

Report on the responses to the consultation on the revised draft standards

June 2010

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Executive summary

In 2010, the General Pharmaceutical Council will replace the Royal Pharmaceutical Society of Great Britain as the regulator for pharmacists, pharmacy technicians and registered pharmacy premises. The protection of patients and the public will be our first priority. Setting and promoting standards for the safe and effective practice of pharmacy is an important part of this work.

An initial consultation on the draft standards was hosted by the Council for Healthcare Regulatory Excellence (CHRE) between October 2009 and January 2010. We considered the results of the initial consultation and used them as the starting point for our decisions on how to proceed with the draft standards and how to revise them. The consultation on the revised standards was held between 14 April and 28 May 2010 and covered

- standards for conduct, ethics and performance
- interim standards for continuing professional development
- interim standards for superintendent pharmacists, owners and pharmacy professionals in positions of authority
- standards for the initial education and training of pharmacy technicians

We are very grateful to all who took the time to respond to the consultation and are pleased with the level of response we received, in particular as this was the second consultation on standards. We have received a number of useful comments and suggestions and have given careful consideration to all the views expressed in developing this report.

Overall, respondents supported all of the draft standards while raising specific issues about each of the standards. Issues that were raised in response to the consultation are summarised below.

Standards of ethics, conduct and performance

There was support for the approach that has been adopted. A few standards have been amended in light of suggestions received. Standard 3.4 which relates to refusal to provide professional services will remain whilst a full review of its inclusion is undertaken in our first year of operation.

Standards for continuing professional development

There was general support for the adoption of the interim standards and respondents did not raise any particular issues in connection with them. We therefore propose to adopt the standards.

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

There was general support for the approach that has been adopted , however there remained confusion about who the standards apply to and their application to all pharmacy premises.

The standards have been amended to make clear that the standards apply to owners and superintendents of retail pharmacy premises. Guidance for those who have day to day management responsibilities will be issued separately.

Standards of initial education and training for pharmacists

There was general support for the adoption of the RPSGB's current standards and accreditation procedures, pending the development of GPhC's own standards. We therefore propose to adopt this approach.

Standards of initial education and training for pharmacy technicians

There was general support for the adoption of the standards. We therefore propose to adopt the standards. Some respondents suggested drafting improvements. These have been reflected in the final standards.

The majority of respondents supported the flexibility within the curriculum requirements to reflect differences in practice. However, a third of respondents either disagreed or were unsure about this. We intend to maintain the flexibility within the competency based qualification while applying a single standard to the knowledge based qualification to ensure consistency between pharmacy sectors and across England, Scotland and Wales. It will be our intention to work towards a single standard across Great Britain.

Other comments on the draft standards

The majority of respondents agreed that the glossary was comprehensive and easy to read. A number of respondents suggested improvements to the draft glossary. We have considered these and made amendments to the glossary to reflect these comments

Introduction

Context

In 2010, the General Pharmaceutical Council will replace the Royal Pharmaceutical Society of Great Britain as the regulator for pharmacists, pharmacy technicians and registered pharmacy premises. The protection of patients and the public will be our first priority. We will

- set standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD)
- maintain a register of pharmacists, pharmacy technicians and pharmacy premises
- monitor pharmacy professionals' fitness to practise
- respond to complaints fairly and proportionately
- approve qualifications for pharmacists and pharmacy technicians
- set standards for pharmacy owners and superintendent pharmacists and inspect pharmacy premises.

The consultation was about the standards we need to set to regulate effectively.

These standards will come into force when we replace the RPSGB as the regulator for pharmacists, pharmacy technicians and registered pharmacy premises.

About this report

This report provides a summary of the responses to the consultation on the revised draft standards held during April and May 2010. An initial consultation on standards was held during October 2009 and January 2010

The report provides background to the consultation, a breakdown of the respondents to the consultation and a commentary on the responses to each of our proposals.

Two annexes provide a list of organisations that responded to the consultation and a statistical breakdown of the responses for each question.

We recommend that the statistical information is read in conjunction with the commentary.

The initial consultation on the draft standards

The initial development of the draft standards was done in conjunction with a number of stakeholders, including patients and the public, before we were established. This inclusive and participative process was intended to give pharmacy professionals and other stakeholders an opportunity to start to feed

in comments at an early stage and ensure that the standards developed are fit for purpose.

