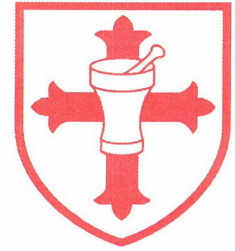

GHP

*Guild of
Healthcare
Pharmacists*



26th May 2010

Draft Standards
Consultation Response
General Pharmaceutical Council
129 Lambeth Road
London
SE1 7BT

Dear Sirs

The General Pharmaceutical Council Draft Standards for Consultation 19 April 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 standards are as follows:

Standards of conduct, ethics and performance

Question 1 - We propose to use the RPSGB's Code of Ethics for Pharmacists and Pharmacy Technicians as the basis for these standards. Do you agree?

Yes

Comment – None

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Professional Secretary: Barry Corbett
Email: barry_corbett@hotmail.com Website: www.ghp.org.uk

Question 2 - We have revised the standards so that they are easy to read and use. Are the standards easy to read and use?

Yes

Comment – None

Standards for continuing professional development

Question 3 - We propose to adopt the RPSGB's existing CPD standards for an interim period. Do you agree?

Yes

Comment - In relation to the threshold criteria for referral appears to be acceptable except for one that states 'no attempt has been made to learn from the incident'. While we understand and agree that this relates to patient safety issues, we would have concerns around the process that would make such a judgment. We believe that further detail will be required to support this type of referral.

Standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority

Question 4 - We propose to use interim standards that are based on the RPSGB current standards and policy. Do you agree?

Yes

Comment – It is important to engage the profession as soon as is practical in developing the new standards. As within our response to the earlier consultation we believe that any final document may need two forms, one for the general public and patients that is outcome focussed (the approach also taken by the CQC) as this informs what they should expect. The second may well be descriptive, perhaps worked on jointly with the RPS as professional body, so pharmacists and owners understand what might need to be in place to assure outcomes. In our previous response we thought this might be achieved through a 'quality system' approach as with GMP.

Question 5 - We have revised the standards so that they are easy to read and use. Are the standards easy to read and use?

Yes

Comment – None

Question 6 - The standards are outcome focused and less detailed than the RPSGB standards. Do the standards cover all essential areas?

Yes

Comment – They do cover the essentials but as they are less detailed we believe there may be real difficulties for the GPhC Inspectorate in both identifying and helping to resolve any failings. The use of a 'quality system' approach could help identify some of the key inputs, reporting systems, complaints handling, SOPs, staff training records etc.

Question 7 - The standards apply to pharmacists and pharmacy technicians who are leading teams or managing the day-to-day business of a retail pharmacy. Is this clear?

Unsure

Comment – While we believe the wording is clear we are unsure as to whether it would be understood within the managed sector, as hospitals tend to have a very defined grading structure and those in the 'middle' of that structure who manage/direct others may not see this standard as being directly applicable to them, even though it clearly is. Some FAQs and scenarios, once again perhaps put together with the RPSGB, would help.

Standards of initial education and training for pharmacists

Question 8 - We propose to adopt the RPSGB's current education standards and accreditation procedures for pharmacists for a transitional period to allow us to continue to accredit courses. Do you agree?

Yes

Comment – We believe that it will be important to engage the profession as soon as is practical in developing the new standards particularly given the very challenging agenda of the new integrated degree course.

Standards of initial education and training for pharmacy technicians

Question 9 - We propose to adopt the draft standards of initial education and training for pharmacy technicians. Do you agree?

Yes

Comment – None

Question 10 - We have revised the standards so that they are easy to read and use. Are the standards easy to read and use?

Yes

Comment – None

Question 11 - Should there be some flexibility within the curriculum requirements for competency based qualifications for pharmacy technicians to reflect differences in practice and the geographical locations within which trainees work?

Yes

Comment – We believe that any new standards that will be developed should better reflect some of the specific issues that surround practice within a hospital setting, but for the interim these standards appear to be both workable and, most importantly, understandable by the general public and patients.

Other comments on the draft standards

Question 12 - We have provided a single glossary for all the standards. Is the glossary comprehensive and easy to read?

Unsure.

Comment – The glossary needs to be equally applicable to hospital practice. As far as we understand NHS bodies, such as Trusts and Boards, are constituted as 'bodies corporate' in law. For a superintendent pharmacist advising the Board of a Foundation Trust, there is no difference in legal accountability to a superintendent advising a community pharmacy chain. Again, these standards and the glossary fail to address the similarities and differences between community and hospital pharmacies and we believe that this can only serve to confuse the public and patients as they have a right to expect the same standards from pharmacists and pharmacy technicians and not have this 'muddied' by legislation that may well not be fit for purpose. We believe some statement is still required to clarify the role of a Chief Pharmacist working in an organisation that is not registered as a pharmacy, and for England it may well be that needs to be done in co-operation with CQC and for the other home countries the relevant bodies.

Question 13 - Do you have any other comments you wish to make on the draft standards?

Comment – These are a significant improvement on the first consultation and the presentation is certainly better than what exists within RPSGB guidance, which is certainly far from public/patient friendly. It is also useful to pull together in one standard the various elements that already exist within RPSGB requirements.

We look forward to working with the GPhC to develop new standards that better reflect some of the specific issues that surround practice within a hospital setting, but for the interim these standards appear to be both workable and, most importantly, understandable by the general public and patients.

We hope these comments are of assistance

Our reply may be made freely available.

Yours faithfully

Barry Corbett
Professional Secretary
Guild of Healthcare Pharmacists

Graeme Richardson
Chair of Practice
Guild of Healthcare Pharmacists