

Annex F: Consultation response form

Health Care and Associated Professions: Setting standards – proposals for consultation

Please fill in and/or tick the appropriate response. Completed forms should be sent to info@chre.org.uk

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If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information that you have provided to be confidential. If we receive a request for disclosure of the information we will take full account of your request, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the CHRE.

The CHRE will process your personal data in accordance with the DPA and, in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

The information you send us will be passed on to colleagues within the Department of Health and may also be passed on to colleagues within other Health Departments or published in a summary of responses to this consultation.

- I do not wish my response to be passed to other UK Health Departments
- I do not wish my response to be published in a summary of responses

Please indicate all the countries to which your comments relate:

- | | |
|---|-----------------------------------|
| <input checked="" type="checkbox"/> UK and/or | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> England | <input type="checkbox"/> Wales |
| <input type="checkbox"/> Northern Ireland | |

Are you responding:

- as a member of the public
- as a health or social care professional
- on behalf of an organisation**

If you are responding on behalf of an organisation, please supply the following details:

Area of work

- NHS
- Social care
- Private health
- Voluntary
- Regulatory body
- Professional body
- Education
- Union
- Pharmaceutical industry
- Trade body
- Other (please give details)
 - Institute of Pharmacy Management has objectives linked to education training and research in areas of pharmacy management. It is open to worldwide membership and has some non pharmacist members

Consultation questions

General Comment

We have written separately to make some suggestions for a more evolutionary approach as we feel the current RPSGB Guidance is much better than the competing documents produced here and that an evolutionary approach involving the professional body is more appropriate from both a patient and professional perspective.

By adopting all RPSGB Guidance you have an overarching and virtually complete set of standards. Adopting any of the drafts which are duplicating these will undermine RPSGB guidance elsewhere and create uncertainty that might damage patient care and put professionals at risk.

The drafts are also in need of major editorial work to make them consistent as our comments below are intended to suggest.

Additionally the questions below are rather superficial given the complexity of the documentation under consideration and many key questions are not asked.

DRAFT STANDARDS – GENERAL PRINCIPLES

Question 1

Do you agree that overall the standards adequately reflect an outcome and patient focussed, broad and flexible approach?

- Agree
- Disagree
- Unsure

Comments

They are patient focussed, but not broad enough in some parts and occasionally inflexible because outcomes selected may be too narrow and inappropriate for both pharmacists and technicians

Some of standards e.g. Conduct Ethics & Performance appear to assume that pharmacists and pharmacy technicians undertake the same work, have the same knowledge skills and training. We believe that Guidance for pharmacists needs to be more flexible to allow for application of knowledge in the patients interests. Technicians operate mainly under pharmacists control and as such have less freedom and must operate within narrower constraints.

In general there is some repetition e.g. Proficiency and Conduct Ethics and Performance have replicated sections and in Educational standards where references to FTP for Students appear on many occasions.

There is some inconsistency in style which requires some editorial work. Some standards operate to old RPSGB format with criteria, evidence and guidance sections (Annex D) and most do not. The standards here are very detailed.

Many standards are adequate for those working in the NHS, particularly in primary care. They are less so for those in the managed NHS service and are inadequate for those who do not work with patients.

They are in many instances too focussed and not broad enough unlike the RPSGB Code of Ethics. Questions to Annex B1 actually refer to a Code of Ethics, when no Code is produced in that paper - only Standards. This is a major omission and some of the standards are unsuitable for a Code being far too operational – keeping records for example. A general code would apply to pharmacists and technicians but one that is too specific cannot cover both roles properly.

The standards are also in some cases inflexible to the point of potentially causing patient problems. E.g. the Standard 4 in Annex B1 says that a pharmacist must only practise in areas they have the necessary education training and skills. Surely this needs to be reworded to allow for pharmacists

to work in such areas under supervision of a pharmacist with these skills etc. Otherwise how will training pharmacists ever obtain them?

Standard 7 is also too prescriptive – whenever possible needs to be inserted.