As we were not established, the initial consultation on the draft standards was hosted by the Council for Healthcare Regulatory Excellence (CHRE) between October 2009 and January 2010. A report on this consultation can be found at

www.chre.org.uk/img/pics/library/100317_GPhC_standards_consultation_Final_report.pdf

This consultation on the draft standards

The first consultation on the draft standards was very successful in generating a wide range of views, providing a wealth of useful information. We considered the results of the initial consultation and used them as the starting point for our decisions on how to proceed with the draft standards and how to revise them. This consultation on the draft standards covered

- standards for conduct, ethics and performance
- interim standards for continuing professional development
- interim standards for superintendent pharmacists, owners and pharmacy professionals in positions of authority
- standards for the initial education and training of pharmacy technicians

The consultation on the revised standards was between 14 April and 28 May 2010. The consultation documents were published on our website and hard copies were made available. The consultation was widely publicised in the relevant media and professional journals.

Our standards development programme

This consultation forms part of our standards development programme. We intend to consult on standards for the initial education and training of pharmacists later this year, in time to enable educational institutions time to plan for the implementation of any necessary changes in a managed fashion. The standards of proficiency and the return to practice policy will be consulted on at a later date.

Responses to the consultation

Over the course of the consultation 86 responses were received. We received 33 full responses to the consultation. A further 23 responses were received on the standards of conduct, ethics and performance, 7 on the standards for continuing professional development, 7 on the standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority and 15 on the standards for initial education and training. Some respondents responded to more than one set of standards. A further 12 respondents responded on standard 3.4 of the standards of conduct, ethics and performance. The breakdown of the consultation responses is as follows

| | |
|---|-----------|
| Country | 86 |
| GB and/or England | 62 |
| Scotland | 2 |
| Wales | 3 |
| Other | 1 |
| Not known | 18 |
| Respondents by type | 86 |
| Members of public | 15 |
| Pharmacist | 19 |
| Pharmacy technician | 4 |
| Allied health professional | 3 |
| Pharmacy organisation | 23 |
| Non-pharmacy organisation | 15 |
| Not known | 7 |
| Pharmacy professionals by sector | 23 |
| Community | 7 |
| Hospital | 2 |
| Primary Care | 2 |
| Education and training | 1 |
| Industry | 0 |
| More than one / Other | 11 |
| Not known | 0 |
| Pharmacy organisations by type | 23 |
| Professional body | 7 |
| Regulatory body | 1 |
| Education and training provider | 6 |
| Employer | 2 |
| Union | 1 |
| Trade body | 2 |
| More than one / Other | 1 |
| Not known | 1 |
| Pharmacy organisations by sector | 23 |
| Community | 6 |
| Hospital | 2 |
| Primary Care | 0 |
| Education and training | 3 |
| Industry | 1 |
| More than one / Other | 10 |
| Not known | 0 |
| Non-pharmacy organisations by type | 15 |
| Professional body | 0 |
| Regulatory body | 3 |
| Education and training provider | 2 |
| Employer | 1 |
| Union | 0 |
| Trade body | 0 |
| More than one / Other | 4 |
| Not known | 5 |

A list of respondents is provided in Annex A.

Standards of ethics, conduct and performance

What we proposed

Standards of conduct, ethics and performance set out the behaviours, attitudes and values expected of pharmacy professionals. These standards will apply to all registrants.

Following the review of the responses to the CHRE consultation, we proposed to use the Royal Pharmaceutical Society of Great Britain's Code of Ethics for Pharmacists and Pharmacy Technicians as the basis for the first edition of our standards of conduct, ethics and performance.

The draft standards recognised that registrants may be prevented from providing a service due to their religious or moral beliefs (standard 3.4). The standard required registrants to tell the relevant people or authorities, and to refer patients and the public to other providers, if they are prevented from providing a service. We considered that services need to be organised in such a way that an individual pharmacy professional's conscience does not prevent patients accessing the services they need.

Where revisions to the RPSGB Code of Ethics were made, these were to make the standards clearer, easier to read or to avoid duplication.

What we heard

Some respondents did not answer the questions directly so are not included in the numbers below but provided comments which are reflected in the commentary below.

