

# Patient-centred professionalism in pharmacy – responses to the discussion paper

## **Contents**

**Section 1: Background and introduction**

**Section 2: How we engaged**

**Section 3: Who we heard from**

**Section 4: What we heard**

**Section 5: Next steps**

**Appendix 1: Respondent data**

**Appendix 2: Organisations that responded to the discussion paper**

# Section 1: Background and introduction

The GPhC believes that pharmacists and pharmacy technicians join the profession because they want to help patients and the public to manage and improve their health and wellbeing; and that the fulfilment they get from this drives them to do the work they do. We also know that patients place their trust in pharmacy professionals. They trust that pharmacists and pharmacy technicians will be appropriately trained and qualified, will behave professionally, and will help them to manage and improve their own health and wellbeing.

On 24 April 2015, the GPhC published a discussion paper, *Patient-centred professionalism in pharmacy*, to begin a national conversation about what it means to be a pharmacy professional in the 21<sup>st</sup> century and what patients and the public expect from pharmacy professionals today.

The GPhC is reviewing the standards of conduct, ethics and performance which apply to every registered pharmacy professional, as well as every pre-registration pharmacist trainee and pre-registration pharmacy technician. The outcomes of the discussion on patient-centred professionalism will inform the review of these standards as well our wider approach to regulation and promotion of professionalism.

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 finally asked for examples to support this.

## Section 2: How we engaged

The GPhC used a wide variety of methods to engage with patients and the public, pharmacy professionals and organisations across England, Scotland and Wales. The discussion paper was published on our website alongside an online survey, and it was shared with key stakeholders. The GPhC also used social media to raise awareness of the discussion paper and as a means of hearing from people, this included a Twitter chat supported by #WePharmacists.

We engaged with pharmacy professionals at both the Clinical Pharmacy Congress and the Association of Pharmacy Technicians Conference.

An independent community research group was used to assist us in our engagement with patients and the public across England, Scotland and Wales. In addition we engaged with the Greater London Forum for Older People. We engaged with pharmacists and pharmacy technicians by attending Local Pharmaceutical Committee (LPC) meetings across England.

## Section 3: Who we heard from

We heard from 502 individuals, including 35 organisations across England, Scotland and Wales over the course of nine weeks. Of these, 112 identified themselves as patients and members of the public, and 249 identified themselves as pharmacy professionals. Individuals and organisations shared their views and in some cases submitted existing research.

A detailed breakdown of respondents by source, pharmacy professional, patients and members of the public, organisation and location can be found in Appendix 1.

## Section 4: What we heard

This section summarises what we heard, and organises the examples and characteristics into themes. The responses to the paper have helped us find out what is important to people when they talk and think about patient-centred professionalism in pharmacy, and to consider how this professionalism can be focused on the needs and hopes of patients and the public.

### 1. Being patient-centred and professional

We asked:

- What characteristics does someone who is professional demonstrate?
- What characteristics does someone who is patient-centred demonstrate?

There was a lot of consistency in what we heard across both questions and what we have found from the feedback is that being patient-centred and being professional are one and the same thing. We have therefore summarised the responses as one and have grouped what we heard under broad themes:

#### a) Behaviours

Respondents presented a number of descriptors to explain the behaviours that a person who is patient-centred or professional demonstrates. These focused on the way in which patients are treated and the values and attitudes of pharmacy professionals. Examples included treating people with respect, being caring, compassionate and demonstrating empathy. Honesty and integrity were considered important, as were other characteristics such as demonstrating confidence, being friendly and understanding, and also approachable.

*“The pharmacy professional should exhibit the principles of public life in terms of selflessness, integrity, objectivity, accountability, openness, honesty and leadership.”*  
**Member of the public, England**

*“Treat patients and their carers and families with respect, dignity and compassion.”*

**Pharmacist, England**

## **b) Patient-centred care**

Throughout, respondents told us about the importance of maintaining a patient-centred focus. This included the active participation of patients in their care, working in partnership with patients to manage their care, tailoring advice to the needs of the patient, understanding the need for a holistic approach to patient care and putting the patient first.