The Educational Standards are complex, repetitious and far too detailed in comparison to the others. It is not clear if these are standards for staff, for universities and colleges or for all education providers. Do they also cover undergraduate and postgraduate training and trainers?

Question 2

Do you agree with the use and definition of the term 'patients and public'?

- Agree
- Disagree
- Unsure

Comments

The definition is reasonable only if the standards are broadened to reflect wider practice. There is little that refers to pharmacists providing non clinical advice outside the NHS. In many cases it would be easy to do this by removing sections of text.

Question 3

The GPhC is committed to embedding Equality and Diversity at the heart of everything it does. Do you think that the draft standards support this commitment?

- Agree
- Disagree
- Unsure

Comments

Yes seems to achieve a reasonable balance without over-egging the point.

ANNEX A - DRAFT STANDARDS - OWNERS AND SUPERINTENDENT PHARMACISTS

Question 4

Do you think that the draft standards for owners of pharmacies and superintendent pharmacists are proportionate to the benefit they bring and the risk they are guarding against?

- Agree
 Disagree
 Unsure

Comments

The standards refer only to those carrying on a retail pharmacy business. If the GPhC is regulating all pharmacists we suggest these are broadened to cover pharmacy owners, Pharmacists, non pharmacists (in Scottish Partnerships), corporate bodies and superintendents, and managers in all areas of practice and rewritten to reflect the differences between these groups. There are many managerial risks in pharmacy in private and managed NHS hospitals prisons, and for those managing in Trusts, Boards or industry. These should not be ignored.

Broad principles need to be established for all those owning or managing professional pharmacy services.

Some standards are too prescriptive

- Why not stop 1 at *observed* – the rest makes it less effective
- Who are *others* mentioned in 2 and 12 given the definition of patients and the public?
- Removal of the word *retail* in 3 and *at the registered pharmacy* in 8 would help
- 4 add the word *currency* here
- 5 suggest add *who are responsible for handling medicines*
- 6 seems unnecessary given 1
- 8 is too specific
- 10 audit trail – What level is this for - responsible pharmacist or manager for every section of work or for the person(s) actually performing every task.
- 13 ii what are the requisite skills of a superintendent - Can employers judge this in the absence of any guidance?
- 14 needs revision
- 17 what competencies are being suggested for managers?
- 27 the need for facilities to be licensed should be mentioned

Question 5

Should there be specific standards for the systems in place within registered pharmacies to control and prevent healthcare related infections?

- Agree
- Disagree
- Unsure

Comments

Unsure what is intended by this question. Does it relate to customers with infections, staff with infections or the need to provide a public health service to their local population? A requirement for dealing with staff that are ill is workable except perhaps in a flu epidemic.

Given the need for pharmacies to be easily accessible such a requirement for patients or customers must not lead to exclusion of those needing help.

Question 6

There is no explicit prohibition on owners of pharmacies and superintendent pharmacists offering pharmacy medicines for self – selection. Instead there is a general requirement that ‘systems are in place to ensure the safe supply of medicines to patients and the public, in a manner that promotes their safe and effective use and appropriateness’. Do you agree with this approach?

- Agree
- Disagree
- Unsure

Comments

This question opens up an area that requires proper debate. The general requirement is unsatisfactory as it undermines the role of pharmacists in monitoring safety of medicines that are not suitable for customers or children to select themselves. It is also open to wide interpretation and may allow owners to push for more open access than the professional staff would wish.

Guidance needs to be given to owners that this is an issue for superintendents [or pharmacist owners] and clearer indications given that P medicines must not be available for self selection and sale subject to professional advice.

A P medicine category is essential if the wider role of pharmacists in dealing with minor ailments is to be properly utilised. This action will undermine that?

ANNEX B - DRAFT STANDARDS - CONDUCT, ETHICS and PERFORMANCE

Question 7

Do you think that the draft **code** of conduct, ethics and performance adequately applies to registered pharmacists and pharmacy technicians in all sectors of practice?

- Agree
- Disagree
- Unsure

Comments

The word *Code* is not used in the document which refers to Standards and the loss of the RPSGB Code with no replacement is unsatisfactory. Who is responsible for the Code is important to establish or are there to be two?

