Standards for pharmacy professionals – analysis of consultation responses

August 2016

Professional standards consultation – analysis of responses

This report presents the analysis of responses to the consultation on the GPhC's Standards for pharmacy professionals.

The consultation was open for 13 weeks from 4 April to 27 June 2016. We received 1,295 written responses to the consultation. In addition we discussed the standards in 35 events together with pharmacy professionals, patients and members of the public, engaging with 378 patients and members of the public and 1,279 pharmacy professionals through events held across Great Britain.

Written responses

Of those who submitted a written response, 104 were organisations and 1,191 individuals, most of which were submitted using the online questionnaire. The vast majority of individual respondents (1,123, around 95 per cent) identified themselves as a pharmacy professional. Around 2 per cent (25) indicated they were a member of the public. Just above 1 per cent (14) said they were a student and just under 1 per cent (7) said they were a pre-registration trainee. Eleven respondents described themselves as "other", including academics, members of GPhC's committees, and a retired pharmacist. The remainder of individual respondents did not indicate the capacity in which they were responding. Around two-thirds (750) of those describing themselves as "pharmacy professionals" were pharmacists, while around a third (373) were pharmacy technicians. The full list of organisations responding to the consultation can be found in appendix A.

Engagement events

Engagement events were also a critical part of the consultation activities and were particularly useful in reaching those groups who were less likely to respond to the consultation via the online form, including individual patients and members of the public and pharmacy students. We took part in 35 events across Great Britain, with 15 of these events organised by the GPhC and 20 events organised by other organisations. We also held a number of individual meetings with key stakeholders, including organisations representing other health professionals and health and social care providers, to hear their views on the consultation. A full list of the events and meetings held during the consultation is included in appendix B.

Our events were attended by a variety of pharmacy users – patients, carersparents, and those who had long term conditions, as well as those who collect a prescription now and again. They used a variety of pharmacies, independents, supermarket pharmacies or pharmacies on the high street. We heard of many kinds of experiences of using pharmacy services, most positive but some that were not. Overall, pharmacies were trusted and valued but people were not always aware of all the different services available.

People found the standards easy to understand and participants at our stakeholder events agreed with the standards in general. They said the standards reflected what they would expect from pharmacy professionals, or other health professionals.

Analysis

This report follows the structure of the formal consultation document and questionnaire.

The great majority of responses were submitted through SmartSurvey using the formal consultation questionnaire. Responses to the yes/no questions have been reported giving both the numbers of responses as well as percentages. Responses to the open questions were analysed using an iterative coding process, in which themes emerging from the responses were identified. The main themes or topics are presented in this report in the narrative under each relevant question. The thematic coding frame also informed the analysis of responses that were submitted by email or post, and these too are reported in the narrative. Finally, key findings from engagement events with both pharmacy users as well as students and professionals are also incorporated in the report.

It should be noted that the whilst there were typically some 1,200 responses to the quantitative, yes/no questions, the number of responses were much lower to the qualitative, open questions, usually around a few hundred.

This report summarises the key topics that emerged in the consultation responses. All issues raised in these contributions have been fully taken into account and, where applicable, incorporated into this report.

What we heard

Overall, the standards were received very positively throughout. However, as expected, many suggestions for further improvements or requests for further clarification were submitted as part of the consultation responses. The following section presents key issues raised under each section of the consultation and follows the order of the consultation questionnaire, with views expressed in the consultation engagement events incorporated in the analysis.

Context

1. Is the introduction clear?

Yes	1,214	97.43%
No	32	2.57%
Total	1,246	100.00%

1a. What else, if anything, should be added to or removed from the introduction?

The introduction to the standards was found overwhelmingly clear by almost all respondents but number of comments, suggestions for clarification and improvement were also given.

Overall, the focus on person centred care was welcomed although a small number of professionals responding felt 'patient centred' care would be more appropriate. Interestingly, the term person centred was discussed in some of the public engagement events, and 'person' rather than 'patient' centred was preferred.

