# Meeting of Council

**Thursday, 13 October 2016**  
2pm to 4pm  
Council Room 1, 25 Canada Square, London E14 5LQ

## Agenda

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<td>5. Strategic Plan 2017–20</td>
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<td>6. Standards for pharmacy professionals</td>
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<td>Nigel Clarke</td>
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## Date of next meeting  
Thursday, 10 November 2016
Minutes of the **Council** meeting held on **Thursday, 08 September 2016**
at 25 Canada Square, London at 11.45am

**TO BE CONFIRMED 13 OCTOBER 2016**

*Minutes of the public session*

Present

- Nigel Clarke (Chair)
- Sarah Brown
- Mary Elford
- Digby Emson
- Mark Hammond
- Mohammed Hussain
- Liz Kay

- Joanne Kember
- Alan Kershaw
- Evelyn McPhail
- Arun Midha
- Berwyn Owen
- David Prince
- Samantha Quaye

Apologies

- None

In attendance

- Duncan Rudkin (Chief Executive & Registrar)
- Claire Bryce-Smith (Director of Inspection and Fitness to Practise)
- Matthew Hayday (Head of Governance)
- Vivienne Murch (Director of Organisational Development and Equality, Diversity & Inclusion)
- Andrew Rogers (Interim Director of Service Transformation) items 1 to 8
- Hugh Simpson (Director of Strategy)
- Christopher Alder (Head of Professionals Regulation) item 13
- Rosalie Cus (Senior Legal Adviser) item 7
- Damian Day (Head of Education) item 6
- Andy Jaeger (Head of Data & Insight) items 10 and 13
- Terry Orford (Head of Customer Services) item 13
- Martha Pawluczyck (Registration and International Policy Manager) item 4
- Priya Warner (Head of Policy & Standards) item 10
- Sue Reed (Council Secretary)
45. **ATTENDANCE AND INTRODUCTORY REMARKS**

45.1. The chair welcomed all present to the meeting.

46. **DECLARATIONS OF INTEREST**

46.1. The following interests were declared:

- **Item 6**
  Mary Elford, Mohammed Hussain, Liz Kay, Jo Kember, Evelyn McPhail, Arun Midha, Berwyn Owen, Samantha Quaye declared interests as members with links to higher education

- **Items 7 to 11**
  All registrant members

- **Item 15**
  Digby Emson, Alan Kershaw and Evelyn McPhail as members whose current terms of office were due to end on 31 March 2017

47. **MINUTES OF LAST MEETING**

47.1. The minutes of the public session of the meeting held on 7 July 2016 were confirmed as a fair and accurate record.

48. **ACTIONS AND MATTERS ARISING**

48.1. Council noted that there were no outstanding actions or matters arising.

49. **ASSESSING THE EQUALITY, DIVERSITY AND INCLUSION IMPACT OF OUR POLICY DEVELOPMENT WORK**

49.1. Vivienne Murch (VM) presented **16.09.C.01** which updated Council on the GPhC’s approach to assessing the impact of its regulatory policy work in terms of equality, diversity and inclusion (EDI).

49.2. In the ensuing discussion, the following points were made:

- the internal audit review (paragraph 4.6) would be scheduled for Q3 2016. The report would be submitted to the Audit & Risk Committee (ARC) in the first instance and updates would be provided to Council at regular intervals

- the GPhC’s EDI Manager would oversee development

- greater detail in terms of structure and procedure would emerge as the approach developed

- the approach would build continuously on identified good practices

- the approach would provide measurement of impact
• a critical review in terms of EDI, by VM and the EDI Manager, had already become part of the routine sign-off of Council papers by the Senior Leadership Group (SLG)

49.3. Council noted the GPhC’s evolving approach to equality, diversity and inclusion impact assessment as part of the policy development process.

50. REPORTING ON THE JUNE 2016 REGISTRATION ASSESSMENT


50.2. In the ensuing discussion, the following points were made:

• an analysis of universities whose students had scored a lower pass rate would be undertaken after the results of the September 2016 sitting were known. A full breakdown was provided to each university each year. If a university had scored particularly low (which had not been the case in June 2016) the GPhC would meet with the schools’ senior teams to discuss their preparation of an action plan

• Health Education England used assessment results to consider ways to support its trainees

• the 2016 exam had been changed with a view to being more clinical, with a focus on patient safety. The questions had been made easier to understand not easier to answer

• the standard of pre-registration training varied across providers and this was an issue the GPhC would explore further

• it was not possible to make direct comparisons regarding the level of difficulty of the Registration Assessment and other professional assessments

50.3. Council noted the:

(i) Board of Assessor’s report to Council and welcomed the assurance it provided about the June 2016 sitting

(ii) candidate performance data and the discussion of issues of potential wider relevance in the report

51. CONSULTATION REPORTS ON AMENDMENTS TO RULES: INDEMNITY AND LANGUAGE COMPETENCE

51.1. Rosalie Cus presented 16.09.C.03 which provided Council with a final draft of rules amending the GPhC’s Registration Rules, and Statutory Committees
and their Advisers Rules, and a draft report on the consultation on these changes.

51.2. In the ensuing discussion, the following points were made:

- it was unclear whether the term 'native' language had been tested legally
- the survey application used had included the number of 'skipped questions' which previously were not displayed in consultation reports (questions in consultations are not mandatory).

51.3. Council:

(i) approved the draft report of the consultation on amendments to rules for publication

(ii) made the GPhC (Amendment of Miscellaneous Provisions) Rules 2016 and agreed that the GPhC’s corporate seal be affixed to these rules

52. DRAFT GUIDANCE ON EVIDENCE OF ENGLISH LANGUAGE SKILLS AND CONSULTATION REPORT

52.1. Martha Pawluczyk presented 16.09.C.04 which provided Council with a final draft of guidance on evidence of English language skills and a draft report of the consultation on this guidance.

52.2. In the ensuing discussion, the following points were made:

- the continuing role of employers in checking English language competence was important, and this point would be included in the final version
- the use of the phrase 'in a country where English is first and native language' would be reviewed
- it would be helpful to make the document more user friendly by, for example, putting references to legislation in footnotes wherever possible

52.3. Council agreed, subject to the points raised at 52.2, the:

(i) draft report of the consultation on evidence of English language skills

(ii) draft guidance on evidence of English language skills

53. CPD FRAMEWORK CONSULTATION

53.1. Osama Ammar presented 16.09.C.05 which provided Council with the proposed consultation on a change to the continuing professional development (CPD) framework so that a sampling approach to calling and reviewing records could be introduced.
53.2. **Council approved the amended paragraph in the CPD framework for consultation.**

54. **STANDARDS FOR PHARMACY PROFESSIONALS CONSULTATION REPORT**

54.1. Priya Warner and Andy Jaeger presented 16.09.C.06 which provided Council with an analysis of the standards for pharmacy professionals consultation and the GPhC’s proposed response to the comments received.

