

Pharmacists' Defence Association Response to the General Pharmaceutical Council's Consultation on Developing its Approach to Regulating Registered Pharmacies

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About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 27,000 members, making it the largest pharmacists' membership organisation in the UK. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist

Summary of the General Pharmaceutical Council's (GPhC's) proposals

The GPhC is consulting from 17 May 2018 until 9 August 2018 on changes to its approach to regulating registered pharmacies.

The PDA's recommendations are:

1. The GPhC should disclose to the public full details of:
 - The role of Strategic Relationship Managers (a relationship between the multiples with >50 pharmacies and the GPhC) and how this contributes the inspection process
 - Its "bank of acceptable tolerances" (showing what it actually assesses during its inspections to determine the inspection rating). It refused to disclose these to the PDA.
 - The Memoranda of Understanding or formal information sharing agreements it has "with a wide range of organisations which sets out how we will share information with each other"
2. The GPhC must set out the circumstances in which it will issue improvement notices and the other sanctions available to it for a failure to comply with its requirements, including where:
 - There are breaches of premises standards
 - The necessary improvements have not been made within the requisite timeframe
 - No response is sent to the GPhC within the requisite timeframe (currently two to five days) to say what action will be taken to address any deficiencies and improve practice
 - There are major concerns about patient safety

If the GPhC does not believe it has sufficient powers in this regard, it must formally request these from the government.

3. The GPhC must set out under what circumstances it would consider disqualifying a pharmacy owner or removing one or more pharmacies from the register for a breach of premises standards or the failure to comply with an improvement notice. This must include how this could be applied in practice to a body corporate (including which person(s) would be held accountable) or a non-pharmacist owner. A register of such individuals must be established.

4. The GPhC must start to formally inspect the head offices of multiple pharmacies and include this in its inspections process. If it does not believe it has sufficient powers to do so, it must seek to acquire them.
5. Intelligence-led and themed inspections should be introduced in addition to routine inspections. Routine inspections of all pharmacies should be more frequent than once every five years, so that risks to patient safety may be detected more quickly.
6. Locum and employee pharmacists, other pharmacy staff and members of the public could provide intelligence to inform the GPhC's intelligence-led approach to inspections. When the GPhC publishes its new inspection reports, the website it sets up should provide an option to allow people to easily submit information about individual pharmacies, including the ability to identify whether the person completing the report is a pharmacist, another member of the pharmacy staff or a member of the public.
7. As with the current inspection rating system, the public must be able to identify where the GPhC has "*major concerns about patient safety that require immediate improvement and the pharmacy is likely to present an unacceptable risk of harm to patients and the public*" (currently denoted by a "poor" rating). For the overall outcome and at principle level, there should be an additional annotation for pharmacies to denote a "major patient safety risk". It is important that this information is transparently available to the public.
8. At principle level, the GPhC should have 'good practice' and 'excellent practice' as possible additional findings on top of 'standards all met'. The possible outcomes would then be 'standards not all met', 'standards all met', 'standards all met – good practice' or 'standards all met – excellent practice'. That is because, to a patient, having the outcome labelled simply as 'good practice' or even 'excellent practice' might not necessarily indicate that all of the standards in that principle were met.
9. Not meeting one standard should result in the pharmacy receiving an overall outcome of 'standards not all met' because it is likely to provide an effective incentive for pharmacy owners to try to meet all of the standards, which in turn should benefit patients; simultaneously, the GPhC must not lower the standards of its inspections; a rating of 'standards met' must be a genuine

indication that this is the case. The wording is clear: “standards not all met” correctly explains the situation. It would be misleading to the public to use any wording which suggested that the standards had all been met, if they had not.