Indeed there were some who wanted clarification as to what was meant by person centred care within the context of GPhC standards, as the concept can take different meanings in different settings. Similarly, some noted that professionalism is not just about attitudes and behaviours but also knowledge, competency and skills.

It was also said that there is nothing in the standards to recognise the specificity of pharmacy, namely medicine expertise, and that the standards could apply equally to any healthcare professionals. Many of the respondents thought that the contribution of pharmacy should be made more explicit.

Although the standards are intended to apply to all registrants regardless of setting, many felt that they were geared towards those who work in clinical, patient facing roles. It was also frequently mentioned that if the standards are to apply to students too, then this should be made explicit throughout. In terms of the standards being applicable 'at all times', a few respondents suggested that this required clarification. This was also something noted in the public engagement events.

A few of the respondents, both organisations and individuals, said they felt the standards were too generic, and whilst many didn't go on to elaborate, those who did, mentioned that the standards didn't account for how there would be different expectations of different registrants, depending on varying levels of responsibility and expertise.

Individual respondents, often pharmacy professionals, maintained that the standards should also apply to owners and employers, and this should be explained in the introduction.

In reference to the introduction stating that pharmacy professionals should follow 'relevant laws' there were a small number of calls (from organisations) to be clearer on the relationship of laws, standards, guidance and even SOPs and how professional judgment was to be applied within the parameters set by these. Indeed some said SOPs should be explicitly mentioned in the standards so that it is clear to pharmacy professionals that these were still to be followed.

Also, more information was requested about how the standards will be implemented and enforced, by what mechanisms and what role the regulator will have.

Finally, some respondents to the consultation asked about the rationale for the new standards, specifically why it was felt nine were needed instead of the seven in 'The standards of conduct, ethics and practice'. There were also requests that differences between the existing and new standards should be made more explicit, detailing what has changed, and why. A number of different practical comments were made, for example sections in existing standards that respondents wished to retain as these were felt to capture the essence better than the new wording.

Students

2. We also intend to ask all pharmacist and pharmacy technician students to meet the standards for pharmacy professionals, rather than having a separate student code of conduct. Do you agree with this approach?

Yes	1,166	93.35%
No	83	6.65%
Total	1,249	100.00%

2a. If you do not agree with this proposal, please explain why.

The majority of respondents (93%) agreed with our approach to asking all pharmacist and pharmacy technician students to meet the same standards as registered professionals. However, some of those who provided further comments said they felt the standards are too strict for students who have only just embarked on a journey to become a professional. Some noted that the current wording of the proposed standards was perhaps not directly applicable to students, for example, where the standards talk about providing care or demonstrating leadership.

Many agreed with students having to meet the standards in principle but requested clarification as to how the standards would be applied to students in practice. It was also noted that the introduction should make it clear these standards would also apply to students and trainees.

The nine standards for pharmacy professionals

3. Are the standards clear?

Yes	1,180	95.08%
No	61	4.92%
Total	1,241	100.00%

3a. What, if anything, is unclear?

4. Are there any standards you do not agree with? If so, please explain.

5. Are there any other standards that you think are missing? If so, please explain.

While, again, most respondents (95%) found the nine standards clear, feedback was given to clarify points or to provide suggestions for addition.

While pharmacy users who took part in our engagement events found the standards clear, reflecting what they would expect from pharmacy professionals, many of the professionals responding said the standards were too generic and said further examples, such as case studies of good and poor practice would be helpful. Professionals responding thought the standards were written in such a way that they were not applicable to all, and that mostly the focus was on roles that have direct contact with patients and the public.

There were several mentions here about standard 9 on demonstrating effective leadership. On the whole, the feedback given on this particular point suggests that the term leadership was somewhat unclear, what it would mean in this context and how this standard should be applied in practice. For example, respondents were not sure what this would mean for different groups such as students, or professionals with different levels of seniority and responsibility. Similar observations were made in the public engagement events.

Standard 5 sets out that registrants should not let organisational targets and goals influence the care they provide, and on the whole this was welcomed. However, some respondents mentioned that it could be difficult to maintain this in practice with employers reportedly putting pressure on pharmacy staff to achieve targets with increasing workloads overall and sometimes inadequate staffing levels. It was felt that organisations and employers should also be bound by the standards.