54.2. Council discussed and offered comments on each section of the analysis. With regard to the section on personal values and beliefs, Council asked that a paper be submitted to its 13 October 2016 meeting detailing how the GPhC would support refusals to dispense by pharmacists on grounds of personal values and beliefs.

**ACTION: PW/AJ**

54.3. **Council:**

(i) noted the analysis of the standards for pharmacy professionals consultation

(ii) discussed key areas of feedback and the GPhC’s preliminary response and proposed changes to the standards which would be presented to Council at its 13 October 2016 meeting

55. **CHIEF EXECUTIVE & REGISTRAR’S REPORT**

55.1. Duncan Rudkin presented 16.09.C.07 which reported to Council on significant recent developments.

55.2. **Council noted the Chief Executive & Registrar’s report.**

56. **ENGAGEMENT AND COMMUNICATIONS REPORT**

56.1. Rachael Oliver presented 16.09.C.08 which reported to Council on engagement and communications with stakeholders.

56.2. **Council noted the Engagement and communications report, noting also that such a report would be submitted quarterly.**

57. **PERFORMANCE MONITORING REPORT**

57.1. Duncan Rudkin presented 16.09.C.09 which reported to Council on operational and financial performance to 30 June 2016.

57.2. **Council noted the Performance monitoring report to 30 June 2016, noting also that the format of the report was being updated and revised with the intention of reporting more effectively.**
58. **AUDIT & RISK COMMITTEE MINUTES**

58.1. David Prince, Chair of the Audit & Risk Committee, presented 16.09.C.10.

58.2. Council noted the unconfirmed minutes of 19 July 2016 public session of the Audit & Risk Committee meeting.

59. **COUNCIL MEMBER APPOINTMENTS 2017**

59.1. Digby Emson, Alan Kershaw and Evelyn McPhail left the Council room for this item.


59.3. Council agreed that the recruitment for Council vacancies commencing in April 2017 would be filled using a combination of open competition and a reappointments process.

60. **ANY OTHER BUSINESS**

60.1. There being no further public business, the meeting closed at 3.52pm.

**DATE OF NEXT MEETING**

Thursday, 13 October 2016
## Council actions log

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<tr>
<td>8 Sep 16</td>
<td>52.2</td>
<td>Draft guidance on evidence of English language skills and consultation report: use of the phrase ‘in a country where English is first and native language’ would be reviewed</td>
<td>Martha Pawluczyk</td>
<td>Oct 16</td>
<td>Closed</td>
<td>The phrase has been replaced with: ‘in a majority English speaking country’ – which is the terminology used in the UK Border Agency’s document (referenced in footnote 9 of the paper).</td>
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Public business

Strategic plan 2017–20

Purpose
To agree the GPhC strategic plan for 2017–20.

Recommendation
Council is asked to agree the strategic plan (2017–20) which appears in draft at Appendix 1.

1. Introduction

1.1 We have a statutory obligation to submit a strategic plan annually to the Privy Council Office, to be laid before the UK Parliament and the Scottish Parliament.

1.2 The proposed draft strategic plan 2017–20 is at Appendix 1.

1.3 As in previous years, the new strategic plan will be complemented by a more detailed business plan which will be considered by Council before the start of the next financial year.

2. Overview

2.1 The proposed draft plan is intended to reflect Council's ambition and its vision for pharmacy regulation. As the foreword to the plan sets out, we have produced this version of our strategy at a time of significant uncertainty: in pharmacy, in healthcare and in the wider political background to our work. There are growing expectations on everyone working within health and care – including pharmacy – to give better quality experiences and outcomes to patients and the public.

2.2 It is therefore important that we explain how we see our role as the regulator and the impact we can have on the health, safety and wellbeing of people using pharmacy services. We need to continue to explain:

- our regulatory aims and approach
• how regulation can support individuals and providers in focusing on outcomes for patients and users of pharmacy services
• what proportionate, efficient and effective regulation means to us, and
• how we will work with others to deliver this

2.3 The core message of this strategic plan is consistent with the previous year’s; that we see our role as focussed on both assurance and supporting and enabling improvement.

2.4 The document is, however, presented differently to last year’s. We have attempted to make it clearer, simpler and more accessible.

3. Key considerations

3.1 The draft plan is designed to be clear about the organisation’s core purpose, its strategic aims and the way in which we approach our regulatory work; in short, the Council’s strategy. What it intentionally avoids, is a list of activities which sit better within an organisation’s business plan.

3.2 The overall proposed aim is for the GPhC to: “Support and improve the delivery of safe, effective care and uphold trust in pharmacy” and we will do this by ensuring:

i. the pharmacy team have the necessary knowledge, attitudes and behaviours

ii. registered pharmacies deliver safe, effective care and services

iii. pharmacy regulation is efficient and effective

3.3 The plan sets out those core strategic principles which we believe will help us to achieve these aims:

• Promote professionalism

• Be person-centred

• Focus on outcomes

• Promote learning and improvement

• Collaborate

• Recognise the contribution of the whole pharmacy team
4. **Equality and diversity implications**

4.1 Equality, diversity and inclusion issues will be considered in all workstreams which follow as part of our business planning.

4.2 The draft strategic plan specifically highlights the diversity in healthcare and pharmacy within and between the countries of Great Britain which reflects our devolution strategy.

5. **Communications**

5.1 The strategic plan itself, once laid before the UK Parliament and the Scottish Parliament, serves a formal communication purpose as one of the core documents, alongside our Annual Report, to which the Council will be held accountable.

5.2 The strategic plan will also inform day-to-day operational and corporate communications, as an important source document, to be drawn on for authoritative information about the Council’s aims and priorities.

6. **Resource implications**

6.1 This strategic plan reflects a continuity of approach and as such does not include any new specific initiatives. However, as is usual, the detailed evaluation of any resource implications is taking place as part of our annual corporate and budget planning process.

6.2 As set out in this cover paper and the draft plan we make clear our commitment to regulating in a way which is both efficient and effective.

7. **Risk implications**

7.1 A key priority will be for us to communicate effectively with our stakeholders the key points set out within the strategic plan including our regulatory approach and how we engage with and work with others.

**Recommendations**

Council is asked to agree the strategic plan (2017–20) which appears in draft at Appendix 1.

*Hugh Simpson, Director of Strategy*

*General Pharmaceutical Council*

*hugh.simpson@pharmacyregulation.org*

*020 3713 7803*

*13 October 2016*
Council meeting 13 October 2016

GPhC Strategy 2017–2020 (Strategic plan presented to Parliament and the Scottish Parliament Pursuant to Paragraph 8 of Schedule 1 to the Pharmacy Order 2010)

To be laid before Parliament and the Scottish Parliament on 23 October 2016
Council meeting 13 October 2016  

Public business

Standards for pharmacy professionals

Purpose
This paper seeks Council’s approval of the standards for pharmacy professionals.