Ethical principles need to be established adopted and Standards should then fit these.

- 15 items is too many and some operational items need to be moved to Standards e.g. 10 – 12 & 15.
- 5 & 7 could be merged as could 1, and 2.
- Who are *others* in 2 & 8? - Other professions?
- Several sections are of relevance only to clinical practitioners and given the much broader roles of pharmacists should be broadened
- 6 – from whom are people providing consultancy work or lectures to gain this consent?

Question 8

Do you agree that there should be provision within the Code which allows personal beliefs of registrants to prevent them from providing a particular professional service? (subject to ensuring that patients and the public are referred to alternative providers of the service they require)?

- Agree
- Disagree
- Unsure

Comments

NHS Act Regulations, and locally contracted services allow for this, for example supervising drug addict administration & providing needle exchanges are services that some registrants might find unacceptable likewise Emergency & other forms of contraception.

This also needs consideration beyond NHS practice.

Item 2 bullet point 2 of the Guidance seems adequate except in a situation where no alternative supplier exists in the neighbourhood.

ANNEX C - DRAFT STANDARDS – PROFICIENCY

Question 9

Do you think that the proficiency standards for pharmacists and pharmacy technicians are sufficient to ensure that they are able to practise safely, lawfully and effectively?

- Agree
- Disagree
- Unsure

Comments

These need more work to integrate them with other standards and to make them applicable to all pharmacists, or perhaps they should be retitled as *Proficiencies of those working with patients*

Section 1 has the same problems as the Conduct Ethics and Performance Guidance. The same text cannot adequately cover pharmacists and technicians.

Why repeat the same text as the CEP verbatim here? It could be said under 1.1 Standards – The expectation is *You must ensure you comply with Standards for Conduct Ethics & Performance*

Section 2 seems to specify training outcomes which do not match those in Standard D1. Better correlation between these is required. The headings here are mostly appropriate for those working in a dispensary and appear to relate to those newly qualified. They are less suitable for more experienced professionals working elsewhere

Section 3 also needs to reflect similar standards to those under Annex D1

Question 10

Do you agree that the standards of proficiency for pharmacy technicians should require a broader range of knowledge and understanding?

- Agree
- Disagree
- Unsure

Comments

It is not clear what this question refers to. There are standards for knowledge in NVQ Level 3 courses, but this is not examined. Specifying higher standards may push the qualification to a level 4 course.

Question 11

Do you agree with the distinctions between the proficiencies of pharmacists and pharmacy technicians?

- Agree
- Disagree
- Unsure

Comments

More work is needed to validate this document

There appears to be no difference in section 1.

The competencies in Section 2 need to be mapped to those for level 3 NVQ qualifications.

It may be appropriate for technician elements to be ticked or described at a lower level than the section title.

Pharmacists should ensure things happen and prioritise actions, newly qualified level 3 technicians should undertake many of the functions. Level 4 technicians will be able to ensure certain roles are fulfilled.

ANNEX D - DRAFT STANDARDS - EDUCATION AND TRAINING

Question 12

Do you agree that knowledge programmes for pharmacy technicians may continue to be delivered outside national frameworks provided that they have been accredited by the GPhC as delivering equivalent outcomes?

- Agree
- Disagree
- Unsure

Comments

The goal should be to amend frameworks or knowledge programmes so that they match other National qualifications. It is however important that the technicians course knowledge component is assessed [perhaps as part of an ONC framework].

Question 13

Do you agree that pharmacy technicians must be able to apply a general knowledge of clinical and pharmaceutical science?

- Agree
- Disagree
- Unsure

Comments

They should have a general knowledge also of professional legal and ethical matters and of the interrelationship of pharmacists and technicians.

The level of application of these will depend on the level of delegation by the pharmacist who has the legal responsibility for technician's actions.

Question 14

Do you agree that undergraduate education and pre-registration should be integrated?

- Agree
- Disagree
- Unsure

Comments

It sounds like a good idea in principle, but they may generate logistical problems and risks for Universities and employers. For example who awards

the final qualification and what is this? What happens if training places cannot be found, how are graduates to be paid, and monitored?

