes

No

Unsure

Comments

It is important that qualifications reflect the local NHS service arrangements and these are increasing diverging. Within countries there should be much less variation as the qualification is transferrable.

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

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

Yes

No

Unsure

Comments

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