On a related note, the requirement to raise concerns in standard 8 again was recognised as important, but respondents said raising concerns can be difficult in practice, as concerns are not dealt with and at worst, a person raising concerns faces victimisation. There was strong support from pharmacy service users taking part in our events, firstly, for professionals to raise concerns when there is a need and secondly, for professionals to be able to do that without fear of victimisation. Some of the professional respondents called for owners and

employers to also abide by the standards. A few comments were made about the requirement to 'say sorry' - it was felt clarification would be beneficial to make it clear that this would not necessarily be the same as admitting liability.

Standard 3 on communication was felt to be one of the most important ones by the pharmacy users attending our stakeholder events, as good communication with patients was felt to be particularly important: such as getting advice on how to take medication correctly and having clear labels. Also, the importance of overcoming language barriers was mentioned in this context as something that should potentially be covered by the standards. Some professional respondents mentioned that the requirement for English language skills should be stated explicitly. The importance of good communication with other health professionals was also mentioned.

In the context of providing patient centred care, there were also a few responses that asked for a recognition of limited public resources.

Patients and carers felt that standard 7 on privacy was important. There was a broad agreement that privacy should be maintained. However, there were also mentions that this would not necessarily happen with interactions often taking place by the counter with other pharmacy users present - giving personal information to confirm a prescription was mentioned as an example. Many didn't know about private consultation rooms, or said there weren't any in the pharmacies that they used.

Applying the standards

6. Do you think the section 'applying the standards' is useful in helping you to understand the standards?

Yes	1,196	96.22%
No	47	3.78%
Total	1,243	100.00%

7. Do you think the 'applying the standards' sections are clear and easy to understand?

Yes	1,165	94.26%
No	71	5.74%
Total	1,236	100.00%

8. What is unclear? Please say which standard or standards you mean, and explain why you think there is a problem with the 'applying the standard' section.

9. Are there any examples that are missing in the sections 'applying the standards'?

It was again noted in this section that the standards could better reflect different types of pharmacy practice, including practice of those who do not work directly with patients or in clinical settings. Again, the standards were also said to be too generic, and there were requests for more examples about both good and poor practice, and case studies to support the adoption of standards.

Respondents also requested support in navigating the workplace pressures reported in pharmacy. Particularly examples around professional judgment and balancing different legal requirements, different guidance, and the standards would be found helpful. Organisations on the other hand requested recognition of the relationship between laws, standards and guidance or SOPs, and that professional judgment needs to operate within the parameters set by these.

Values & personal beliefs

10. The new standards and their explanations make clear that a pharmacy professional's personal values and beliefs must be balanced with the care they give people who use pharmacy services. Do you agree with our approach?

Yes	1,122	90.63%
No	116	9.37%
Total	1,238	100.00%

11. If you do not agree with this approach, please explain why.

12. Do you have any other comments?

Most respondents, around 90%, agreed with the approach proposed. Some of the pharmacy organisations who commented on this matter welcomed the approach taken 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.

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. Furthermore, it was said that refusing to provide a service was likely to have a detrimental impact on the pharmacy professional as it would be likely affect their employment opportunities.

Equality analysis

13. 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?

No	1,077	87.85%
Yes	149	12.15%
Total	1,226	100.00%

14. Do you have any comments on the potential impact of the standards?

It was felt that the standards reflect what pharmacists are already doing or should be doing; this was the view of both professionals and pharmacy users. A few areas that could potentially impact different groups negatively were identified. Views were expressed that the approach proposed in the consultation document to pharmacy professional's personal beliefs and values could have a negative impact on patients.

Another issue, raised here as well as under some of the other questions, was around how to negotiate any conflict between the standards and expectations from employers. This was felt to have a negative impact on pharmacy professionals.