1. We propose to use the RPSGB's Code of Ethics for Pharmacists and Pharmacy Technicians as the basis for the standards of conduct, ethics and performance. Do you agree?

| | Yes | No | Unsure |
|-------------------|-----|-----|--------|
| Number | 37 | 8 | 3 |
| Percentage | 77% | 17% | 6% |

Over three quarters of all of those who responded to this question agreed with the approach adopted by the GPhC. Few respondents gave their reasons for agreeing; however those who did explained that this seemed a reasonable approach and the current RPSGB Code of Ethics appeared to serve the public and the profession well.

8 of the 11 respondents who disagreed or were unsure about use of the RPSGB Code of Ethics, explained that they did not agree with the inclusion of standard 3.4 which enables a pharmacy professional to refer a patient to an alternative provider where the professionals religious or moral beliefs prevent

them from providing a service. This topic will be discussed specifically after question 2.

2. We have revised the standards of conduct, ethics and performance so that they are easy to read and use. Are the standards easy to read and use?

| | Yes | No | Unsure |
|-------------------|------------|-----------|---------------|
| Number | 36 | 0 | 9 |
| Percentage | 80% | 0% | 20% |

The vast majority of those who responded to this question (four fifths) believed that the standards of conduct, ethics and performance were easy to read and use.

A few respondents felt that the standards remained focused on pharmacy professionals working in patient facing roles, with one respondent suggesting that further guidance for those working in a non patient facing role should be developed.

A few respondents felt that further clarity/detail was required for some of the standards; for example from whom should consent be obtained and in relation to records - how full do these need to be and what kind of records is this standard referring to.

A couple of comments were received in relation to standard 2.2 – these respondents did not think that standard 2.2 acknowledged that incentives and targets exist in practice already.

A couple of comments were received in relation to standard 7.2 and it was suggested that ‘patients and the public’ should be included in this standard.

A number of individual drafting suggestions were made. These suggestions were largely made on one occasion.

One respondent felt that use of the word ‘you’ throughout the document made the standards less accessible to members of the public and patients.

Conscientious Objection

A number of individuals and organisations responded to the consultation solely commenting on standard 3.4: Make sure that if your religious or moral beliefs prevent you from providing a service, you tell the relevant people or authorities and refer patients and the public to other providers.

In the main the respondents did not agree with the GPhC decision to include standard 3.4. Many commented that this conflicted with other standards such as standard 1.2 and 3.3 and also Principle 1.

It was suggested that pharmacy professionals should be advised that they may need to set aside their personal beliefs if that is in the patient's best interests.

Other suggestions included the need to display a notice and the need for a proper referral protocol rather than signposting.

Respondents expressed concerns that those seeking professional services might be vulnerable and the refusal to provide a service may discourage the patient from seeking assistance elsewhere.

Our response

The responses to the consultation show support for the draft standards for conduct, ethics and performance and we welcome the positive feedback we have received.

We have amended the standards for conduct, ethics and performance in light of the drafting suggestions provided as follows

- We have re-worded standard 2.5 to improve its readability
- We have re-worded standard 3.1 to explain that pharmacy professionals must recognise the right of individuals to hold different beliefs and values
- We have amended standard 3.3 to properly reflect all of the protected characteristics in the Equality Act 2010
- We have amended standard 4.1 and removed the word 'try'
- We have amended standard 4.5 by removing the cross-reference to standard 3.5

We have not amended standard 7.2 as principle 7 relates to working practices and working as part of a team. It is absolutely correct that communication with patients and the public is important; and the requirement for this is captured under principle 4.

We will produce supporting information for pharmacy professionals and patients and the public about how the standards for conduct, ethics and performance can be applied to practical situations. This supporting information will address some of the areas raised as requiring clarity in the consultation, for example how the standards apply to those in non patient facing roles, and how to approach situations where one or more of the standards conflict.

We have previously confirmed that guidance to support the standards of conduct, ethics and performance will be produced; this guidance will cover areas such as consent, confidentiality and responsible pharmacist. We do not intend to produce detailed guidance explaining every aspect of the standards.

We intend to produce a document for patients and the public that explains the standards we have set and their importance.

Conscientious Objection

We understand the strong feelings expressed in relation to our decision to include standard 3.4.

It is our intention to review standard 3.4 in the first year of our operation; this review will take into account the legislation, the rights and needs of patients and the public and also the concerns of those we register.