Recommendations
Council is asked to:

(i) agree the standards for pharmacy professionals (Annex A)
(ii) agree our proposal to consult on wording set out in paragraph 3.4 as part of our consultation on managing personal values and beliefs
(iii) agree the date for the standards to come into effect (part 4 of this paper)
(iv) note the equality impact assessment (Annex B)

1. Introduction

1.1 Council has responsibility, under article 48 of the Pharmacy Order, for setting the standards relating to the conduct, ethics and performance of pharmacists and pharmacy technicians.

1.2 The current standards of conduct, ethics and performance were agreed by Council in 2010. The standards of conduct, ethics and performance are the core professional standards that pharmacists and pharmacy technicians must apply and meet whatever their scope of practice.

1.3 The GPhC announced the review of the current standards at the end of 2014.

2. Background

2.1 The standards build on and reflect our belief that it is the attitudes and behaviours of pharmacy professionals in their day-to-day work that make the most significant contributions to patient safety and the quality of care.
2.2 The new standards for pharmacy professionals have been developed and informed by:

(i) the GPhC strategic plan and Council’s clear commitment to promoting a culture of patient-centred professionalism and putting people and patients at the heart of what we do.

(ii) the context in which pharmacy professionals practise, and the governments’ visions and strategies for the delivery of healthcare services and in particular the increasing role that pharmacy will play in the future.

(iii) learnings from tragic failures of care, such as those at Mid Staffordshire Foundation Trust in England, the Vale of Leven in Scotland, and the Abertawe Bro Morgannwg University Health Board hospitals in Port Talbot and Bridgend in Wales.

(iv) what we heard through the discussion paper, *Patient-centred professionalism in pharmacy*, which began a national conversation about what it means to be a pharmacy professional in the 21st century and what patients and the public expect from pharmacy professionals today. The discussion paper sought views on the characteristics that someone who is patient-centred and professional demonstrates. We also asked about the barriers and enablers to demonstrating professionalism, and asked for examples to support this.

(v) the IPSOS MORI research we conducted in 2014 about public perceptions of pharmacies, and

(vi) a three-month formal consultation held between 4 April and 27 June 2016.

2.3 At 8 September 2016 Council meeting, Council noted the report of the consultation on the standards for pharmacy professionals (16.09.C.06) and discussed the key points of feedback received. These included:

(i) feedback about the generic nature of the standards, and a desire for more detailed guidance.

(ii) the application of the standards to non-patient facing roles.

(iii) religious and moral beliefs.

(iv) what the standards mean for students and trainees.

(v) the role of owners and superintendents, and workplace pressures.

(vi) clarity about the relationship between the standards, and FTP and CFTP.
3. **The standards for pharmacy professionals**

3.1 The standards have been reviewed and amended in light of what we have heard during the consultation period and taking account of Council’s discussion in September. The key changes to note are set out below.

3.2 We have made a number of drafting changes to the introduction to improve clarity:
- we have reviewed the introduction to make clearer how the standards apply to pharmacy professionals in non-patient facing roles, and reviewed the examples that support each standard
- we have included a new section to explain how the standards should be used by students and trainees. We explain that the standards for pharmacy professionals are relevant to all pharmacy students and trainees whilst they are on their journey towards registration and practice, but clarified that they will not be applied to them in the same way (see page 4).

3.3 We have made a number of changes to **Standard 1**: person-centred care
- we have included an additional example, about the need to best manage resources
- we have amended the example about values and beliefs to make clear that a pharmacy professional has a responsibility for ensuring that care is not compromised because of their personal values or beliefs

3.4 The wording we are proposing is as follows: “take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs”.

3.5 It is our intention to consult on this changed wording as part of a wider consultation on managing personal values and beliefs. The consultation will specifically look at both the proposed wording change above, as well as consult on the draft guidance on managing personal values and beliefs (16.10.C.03).

3.6 We have made a small change to **Standard 2** to reflect the need to demonstrate effective team working.

3.7 Amendments have been made to **Standard 3** to reflect the different ways in which communication can take place. This is to make clear that effective communication is equally important while communicating online and via social or public facing platforms.

3.8 We have amended **Standard 7** to include managing information responsibly and securely.

3.9 We have made minor amendments to the other standards, for example:
• we have included new text to make clear that the ‘applying the standards’ bullet points are examples only
• we have moved some examples from one standard to another, and
• we have explicitly referenced the duty of candour

4. Implementation of the standards for pharmacy professionals

4.1 The standards for pharmacy professionals build on key themes covered in our current regulatory standards, but also introduce new themes explicitly, such as patient-centredness, leadership and the duty of candour.

4.2 It is important that we properly communicate and engage with pharmacy professionals, owners and superintendent pharmacists, patients and the public as well as pharmacy organisations in advance of the new standards being implemented. This requires a comprehensive communications plan. (see section 6).

4.3 In addition, it is important that leadership bodies, such as the RPS and APTUK, have time to update their existing materials and can prepare and produce their own support materials for pharmacy professionals.

4.4 We propose that the new standards for pharmacy professionals come into effect on 1 May 2017.

5. Equality and diversity implications

5.1 We have developed a full equality impact assessment consistent with our responsibilities as set out in the Equalities Act 2010. This can be found in Annex 2.

6. Communications

6.1 A detailed plan has been drafted setting out all of the communications and engagement activities we are planning to undertake over the coming year, to launch and implement the standards and consult on and publish guidance to support the standards.

6.2 We will utilise the relationships we have developed with key stakeholders through the consultation to support a major awareness-raising campaign to be launched early next year – with particular focus on pharmacy professionals, patients and the public – ahead of their implementation.

6.3 We will use a diverse range of channels as part of this campaign, with a focus on digital channels and tools, such as an app, to promote the standards and enable registrants to access the standards and guidance on their electronic devices.

6.4 We are also planning to develop and disseminate a range of resources, including case studies and infographics, to support pharmacy professionals
in applying the standards in their practice and to inform patients and the public about the standards that pharmacy professionals have to meet.

7. **Resource implications**

7.1 The resource implications for this work, including communication and implementation of the new standards, have been accounted for in existing budgets.

8. **Risk implications**

8.1 The standards are used by a range of people and organisations, and are used by them in different ways. It is important that the standards properly reflect the expectations of patients and the public, as well as what pharmacy professionals expect of themselves and their peers.

8.2 The standards underpin our regulatory work and it is important that they reflect Council’s commitment to promoting a culture of professionalism and the delivery of compassionate person-centred care.

8.3 We recognise that one change we are proposing (paragraph 3.4) to wording in relation to personal values and beliefs requires further discussion with stakeholders if we are to meet Council’s commitments to good practice in relation to consultations. For this reason we will be consulting formally on proposed changed wording as part of our consultation on managing personal values and beliefs.

