

Monday 24 April 2014

Improving Health and Patient Care through Community Pharmacy – A call to action

Written submission by the General Pharmaceutical Council

1. About the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It is our role to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services in England, Scotland and Wales. Our principal functions include:

- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- maintaining a 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.

2. Our vision

The vision of the GPhC is for pharmacy regulation to play its part in improving quality in pharmacy practice and, ultimately, health and wellbeing in England, Scotland and Wales. That is why we welcome the opportunity to provide a response to this Call to Action, which recognises the potential of community pharmacy services to deliver great patient care effectively and efficiently.

3. Our Strategic Plan

The GPhC's [Strategic plan 2014-17](#) focuses on four key strategic objectives and, specifically, on the themes of patient experience and patient voice, transparency, candour, whistleblowing, professionalism and partnership working. In particular, the plan sets out our ambition to put "people at the heart of what we do as a regulator" and to promote "a culture of patient-centred professionalism in pharmacy".

NHS Call to Action Questions for local discussion

Question 1: How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

In order for patients and the public to be able and willing to utilise pharmacy services more, they need, among other issues, to be able to rely on an assurance that pharmacy practice is well regulated. The GPhC believes that patients and the public should, at all times, be confident that any pharmacy premises they visit will meet published standards and that they will be treated and cared for professionally and competently, in a safe environment. In order to ensure that this is the case, the GPhC promote range of standards against which we make judgements about either the accreditation of education courses and course providers, the fitness to practise of registrants, or the standards of services being provided from registered pharmacies.

These include:

- [Standards for education and training](#)
- [Standards of conduct, ethics and performance](#)
- [Standards for registered pharmacies](#)

Alongside the introduction of the *Standards of registered pharmacies*, the GPhC is running a prototype of our new inspection model, which reflects our desire, and the sentiments expressed in the Francis report, to move away from a regulatory model where checking compliance is the sole purpose. We have two core aims: firstly to ensure that we provide assurance to patients and the public that registered pharmacies are meeting core standards and that appropriate action is taken when concerns are raised; and secondly, to highlight good practice for those within pharmacy, including community pharmacy, to help facilitate spread of quality and innovation in pharmacy practice. To support these aims we intend, once we have appropriate legislative powers in place to publish inspection reports, which will be available on our website. It is our aspiration that publication of these reports, will improve the public's understanding of what community pharmacy can deliver and the standards against which they are required to meet.. This will, we hope, be a driver of continuous improvement in community pharmacy practice.

We recognise that the creation of a culture of public understanding and wide utilisation of pharmacy services will not happen overnight, and that the GPhC as the regulator has a limited role to play. However, the increasing realisation of the potential of pharmacy services to alleviate the pressures on other parts of the health system, including acute and social care settings and to provide healthy living advice to patients is already a step in the right direction.

Question 2: How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

The GPhC does not have a role in the commissioning of pharmacy services. However, our standards for registered pharmacies, which describe the outcomes patients should receive from services provided at and from registered pharmacies, are inherently flexible and can provide a clear framework for the full range of services which are either provided now, or could increasingly be provided by pharmacies in the future. This assurance is important for patients, but also has the potential to benefit the range of commissioners of services (in England) with potential to reduce duplication of information gathering and assurance information.

We are working towards a Memorandum of Understanding with NHS England to ensure we consider opportunities to reduce burdens on pharmacies, while also ensuring any regulatory gaps are identified and managed to ensure patient protection.

The GPhC commissioned a large scale survey of its registrants in 2013. This *Registrant survey 2013*, to be published in April, demonstrates that pharmacists are already spending significant time engaging with patients and dealing with medicines, with 84% of pharmacists working in community pharmacy reporting "providing advice and information to patients and carers" and "supplying medicines and medical devices" as their key responsibilities. We recognise that, subject to appropriate governance and compliance with legal requirements, for greater flexibility within the pharmacy team for changes to roles. In particular we support further consideration of the growing role of pharmacy technicians in providing advice and information to patients and carers, with only 68% of those surveyed citing this as a responsibility of their role currently.