Whilst this review takes place standard 3.4 will remain, and we will issue guidance for pharmacy professionals to whom this standard applies and those who employ them. We will also issue guidance for patients and the public.

Standards for continuing professional development

What we proposed

Continuing Professional Development (CPD) is a process that all pharmacy professionals are engaged in throughout their professional life to maintain their competence. A registrant's CPD must have relevance to the safe and effective practice of pharmacy, and their current scope of practice.

We proposed to use interim standards which are based on the Royal Pharmaceutical Society of Great Britain's current professional standards while we continued to work on revised CPD standards for future consultation.

What we heard

Some respondents did not answer the questions directly so are not included in the numbers below but provided comments which are reflected in the commentary below.

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

| | Yes | No | Unsure |
|------------|-----|----|--------|
| Number | 38 | 3 | 7 |
| Percentage | 79% | 6% | 15% |

Nearly eighty percent of those who responded to this question supported the proposal to adopt the RPSGB's existing CPD standards for an interim period. A typical comment was that 'this is a sensible and pragmatic approach.' Only three respondents disagreed. None of the three respondents provided a reason as to why they opposed the proposal. Seven respondents were unsure. Of these seven only one provided an explanation. The response was from a pharmacy body which commented on the lack of a timescale and definition of what an interim time period means.

A few respondents who supported the proposal made comments. One respondent wanted guidance to be developed in conjunction with stakeholders to support the standards. Others wanted information on the timelines for developing the long term standards. A pharmacy representative organisation wanted the consistent use of the use of the term 'CPD record' in the standards.

Our response

The responses from the consultation show clear support for the adoption on the RPSGB's existing CPD standards for an interim basis. We therefore propose to adopt the draft standards with the following amendment

- Standard 1.3 now reads 'Keep a record of your CPD that complies with the good practice criteria for CPD recording published in Plan and record by us.' The term 'CPD record' is now only used in standard 1.5 and refers to the record that is to be submitted to us by pharmacy professionals.

Guidance will be published to support the standards based on the existing guidance issued by the RPSGB. Where necessary we will develop and publish further guidance in conjunction with stakeholders.

We will be publishing the timelines for the development of the long term CPD standards as part of our standards development framework.

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

What we proposed

Standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority (for instance, responsible pharmacists) are required to ensure that we are able to regulate retail pharmacies. They seek to ensure the safe and effective practice of pharmacy in retail pharmacies.

The standards will apply to owners, superintendent pharmacists and pharmacy professionals in positions of authority in a retail pharmacy. This includes pharmacists and pharmacy technicians who are leading teams or managing the day-to-day business of a retail pharmacy.

Following the review of the responses to the CHRE consultation, we decided that more work was required on these standards. To ensure that the standards which emerge from this work command the levels of support which we would wish, we proposed to develop a revised set of standards for consultation at a future date.

In the meantime, we proposed to use interim standards which are largely based on current Royal Pharmaceutical Society of Great Britain's current professional standards. The standards will incorporate the current RPSGB policy against self-selection of pharmacy medicines.

Where revisions to the professional standards were made, these were to make the standards clearer, easier to read or to avoid duplication. In a few cases we included new standards where we believed the new standards contribute to public safety.

What we heard

Some respondents did not answer the questions directly so are not included in the numbers below but provided comments which are reflected in the commentary below.

4. We propose to use interim standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority that are based on the RPSGB current standards and policy. Do you agree?

| | Yes | No | Unsure |
|-------------------|-----|----|--------|
| Number | 29 | 0 | 5 |
| Percentage | 85% | 0 | 15% |

Over four fifths of those who responded to this question agreed with the proposal to use interim standards owners, superintendent pharmacists and pharmacy professionals in positions of authority that are based on the RPSGB current standards and policy.

Some respondents were concerned that the standards did not contain enough detail.

Respondents felt that the time frames for developing the long term standards needed to be clear.

It was suggested that frequently asked questions and scenarios may assist in applying the standards.

5. We have the revised the standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority so that they are easy to read and use. Are the standards easy to read and use?

| | Yes | No | Unsure |
|-------------------|-----|----|--------|
| Number | 25 | 1 | 4 |
| Percentage | 83% | 3% | 13% |

The majority of those who responded to this question did find the standards easy to read and use. A number of individual drafting suggestions were made.