**Recommendations**

Council is asked to:

(i) agree the standards for pharmacy professionals (see Annex A)

(ii) agree the date for the standards to come into effect (see part 4 of this paper)

(iii) agree our proposal to consult on wording set out in paragraph 3.4 as part of our consultation on managing personal values and beliefs

(iv) note the equality impact assessment (see Annex B)

*Hugh Simpson, Director of Strategy*  
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*Tejal Davda, Policy Manager (Standards)*  
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Standards for pharmacy professionals

April 2017
Insert amended wheel
Standards for pharmacy professionals

About us

The General Pharmaceutical Council regulates pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

What we do

Our main work includes:

- setting standards for the education and training of pharmacists, pharmacy technicians and pharmacy support staff, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards of conduct and performance that pharmacy professionals have to meet throughout their careers
- setting the standards of continuing professional development that pharmacy professionals have to achieve throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards

Introduction

1 ‘Pharmacy professionals’ (pharmacists and pharmacy technicians) play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing. The professionalism they demonstrate is central to maintaining trust and confidence in pharmacy.

2 Patients and the public have a right to expect safe and effective care from pharmacy professionals. We believe it is the attitudes, and behaviours of pharmacy professionals in their day-to-day work which make the most significant contributions to the quality of care, of which safety is a vital part.

3 The standards for pharmacy professionals describe how safe and effective care is delivered through ‘person-centred’ professionalism. The standards are a statement of what people expect from pharmacy professionals, and also reflect what pharmacy professionals have told us they expect of themselves and their colleagues.

4 At the heart of the standards is the principle that every person must be treated as an individual. Pharmacy professionals have an important role in involving, supporting and enabling people to make decisions about their health, safety and wellbeing. For example, what is important to one person managing their short- or long-term condition may not be important to another.
The standards for pharmacy professionals

5 There are nine standards that every pharmacy professional is accountable for meeting. The standards apply to all pharmacists and pharmacy technicians. We know that pharmacy professionals practise in a number of sectors and settings and may use different ways to communicate with the people they provide care to. The standards apply whatever their form of practice. And even when pharmacy professionals do not provide care directly to patients and the public, their practice can indirectly have an impact on the safe and effective care that patients and the public receive, and on the confidence of members of the public in pharmacy as a whole.

6 The standards need to be met at all times, not only during working hours. This is because the attitudes and behaviours of professionals outside of work can affect the trust and confidence of patients and the public in pharmacy professionals.

7 The meaning of each of the standards is explained, and there are examples of the types of attitudes and behaviours that pharmacy professionals should demonstrate. The examples may not apply in all situations.

8 The standards include the term ‘person-centred care’ and refer to a ‘person’ throughout. This means ‘the person receiving care’. The term may also apply to carers or patients’ representatives depending on the situation.

The standards and pharmacy students and trainees

9 The standards for pharmacy professionals are relevant to all pharmacy students and trainees while they are on their journey towards registration and practice. The standards explain the knowledge, attitudes and behaviours that will be expected of students and trainees if they apply to join the register.

10 They should be interpreted in the context of education and training and used as a tool to prepare students and trainees for registration as a pharmacy professional

11 Pharmacy students and trainees should consider the standards as they move closer to registration and professional practice, and should read them alongside other relevant documents that are provided by initial education and training providers.
The standards and registration

12 The standards are designed to reflect what it means to be a pharmacy professional. They are also at the heart of initial education and training, registration and renewal as a pharmacy professional, and continuing fitness to remain registered.

Applying the standards

13 We expect pharmacy professionals to consider these standards, their legal duties and any relevant guidance when making decisions.

14 The standards and supporting explanations do not list the legal duties pharmacy professionals have, as all pharmacy professionals must keep to the relevant laws. Relevant guidance is published by a number of organisations, including professional leadership bodies, other regulators, the NHS, National Institute for Health and Care Excellence and Scottish Intercollegiate Guidelines Network, as well as by the GPhC.

15 There will be times when pharmacy professionals are faced with conflicting legal and professional responsibilities. Or they may be faced with complex situations that mean they have to balance competing priorities. The standards provide a framework to help them when making professional judgements. Pharmacy professionals must work in partnership with everyone involved, and make sure the person they are providing care to is their first priority.

16 Pharmacy professionals are personally accountable for meeting the standards and must be able to justify the decisions they make.
Standards for pharmacy professionals

All pharmacy professionals contribute to delivering and improving the health, safety and wellbeing of patients and the public. Professionalism and safe and effective practice are central to that role.

Pharmacy professionals must:

1. provide person-centred care
2. work in partnership with others
3. communicate effectively
4. maintain, develop and use their professional knowledge and skills
5. exercise professional judgement
6. behave in a professional manner
7. respect and maintain the person’s privacy and confidentiality
8. speak up when they have concerns or when things go wrong
9. demonstrate leadership
Standard 1

Pharmacy professionals must provide person-centred care

Applying the standard

Every person who receives care is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate ‘person-centeredness’, whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

• obtain consent to provide care and pharmacy services
• involve, support and enable every person when making decisions about their health, care and wellbeing
• listen to the person and understand their needs and what matters to them
• give the person all relevant information in a way they can understand, so they can make informed decisions and choices
• consider the impact of their practice whether or not they provide care directly
• respect and safeguard the person’s dignity
• recognise and value diversity, and respect cultural differences – making sure that every person is treated fairly whatever their values and beliefs
• recognise their own values and beliefs but do not impose them on other people
• take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
• make the best use of the resources available
Standard 2

Pharmacy professionals must work in partnership with others

Applying the standard

A person’s health, safety and wellbeing are dependent on pharmacy professionals working in partnership with others, where everyone is contributing towards providing the person with the care they need. This includes the person and will also include other healthcare professionals and teams. It may also include carers, relatives and professionals in other settings – such as social workers and public health officials. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

• work with the person receiving care
• identify and work with the individuals and teams who are involved in the person’s care
• contact, involve and work with the relevant local and national organisations
• demonstrate effective team working
• adapt their communication to bring about effective partnership working
• take action to safeguard people, particularly children and vulnerable adults
• make and use records of the care provided
• work with others to make sure there is continuity of care for the person concerned
Standard 3

**Pharmacy professionals must communicate effectively**

*Applying the standard*

Communication can take many forms and happens in different ways. Effective communication is essential to the delivery of person-centred care and to working in partnership with others. It helps people to be involved in decisions about their health, safety and wellbeing. Communication is more than giving a person information, asking questions and listening. It is the exchange of information between people. Body language, tone of voice and the words pharmacy professionals use all contribute to effective communication. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- adapt their communication to meet the needs of the person they are communicating with and overcome barriers to communication
- ask questions and carefully listen to the responses, to understand the person’s needs and come to a shared decision about the care they provide
- actively listen, and respond to the information they receive in a timely manner
- check the person has understood the information they have been given
- communicate effectively with others involved in the care of the person
Standard 4
Pharmacy professionals must maintain, develop and use their professional knowledge and skills