10. To maintain public confidence in pharmacy and in the GPhC, the GPhC must not reduce the level of detail and frankness provided in its published reports relative to its current inspection reports. It will be important that the GPhC includes details of public-interest matters in its inspection reports, for example in relation to staffing levels, raising concerns and the impact of corporate incentives or targets on health, safety or wellbeing of patients and the public, or the professional judgement of staff.
11. It has taken the GPhC almost five years to inspect all pharmacies in Great Britain. The inspection reports it has produced provide a rich source of information and would in our view be disclosable under the Freedom of Information Act. The GPhC should publish all inspection reports produced since 1 November 2013 (the date that its current inspection model began).
12. Since it will take some time for the GPhC to inspect all pharmacies, an outcome notice indicating the pharmacy’s result under the current rating system (poor, satisfactory, good and excellent). This should be an interim measure for pharmacies that have not yet been inspected with the new outcome ratings; once they have been reinspected, they could use the new outcome notice.
13. Any changes a pharmacy owner wishes to make to the draft inspection report before it is published must be based on evidence they have provided and not merely to keep information out of the report or show things in a more positive light.

Foreword

The PDA has long campaigned for improvements to the regulation of registered pharmacies. Our view is that the six 'key changes' proposed by the GPhC could improve its approach to regulating registered pharmacies, subject to how they are implemented. We generally welcome the changes, but have set out our reservations and recommendations in response to the questions. However, at the same time, the proposals do not go far enough and there is still much to do to improve the standards of and approach to the regulation of registered pharmacies.

The six proposed changes are:

1. Introducing intelligence-led and themed inspections alongside routine inspections
2. Moving to unannounced inspections so the inspector's experience is more likely to reflect that of a patient
3. Changing the inspection outcomes to either 'standards met' or 'standards not all met', with four possible findings at the principle level ('standards not all met', 'standards met', 'good practice' and 'excellent practice')
4. Requiring all standards to be met to receive an overall 'standards met' outcome
5. Publishing inspection reports and improvement action plans when relevant, on a new website. These are different to an "improvement notice", a statutory tool the GPhC can use for a breach of premises standards.
6. Sharing examples of notable practice (both good and bad) identified through inspections in a 'knowledge hub' on the new website.

Consequences for poor standards in pharmacies – the need to improve regulation

According to its annual reports, the GPhC has issued 4,111 sanctions against individual pharmacists since its inception in 2010. These range from removal from the register to letters of advice, which remain on an individual's file and can be used in subsequent fitness to practice

investigations. In November 2017, following a Freedom of Information request, the PDA learned that the GPhC had not issued a single sanction against any pharmacy owner or superintendent for a failure to comply with the Standards for Registered Pharmacies. Nor had it disqualified, removed, or sought to disqualify or remove, any pharmacy premises from the register. It did not even have a category in its fitness to practice database for recording complaints which relate to compliance with the Standards for Registered Pharmacies. [1] It did not have the power to issue improvement notices specifically for failure to meet one of its premises standards because it had never fulfilled its own legal obligation to set pharmacy standards in rules. However, GPhC internal documents indicate that it could have issued improvement notices by referring *“to the actual areas which we believed needed to be addressed to secure safe and effective practice.”* [2]

We recently discovered through the GPhC’s response to a further Freedom of Information request in June 2018 that it has issued 667 overall “poor” ratings following pharmacy inspections between Nov 2013 and 24 June 2018. The GPhC says that a poor rating will be given where there are “major concerns about patient safety... **that require immediate improvement**” and that the pharmacy is “likely to present an **unacceptable risk of harm to patients and the public**. This means the **risk is likely to occur and/or will have moderate to high impact.**” (Emphasis as per original documents). It will have taken the GPhC around five years to inspect each pharmacy in Great Britain.

In addition, the FOI response revealed that some pharmacies can be rated satisfactory where one or more standards are not met. In such cases, the pharmacy owner (or superintendent) is asked to complete an improvement action plan; the GPhC’s policy is that it won’t revisit to check if the issues have been put right, but instead asks the pharmacy owner or superintendent to tell it that’s the case. However, it appears that there’s no material consequence if the action plan isn’t completed – the issue will be reassessed at the next routine inspection. Based on its current rate of inspections, this would be around five years later (on average). A GPhC internal Operational Inspection Note says: *“If the pharmacy fails to provide evidence that they have completed the action plan within 20 working days the inspector should contact them to find out why and emphasise the importance of completing it to meet the standards. The inspector should inform the pharmacy that the failure to complete the action plan will be noted on our systems and will be*

raised with them at the next routine inspection (or at an earlier stage if other concerns about the pharmacy come to light). The inspection should then be regarded as closed and no further follow-up activity taken. This is because, having judged the pharmacy as satisfactory, there is no direct risk to patient safety and resources can be used more efficiently by conducting other inspections under the new model and following up any action plans for poor pharmacies.” [2] (Underline added).