Respondents felt that use of the word 'you' needed to be clarified; since at stages it referred to the organisation and at times it referred to the individual.

Some concern was expressed in relation to the applicability of some of the standards to locum pharmacists.

6. The standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority are outcome focused and less detailed than the RPSGB standards. Do the standards cover all essential areas?

| | Yes | No | Unsure |
|-------------------|-----|-----|--------|
| Number | 17 | 5 | 9 |
| Percentage | 55% | 16% | 29% |

Just over half of those who responded to this question agreed that the standards cover all essential areas. Again a number of individual drafting suggestions were made.

Some respondents suggested that reference needed to be made to non-pharmacy partners (in Scotland), pharmacist partners and those operating a pharmacy after the death of the pharmacist owner.

Respondents felt that the standards did not sufficiently apply to middle management who were quite often not pharmacists. It was further suggested that more detail and more responsibility was required for owners and superintendents.

It was suggested that more detail should be provided on the responsible pharmacist's responsibilities and also internet pharmacy.

It was noted that no mention is made about the safe disposal of medicines and devices.

7. The standards for owners, superintendent pharmacists and pharmacy professionals in positions of authority apply to pharmacists and pharmacy technicians who are leading teams or managing the day-to-day business of a retail pharmacy. Is this clear?

| | Yes | No | Unsure |
|-------------------|------------|-----------|---------------|
| Number | 13 | 9 | 8 |
| Percentage | 43% | 30% | 27% |

Less than half of all respondents felt the standards were clear about who the standards were applicable to.

Respondents felt that the standards were too focused on community pharmacy and that they should be more carefully drafted to be applicable to other settings, for example hospitals, prisons and care homes.

Respondents noted that technicians were not mentioned within the standards and that the standards needed to be clear about the responsibilities of technicians with a management function.

As in question 10, respondents felt that the standards did not sufficiently apply to middle management who are quite often not pharmacists.

Our response

There was some confusion about who the standards apply to. As our powers in the Pharmacy Order are specifically in relation to setting out the standards to be met in connection with the carrying on of retail pharmacy businesses at registered pharmacies we have amended these standards so they now only apply to those carrying on retail pharmacy business, that is owners and superintendent pharmacists. We will issue separate guidance for responsible pharmacists, and guidance for pharmacy professionals who have day to day management roles.

We do not have powers to set standards in Rules for pharmacy premises generally, where these premises are not registered with us. However, we will consider issuing guidance for pharmacy premises that are not registered with us.

In relation to the need for further detail, it is our intention as an effective regulator to enable innovation. The standards we produce are therefore outcome focused rather than process driven. We will monitor the implementation of the standards and will produce guidance if necessary.

We will seek to improve our fitness to practise procedures and build on the strengths of the inspectorate. We will work with others to avoid duplication.

We will be publishing the timelines for the development of the long term standards as part of our standards development framework. Part of our vision and strategy makes clear that we are committed to engaging and communicating with our stakeholders, and this will be a priority in developing the long term standards.

We have amended the glossary to make clear that the term pharmacy owner includes non-pharmacy partners (in Scotland), pharmacist partners and those operating a pharmacy after the death of the pharmacist owner.

We have amended the standards for owners and superintendents of retail pharmacy premises in light of the drafting suggestions provided as follows

- We have removed reference to responsible pharmacists and pharmacy professionals in positions of authority to make clear that this document applies only to owners and superintendents of retail pharmacy premises.
- We have made clear in the introduction that where tasks are delegated to non pharmacist managers they must be aware of the standards we have set out.

Standards of initial education and training for pharmacists

What we proposed

Standards of initial education and training for pharmacists set out the criteria against which we will approve education and training for student pharmacists and pre-registration trainee pharmacists. The standards ensure that newly registered pharmacists are competent to practise safely and effectively.

We did not propose to consult on the pharmacist education and training standards at this stage. Before we consult on the standards we will revise them to address the concerns of respondents to the initial consultation. The standards will be based on the work that has been done by a number of stakeholders to develop new pharmacy education standards over the last three years.

In the meantime, we proposed to adopt the RPSGB's current education standards and accreditation procedures for an interim period to allow us to continue to accredit courses.