Applying the standard
People receive safe and effective care when pharmacy professionals reflect on the application of their knowledge and skills and keep them up to date, including using evidence in their decision making. A pharmacy professional’s knowledge and skills must develop over the course of their career to reflect the changing nature of healthcare, the population they provide care to and the roles they carry out. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- recognise and work within the limits of their knowledge and skills, and refer to others when needed
- use their skills and knowledge, including up-to-date evidence, to deliver care and improve the quality of care they provide
- carry out a range of continuing professional development (CPD) activities relevant to their practice
- record their development activities to demonstrate that their knowledge and skills are up to date
- use a variety of methods to regularly monitor and reflect on their practice, skills and knowledge
Standard 5

Pharmacy professionals must use their professional judgement

Applying the standard

People expect pharmacy professionals to use their professional judgement so that they deliver safe and effective care. Professional judgement may include balancing the needs of individuals with the needs of society as a whole. It can also include managing complex legal and professional responsibilities and working with the person to understand and decide together what the right thing is for them – particularly if those responsibilities appear to conflict. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- make the care of the person their first concern and act in their best interests
- use their judgement to make clinical and professional decisions with the person or others
- have the information they need to provide appropriate care
- declare any personal or professional interests and manage these professionally
- practise only when fit to do so
- recognise the limits of their competence
- consider and manage appropriately any personal or organisational goals, incentives or targets and the care they provide reflects the needs of the person
Standard 6

Pharmacy professionals must behave in a professional manner

Applying the standard

People expect pharmacy professionals to behave professionally. This is essential to maintaining trust and confidence in pharmacy. Behaving professionally is not limited to the working day, or face-to-face interactions. The privilege of being a pharmacist or pharmacy technician, and the importance of maintaining confidence in the professions call for appropriate behaviour at all times. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- are polite and considerate
- are trustworthy and act with honesty and integrity
- show empathy and compassion
- treat people with respect and safeguard their dignity
- maintain appropriate personal and professional boundaries with the people they provide care to and with others
Standard 7
Pharmacy professionals must respect and maintain a person’s confidentiality and privacy

Applying the standard

People trust that their confidentiality and privacy will be maintained by pharmacy professionals, whether in a healthcare setting – such as a hospital, primary care or community pharmacy setting – in person, or online. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential. The principles of confidentiality still apply after a person’s death. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

• understand the importance of managing information responsibly and securely, and apply this to their practice
• reflect on their environment and take steps to maintain the person’s privacy and confidentiality
• do not discuss information that can identify the person when the discussions can be overheard or seen by others not involved in their care
• demonstrate leadership so that everyone in the team understands the need to maintain a person’s privacy and confidentiality
• work in partnership with the person when considering whether to share their information, except where this would not be appropriate
Standard 8

Pharmacy professionals must speak up when they have concerns or when things go wrong

Applying the standard

The quality of care that people receive is improved when pharmacy professionals learn from feedback and incidents, and challenge poor practice and behaviours. This includes speaking up when they have concerns. At the heart of this standard is the requirement to be candid with the person concerned and with colleagues and employers. This is usually called the ‘duty of candour’ – which means being honest when things go wrong. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- promote and encourage a culture of learning and improvement
- challenge poor practice and behaviours
- raise a concern, even when it is not easy to do so
- promptly tell their employer and all relevant authorities (including the GPhC) about concerns they may have
- support people who raise concerns and provide feedback are open and honest when things go wrong
- say sorry, provide an explanation and put things right when things go wrong
- reflect on feedback or concerns, taking action as appropriate and thinking about what can be done to prevent the same thing happening again
- improve the quality of care and pharmacy practice by learning from feedback and when things go wrong
Standard 9

Pharmacy professionals must demonstrate leadership

Applying the standard

Every pharmacy professional can demonstrate leadership, whatever their role. Leadership includes taking responsibility for their actions and leading by example. Wherever a pharmacy professional practises, they must provide leadership to the people they work with and to others. There are a number of ways to meet this standard and below are some examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

• take responsibility for their practice and demonstrate leadership to the people they work with
• assess the risks in the care they provide and do everything they can to keep these risks as low as possible
• contribute to the education, training and development of the team or of others
• delegate tasks only to people who are competent and appropriately trained or are in training; and exercise proper oversight
• do not abuse their position or set out to influence others to abuse theirs
• lead by example, in particular to those who are working towards registration as a pharmacy professional
## 1. Aims and purpose of the project/policy

The aim of the review is to produce revised standards for pharmacy professionals, through an extensive programme of engagement, that apply to all pharmacists and pharmacy technicians, at all times, whatever their scope of practice.

The aim of the standards is to explain the attitudes and behaviours that must be demonstrated by pharmacy professionals so that patients and the public receive safe and effective care, and can have trust and confidence in pharmacy.

The standards have been revised based on what we have heard and learnt through our regulatory work, such as the discussion paper on patient-centred professionalism, the IPSOS MORI research on public perceptions of pharmacy, and the evaluation of our approach to modernising pharmacy regulation.

The standards must take account of the new and changing roles for pharmacy professionals and healthcare more widely and be fit for purpose for the future. The standards must support a culture of professionalism, and be accessible to a range of audiences, including patients and the public, and pharmacy professionals.
2. Review available information and/or data

The draft standards, once approved, will apply to all pharmacists and pharmacy technicians.

The current registration equality data (as of 6 September 2016):

- **Number of Registrants**
  - 77,291 registered pharmacists and pharmacy technicians
  - 54,054 pharmacists
  - 23,237 pharmacy Technicians

- **Gender Profiles**
  - Females: 53,661
  - Males: 23,623
  - Unknown: 7

- **Ethnicity Profile**
  - Asian: 20,591
  - Black: 3,633
  - Mixed: 409
  - Not Supplied/Unknown: 6,246
  - Other: 1,509
  - White: 44,856

- **Age Profile**
  - 20-29 Years of Age: 16,743
  - 30-39 Years of Age: 23,797
  - 40-49 Years of Age: 17,592
  - 50-59 Years of Age: 14,083
  - 60-74 Years of Age: 4,777
  - +75 Years of Age: 188
  - Unknown: 111

- **Disability Profile**
  - Disabled: 268
  - Not Disabled: 34,755
  - Unknown: 42,268

Note: We are seeking to extend the categories to include 7 protected characteristics in the future.

Our current standards were agreed by our council in June 2010. During the six years they have been in use, there have been many changes in pharmacy, and healthcare more widely. Pharmacy professionals are providing a greater range of services, in new and innovative ways, and are working in new areas.

In **October 2014** we announced the review of the standards of conduct, ethics performance.