A PDA member shared an internal document from one of the large multiples which revealed elements of the GPhC’s approach to pharmacy inspections that did not appear to be in the public domain. The information could not be found on the GPhC’s website or elsewhere. The internal document, from October 2013, stated: “The GPhC is mindful that community pharmacy multiples are different from independent pharmacies in that their policies and procedures are developed centrally and **much of the decision-making cannot be made at local level.** Therefore, the GPhC has appointed a designated Strategic Relationship Manager to all multiples with more than 50 pharmacies. The purpose of this is to achieve improved consistency, with the Strategic Relationship Manager holding three formalised structured meetings with the Superintendent Pharmacist and his/her team each year to review corporate documents and processes. This will facilitate other inspectors’ reviews of individual premises **to confirm ongoing compliance with company policies and procedures.** We have already held the first Strategic Relationship Management meeting with the GPhC, at which **we were assessed from a corporate perspective against Principle 1 - The governance arrangements safeguard the health, safety and wellbeing of patients and the public.**” (Emphasis added). The document also said, amongst other things, that:

- The GPhC was building a ‘bank of acceptable tolerances’ (which we assume would show what standards it actually applies when determining inspections ratings).
- “In due course, the GPhC will additionally publish **high level, public-facing** reports of its pharmacy assessments. These reports will be **short and concise**, using wording without jargon so that the content can be easily understood by patients and members of the public.” At the time, it was

expected that inspection reports would be published in Spring 2014, but the wording appears to indicate that the reports the GPhC was planning to publish would be abridged.

The GPhC's response to our FOI request provided further details in relation to the above. [3]

Recommendation

The GPhC should disclose to the public full details of:

- The role of Strategic Relationship Managers (a relationship between the multiples with >50 pharmacies and the GPhC) and how this contributes the inspection process
- Its "bank of acceptable tolerances" (showing what it actually assesses during its inspections to determine the inspection rating). It refused to disclose these to the PDA.
- The Memoranda of Understanding or formal information sharing agreements it has "with a wide range of organisations which sets out how we will share information with each other"

We

are aware that the GPhC plans to consult on its enforcement policy in due course, but understand that internally it sees the current approach as working well. The consultation document states *"We will be developing an enforcement policy that will set out how we use our enforcement powers... we will... use our statutory enforcement powers only in situations when a pharmacy owner does not complete an improvement action plan and carry out the necessary changes to make sure our standards are met, or in situations when there is a serious risk to patient safety"*. However, as indicated above, it has identified 667 instances between 1 November 2013 and 24 June 2018 where it had major concerns about patient safety, and does not appear to have used its enforcement powers even where a serious risk to patient safety existed.

Recommendation

The GPhC must set out the circumstances in which it will issue improvement notices and the other sanctions available to it for a failure to comply with its requirements, including

where:

- There are breaches of premises standards
 - The necessary improvements have not been made within the requisite timeframe
 - No response is sent to the GPhC within the requisite timeframe (currently two to five days) to say what action will be taken to address any deficiencies and improve practice
- There are major concerns about patient safety

If the GPhC does not believe it has sufficient powers in this regard, it must formally request these from the government.

As a result of Pharmacy (Premises Standards, Information Obligations, etc.) Order 2016 (Commencement) (England, Wales and Scotland) Order of Council 2018, which came in to force on 24 May 2018, breaches of improvement notices for breaches of premises standards are no longer to lead to criminal sanctions. Instead, the GPhC can refer non-compliance to its Fitness to Practise Committee (FtPC). Sanctions following such a referral can only be applied if the FtPC decides the pharmacy owner is unfit to carry on the relevant business safely and effectively. We believe this will set too high a bar for any action ever being taken against pharmacy owners for a breach of the premises standards.