What we heard

Some respondents did not answer the questions directly so are not included in the numbers below but provided comments which are reflected in the commentary below.

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 | No | Unsure |
|-------------------|-----|----|--------|
| Number | 34 | 0 | 2 |
| Percentage | 94% | 0% | 6% |

Thirty four of the thirty six respondents to this question supported the proposal. Only two were unsure. Neither respondent provided an explanation for this. No responses were received from individual Schools of Pharmacy or from the Council of University Heads of Pharmacy Schools to this consultation, although CUHOP and a number of Schools had responded to the previous consultation.

Our response

The responses from the consultation show clear support for the adoption of the RPSGB's current standards for an interim basis. We therefore propose to adopt the standards.

We will consult on the standards later this year.

Standards of initial education and training for pharmacy technicians

What we proposed

Standards of initial education and training for pharmacy technicians set out the criteria against which we will approve education and training for pre-registration trainee pharmacy technicians. The standards ensure that newly registered pharmacy technicians are competent to practise safely and effectively.

New qualifications for pharmacy technicians will be introduced in September 2010. To approve the new qualifications we require standards to approve them against. To do this we decided to consult on the draft standards of initial education and training for pharmacy technicians which are based on the standards which were part of the first consultation.

The curriculum requirements for competency based qualifications are built on National Occupational Standards (NOS). There is flexibility in the optional NOS a trainee must complete to reflect differences in practice across pharmacy sectors and between practice in England, Scotland and Wales. In the longer term, we will work towards a single standard across Great Britain.

The curriculum requirements for knowledge based qualifications reflect their level within the national qualifications framework. The curriculum requirements are intended to ensure consistency between pharmacy sectors and across England, Scotland and Wales.

What we heard

Some respondents did not answer the questions directly so are not included in the numbers below but provided comments which are reflected in the commentary below.

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

| | Yes | No | Unsure |
|-------------------|-----|----|--------|
| Number | 33 | 1 | 1 |
| Percentage | 94% | 3% | 3% |

Thirty three respondents to this question supported the adoption of the draft standards of initial education and training for pharmacy technicians. Only one respondent disagreed. Another respondent was unsure. Neither respondent provided an explanation for this.

10. We have revised the standards of initial education and training for pharmacy technicians so that they are easy to read and use. Are the standards easy to read and use?

| | Yes | No | Unsure |
|-------------------|-----|----|--------|
| Number | 32 | 0 | 3 |
| Percentage | 91% | 0% | 9% |

Thirty two of thirty five respondents to this question agreed that the standards are easy to read and use. A few of the respondents who agreed with the proposal made comments. A respondent suggested that some of the standards 'are open to interpretation and further guidance would standardise this.'

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 | No | Unsure |
|-------------------|-----|-----|--------|
| Number | 24 | 7 | 4 |
| Percentage | 69% | 20% | 11% |

The majority of those who responded to this question supported the flexibility within the curriculum requirements to reflect differences in practice. A body representing community pharmacy in Scotland stated that the flexibility 'is essential...The curriculum has to be sufficiently flexible to deliver the essential core skills which in Scotland no longer includes traditional areas such as manufacture...' This view was supported by a Scottish education provider who stated 'There must be recognition of the differences in pharmacy practice and services across geographical areas' and by the Scottish qualifications body. It was also suggested that 'the knowledge programme developed in Scotland should be both reflective and useful to practice.'

A body representing community pharmacy in Wales agreed that 'there should be flexibility initially as proposed, with the intention to harmonise across Great Britain.' A trade body for pharmacy owners and a pharmacy employer agreed with this.

However, a third of respondents either disagreed or were unsure about this. A body representing pharmacy technicians wanted to ensure that 'minimum standards of competence and qualifications are assured and to the same standard and criteria regardless of the pharmacy sector and geographical locations. This also needs to be assured to allow transferability of skills and knowledge.' A professional body for pharmacists agreed, stating that 'there should be no geographical boundary to registration within Great Britain, and as a GB regulator, GPhC should not set a precedent that skills are not transferable within the home countries.'

A Scottish pharmacy body was concerned that 'if at some point on qualifying [pharmacy technicians] change sector, significantly more training is required.' A body representing teaching hospital pharmacists suggested that 'flexibility can be accommodated by use of scope. Standards should be national.'