Supporting pharmacy practice

15. We plan to review and update our guidance in the following areas:
• Raising concerns: explains how pharmacy professionals should raise concerns that they have
• Consent: explains the principles of consent
• Confidentiality: explains the steps to take to protect the confidential information obtained in the course of professional practice
• Maintaining clear sexual boundaries: explains the importance of maintaining clear sexual boundaries, and explains the responsibilities pharmacy professionals have
• Balancing personal beliefs and the care of patients: what pharmacy professionals need to do if their religious or moral beliefs affect the provision of pharmacy services to patients and the public
Do you agree with the areas we have identified?

Yes	1,200	97.24%
No	34	2.76%
Total	1,234	100.00%

16. What other support, if any, do you think pharmacy professionals need?

The consultation questionnaire finished with asking about additional support needs. Several suggestions were made, these were the most frequently mentioned:

Support on dealing with workplace pressures discussed elsewhere in this consultation report – working conditions, staffing, pay, bullying in the workplace – including the management of conflicts between business requirements and patient needs. As well as support in relation to using one's professional judgment – how to balance the legal, ethical and professional obligations. In the same vein, support was requested with issues around raising concerns – and having clarity on a 'route' for raising concerns and also support for whistle-blowers without fear of victimisation. Some felt it necessary for pharmacy owners and managers to also have standards and be held to account on these workplace issues.

It was also said that for a successful roll out of the standards there should be training and training materials available. More generally, real-life examples of good or poor practice to support the standards; and also links to relevant guidelines were requested. And on a more ongoing basis support with learning, training or development – including protected learning time, CPD days, specialised training (e.g. management, legislation, dementia awareness training)

Also, support on issues of data protection and confidentiality, how to use and access patient data, summary care records, and taking advantage of IT and technology underpinning these, was frequently mentioned.

Other areas or methods of support mentioned were:

- A free and confidential helpline for advice and support for pharmacy professionals
- The importance of support groups, peer reviews, or a regular forum to discuss issues and share concerns
- Union-type support regarding pharmacists' pay, contracts and funding
- Guidance for students and how standards apply to them

Specific areas where further support and guidance would be beneficial included:

- Safeguarding
- Communication
- Leadership
- Social media
- Consent

Appendix A: Organisations responding

Aneurin Bevan Community Health Council

Association of Pharmacy Technicians UK

Association of Teaching Hospital Pharmacists

British Medical Association

Bat & Ball Pharmacy

Betsi Cadwaladr University Local Health Board

BLM

Boots Pharmacists' Association

Buchanhaven Pharmacy Ltd.

Bupa Home Healthcare

Buttercups Training Ltd

Cardiff School of Pharmacy & Pharmaceutical Sciences

Carers Trust Scotland

Carters Chemist

Christians in Pharmacy (CiP) network

Clifton Pharmacy

Community Pharmacy Cheshire and Wirral, Local Pharmaceutical Committee

Community Pharmacy Scotland

Community Pharmacy Wales

Cornwall and Isles of Scilly LPC

Darlington's Peoples Party

Dorset LPC

East Sussex plc

ENH Pharma Ltd

Epilepsy Action

Forum for Older People

Gender Identity Research and Education Society (GIRES)

General Medical Council

Guys & St Thomas' NHS Foundation Trust

Guild of Healthcare pharmacists

Hadlow Pharmacy

Hampshire LPC

Health Education England - Kent, Surrey, Sussex

Health Education England - London & South East

Health and Care Professions Council

Healthcare Improvement Scotland

Healthwatch Bedford Borough

Healthwatch Bromley

Healthwatch Cheshire East

Healthwatch Dudley

Healthwatch Lincolnshire

Healthwatch Rutland

Healthwatch Southend

Healthwatch Torbay

Humber Local Pharmaceutical Committee

International Longevity Centre - UK

King's College London

Kingston University

L. Rowland and Co (Retail) Ltd t/a Rowlands Pharmacy

Leeds Community Healthcare NHS Trust

Leicester School of Pharmacy, De Montfort University

Livewell Southwest Pharmacy Services

London Chief Pharmacists Network

Manchester Pharmacy School

Medicines Management Team, Bromley Clinical Commissioning Group

Mildcare Ltd

National Care Forum

National Pharmacy Association

NHS Ayrshire and Arran

NHS Education for Scotland

NHS England

NHS Greater Glasgow & Clyde

Patient centred & equality group: NHS Greater Glasgow & Clyde Addiction Service

NHS Scotland Directors of Pharmacy group

NHS Specialist Pharmacy Service

NHS Stockport CCG

North East London Local Pharmaceutical Committee

Nottingham University Hospitals NHS Trust (Pharmacy Education & Training Team)