In developing the draft standards we have drawn on information and feedback received over the previous five years as part of our ongoing work. There have been clear statements from ministers across Great Britain about the importance of further unlocking the potential and capacity of pharmacy professionals, including in the Scottish Government’s report, A Prescription for Excellence, and NHS England’s Pharmacy call to action. In addition we have attempted to embed learning from the inquiries into Mid Staffordshire NHS Foundation Trust, the Trusted to
Care report into care at Abertawe Bro Morgannwg University Health Board, and the inquiry into the Vale of Leven hospital. These all highlight failures of care and circumstances where clinicians and those providing care have failed to show professionalism.

We published a discussion paper on 24 April 2015 for nine weeks to help us understand what is important to our stakeholders when they think about patient-centred professionalism in pharmacy. The feedback from which has been used extensively in the development of our draft standards.

We developed a deliberative process which brought together members of the public from different backgrounds and lifestyles to debate issues over an extended period. Deliberative research was chosen because it would allow participants time and space to understand the issues relating to public and patient expectations.

We heard from patients and the public, pharmacy professionals, trainees and students, as well as a range of pharmacy organisations across Great Britain.

We set up specific patient and public focus groups across England, Scotland and Wales to ask questions about their expectations of pharmacy professionals.

We held three half-day workshops in London, Cardiff and Edinburgh during May 2015.

In total 43 participants attended. Participants were recruited by Community Research to be broadly representative of the British population as a whole, with reference to the following criteria:

- Gender
- Age group
- Ethnic background
- Working status
- Social grade
- Family composition (i.e. whether they have dependent children in the household)
- Disability and recent health experience

Excellent feedback was provided during these events, although there were no specific equalities issues raised.

(Following the initial draft of this EIA the formal consultation on the draft standards were undertaken from 4 April 2016 to 27 June 2016 the outcome of which is documented below).

| 3. Screening for relevance to equality and diversity issues |
|-----------------|-----------------|
| Does this project/policy have any relevance to (delete as appropriate) |
| Race | Yes |
| Gender reassignment | Yes |
4. From the answers supplied, decide what further work needs to be undertaken if the proposal impacts upon diversity or equality issues.

A formal consultation was undertaken from 4 April 2016 to 27 June 2016.

We believe the standards for pharmacy professionals will have positive implications for people, support the general principles of promoting equality and mitigate the risk of bias or discrimination. Our focus, reflected in the standards, is on delivering person centred care, and understanding a person’s values and needs when providing care.

Specific examples considered below:

Draft standard 1: Pharmacy professionals must provide person-centred care refers to recognising and valuing diversity and respecting cultural differences, making sure that every person is treated fairly whatever their values and beliefs. It emphasises the importance of pharmacy professionals recognising their own values and beliefs but not imposing them on other people.

Draft standard 3: Pharmacy professionals must communicate effectively highlights the need for pharmacy professionals to adapt their communication to meet the needs of the person they are communicating with.

We also highlighted in the consultation areas where further guidance might be needed where there could be equalities implications. These include:

- Consent
- Confidentiality
- Maintaining sexual boundaries
- Provision of services affected by religious and moral beliefs

We see the promotion of guidance in these areas as likely, if anything, to have a net positive impact on those who may be at risk from discrimination.

In order to better understand any potential implications, we included a specific question as part of the consultation:

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<td>Sex</td>
<td>Yes</td>
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<tr>
<td>Disability</td>
<td>Yes</td>
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<tr>
<td>Marriage or Civil Partnership</td>
<td>Yes</td>
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<td>Age</td>
<td>Yes</td>
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<td>Religion or belief</td>
<td>Yes</td>
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<tr>
<td>Sexual Orientation</td>
<td>Yes</td>
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<tr>
<td>Pregnancy or Maternity</td>
<td>Yes</td>
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• Are there any aspects of the standards that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups? Yes/No

• If you have any comments on the potential impact of the standards, please give these in the box below.

In the consultation document we made clear the option to contact us for a copy of the document in another format (for example, in a larger font or in a different language).

Full EQA required | Yes

5. Consultation / Involvement

Standards for pharmacy professionals consultation – 4 April 2016 to 27 June 2016

A wide variety of communication channels were used to maximise participation in the consultation across a diverse range of stakeholder groups, and both general and targeted engagement were used to reach all potential audiences. Further information about our communication and engagement activities can be found in our engagement and communications report.

A total of 1,295 responses were received from individuals and organisations through our online response form, email and by post. In addition, we discussed the standards in 35 events held across Great Britain, engaging with 378 patients and members of the public and 1,279 pharmacy professionals. The analysis of responses can be found in here.

6. Date and method of consultation

Please see the analysis of responses.

7. Give a brief summary of the results of the consultation / involvement? How have these affected the proposal?

In total, 1,295 written responses to the consultation were analysed. Alongside this, we have analysed the responses from face to face meetings and events.

In summary:

i. 97% of respondents found the introduction to be clear

ii. 93% of respondents agreed with our approach to students and trainees

iii. 95% of respondents thought the standards were clear

iv. 96% of respondents thought the ‘applying the standards’ section was helpful and approx. 94% thought this section was clear and easy to understand

v. 90% of respondents agreed with our approach to religious and moral beliefs
vi. 12% of respondents believed that the standards could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups

We have made a number of drafting changes in light of the responses we received. However, we do not propose any changes to the overall approach to the standards for pharmacy professionals.

Respondents raised a range of issues, broadly in six categories:

i. Observations about the generic nature of the standards and requests for detailed guidance

ii. The application of the standards to non-patient facing roles

iii. Religious and moral beliefs

iv. What the standards mean for students and trainees

v. The role of owners and superintendents, and workplace pressures

vi. Clarity about the relationship between the standards, and fitness to practise and continuing fitness to practise

In the consultation under the standard ‘Pharmacy professionals must provide person-centred care’, we said:

People receive safe and effective care when pharmacy professionals:

i. Recognise their own values and beliefs but do not impose them on other people

ii. Tell relevant health professionals, employers or others if their own values or beliefs prevent them from providing care, and refer people to other providers

Most respondents, around 90%, agreed with the approach proposed. Some of the pharmacy organisations who commented on this matter welcomed the approach as it confirms current practice.

The majority of those who commented in this section were of the view that pharmacy professionals should not be able to refuse services based on account of their personal beliefs. This, it was argued, would contradict the principle of providing person centred care. This sentiment was also echoed in the pharmacy user engagement events as well as some of the responses from organisations representing patients and the public.

Reflecting on what we have heard, and further considering case law and the requirements of the Human Rights Act 1998 and the European Convention on Human Rights and Equality Act 2010, we propose a change to the wording we consulted on.
We intend to keep the standard as drafted but to change the example given under the standard to provide greater clarity about our commitment to patient-centered professionalism. This will set reinforce our desire to strike an appropriate balance between the needs of the person to receive safe and effective care and the need to avoid discrimination on the basis of personal beliefs and values of individual pharmacy professionals.