*“Being patient centred is about working in partnership with patients to help them to get the most from their medicines.”*

**Pharmacy technician, England**

*“Understands patient needs. Understands why patients behave, think, do things the way they do which may be different to how we (as healthcare professionals) require them to.”*

**Pharmacist, England**

## **c) Knowledge, skills and development**

We heard about the importance of having the right skills and knowledge, and importantly, working within an individual’s competence. Some people shared that developing a professional’s knowledge and skills must happen over the course of their career, and not solely through undergraduate training. Examples shared included being competent and knowing when to refer patients to others or ‘signpost’. Respondents told us about the importance of having up to date training, doing continuing professional development, having good consultation skills, and being keen to engage with and learn from problems. We heard that it is important for professionals to have good reflection skills, and to be aware of the limits of their own knowledge.

*“Knows limits of their competencies / professional knowledge and acts within them”*

**Pharmacist, Wales**

*“Ensuring that they are up to date with their current practice.”*

**Pharmacy technician, England**

## **d) Communication**

Within the theme of communication, respondents highlighted the importance of all of the skills that are necessary to communicate well with patients and others. Respondents explained that it is important to think about both verbal and non-verbal communication. And that communication is not just important in the context of conversations with patients, but also with other healthcare professionals. Examples included actively listening, tailoring communication and the language used

to suit the needs of that person. We also heard about the importance of eye contact and body language.

*“Active listening. Focused on the patient as a unique individual.  
Generates active participation of the patient in their care”*  
**Pharmacy technician, England**

*Listens, speaks clearly with regard to the customer's characteristics  
and any impairments, confidential, patient, no jargon, takes the  
appropriate time for the person, allows questions*  
**Member of the public, England**

## e) Team work

Respondents told us not just that it is important to work as part of a team, but that working well with others should be for the common goal of good patient care. Others suggested that team work included working collaboratively as a multidisciplinary team and with the patient, to improve their health. We heard that team work included ensuring the patient receives optimal treatment by bringing together the views of a collective group of healthcare professionals. We heard about the importance of recognising when to involve other professionals and services, and helping to facilitate this to support patients. Other examples included being respectful of colleagues and supporting shared decision making.

*“Respecting colleagues, other healthcare professionals and pharmacy  
staff from other sectors of the profession”*  
**Pharmacist, England**

*Not only working collaboratively as a multidisciplinary team but  
together with patients to improve health*  
**@TeamPreReg**

## f) Professional judgement

We heard that it is important for patient-centred professionals to use their professional judgement to consider what's in the patient's best interest, and whether there are any legal issues that apply and manage any apparent conflict between these. In some of the feedback we received, people suggested that professionals must act outside of normal procedures or protocol when appropriate in the best interests of people who access their services. We also heard that professional judgement involves taking into account all information before making a professional decision on a course of action, and managing competing priorities. Another example shared was making the right decision, not necessarily the easy decision, for the patient every time.

*Accountability for their decisions and actions*  
**Pharmacy technician**

*Prioritise and balance their workload. Being able to manage a  
situation that is complicated and act ethically*  
**@TeamPreReg**

## **g) Leadership**

We heard about leadership as being a key characteristic of someone who demonstrates patient-centred professionalism. We heard that leaders have the ability to motivate others. They also provide support and assistance with learning and development when needed, and work as part of a team utilising everyone's skills and supporting others in new and changing roles. Examples of leadership included someone who leads by example through their actions and behaviours, and is insightful into their own needs and the needs of others.