A body representing community pharmacy owners was concerned by raising the setting of the academic bar ‘especially with regard to the 720 learning hours, potential students may be disadvantaged or deterred.’

Our response

The responses from the consultation show clear support for the adoption of the draft standards for the initial education and training for pharmacy technicians. We therefore propose to adopt the standards. Some respondents suggested drafting improvements. These have been reflected in the final standards, namely

- In standards 1.3 and 4.3 the word ‘immediately’ has been replaced with ‘promptly’ to remove ambiguity
- Standard 1.5 has been reworded to remove the implication that all trainees are necessarily a risk to patients and the public
- Throughout the standards the word ‘should’ has been replaced by ‘must’ for clarity.
- In appendix 1 section A2 the NOS ENTO HSS7 has been amended to ENTO HSS1, which was included in the draft in error.

We will be publishing further guidance on the standards and an accreditation and recognition manual for use by those seeking accreditation.

There was no clear consensus for changing the proposed curriculum requirements. We therefore intend to maintain the flexibility within the competency based qualification while applying a single standard to the knowledge based qualification to ensure consistency between pharmacy sectors and across England, Scotland and Wales. It will be our intention to work towards a single standard across Great Britain.

We recognise the particular concerns raised by Scottish education bodies in this consultation and will seek to work with them to address these as part of the accreditation and recognition process.

Other comments on the draft standards

What we proposed

In response to the initial consultation we provided a single glossary for all the revised standards and retain the use and definition of the term 'patients and public' in the standards documents.

We also invited other comments respondents wished to make on the draft standards.

What we heard

Some respondents did not answer the questions directly so are not included in the numbers below but provided comments which are reflected in the commentary below.

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

| | Yes | No | Unsure |
|-------------------|-----|----|--------|
| Number | 42 | 2 | 8 |
| Percentage | 84% | 4% | 16% |

The majority of those who responded to this question agreed that the glossary was comprehensive and easy to read. A few respondents had suggestions as to how the glossary could be improved.

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

The majority of the other comments related to standard 3.4 of the standards of conduct ethics and performance. Other comments included

- The need for information for patients on the public as to what to expect of a pharmacy professional.
- A concern that the standards are directed at those in clinical practice, particularly community pharmacy
- That the standards duplicate existing NHS standards
- Guidance is required for non-pharmacy professionals who may affect pharmacy services.

Some other comments fell outside of the scope of this consultation and have not been included in this report.

Our response

The responses showed clear support for a single glossary for all the standards. We therefore propose to adopt a single glossary for all the standards. A number of respondents suggested improvements to the draft

glossary. We have considered these and made amendments to the glossary to reflect these comments, namely

- The definitions of pharmacy student and pre-registration tutor have been revised to make it clear that they apply to pharmacists and not to pharmacy technicians.
- The definition of training provider now gives examples of training providers.

Other comments are addressed under the relevant standards in the report.

Annex A. Respondents to the consultation

Respondents to the consultation

We received 83 responses to the consultation. There were 17 anonymous responses. Below is a list of those who responded to the consultation.

Responses from organisations

Abortion Rights
Association of Pharmacy Technicians UK
Association of Teaching Hospital Pharmacists
Bedfordshire Humanists
British Humanist Association
Christian Action Research and Education
Company Chemists Association and the Association of Independent Multiple pharmacies
Community Pharmacy Scotland
Community Pharmacy Wales
Doctors for a Woman's Choice on Abortion
Education for Choice
Family Planning Association
General Medical Council
Guild of Healthcare Pharmacists
Health Professions Council
Highland Area Pharmacy Committee
Institute of Pharmacy Management International
Lloydspharmacy
London Pharmacy Education and Training
Lothian Area Pharmaceutical Committee
Medicines and Healthcare products Regulatory Agency
Modernising Pharmacy Careers
National Association of Women Pharmacists
National Pharmacy Association
National Secular Society
NHA Education for Scotland
NHS Hampshire (Hampshire PCT)
NHS South East Coast
Pharmaceutical Services Negotiating Committee
Pharmaceutical Society of Northern Ireland
Pharmacists Defence Association
Royal Pharmaceutical Society of Great Britain
Secular Medical Forum
Scottish Qualifications Authority

United Kingdom Clinical Pharmacy Association
Voice for Choice
Welsh Centre for Pharmacy Professional Education

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