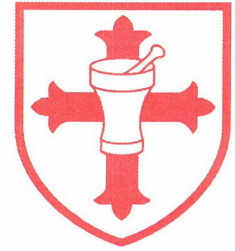

GHP

*Guild of
Healthcare
Pharmacists*



4th May 2010

Consultation Process
General Pharmaceutical Council
129 Lambeth Road
London
SE1 7BT

Dear Sirs

The General Pharmaceutical Council Draft Rules for Consultation February 2010

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.

Our response to main questions regarding the draft Rules is as follows:

1. Are the Rules clear, comprehensive and fair?

Although the format and numbering system deployed does take getting used to (e.g. 10.-- (1)(c) (ii) (aa) refers to Article 10, paragraph 1, section three, sub-section two, sub-subsection one), it does follow a logical process which becomes clear to the reader and which is in line with the system used in the Pharmacy Order 2010.

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There is appropriate referencing and cross-referencing; any 'new' provisions within the draft rules are highlighted. Also, there is an appendix to each rule which usefully shows who will be affected by the rules.

2. Written within the scope of the powers of the Order?

The draft rules do reflect the main provisions of the Order although we did expect to see a rule dealing specifically with education, training, experience and continuing professional development especially as the Order states that the Council must (a) set the standards of education, training and experience in order to enable a person undertaking such training and experience to achieve the required standards and (b) must set any requirements to be satisfied for admission to, and continued participation in, education and training for prospective pharmacists or pharmacy technicians.

3. Are there any equality considerations that should be integrated into the draft rules?

We did not identify many omissions or areas of concern that would not comply with anti-discrimination legislation i.e. no differential impact on any groups, and overall, the rules should increase the effectiveness of the profession and improve public confidence.

However we believe that regarding restoration to the register, there will need to be something in place very quickly for this otherwise there may be a risk that the rules fall foul of equality requirements (as an example, more women are likely to take career breaks than men). Additionally as there is no longer a committee dealing with 'health' it is not clear how the equality issues of say someone with temporary mental health problems (as an example) would be balance against the need to protect the public and patients by temporarily removing from the register.

Finally we believe that the lack of a recognised specialisation in hospital pharmacy is a barrier to equity and to freedom of movement across the EU. In addition we are concerned that as a staff representative body that represents the minority sector of the profession any consideration of individual practice would include pharmacists with appropriate knowledge of that sector or specialist practice. For example it is essential in investigating the facts of a case and we would expect that to be covered in Rule 7 especially as specialist and clinical advisers will be excluded from the private deliberations of the committee.

4. Is there adequate protection for patients and the public?

The draft rules appear to cover the essential requirements for providing protection for patients and the public through the strict registration requirements for pharmacists, pharmacy technicians and premises, requirements of fitness to practice, references to the code of conduct and ethics, and continuing professional development of registrants. However, as alluded to in the second question above, we are slightly concerned in relation to the standards for education, training, CPD and also specialisation. The Council's 'general duties' sets the main objective in exercising such of its functions as the health, safety or well-being of members of the public, and in particular those who use or need the services of registrants, or the services provided at a registered pharmacy business, adhere to such standards as the Council considers necessary for the safe and effective practise of pharmacy. The Order also states that the Council must (a) set the standards of proficiency for the safe and effective practise of pharmacy which is necessary for a registrant to maintain in order for their registration to be renewed, (b) set the standards of continuing professional development which it is necessary for a registrant to maintain, and (c) adopt and maintain a framework relating to the requirements and conditions to be met by the registrant in respect of their continuing professional development. This framework requires any CPD that is undertaken by a registrant is in accordance with and relevant to the "safe and effective practise of pharmacy".

So although the Council will set the standards it our view that a ‘rule’ is also needed to be in place for these standards in order to further protect patients and the public.

Regarding specialisation, from the public/patient perspective there is a need to look at this urgently, while there is provision for prescribers, there may well be a need to consider others. One obvious case is ‘superintendent’ as the proposed draft rules clearly indicate there are extra responsibilities required of such appointments, so the public should have the right to know they are ‘suitable’.

As regards specific comments on the individual draft rules there are some beneficial new provisions, for example:

1. Fees – The respective fees for pharmacists and pharmacy technicians appear to be fair, and the fee for restoration to the Register or fees in connection with notices and certificates appear to be consistent between pharmacists and pharmacy technicians. This aspect of fairness is based on an assumption that the costs of administering technician registration is substantially less than that of a pharmacist and the fees are adjusted accordingly. There is at this point no evidence of this differential costs but we accept that technician registration is a new concept which we support and we would expect this to be kept under review. Maintaining this emphasis on fair distribution of costs being reflected in fees charged we would hope that these fees imposed on individual registered pharmacists or pharmacy technicians **must not** subsidise the fees associated with registration of premises as most of the inspection costs will relate to premises not individual practitioners. We remain concerned that the powerful commercial lobby of the multiples may sway this debate.
2. Registration – the new provisions appear to be fair and allow some flexibility e.g. pharmacy technicians being allowed to countersign application forms. As stated earlier we believe that regarding restoration to the register following temporarily removal from the register, there will need to be something in place very quickly.
3. Fitness to Practise – a new rule that removes the timelines for disclosures will allow less complex cases to be dealt with more quickly.
4. Statutory Committees – the proposal that two lay members should be appointed as chair and deputy chair of each of the three statutory committees allows for flexibility in chairing the committees as there will be a larger pool of chairs to choose from.

We hope these comments are of assistance

Our reply may be made freely available.

Yours faithfully

Barry Corbett
Professional Secretary
Guild of Healthcare Pharmacists

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Chair of Practice
Guild of Healthcare Pharmacists