*"They are an example of good practice for all of their colleagues to aspire to"*

**Pharmacist, Scotland**

*"Promotes professional values and acts as a role model, leads by example"*

**Pharmacy technician, Scotland**

## **Other characteristics**

Other examples of characteristics of someone demonstrating patient-centred professionalism included:

- being prepared to raise concerns and challenge poor behaviour
- being able to deal with conflict and misunderstandings
- meeting deadlines and working well under pressure
- having knowledge of local services so that appropriate referrals can be made
- overcoming barriers in legal and regulatory frameworks so that excellent patient care can be provided
- following guidance and standards for the profession
- having an awareness of the need to promote patient autonomy
- enabling patients to make decisions about their care where appropriate
- taking time to listen the things that matter most to an individual and
- and demonstrating a high standard of personal appearance

Responses from patients and the public placed a particular emphasis on pharmacy professionals' offering personalised care and attention, considering the patient's perspective and involving the patient in their care.

Patient and public responses associated professionalism with a pharmacy professional's appearance as a key theme, for example wearing a name badge so that patients can immediately see who they are and what role they have, or wearing a uniform as appropriate. They identified good customer service as being important. Examples included:

- providing a quick and efficient service
- having good stock control
- having what the patient needs when they need it

- having proper complaints procedures in place, and
- focusing on the needs of patients and the public using pharmacy services

## 2. Barriers

We asked about the barriers they have experienced to demonstrating professionalism and being patient-centred. The majority of responses to this section came from pharmacy professionals and organisations. We have grouped the examples of what we heard under broad themes.

### a) Environment

Examples of some of the perceived barriers under the theme of environment included target-driven objectives, commercial incentives and a profit driven culture from employers, failures in the system around them, pressure from managers, difficulty in raising concerns without repercussions and gossip cultures within the workplace.

### b) Behaviour

People told us about the importance of the behaviours demonstrated by a pharmacy professional and how some behaviours can be barriers to patient-centred professionalism. Some of the examples of barriers shared included lack of will to spend time with patients and a tendency to focus on medicines and not the patient.

### c) Knowledge, skills and development

We heard about the key barriers to pharmacy professionals demonstrating patient-centred professionalism themed under knowledge, skills and development. Examples included lack of training in relevant tasks, lack of clinical skills to more fully engage with patients and lack of training in interviewing skills with patients and carers.

### d) Procedures and processes

People that responded shared examples which they saw as barriers which included procedures for managing workload that are not patient centred, bureaucratic red tape - too much administration/paperwork, overly directive standard operating procedures, and too much governance.

### Other barriers

Other examples of barriers included:

- lack of resources and funding
- poor access to patient records
- medicines shortages and challenges within the supply chain
- volume based contracts
- new services being implemented without efficient communication and IT systems to support them and without due regard to increasing prescription workload
- poor communication and
- language barriers with patients

### **3. Enablers**

We asked people about the enablers to pharmacy professionals demonstrating professionalism and being patient-centred. The majority of responses to this section came from pharmacy professionals and organisations. We have grouped the examples of what we heard under broad themes.

#### **a) Environment**

Some of the enablers shared under this theme included having the right culture within the workplace, having access to sufficient resources such as relevant information, enough well trained staff, and an environment that facilitates privacy for patients. We also heard that having a strong culture of professionalism within the workplace with supportive staff and managers, and role models who demonstrate professionalism, were important enablers.

#### **b) Behaviours**

Some of the examples of behaviours which were viewed as enablers included trust, rapport, willingness, confidence, drive, respecting patient choice and caring what happens to the patient.

#### **c) Skills, knowledge and development**

Some of the enablers shared included good communication skills, having sound underpinning knowledge, putting professionalism and patient-centred care at the forefront of education and training programmes, a focus on values and behaviours in training, and having opportunities to develop in the workplace. We also heard about enablers that included peer discussion and recording reflection on professional practice.

#### **d) Patient-centred focus**

Examples of enablers shared under this theme included having a focus on the patient, allowing the patient to make a choice and have a say in their treatment, taking a patient-centred approach to care, ensuring the patient is involved in the process, and ensuring the patient is at the heart of everything.

#### **e) Team work**

People and organisations that responded told us about the importance of teamwork as a way to enable pharmacy professionals to demonstrate patient-centred professionalism. Examples included, being involved with networks which support knowledge and skills in specific disease states or therapeutic situations, being able to learn from others, good multidisciplinary relationships and improved communication between professionals, the use of shared decision making, and good use of staff skill mix.