Recommendation

The GPhC must set out under what circumstances it would consider disqualifying a pharmacy owner or removing one or more pharmacies from the register for a breach of premises standards or the failure to comply with an improvement notice. This must include how this could be applied in practice to a body corporate (including which person(s) would be held accountable) or a non-pharmacist owner. A register of such individuals must be established.

The GPhC has not proposed any changes to the standards themselves or how its inspectors go about identifying breaches at individual standard level (for example, how it identifies the adequacy of staffing levels – Standard 2.1). Many pharmacists have consistently told us about pharmacies that do not meet this standard, but the GPhC has indicated it will leave it to pharmacy owners to make decisions on staffing levels – which raises the question as to how it is making an assessment of adequacy during its inspections. [4]

Recommendation

The GPhC must start to formally inspect the head offices of multiple pharmacies and include this in its inspections process. If it does not believe it has sufficient powers to do so, it must seek to acquire them.

Questions

Section 1: Introducing new types of inspection

In the Introducing new types of inspection section, we describe the changes we plan to make to the types of inspections we carry out.

1. Do you think the three types of inspection (routine, themed and intelligence-led) will:

- **provide more assurance that pharmacies are meeting our standards?**

Yes, subject to how it's implemented.

- **enable us to be more agile and responsive to risks or changes in pharmacy or healthcare?**

Yes, subject to how it's implemented.

- **help to drive improvements through identifying and sharing good practice?**

Yes

Please give comments explaining your responses.

The GPhC recently said *"We expect to have inspected every registered pharmacy in Great Britain by summer 2018."* [5] It commenced this process under its current inspection framework on 1 November 2013. This means it currently inspects pharmacies, as part of its routine inspection framework, on average around once every 5 years.

Recommendation

Intelligence-led and themed inspections should be introduced in addition to routine inspections. Routine inspections of all pharmacies should be more frequent than once every five years, so that risks to patient safety may be detected more quickly.

We understand that the annual fees to the GPhC for pharmacists, pharmacy technicians and pharmacy premises reflect the cost of regulation of that registered group. Despite the fact that the GPhC has a team of inspectors focused on premises inspection, the annual renewal fee for pharmacy premises (£241) is currently less than that for a pharmacist (£250). That could suggest that the GPhC's focus is insufficiently prioritised towards pharmacy premises regulation. In contrast, the CQC registration fee for health service bodies or providers of community health care services is £1867 per year and for dental services is £529 per year (for a single-site provider; fees vary depending on other factors). [6]

2. Do you have any other comments about the types of inspection?

Recommendation

Locum and employee pharmacists, other pharmacy staff and members of the public could provide intelligence to inform the GPhC's intelligence-led approach to inspections.

When the GPhC publishes its new inspection reports, the website it sets up should provide an option to allow people to easily submit information about individual pharmacies, including the ability to identify whether the person completing the report is a pharmacist, another member of the pharmacy staff or a member of the public.

Section 2: Unannounced inspections

In the Unannounced inspections section, we describe our plans to move from announced to unannounced inspections as a general rule for routine and intelligence-led inspections.

3. Do you think that moving from announced to unannounced inspections as a general rule will provide more assurance that pharmacies are meeting our standards every day?

Yes

Please give comments explaining your response.

Unannounced (c.f. announced) inspections are more likely to mean that the inspector's experiences during the visit reflect those of a patient.

Announced visits have potentially allowed some owners time to make temporary changes and display a non-typical view of their premises during inspection visits. We know some multiples provide pharmacists with scripted answers to inspection questions. The examples we have seen – in our opinion – are likely to mislead GPhC inspectors as to the true nature of the conditions at the premises. For example, one multiple said that if the GPhC asked the question *“How would you demonstrate the safe management of pharmacy workload?”*, the responses should include *“The store is resourced to [the head office budget allocation model]”* and *“The team can articulate a contingency plan to address shortfalls in pharmacy resource”*. These do not answer the question, but the multiple, having repeated the same suggested responses at least in 2016/17 and 2017/18, seemed confident that these could convince GPhC inspectors to award a favourable inspection rating.

