PhSC response to the GPhC Consultation on standards for pharmacy professionals

27 June 2016

1. Is the introduction clear?

No

1a. What else, if anything, should be added to or removed from the introduction?

- The introduction and the standards as a whole appear to be too broad and generalised. There is nothing necessarily incorrect within the standards, but they are too vague. These could be applied to any public facing profession or organisation, which means they fail to reinforce the requisite professional conduct, service and accountability that is specific to pharmacy and the various roles within the profession. There seems to be a lost opportunity to reinforce the differentiated skills and services that pharmacists are equipped with to deliver the associated standards. It would be useful to have a section which describes the skills, expertise and high level of training and competence afforded to the pharmacist and the pharmacy technician.
- Science should also be included as a key aspect within the standards. These should recognise that the pharmacist is the expert in selection and application of medicines, and of the complex personalisation of medicines.
- The introduction should set out what a pharmacy professional does. To this end, it should explain that there are differences in responsibilities between the pharmacist and the pharmacy technician, and it should explain that the pharmacy team works in a variety of different settings. It should be highlighted that a pharmacist will always be patient focused, but this may not always be in the clinical setting. The broader roles of pharmacists within the profession of pharmacy are currently not illuminated.

2. We also intend to ask all pharmacist and pharmacy technician students to meet the standards for pharmacy professionals, rather than having a separate student code of conduct. Do you agree with this approach?

No

2a. If you do not agree with this proposal, please explain why.

- Using the same code of conduct for professionals and students is not in itself an issue, and this is current practice with a number of other health sector regulators where this seems to work well, where there is additional guidance produced for students. However, there are a number of issues that would first need to be addressed.
- The standards as proposed are more generic and basic than currently taught in pharmacy schools. Such broad standards will be easier for schools to implement but much more difficult to assess; this leaves the standards open to greater interpretation. These may also be harder for students to follow than the current student code of conduct, and thus harder to enforce

through Fitness to Practise (FtP). There will need to be clear explanation of how each standard relates to FtP for students, pre-registration graduates and pharmacists.

- The standards as they stand are not specific enough to pharmacy which may not be sufficient to teach pharmacy students the differentiated skills and services that they need in order to deliver the standards. As mentioned, there would need to be extensive additional guidance as to how these relate to students.
- The standards should recognise that the remits, accountabilities and responsibilities are different for professionals than for students, and a 'one size fits all' model should not be used. It would be more helpful to the stakeholders if the standards recognised and addressed the different skills of the pharmacy technician and the pharmacist, and of the different standards to be expected for the student and pre-registration pharmacist.

3. Are the standards clear?

No

3a.What, if anything, is unclear?

- The standards are clear to read, however as mentioned earlier in this consultation response, they could apply to any profession. They are not adequate for the various contributions and different responsibilities of the profession. They do little to reinforce the requisite professional conduct, service and accountability that is specific to pharmacy. An opportunity has been lost, in the consultation with stakeholders and the public, to reinforce the differentiated skills and services that pharmacists are equipped to deliver, in addition to those that apply to any profession.
- Looking at examples of other health regulators (examples of which are listed below) the GPhC standards appear to be over simplified in comparison. The new standards appear to cover a lot of ground but lack specificity of the existing and developing complexities of the development, delivery and optimisation of medicines – a role in which pharmacy leads. For example, in Standard 18 of the NMC code for the prescribing, supply, dispensing and administration of medicines there is greater detail than in the new GPhC standards.
- Standards for other similar health professions provide excellent examples of professional standards for the healthcare sector:
    - Nursing and Midwifery Council: Code and underpinning standards and guidance
    - General Medical Council: Promoting excellence: standards for medical education and training; Good Medical Practice (2013) which includes specific guidance for registered doctors and medical students
    - Royal College of Veterinary Surgeons: Code of Professional Conduct

  These standards are more specific to their profession and thus appear to be easier to follow and implement. The specificity in these documents is lacking in the proposed GPhC standards.
- The standards should illustrate the differences in responsibilities between the pharmacist and the technician, and there should be some definition of the two roles within the standards. For example, when it comes to FtP panels, there will need to be explanation of how each of the

standards is broken down. The 'applying the standards' section could be developed further to help expand on this.

- Such broad standards will be easier for schools to implement but much more difficult to assess; this leaves the standards open to greater variation in interpretation. These may also be harder for students to follow than the current student code of conduct, and thus harder to enforce through FtP. There will need to be clear explanation of how each standard relates to FtP for students, pre-registration graduates and pharmacists. For example, the GMC produces additional guidance interpreting the standards for students and this is found to be very useful.

4. Are there any standards you do not agree with? If so, please explain.

- The accountability of the pharmacist to the pharmacy technician, to the pre-registration graduate etc. is not clear. There is insufficient guidance on the level of expertise to be maintained. Standard 9 suggests that every member will be a leader of the pharmacy team; this may be difficult to apply to the various different roles.

5. Are there any other standards that you think are missing? If so, please explain.

- A section should be added relating to indemnity, and the risk to supply or patient safety or public protection. Also lacking is reference to upholding the reputation and development of the profession. Recognising and working within the limits of competence should also be included. There is a lack of clarity of the accountabilities of the various members of the profession, and acknowledge of the need for delegation skills. The standards could discuss emergency medical and medicine advice, about offering help if an emergency arises in a practice or anywhere else, and acting without delay. Also lacking is mention of veterinary medicines or on any commercial elements of Industry or consumer practice.

6. Do you think the section 'applying the standards' is useful in helping you to understand the standards?

No

7. Do you think the 'applying the standards' sections are clear and easy to understand?

Yes

8. What is unclear? Please say which standard or standards you mean, and explain why you think there is a problem with the 'applying the standard' section.

- They are easy to understand, but the standards are too broad to help provide a framework for making professional judgements; this may make it difficult to uphold as case precedents emerge.

9. Are there any examples that are missing in the sections 'applying the standards'?

- Please refer to the response to questions 2a and 3.a.
- The role of a pharmacist during implementation for civil contingency or pandemic incidents could be added. Professional conduct or accountabilities for a pharmacist who may not be operating in a clinical service environment should also be referenced.

10. **The new standards and their explanations make clear that a pharmacy professional's personal values and beliefs must be balanced with the care they give people who use pharmacy services. Do you agree with our approach?**

    Yes

11. **If you do not agree with this approach, please explain why**

    n/a

12. **Do you have any other comments?**

    No

13. **Are there any aspects of the standards that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups?**

    Yes

14. **Do you have any comments on the potential impact of the standards?**

    By this we do not mean that the standards will have a negative impact, but their generality may have a negative impact on the view of the profession, as they are very general and lack specificity of the knowledge and skills of the profession.

    Such broad standards may be easier for schools to implement but much more difficult to assess; this leaves the standards open to greater interpretation. These may also be harder for students to follow than the current student code of conduct, and thus harder to enforce through FtP.

15. **We plan to review and update our guidance in the following areas. Do you agree with the areas we have identified?**

    - **Raising concerns: explains how pharmacy professionals should raise concerns that they have**
    - **Consent: explains the principles of consent**
    - **Confidentiality: explains the steps to take to protect the confidential information obtained in the course of professional practice**
    - **Maintaining clear sexual boundaries: explains the importance of maintaining clear sexual boundaries, and explains the responsibilities pharmacy professionals have**
    - **Balancing personal beliefs and the care of patients: what pharmacy professionals need to do if their religious or moral beliefs affect the provision of pharmacy services to patients and the public**

      Yes

16. **What other support, if any, do you think pharmacy professionals need?**