#### **Other enablers**

Other examples of enablers included:

- membership of professional bodies
- regular audits

- inspections
- integrated care pathways
- simplification of processes and
- having enough time for patients

## 4. Real-life situations

To better understand the challenges that pharmacy professionals face, we asked respondents to share examples of times when they do not think that pharmacists or pharmacy technicians have acted professionally or been patient-centred, and what they think could have been done to improve on what they saw.

The following are some of the direct quotes from the respondents.

*"On occasion demonstrating a lack of concern and care and lack of time"*

**Member of the public, Wales**

*"I think some pharmacists see everything in black or white whereas there are often grey areas in healthcare. I believe a good pharmacist treats every situation individually and does not have a blanket rule for everything. E.g. I have observed pharmacists refusing emergency supplies because a surgery is open and although technically this is the right thing to do in some situations it is not practical for patients to obtain prescriptions at short notice and emergency supplies would be more appropriate. I believe being professional doesn't always mean sticking strictly to the guidelines but knowing when it is more appropriate to make an individual decision and have the confidence to take responsibility for your own actions"*

**Pharmacist, Scotland**

*"Not being fully open and honest when something has gone wrong and seeking to blame other healthcare professionals for the error.*

*Not working in the full context of role and refusing to supply in an emergency for patients (younger pharmacists can be too risk averse)*

*Personal behaviour, including talking about patients or even discussing role on social media.*

*These situations could all be improved by individuals acting with more professionalism – putting themselves in the other persons shoes and taking accountability for their actions"*

**Member of the public, England**

In contrast, we asked stakeholders to share examples of times when they think pharmacists and pharmacy technicians have acted professionally or been patient-centred and what went well in those situations.

Below are extracts of some of the examples that we heard.

*“two weeks ago the electronic prescription service had a serious malfunction [ . . .]. Prescriptions were trapped in the system and could not be accessed. Our pharmacy put our patients first by supplying them with their medication (as emergency supplies) until we were able to download their prescription- some of which took up to a week to be released. We worked with our patients, their surgeries and our computer supplier to ensure that no one went without medication”*  
**Pharmacist, England**

*“on a recent occasion my pharmacist, on her own initiative, researched a possible contraindication between a new medication I was prescribed with another I was already taking. On the basis of her research she was able to be proactive in advising me and my GP of a possible hazard and an alternative solution”*  
**Member of patient support group, England**

*“I have seen this on countless occasions:*

*Delivering prescriptions after hours to patients in need*

*Standing ground with other healthcare professionals to ensure patient need is met*

*Technician taking ownership of certain service provision to ensure it works best for patients*

*Training needs and leadership shown in pharmacy*

*Working with others to maximise the impact of the pharmacy service”*  
**Pharmacist, Scotland**

*“Our branch Manager/Pharmacist has carried out routine MUR's for patients only to become concerned about their health. After communicating with the patients GP and sending the patient back across to be seen urgently it was determined that the patient needed to be referred for further testing and hospitalization for treatment. This has happened on two separate occasions and those patients have both returned to thank our pharmacist for her time and attention”*  
**Pharmacy Technician, Wales**

## Section 5: Next steps

We have heard from a wide range of people and organisations and are grateful to those who took part in this important conversation. We will use the shared view of patient-centred professionalism in all our regulatory work, as part of:

- setting education and training standards
- deciding on the content of our standards for pharmacy professionals
- embedding standards throughout pharmacy professionals' careers
- how we make decisions about concerns we receive and
- the way we communicate with pharmacists, pharmacy technicians, patients and people who use pharmacy services, as well as with our stakeholders

We will use the shared vision immediately to develop our standards for pharmacy professionals. They will set out the expectations of patients and users of pharmacy services, as well as those of pharmacists and pharmacy technicians. We will consult on the new standards later this year and hope that you will share your views during the formal consultation.