The GPhC will be happy to supply a full analysis of the *Registrant survey 2013* in due course.

Question 3: How can we better integrate community pharmacy services into the patient care pathway?

The standards we set for the education and training of pharmacists already reflect the fact that many graduates will work in community pharmacy. Education standards are reviewed on a rolling basis to ensure they always reflect contemporary practice and in our regular accreditation visits we check that schools are delivering a curriculum that equips students to enter and thrive in community pre-registration training. This regular review and accreditation of programmes therefore ensures we are responsive to the changing nature of expectations of the pharmacy profession, and should help ensure that newly qualified pharmacists are better equipped to meet the needs of patients whose care involves community pharmacy services as part of their patient care pathway.

We established a working group to review the outcomes required by the GPhC's standards for the initial education and training of pharmacists and published draft revisions to these outcomes in 2013. The working group concluded that changes to our standards were required to reflect both the current clinical role of pharmacists, as well as the likely additional roles, particularly in public health and prescribing, that they would need to take on in future. This conclusion was supported by our Council and we expect to consult on new outcome standards for education and training of pharmacists in 2014.

Our education standards are integrated, covering both the MPharm degree and pre-registration training. We are aware that pharmacy education reforms are being proposed in all countries of Great Britain and they should improve the education and training experience for pharmacists further by increasing the interaction between academic study and professional training. For the first time in 2013 we surveyed pre-registration trainees about their training experience – we will be repeating this in 2014 and 2015 and the results of the surveys will inform our standards development work and our education quality assurance processes.

As described earlier, GPhC published [Standards for registered pharmacies](#) in September 2012. The purpose of these standards is to create and maintain the right environment, both organisational and physical, for the safe and effective practice of pharmacy, and seek to ensure that health, safety and wellbeing of patients and the public is safeguarded. The standards set out the outcomes we expect from all registered pharmacies, including primary healthcare services provided by the pharmacy team. We are prepared for new and emerging kinds of service delivery in pharmacy, including through a new memorandum of understanding with the Care Quality Commission which requires us to consider with them areas of service delivery that challenge traditional regulatory boundaries, and ensure gaps and overlaps in regulatory oversight are appropriately addressed.

Question 4: How can the use of a range of technologies increase the safety of dispensing?

The GPhC recognises the speed at which technology is changing and the substantial impact that this could have on pharmacy and activities such as dispensing of medicines and medical devices. Academic research exists which shows that there are significant patient safety benefits from increasing use of technology in the dispensing process, subject to suitable management controls. These developments are seen throughout much of hospital pharmacy, but we do see increased benefits within community pharmacy.

We have also confirmed our intention to widen the scope of guidance we had planned on internet pharmacy services to cover those pharmacies carrying out other forms of distance selling and non-face-to-face transactions, such as mail order. This raises a number of complex legal issues, such as cross-border retail within the EU, which we need to consider before finalising this guidance. Our expectation is that this guidance will be subject to public consultation within the next few months, with a view to publication before the end of this year.

The issues raised are applicable to more than one specific technological innovation. This has led us to conclude that further research and engagement is required, to help ensure we can address emerging models of pharmacy practice. The ultimate aim is to make sure that advances in technology improve rather than undermine patient safety, and that the GPhC, as a guarantor of health, safety and wellbeing in community pharmacy, remains responsive to and enabling of innovation in practice.

Conclusion

The GPhC, as the pharmacy regulator, cannot drive change on its own within the culture of community pharmacy and we have a limited role to play. However, our organisation's strategy reflects our desire to ensure that where regulatory intervention is appropriate, it is done in a way which seeks to support innovation, improvement and enable the harnessing of pharmacy's potential. This is most obviously reflected in our standards for registered pharmacies, supported by our new inspection model. We are happy to contribute further to any discussions that NHS England wishes to take forward following this call to action.