Question 15

Do you agree that the standards should be based on an increased clinical role for pharmacists?

- Agree
- Disagree
- Unsure

Comments

Yes it is clear that pharmacists role in clinical and public health practice are increasing and clinical content is essential. A key question is to what extent should pharmacists be trained to make an initial diagnosis for screening or monitoring purposes.

It is also important the pharmacists understand the science behind the practice and know how to manage themselves and others. They must not lose their ability to determine how to manipulate medicines so that patient treatment is safe effective & appropriate.

Pharmacy graduates have in the past made great strides in developing new medicines and formulations and the course should also continue to provide a unique integration of chemistry, pharmacology and pharmaceuticals.

Question 16

Do you agree that delivering these standards will require changes to assessment at undergraduate level?

- Agree
- Disagree
- Unsure

Comments

Competency assessment arrangements are well developed for technicians who train whilst in employment but less so for pharmacists. These assessments are much more labour intensive and require assessors and verifiers to be appropriately trained and skilled for the purpose.

The Standards themselves however are complex and repetitious and need more work before they are suitable for application. The standards do not reflect those set for proficiency.

Learning outcomes should be a separate document.

ANNEX E - DRAFT STANDARDS - CONTINUING PROFESSIONAL DEVELOPMENT

Question 17

Do you agree that together, the standards and framework provide a comprehensive approach to CPD, in line with the draft Pharmacy Order requirements?

- Agree
- Disagree
- Unsure

Comments

It is unclear how much CPD is needed regarding keeping up to date with clinical and pharmacy practice for those not working in these areas.

Please produce the list of Standards and then have a separate section giving guidance on these as much of the standard text is explanatory.

Question 18

Do you agree that registrants, regardless of their scope of practice, should record some CPD that relates to their ability to practise according to the GPhC standards of conduct, ethics and performance?

- Agree
- Disagree
- Unsure

Comments

Is it the intention that everyone should record CPD relative to their own area of practise or their ability to practise in a pharmacy? If the former then yes – if the latter no.

Question 19

Do you agree that there should be a return to practice requirement after two years out of practice?

- Agree
- Disagree
- Unsure

Comments

It depends whether the area of practice has changed radically over the time someone has not practised. For example the responsible pharmacist changes affect everyone in practice or out of it.

It also depends on whether people provide evidence of CPD whilst being out of practice and the definition of area of practice.

Question 20

Do you agree with the proposed return to practice and updating requirements?

Agree

Disagree

Unsure

Comments

The policy may be needed for those working on patients, but may not be for those in other areas. Why should a manager or person working in industry or academic lecturer have to be able to dispense if they never undertake that role. The policy will create considerable demands for unnecessary training

If you would like to make any other comments about the content of any of the consultation documents then please complete the box below:

Other comments

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B3 Confidentiality Comments

These were not sought – here are a few

- *only use information obtained in the course of your professional practice for the purpose it was provided* should refer to clinical practice but might not apply to public health workers, medicines managers etc

- Guidance on what data is confidential omits anything that identifies a person such as postcode - personal details needs amplification.
- 1.2 is not guidance but information / preamble
- What happens if all members of the team do not meet guidance in 1.3 - who is professionally at risk/responsible
- 1.6 and 2.1c say the same thing
- 2.4 *and who it will be disclosed to* should be *and to whom it will be disclosed*.
- 3.1 *doesn't work for those in non patient care*
 - *protect the confidentiality of information you receive* should be *protect the confidentiality of personal or confidentially marked information you receive*
- 3.2 *Store hard copy and electronic documents, records, registers, prescriptions* should say *Store hard copy and electronic documents, records, registers, prescriptions and restrict hardware access*
- No reference under 4.1 to Procurator Fiscal for Scotland
- where disclosure is to a person or body empowered by statute to require disclosure offers little guide on who may legitimately receive information e.g. after death – spouses.
- RPSGB Guidance “ensure that information is shared appropriately with other health and social care professionals involved in the care of the patient.” is missing