Numark

Patients Association

Penrith health centre pharmacy

Pharmaceutical advisers group, Wandsworth CCG

Pharmacy Defence Association

Pharmacy Schools Council

Pharmacy Voice

Robert Gordon University

Royal College of Nursing

Royal Pharmaceutical Society

Solicitors Regulation Authority

School of Pharmacy, Keele University

School of Pharmacy, The University of Nottingham

School of Pharmacy, University of Bradford

Scientia Skills

Scottish Specialist Pharmacists in Substance Misuse

Secular Medical Forum

Severn Chemist

South Essex Partnership University NHS Foundation Trust

South Staffordshire Local Pharmacy Committee

The Care Forum

The Education and Training Operational Sub-Group of the All Wales Chief Pharmacist Committee

The National LGB&T Partnership

The National Society for Epilepsy

UK Paediatric Chief Pharmacists

University Hospital Southampton NHS Foundation Trust

University of Brighton

University of Central Lancashire

University of Hertfordshire

University of Huddersfield

University of Reading

University of Strathclyde

Vantage Pharmacy

Well

Willows Pharmacy

Workforce Education and Development Services

Appendix B: Engagement events

Events: consultation on standards for pharmacy professionals

GPhC events

- Workshop with MPharm students, Glasgow, 20 April 2016

- Focus Group with patients and public, Glasgow, 20 April 2016

- Stakeholder event with pharmacy professionals, Glasgow, 20 April 2016

- Focus Group with patients and the public, London, 26 April 2016

- Focus Group with patients and the public, Cardiff, 27 April 2016

- Stakeholder event with pharmacy professionals, Cardiff, 27 April 2016

- Workshop with MPharm students, Manchester, 10 May 2016

- Focus Group with patients and the public, Manchester, 10 May 2016

- Stakeholder event with pharmacy professionals, Manchester, 10 May 2016

- Stakeholder event with pharmacy professionals, London, 17 May 2016

- Focus group with patient and public organisations policy leads, 19 May 2016

- Focus group with Greater London Older People's Forum, 24 May 2016

- Focus group with Whitworth Chemist patient participation group, 26 May 2016

- Focus group with Tower Hamlets parents and carers' forum, 15 June 2016

- Focus group with Alliance, 23 June 2016

External events

- Presentation to Sandwell Local Pharmaceutical Committee, 16 March 2016

- Presentation to pharmacy technician students at Edinburgh College, 16 March 2016

- Presentation to Pharmacy School Council, 17 March 2016

- Presentation to APTUK National Officers, 19 March 2016

- Presentation at British Pharmaceutical Students Association Annual Conference, 22 March 2016

- Presentation at WCPPE and RPS joint event, 11 April 2016

- Workshop with APTUK London branch, 13 April 2016

- Presentation at Pharmacy Voice event, 14 April 2016

- Presentation to University of Brighton, 14 April 2016

- Presentation at Boots Pharmacists Association AGM, 19 April 2016

- Presentation at Clinical Pharmacy Congress, 22-23 April 2016

- Presentation to Pharmacy Law and Ethics Association, 4 May 2016

- Presentation to Community Pharmacy Scotland, 11 May 2016

- Workshop with Diverse Cymru, 17 May 2016

- Update to Northern Chief Pharmacists' annual meeting, 19 May 2016

- Presentation at APTUK Annual Conference, 10-11 June 2016

- Presentation to RPS Black Country, 14 June 2016

- Presentation to East Sussex Local Pharmaceutical Committee, 16 June 2016

- Presentation to National Pharmacy Association, 21 June 2016

- Stand at National Young Carers Festival, 25 June 2016