Consultation on the Care Quality Commission strategy for 2013-16 – ‘The next phase’

A response from the General Pharmaceutical Council

Introduction

1. The General Pharmaceutical Council is the regulatory body for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. We are very pleased to be able to respond to the Care Quality Commission’s consultation on its strategy for 2013-16.

2. Many of the issues set out in the CQC’s consultation document resonate with thinking that is under way at the GPhC. Social changes, changes in the regulatory environment and changes triggered through technological innovation pose challenges for all health care regulators, including the GPhC. However, there are also important differences in roles and remit between those regulators that focus on professionals, those that regulate providers and systems and those, like the GPhC, that do both.

3. In the following, we will briefly outline our role and functions and then comment solely on Question 2 as posed in the consultation document (strengthening the CQC’s work with strategic partners), particularly setting out how we see the issues raised by the interface between the CQC’s and the GPhC’s respective remits.

Our role and functions

Our role

4. We are the newest of the nine statutory health professional regulators in the UK. The Pharmacy Order 2010, endorsed by both the UK and Scottish Parliaments, set out the regulatory powers of the General Pharmaceutical Council in Great Britain and brought regulation of the pharmacy professions in Great Britain into line with other health professions, with a statutory regulatory body quite separate from the professional leadership body. The Pharmaceutical Society of Northern Ireland retains both roles in Northern Ireland.

5. Consistent with the other health professional regulators our legislation makes explicit that our purpose is that of patient protection. Specifically, the Pharmacy Order set out our role as:

“...to protect, promote and maintain the health, safety and well-being of members of the public, and in particular of those members of the public who use or need the services of registrants, or the services provided at a registered pharmacy, by ensuring that registrants, and those persons carrying on a retail pharmacy business at a registered pharmacy, adhere to such standards as the Council considers necessary for the safe and effective practice of pharmacy.”

6. Our principal functions are set out in Article 4 (3) of the Pharmacy Order 2010. These cover:

- Approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
• Maintaining the register of pharmacists, pharmacy technicians and pharmacy premises;
• Setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
• Establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
• Establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns.

7. We are unique amongst the UK health professional regulators as we also have a statutory role in relation to ‘system’ regulation (i.e. regulating the provision of services by registered pharmacies as well as the individual registrants1). The Pharmacy Order sets out a range of powers in relation to the functions above which relate to the registration of pharmacies and setting of standards in relation to registered pharmacies as well as enforcement powers.

8. We have recently published approved standards for registered pharmacies2. The associated enforcement powers, which in some respects are analogous to those held by the CQC, including the power to impose conditions on pharmacies, to issue improvement notices and to remove registration will come into force once Rules are approved by the Privy Council and laid before Parliament following public consultation.

Our response to Question 2 (work with national strategic partners and other organisations)

9. We welcome the emphasis the CQC draft strategy places on good information sharing and partnership working, aimed at the creation of a coherent system of regulation that avoids duplication on the one hand and regulatory gaps on the other. Because our role encompasses both the regulation of professional registrants (pharmacies and pharmacy technicians) and retail pharmacy premises, there is significant interface with CQC’s role of regulating health and adults social care providers in England.

10. This interface covers a range of settings. For example co-located pharmacies and healthcare providers registered with the GPhC and with the CQC. The GPhC also registers and inspects those hospital pharmacies which carry out some form of retail pharmacy business. There are also emerging integrated prescribing and dispensing organisations, particularly online where dual registration is required. We think there are significant opportunities to enhance joint working, to share intelligence and to avoid either regulatory gaps or duplication.

11. Although we have worked well with the CQC since our establishment, we think this would benefit from more formal and transparent information sharing arrangements.

Conclusion

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1 Our consultation, Modernising Pharmacy Regulation, set out those registered pharmacies we have powers to register and regulate as well as those pharmacies we do not register (e.g. hospital pharmacies who only supply pharmacy medicines to their own patients)
2 http://www.pharmacyregulation.org/sites/default/files/Standards%20for%20registered%20pharmacies%20September%202012.pdf
12. As outlined above, we welcome the overall approach put forward in this consultation for CQC strategic partnership working. We have used the opportunity created by this consultation to flag up some issues around regulatory boundaries and overlaps, particularly regarding NHS hospital pharmacies. We look forward to discussing these issues in more detail with the CQC over the next months.

December 2012