# Appendix 1

The response data is analysed in the tables below by source of response, where respondents identified themselves as either 'pharmacy professional', 'patients and the public' or 'organisation' and also by location.

## a) Responses by method

We received a total of 502, of which 348 responses were received online (through a survey, and Twitter).

Method	Number of respondents
Online Survey	273
Twitter	75
Email	8
Post	23
Face to face engagement	123
Total	502

## b) Responses received from pharmacy professionals

We heard from a total of 249 pharmacy professionals.

Alongside the online survey and engagement via social media, we carried out a range of face to face engagement with pharmacy professionals by attending four Local Pharmaceutical Committee (LPC) meetings across England where we heard from 40 pharmacy professionals. We also heard from pharmacy professionals at the Clinical Pharmacy Congress and Association of Pharmacy Technicians UK conference.

Of the 273 responses received through the online survey, 209 responded as a pharmacy professional. The breakdown of pharmacy professionals that responded to the online survey are detailed in the table below.

Pharmacy Professional	Number of respondents
Pharmacist	174
Pharmacy Technician	35
Total	209

## c) Responses from patients and people who use pharmacy services

We heard from a total of 112 patients and pharmacy service users.

Of the 273 responses received to the online survey, 28 responded as a patient or member of the public. We received 1 response via email. We carried out face to face engagement with 83 patients and people who use pharmacy services by running focus groups across England, Scotland and Wales and attending a meeting with the Greater London Forum for Older People in London, where we facilitated group discussions on patient-centred professionalism in pharmacy.

We also heard from 4 organisations representing patients and the public, including Coeliac UK, Age UK Cheshire and the LGBT Foundation.

<b>Patients and people who use pharmacy services</b>	<b>Number of respondents</b>
<b>Online survey</b>	<b>28</b>
<b>Email</b>	<b>1</b>
<b>Face to face engagement</b>	<b>83</b>
<b>Total</b>	<b>112</b>

### **d) Responses from organisations**

We heard from 35 organisations. You can see a full list of those organisations that responded to the discussion in Appendix 2.

### **e) Location of respondents**

We received responses to the discussion on patient-centred professionalism from people across England, Scotland and Wales. One response received was categorised as 'other' and some respondents did not provide information (categorised as 'not known').

<b>Location of respondents</b>	
<b>England</b>	<b>277</b>
<b>Scotland</b>	<b>46</b>
<b>Wales</b>	<b>42</b>
<b>Other</b>	<b>1</b>
<b>Not known</b>	<b>136</b>
<b>Total</b>	<b>502</b>

## Appendix 2

Organisations that responded to the discussion paper on patient-centred professionalism in pharmacy

1. Age UK Cheshire
2. Association of Pharmacy Technicians
3. Boots Pharmacists Association
4. Coeliac UK
5. Community Pharmacy Cheshire and Wirral
6. Community Pharmacy Wales
7. Controlled Drugs Accountable Officer's Network (Scotland)
8. Cornwall and IOS LPC
9. Guild of Healthcare Pharmacists
10. Guy's and St Thomas' NHS Foundation Trust
11. Health Pharmacy
12. Kingston University
13. LGBT Foundation
14. Morrisons Pharmacy Thornbury
15. National Association of Women Pharmacists
16. NHS Ayrshire and Arran
17. NHS Borders
18. NHS Fife
19. NHS Greater Glasgow and Clyde Area Pharmaceutical Committee
20. Numark
21. Paydens
22. People Matters Network Limited
23. Pharmaceutical Advisors Group
24. Pharmacists Defence Association
25. Pharmacy Voice
26. Rowlands Pharmacy
27. Royal Pharmaceutical Society
28. School of Pharmacy, Cardiff University
29. School of Pharmacy, Keele University
30. Somerset LPC
31. Staffordshire and Stoke-on-Trent NHS Partnership Trust
32. The National LGB&T Partnership
33. University of Central Lancashire
34. Welsh Pharmaceutical Committee
35. White Pharmacy