# CUHOP Response to the Law Commission Consultation on the Regulation of the Health Professions

1. The Council of University Heads of Pharmacy Schools (CUHOP) comprises the heads of UK schools of pharmacy which enrol students to read for a Master of Pharmacy (MPharm) degree with the expectation of registering as a pharmacist in the UK. CUHOP represents the collective interests and views of the Schools of Pharmacy looks to develop and articulate a vision for pharmacy education in the UK. The following response offers a school of pharmacy view on the proposals put forward in the Law Commission Consultation on the Regulation of the Health Professions, with reference to the relevant parts, proposals and questions in the consultation document.

2. It should be noted that pharmacists, pharmacy technicians and pharmacy premises are regulated by the General Pharmaceutical Council (GPhC) in Great Britain and the Pharmaceutical Society of Northern Ireland (PSNI) in Northern Ireland.

**The structure of reform and Accountability (with reference to part 2 of the consultation)**

3. We support the principle of a single Act of Parliament to provide the legal framework for all the health and social care regulators and replace all the existing governing statutes and orders. We believe the common legislative framework and the default powers for Government to intervene will help deliver greater consistency and improvements across healthcare regulation, whilst also increasing autonomy for individual regulators to respond to the specific needs of a particular profession.

**Main duty and general functions of the regulators (with reference to part 3 of the consultation)**

4. Notwithstanding the importance of the roles of the GPhC and PSNI to protect the public, promote and maintain health, we believe that the responsibility of the GPhC and PSNI to maintain confidence in the pharmacy profession, through the registration and regulation of pharmacists, pharmacy technicians and pharmacy premises, is central to their roles as health professional regulators. We note that the UK regulators of pharmacy almost unique in their role in regulating premises through the inspectorate should be supported to ensure that premises are fit for practice and supporting the expanding role of pharmacists and the role of pharmacy technicians.

5. In response to **Question 3.1** we recommend that the statute specify the paramount duty of the regulators and the CHRE is to: (2) protect, promote and maintain the health, safety and well-being of the public and maintain confidence in the profession, by ensuring proper standards for safe and effective practice.

**The governance arrangements of the regulators, including the size and composition of Councils (with reference to part 4 of the consultation)**

6. Whilst we recognise the need to avoid Councils becoming too large, we believe that eight members would be too small to be a fully working Council and that nearer to 12 is required to ensure the necessary range of expertise. A smaller Council would mean reduced representation from clinical and clinical academic groups and that this would limit Council's

ability to be responsive to developments in health, pharmacy and pharmacy education. Eight might also be too small to cope with the considerable workload and responsibility required.

7. We also recognise the importance of non-registrant/ lay Council membership to ensure that Regulators are truly independent bodies.

8. In relation to **Question 4.6** any of the three proposals could result in a Council of sufficient size and appropriate composition. If the statute was to specify a ceiling for a size of the Councils and proportion of lay/ registrant members (option 1) we would strongly recommend that this ceiling be closer to 12 than eight, and that the statute also recognises the importance of clinical and clinical academic input in terms of composition.

**The registration and renewal of registration of professionals, student registers, registration appeals (with reference to part 5 of the consultation)**

9. We note **Provisional Proposal 5-4:** The Government should be given a regulation-making power to introduce compulsory student registration in relation to any of the regulated professions. On the related **Question 5.5,** we recognise that student registration and the wider issue of how best to embed professionalism in pre-registration education and training is an area of interest for all the health professional regulators. We believe that a common approach to student registration and professionalism in healthcare is worth pursuing however we do not think government imposed compulsory student registration is necessarily the solution. It should be noted that if the reorganisation of basic pharmacy education and training put forward by the Modernising Pharmacy Careers Programme[i] go ahead the case for some kind of pharmacy student register should be reviewed.

10. We suggest that the legal framework should encourage regulators to work with education providers to develop mechanisms for identifying, reporting and sharing information relating to fitness to practise incidents. This should allow for the issue of student registration to be revisited should this joint work not produce the desired results. It should also be noted that joint working across the professions in this area would support regulators to share information relating to healthcare students with each other when required which is a desirable outcome.

**How the regulators oversee the quality of pre-registration and post-registration education and training (with reference to part 6 of the consultation)**

11. CUHOP welcomes the provisional proposals on the regulators' oversight of the quality of pre-registration and post-registration education training. In reference to **Question 6.1,** we do not think that the proposals need to go any further in encouraging a more streamlined and coordinated approach to regulation in the areas of education, conduct and practice.

12. In reference to **Question 6.5**, there is already a national exam for pharmacy, delivered at the end of the pre-registration year.

13. In reference to **Question 6.6**, we believe that the GPhC, PSNI and indeed the other regulators should not seek to extend their regulatory role into selection for undergraduate education and training.

14. In reference to **Question 6-8**, we note that the GPhC is a relatively new organisation however we feel that guidance issued by the GPhC so far has been generally very useful. We would encourage the GPhC and PSNI to engage schools of pharmacy fully in developing future guidance, either through effective and thorough consultation processes or in some cases co-production of guidance. In terms of **Provisional Proposal 6-10** we are doubtful that it will be possible to simply separate existing and future guidance into two distinct tiers of guidance. In practice it is likely that most guidance documents will include statements that must be complied with unless there are good reasons for not doing so, *and* statements that do not necessarily require compliance but should be taken into account and given due weight.

**Business regulation (with reference to part 11 of the consultation)**

15. Although community pharmacists are not employed by the NHS, their core business is to provide NHS contracted pharmaceutical services. We note that unlike the majority of other regulators of the health care professions the GPhC and PSNI have responsibility for regulating businesses through its register of pharmacy premises; we acknowledge that this adds a layer of complexity to the role of the GPhC. We believe that all premises where pharmacy is practiced should also be required by the regulator to demonstrate how they fulfil their obligation to deliver training and support the development of pre-registration trainees, registered pharmacists and pharmacy technicians.

**Overlap issues; duty to co-operate and collaborate with relevant organisations and with other regulatory systems (with reference to part 12 of the consultation)**

16. We endorse the proposals for the statute to impose both general (**Provisional Proposal 12.6**) and specific (**Provisional Proposal 12.8**) duties to cooperate. We believe that cooperation with relevant organisations including those involved in the education and training of registrants is a core part of the regulators' role. In response to **Question 12.7** we would suggest that it may be helpful for the statute to give examples of the types of arrangements that could be made under provisional proposal 12.6, however these should be illustrative rather than mandatory.

[i] [i] Modernising Pharmacy Careers Programme, Review of pharmacist undergraduate education and pre-registration training, and proposals for reform, Report to Medical Education England Board for undergraduate education, April 2011