While there is value in helping colleagues respond to inspections it's important that the responses also reflect the day to day situation on the ground and not just a pre-determined or misleading view of how things should be, designed in head office. One of the large multiples recently conducted an exercise in which the answers pharmacists would give to

sample GPhC inspection questions had to be checked and validated by senior managers before the “approved” answers could be submitted to the company using a form on its intranet.

4. We have identified instances when it may not be possible to have an unannounced inspection. Are there any other instances we need to consider?

None to add

5. Please describe the other instances we should consider.

N/A

6. Do you have any other comments on us carrying out unannounced inspections as a general rule?

Our comments have been provided in response to question 4 above.

Section 3: Changes to the outcomes of an inspection

In the Changes to the inspection outcomes section of the consultation document we describe the changes we plan to make to the outcomes of an inspection.

7. We propose having two possible overall outcomes from an inspection - ‘standards met’ and ‘standards not all met’. Do you think this will make it clear to patients, the public and pharmacy owners that a pharmacy has met, or not met, the standards?

Yes

Please give comments explaining your response.

We support this approach and the wording is clear. Like the patient and public focus groups run by the GPhC in 2017, we found it clear and simple to understand. It is an improvement on the current ratings of 'poor', 'satisfactory', 'good' and 'excellent' – the latter three of which provide no indication of whether the standards were all met.

We have heard arguments from the representatives of pharmacy business owners that “traffic light” systems and percentages would be more engaging to pharmacy staff. We feel this is entirely mitigated by the GPhC’s proposed approach because pharmacy staff can strive for a ‘good practice’ or ‘excellent practice’ rating against the principles. A percentage rating (e.g. of number of standards met) would be meaningless and misleading to the public; most pharmacies would get 100% (since the GPhC says most are already meeting all of the standards) and the percentage wouldn’t reflect the degree of risk to the public. The risk would be different depending on the extent to which the standard wasn’t met, or which standard was involved and this would not be reflected in a percentage score. The issues would be similar with a “traffic light” system. Since the standards are either all met or not all met – and there is or is not a risk to the public in the GPhC’s view - the colours would need to be red or green. Any colour other than green would not tell the public which standard wasn’t met, or the extent of it – and would be subject to wide interpretation as to the degree of risk associated with visiting the pharmacy.

One of the issues we have identified with the proposed approach is that there needs to be a mechanism, as with the current rating system, of identifying where the GPhC “major concerns about patient safety that require immediate improvement” and where the pharmacy is “likely to present an unacceptable risk of harm to patients and the public.” Currently, this is what the GPhC means when it issues a “poor” rating to a pharmacy, though to our knowledge it has not actively published this information. In the inspection rating system, the public must be able to identify pharmacies where such risks exist overall and at principle level. It is not apparent how they will identify that from the wording “standards not all met”.

Recommendation

As with the current inspection rating system, the public must be able to identify where the GPhC has *“major concerns about patient safety that require immediate improvement and the pharmacy is likely to present an unacceptable risk of harm to patients and the public”* (currently denoted by a “poor” rating). For the overall outcome and at principle level, there should be an additional annotation for pharmacies to denote a “major patient safety risk”. It is important that this information is transparently available to the public.

8. We propose having four possible findings for each of the principles - ‘standards not all met’, ‘standards met’, ‘good practice’ and ‘excellent practice’. Do you think this will:

- **provide owners, their teams and the GPhC with a way of measuring performance?**

Yes

- **continue to drive improvement?**

Yes - we believe it will give pharmacy owners a positive outcome to strive for, though we would caveat our answer because the GPhC hasn’t presented any evidence of improvement so far, so cannot say whether or not the improvement, if any, is ‘continued’.

Please give comments explaining your responses.

