Public business

Developing standards of proficiency

Purpose
Work needs to be undertaken to develop GPhC standards of proficiency. This paper invites Council to give its early steer as to the approach which should be taken to these standards.

Recommendations

The Council is asked to agree:

i. to commission work
   1. to develop standards of proficiency for initial registration as a pharmacist and as a pharmacy technician; and
   2. to develop an approach to “standards of proficiency for continuing registration” as a pharmacist or a pharmacy technician, under the guidance of the Revalidation Task and Finish Group as suggested in paragraph 2.5 below.

1.0 Introduction

1.1 Required standards of proficiency. The Pharmacy Order 2010 requires the Council to develop standards in various areas, including initial education & training, conduct, ethics & performance and proficiency. The standards of proficiency required are for:

   1. initial registration as a pharmacist;
   2. initial registration as pharmacy technician; and
   3. continuing registration as either a pharmacist or pharmacy technician.

1.2 Previous draft versions of the standards. Prior to the GPhC coming into existence, a set of draft standards of proficiency were prepared and issued for
consultation under the CHRE banner. On consideration of the consultation response which CHRE received, Council agreed that it would need to develop its own approach. There are no interim proficiency standards and there were no proficiency standards or equivalent under the previous RPSGB regulatory regime.

2.0 **Key considerations**

2.1 *Standards of proficiency for initial registration*. These are envisaged as the core document defining the scope and standard of proficiency required of all new registrants. As such they will inevitably be related to education and training standards, which must be such as to enable new registrants to meet the standards of proficiency for initial registration. In fact the draft education and training standards for pharmacists which have recently been the subject of public consultation, and which are on the Council’s agenda, already contain proposed “learning outcomes” which cover some of this ground, as do the already agreed education and training standards for pharmacy technicians, by reference to the relevant National Occupational Standards.

2.2 *Standards of proficiency for continuing registration*. Once a registrant has been in practice for some time, the situation is quite different. Registrants in community, hospital, academia, industry and other practice settings differ markedly in what they do (although they draw on a common knowledge base and way of thinking from their initial education & training).

2.3 The diversity of pharmacy practice has been recognised already in the *Standards of conduct, ethics and performance*, which are largely context free and do not describe the detailed functions of a registrant in any given sector. Instead they describe how to act professionally, safely and effectively irrespective of one’s role. Linking standards of proficiency for continuing registration with the *Standards of conduct, ethics and performance* would have significant advantages.

2.4 An early steer from Council on the design concept for the standards of proficiency for continuing registration would be invaluable: does our overall approach recognise the diversity of pharmacy practice, such that not all registrants need perennially to be able to demonstrate that they can do all the things they had to show they could do at the beginning of their career, provided that they continue to meet the standards of ethics and professionalism which are so fundamental to the protection of patients and the public, whatever the scope of a registrant’s practice.

2.5 The Revalidation Task and Finish Group discussed these issues at its first
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meeting. One potential conceptual framework has a single standard for maintaining registration, based on (or even identical to) the conduct, ethics and performance standards, which apply to all registrants regardless of scope of current practice. In that scenario, revalidation, Continuing Professional Development and registration renewals would all be understood as processes designed to uphold that single core standard. The Revalidation Task and Finish Group would be well-placed to take this thinking forward as part of its work.

3.0 **Equality and diversity implications**

3.1 Standards of initial education & training address equality and diversity directly. Those standards require students and trainees to work with patients and the public to achieve appropriate health outcomes and to respect the views of patients and the public. The *Standards of conduct, ethics and performance* require the same for registrants. By basing standards of proficiency on the other existing sets of standards they will reflect the same equality and diversity concerns and requirements.

In general terms, standards are one of the clearest ways in which Council can state and promote its commitment to equality and diversity.

4.0 **Communications implications**

4.1 We will need to engage, and in due course consult, on proposed standards of proficiency. A clear GPhC understanding of the purpose of each set of standards and its links with others will be essential.

5.0 **Resource implications**

5.1 None directly arising from this paper.

6.0 **Risk implications**

6.1 Clearly defined regulatory standards of proficiency for initial and ongoing registration will mitigate the risk of confusion and inconsistency that might be expected to increase in a period of considerable change around educational responsibilities, structures and processes.
Recommendations

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