In line with our strategy to promote a culture of professionalism and our focus on person-centred care, we propose making clear that a pharmacy professional’s religious and moral beliefs are not an acceptable reason to discriminate against the people in their care, whether because of their protected characteristics or because of the type of services they require. Every person using pharmacy services must have confidence that they will receive high quality care. Pharmacy professionals must therefore take responsibility for ensuring that person-centred care is not compromised by their beliefs, and not put themselves in the position where people are unable to access the care they require.

We propose changing the wording of the example given under Standard 1 to “take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs” which reflects the paragraph set out above.

We will also be confirming our intention to develop guidance on this subject. As part of the development process we will: consult on the updated wording proposed as set out in the paragraph above; explore this issue in more detail to ensure future guidance reflects accurately both the needs of patients and the public, the rights of registrants, as well as our expectations. In summary, it is important that future guidance achieves the aim of supporting registrants to meet the standard and is consistent with the legal framework.

8. Full impact assessment

Explain the potential impact (whether intended or unintended, positive or adverse) of the proposal on individuals or groups on account of:

| Race – consider impact on people of different ethnic groups, nationalities, Gypsies, Travellers, languages etc. |
| No adverse impact identified |

| Gender reassignment – consider impact on transsexual and transgender people including bullying, harassment and discrimination issues not least ensuring privacy of data to avoid disclosure of gender history. |
| The Gender Identity Research and Education Society (GIRES) expressed the view that person-centred care “should prevent the possibility for pharmacists to pass a person on to someone else because they don’t ‘approve’ of the use of particular products for particular people, owing to their |
We believe that issues raised here have been mitigated by the drafting changes identified above and the draft standards themselves.

| **Sex** – consider impact on men and women; working arrangements, for example, part-time, shift working, caring responsibilities. |
| No adverse impact identified |

| **Disability** – consider environmental, social and attitudinal barriers. |
| No adverse impact identified |

| **Marriage or Civil Partnership** – consider impact on married people or people in a civil partnership, young or old. |
| No adverse impact identified |

| **Age** – consider impact on people of different ages such as young or old. |
| No adverse impact identified |

| **Religion or belief** – consider impact on people with different religions or beliefs, or none. |
| Most respondents to our consultation (90%) agreed with the approach consulted on as did some of the pharmacy organisations who commented on this matter as it confirms current practice. |

However the majority of those who commented in this section were of the view that pharmacy professionals should not be able to refuse services based on account of their personal beliefs. This, it was argued, would contradict the principle of providing person centred care. This sentiment was also echoed in the pharmacy user engagement events as well as some of the responses from organisations representing patients and the public.

In addition, the Patient Centred and Equality Group proposed that discrimination and stigma could have a greater emphasis and raised concern that a pharmacy professional’s values and beliefs “could be used as an excuse not to provide an evidence based service”, such as take home methadone treatment. They also proposed that, “a service may be provided but individuals can still be treated differently. It needs to be clear that pharmacists should not make value judgments about [a] patient’s current or previous lifestyle.”

Some of those who agreed with the proposed approach set out in the GPhC consultation document emphasised that provisions for alternative ways of accessing care or a service would have to be made.

There was also a view expressed that referring to another service provider in itself could be against a pharmacy professional’s values and beliefs. The Christians in Pharmacy Network highlighted in referencing to supplying abortifacients, Emergency Hormonal Contraception and drugs for assisted suicide that “the strongly held moral convictions of the pharmacy practitioner may prevent them, in good conscience, from actively recommending another source of supply.” Furthermore, it was said that refusing to provide a service was likely to have a detrimental impact
on the pharmacy professional as it would likely affect their employment opportunities.

We believe that the detailed examples expressed here should be explored as part of the development of our consultation on guidance to ensure that all relevant issues are explored appropriately and in detail so that the guidance supports registrant in meeting the standards.

**Sexual Orientation** – consider impact on bixexual, gay, heterosexual or lesbian.

The National LGB&T Partnership highlighted that an “array of diverse examples would ensure that a greater variety of possible situations are considered, and needs subsequently more likely to be met.” To demonstrate how pharmacy professionals could provide person centred care, they proposed examples such as, “times where patients come in with same-sex partners, where patients have English as their second language, and where LGBT people ask for guidance around, or disclose they are self-medicating, [and] prescriptions such as hormones and PrEP”.

We believe that issues raised here have been mitigated by the drafting changes identified above and the draft standards themselves and guidance will allow greater support for those who need it.

**Pregnancy or Maternity** – consider impact on pregnant women and those on maternity leave.

No adverse impact identified

**Welsh Language Scheme** – consider the linguistic consequences. Contact our scheme manager and Director for Wales for further advice.

The standards will be translated into Welsh for Welsh speaking public.

No adverse impact identified

**Other Issues**

n/a

### 9. Monitoring

a) How will the implementation of the proposal be monitored and by whom?

The areas we have identified that may have an impact on individuals or groups will require additional guidance to support the implementation of the Standards. Guidance on religious and moral beliefs will be consulted on, the outcomes of which will be taken into account in the final versions and reviewed periodically.

b) How will the results of monitoring be used to develop this proposal and its practices?

What we have heard as a result of the consultation will develop the proposal further and it will be reviewed every 3-5 years
c) What is the timetable for monitoring, with dates?

The standards will be reviewed every 3-5 years.

Presently guidance on religious and moral beliefs is timetabled to be consulted around mid November for 8 weeks.
Guidance on managing personal values and beliefs

Purpose
To inform Council about GPhC plans to develop and consult on guidance that supports managing personal values and beliefs when delivering person-centred care.

Recommendations
Council is asked to note our approach to developing guidance about managing personal values and beliefs when delivering person-centred care.

1. Background
1.1 The GPhC launched a consultation on draft standards for pharmacy professionals in April 2016. The consultation ran for 12 weeks and closed on 27 June 2016. Council has separately been asked to agree the standards for pharmacy professionals (16.10.C.02).

1.2 In the consultation document, under the standard ‘Pharmacy professionals must provide person-centred care’, we said:

People receive safe and effective care when pharmacy professionals:

- recognise their own values and beliefs but do not impose them on other people
- tell relevant health professionals, employers or others if their own values or beliefs prevent them from providing care, and refer people to other providers

1.3 Most respondents to the online survey (around 90%) agreed with the approach proposed. Some of the pharmacy organisations who commented on this matter welcomed the approach as it confirms current practice.

1.4 The majority of those who commented in this section were of the view that pharmacy professionals should not be able to refuse services on account of their personal beliefs. This, it was argued, would contradict the principle of
providing person-centred care. This sentiment was also echoed in the pharmacy user engagement events as well as some of the responses from organisations representing patients and the public.

