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# GHP

Guild of  
Healthcare  
Pharmacists

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18<sup>th</sup> April 2008

Dear Ms Benetis

## **Royal Pharmaceutical Society Consultation on Cases for Non-Referral to the Investigating Committee**

### **Response from the Guild of Healthcare Pharmacists**

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by Primary Care Trusts (PCTs) and pharmacists employed by other public bodies such as the Commission for Social Care Inspection and the Healthcare Commission. The Guild is part of the health sector of the union Unite-Amicus section.

The Guild supports the proposal to publish guidance on when allegations of misconduct should not be referred to the Investigating Committee. However, we have some reservations about the details of the proposals. It should also give greater clarity to those considering referral as to whether the matter is serious enough to refer at all. Our responses to the questions in the consultation document are shown below.

### **PART A: Non-referral of single one-off dispensing errors**

#### **Question A1**

*Do you think that single one-off dispensing errors are suitable for non-referral to the Investigating Committee (subject to threshold criteria; see Panel 2)?*

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No, as most should not be referred in the first place.

Everyone will make a dispensing error at some stage in their career. There needs to be support from the employer for the individual, both for the person, and in ensuring systems of work do not lead to a similar occurrence. Referral to the RPS is inappropriate if the error is a simple dispensing error with no exacerbating circumstances, as this is a punitive measure and discourages open reporting. If the criteria are published it may well encourage reporting of errors to the RPS, so the criteria need to be robust. Taken to the nth degree the RPS would not be able to deal with all the cases.

The criteria are insufficiently clear and need to be more focussed on what is due to the individual and what to the systems of work. As written some of them would be unworkable in practice.

### **Question A2**

*Do you think that the threshold criteria (see Panel 2) for single one-off dispensing errors need to be amended and/or added to in order to ensure that they are adequate to protect the public?*

Yes. The main determinants should be around the behaviour of the registrant ie if it were:

Reckless  
Intention to harm  
Financial gain

We would expect that the RPS would have to refer in cases of death or serious harm in order to demonstrate to the public that it was doing its job.

However, for less serious cases the use of the NPSA criteria to assess the seriousness of the error, is likely to cause problems as this requires some expertise.

Several criteria shown would be criteria for referral of the manager, not the person who made the error (assuming not the same person), so who is going to refer in these cases unless the patient complains? This will lead to inequity in referrals.

The criteria need a rethink.

### **Question A3**

*Do you think that the remit of single one-off dispensing errors should encompass errors made during the dispensing process, from receipt of prescription through to supply of dispensed medicine to patient, eg, errors made in delivery of medicines?*

Yes but this should not include errors which have been found and rectified in the checking process. There needs to be a proper definition of what an error encompasses.

### **Question A4**

*Do you think that the proposed course of action to be taken in cases involving single one-off dispensing errors is appropriate?*

No. See answers to questions A1 and A2 above.

## **PART B: Consideration of other cases for non-referral to the Investigating Committee**

### **Question B1**

*Do you think that further categories of cases should be considered for non-referral (subject to threshold criteria; see Panel 2)?*

Yes, provided the criteria are sorted out. See answers to QA1 and A” above. We assume this means cases other than dispensing errors.

However, the referral criteria for cases other than dispensing errors need to be reconsidered and written out separately in full. As written it is very confusing. This should help to clarify also whether it is appropriate to refer the case to the RPS at all. There are some illustrations in Panel 4 of types of cases which should not be referred at all if they were relatively minor in nature and where no harm to the public is expected. However, again it would depend on the attitude of the registrant: see answer to QA2 above. More work needs to be done on this.

### **Question B2**

*Do you think that the further categories of cases proposed (see Panel 4) for non-referral should be amended and/or added to?*

Yes

Cases referred to the RPS which are obviously malicious referrals and the registrant has done nothing wrong. There has been at least one of these in the last 2 or 3 years. Although this may be what happens in practice, it is not stated here and should be stated.

### **Question B3**

*Do you think that the threshold criteria (see Panel 2) for the non-referral cases need to be amended and/or added to in order to ensure that they are adequate to protect the public?*

See answers to questions above.

### **Question B4**

*Do you think that the proposed course of action to be taken in cases involving the further categories of non-referral cases is appropriate?*

Yes if the registrant has actually done something wrong. Otherwise, no.

## **PART C: General**

### **Question C.1**

*Do you think that the records maintained as a result of action taken in non-referral cases should form part of the fitness to practise history of the registrant?*

No

None of this information should be in the public domain as we would not regard this to be in the public interest. In addition it would be deemed unfair as these transgressions are relatively minor and there will probably be many similar such transgressions by other registrants which have not been reported. The reputation and livelihood of the registrants should be protected as well as the public.

**Question C.2**

*Do you think that cases subject to non-referral should be dealt with via the Society's inspectorate?*

No. Individual inspectors may have insufficient expertise.

**Further comments**

*Please let us have any other comments on the proposals for the handling of non-referral cases.*

**General comments.**

The consultation appears to assume that all allegations made will be proven and seems to take the attitude that all are guilty until proved innocent. It is the balance of evidence which is the test. Registrants need to be protected from malicious accusations or allegations by those who have insufficient knowledge/expertise (eg bad managers). We are not confident the Fitness to Practice (FtP) processes take this into account.

We assume that the registrants referred to are both pharmacists and technicians.

The proposals in principle are OK but much of the detail needs to be reworked, including non-referral to the RPS at all of single no-harm etc dispensing errors and other more minor transgressions.

**Other general FtP matters**

Standard letters issued by the FtP need to be vetted by a lay panel to ensure that they can take such circumstances into account, especially in health cases where badly written letters and /or use of an inappropriate standard letter may make a sick person's condition worse.

The process of FtP should be subject to external audit to ensure they are appropriate.

We hope these comments are of assistance

Our reply may be made freely available.

Yours sincerely

*Jean Curtis*

Jean Curtis  
Professional Secretary