1.5 It is important to note that the majority of respondents to the online survey were pharmacy professionals or organisations. Our engagement with patients and the public was predominantly through events and workshops where it was not possible to capture individual responses to the formal questions we asked in the consultation.

1.6 Having reflected on the feedback from the consultation and Council’s own analysis, we are proposing a small change to drafting which reflects better the overarching principle and focus on person-centred professionalism.

1.7 The proposal is to keep the first bullet point in paragraph 1.2 above but replace the second bullet point with the following:

- take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs

1.8 On reflection the previous drafting in the consultation has the potential to prescribe a course of action which would be better set out in guidance, following more wide-ranging engagement with interest groups. In line with Council’s strategic approach to standards, the proposed revised wording focuses on the outcome to be achieved rather than the means of achieving it.

1.9 Given both the change of wording and the importance in setting the context for the supporting guidance, we are proposing that the consultation on values and beliefs includes a specific question on this new wording in the standards.

2. Our approach to developing guidance

2.1 There are a number of ways that pharmacy professionals can take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs, and we propose that guidance should explain this in more detail.

2.2 It is our intention also that the guidance will make clear that there is an important role for pharmacy owners and superintendent pharmacists in supporting pharmacy professionals to provide person-centred care and ensure that they also are aware of this.

2.3 The GPhC will develop guidance that reflects:

- the GPhC strategy and our commitment to ensuring person-centred care
- the context in which pharmacy professionals practice
2.4 Developing guidance will also enable us to engage thoroughly with a wide range of groups and individuals: registrants and pharmacy staff as well as, critically, patients and members of the public.

2.5 Our intention is to begin engagement on the guidance shortly, using the feedback from the consultation to inform the final draft guidance.

2.6 Council will be asked to agree the guidance in advance of the new standards for pharmacy professionals coming into effect, so that the guidance is available alongside the new standards being implemented.

2.7 We will seek views about:
   - the new draft wording in the standards for pharmacy professionals (paragraph 1.7)
   - the impact of the proposed guidance as part of the consultation; and
   - will also conduct a further equality analysis that builds on the one we have already developed for the new standards for pharmacy professionals

3. **Equality and diversity implications**

3.1 Equality and diversity implications will be considered when drafting the guidance and will be highlighted in any formal consultation documents.

3.2 There are inherent equality and diversity implications in any decision Council makes in relation to guidance in this area. There are therefore also implications in the process that the Council adopts for the review.

3.3 The process must be free from discrimination and fair to all individuals and groups.

4. **Communications**

4.1 Clear communication about the process the GPhC will adopt will be necessary. In addition, there will need to be clear communication about the opportunities for involvement or engagement with those individuals and organisations that have an interest in this area.

4.2 Failure to communicate properly about this could lead to concerns that the process or consultation is not credible, therefore undermining any future Council guidance.

5. **Resource implications**

5.1 The resource requirements can be met within existing resources.
6. Risk implications

6.1 This is a particularly sensitive area, with individuals and organisations often having polarised views, and there are a number of risks to people who need to receive care, pharmacy and the GPhC.

6.2 There are risks that poor communication and engagement result in misunderstanding about what the GPhC is proposing and why.

6.3 There is always a risk of legal challenge but it is important that our guidance reflects the most up-to-date legal analysis and makes clear the responsibilities of owners, of registrants and others.

6.4 Failure to identify equality and diversity implications will have a negative effect, not only on patients and users of pharmacy services and registrants, but also on the reputation of the organisation.

Recommendations

Council is asked to note our approach to developing guidance about managing personal values and beliefs when delivering person-centred care.

Hugh Simpson, Director of Strategy
General Pharmaceutical Council
hugh.simpson@pharmacyregulation.org
020 3365 7803

6 October 2016
Professional Standards Authority (PSA) annual performance review 2015–16

Purpose
To provide Council with an update on the Professional Standards Authority (PSA) performance review process.

Recommendations
Council is asked to note this paper.

1. Introduction
1.2 This was the first report on the GPhC since the introduction of the Authority’s revised performance review process.
1.3 The review concluded that the GPhC had met all the standards of good regulation for 2015–16.

2. Performance review 2015–16
2.1 The PSA assesses regulators’ performance against its standards of good regulation which cover the following areas:
   - guidance and standards
   - education and training
   - registration
   - fitness to practise
2.2 The standards of good regulation do not capture the GPhC’s work in regulating registered pharmacies. The PSA will be reviewing the standards of good regulation in 2016–17 and as part of that review will consider how this aspect of the GPhC’s work can be incorporated into future performance reviews.
2.3 After considering evidence gathered throughout the year, including policy and guidance documents, council papers, statistical datasets and checks of our register, the PSA carried out a targeted review to look at the GPhC’s performance against two of the standards for fitness to practise.

2.4 The PSA was concerned about the GPhC’s performance against the standard for timely progression of fitness to practise cases. The annual dataset indicated an increase in median time taken from initial receipt of complaint to final fitness to practise committee determination.

2.5 We were, however, able to demonstrate that the increase in overall length of time taken to dispose of cases was directly linked to the disposal of older cases, and that the increase in the overall median time taken was an inevitable short-term consequence of this progress.

2.6 Taking into consideration the additional information provided, and other measures which show an overall improvement in the GPhC’s performance, the PSA concluded that the standard had been met.

2.7 The report also highlighted a number of activities and actions that demonstrated how we were meeting the standards, including:

- wide-ranging engagement on the revised standards for pharmacy professionals (formerly standards of conduct, ethics and performance)
- the publication of a discussion paper on patient-centred professionalism which asked patients, the public and pharmacy professionals to join a national conversation about what patient-centred professionalism means to them
- action taken to address concerns identified about an education provider through the accreditation process
- commissioning an independent review and carrying out an operational review of the CPD process
- a more robust ‘raising concerns’ section of the GPhC website that is more accessible, with clear information about the types of complaints the GPhC can address and signposting to other organisations

2.8 The PSA continues to monitor the GPhC, and other health and social care regulators, throughout the year and reports to Parliament on an annual basis.

3. **Equality and diversity implications**

3.1 There are no equality and diversity implications raised in this paper.

4. **Communications**

4.1 The report was published on the GPhC website. We continue to report on progress and performance to Council throughout the year; those reports are available to the public through our website.
4.2 The PSA publishes performance review reports of regulators on its website.

5. **Resource implications**

5.1 The PSA is funded for its performance review activities through a levy imposed on all the health and social care regulators it oversees.

5.2 The GPhC paid £189,738 for 2016–17. The Authority is currently consulting on the level of the levy for 2017–18.

6. **Risk implications**

6.1 There are risks for the GPhC if it fails to respond adequately to the PSA recommendations and observations. The GPhC has effective arrangements in place to ensure it is monitoring progress and performance in all areas covered by the PSA standards of good regulation.

**Recommendations**

Council is asked to note this paper.

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