Recommendation

At principle level, the GPhC should have 'good practice' and 'excellent practice' as possible additional findings on top of 'standards all met'. The possible outcomes would then be 'standards not all met', 'standards all met', 'standards all met – good practice' or 'standards all met – excellent practice'. That is because, to a patient, having the outcome labelled simply as 'good practice' or even 'excellent practice' might not necessarily indicate that all of the standards in that principle were met.

Patients have told us that a pharmacy should meet all the standards to receive a 'standards met' outcome. This means that not meeting one standard would result in the pharmacy receiving an overall outcome of 'standards not all met'.

- 9. Do you think that not meeting one standard should result in the pharmacy receiving an overall outcome of 'standards not all met'?**

Yes

Please give comments explaining your response.

This would provide a clear indication of the standards in the pharmacy, subject to the approach taken to the inspection. We are surprised this question has to be asked; how could it be acceptable to say 'standards all met' if one of more of them were not?

Recommendation

Not meeting one standard should result in the pharmacy receiving an overall outcome of 'standards not all met' because it is likely to provide an effective incentive for pharmacy owners to try to meet all of the standards, which in turn should benefit patients; simultaneously, the GPhC must not lower the standards of its inspections; a rating of 'standards met' must be a genuine indication that this is the case. The wording is clear: "standards not all met" correctly explains the situation. It would be misleading to the public to use any wording which suggested that the standards had all been met, if they had not.

10. Do you have any comments about the proposed wording of the overall outcome of an inspection, that is 'standards met' or 'standards not all met'?

We are supportive of this wording and find it very clear and easy to understand.

11. Do you have any other comments on the changes we are proposing to the outcomes of an inspection?

Our comments have been provided in response to other questions.

Section 4: Publication

In the Publication section we describe our plans to publish individual inspection reports for routine and intelligence-led inspections and a composite report for themed inspections.

12. Do you think we should publish inspection reports?

Yes, in full

Please give comments explaining your response.

We believe this has the potential to make the process more open and transparent. The public and profession deserve that transparency from providers of public services. The new approach may also allow for bench-marking which has not been possible in the past and will potentially be a useful source of information for owners and pharmacists wanting to improve their practice.

For the same reasons, it is standard practice among other healthcare providers to have inspection reports published by regulators – for example by the CQC.

13. Do you think publishing inspection reports will:

- **provide greater transparency about the outcome of an inspection?**

Yes, provided that the GPhC does not reduce the level of detail and frankness provided in its published reports relative to its current inspection reports. An internal document from one of the large multiples appeared to indicate that the GPhC might be planning to “water down” its inspection reports; we believe some businesses would like to see this happen and avoid public safety issues potentially being highlighted in their pharmacies.

- **provide assurance to users of pharmacy services that pharmacies have met the standards?**

Yes, dependent on the GPhC’s overall approach to the inspection process.

- **enable the pharmacy sector as a whole to use the information in the reports to improve?**

Yes, dependent on the GPhC’s overall approach to the inspection process.

Please give comments explaining your responses.

Our comments have been provided in response to other questions.

14. Do you have any suggestions about the intended format and content of the summary and detailed inspection reports? You can see samples of the new report templates on our website.

We are concerned that the GPhC has said it will not publish “commercially sensitive information”, but has not explained what is meant by this. We appreciate that the information such as the location of a CD cupboard (e.g. in relation to a rear exit at the pharmacy) should not be published. However, we are concerned that the GPhC may succumb to pressure from businesses not to publish public interest information about certain matters under the smokescreen of commercial sensitivity.

Recommendation

To maintain public confidence in pharmacy and in the GPhC, the GPhC must not reduce the level of detail and frankness provided in its published reports relative to its current inspection reports. It will be important that the GPhC includes details of public-interest matters in its inspection reports, for example in relation to staffing levels, raising concerns and the impact of corporate incentives or targets on health, safety or wellbeing of patients and the public, or the professional judgement of staff.

Through a Freedom of Information request, we learned that the GPhC does not intend to publish previous inspection reports.

Recommendation

It has taken the GPhC almost five years to inspect all pharmacies in Great Britain. The inspection reports it has produced provide a rich source of information and would in our view be disclosable under the Freedom of Information Act. The GPhC should publish all inspection reports produced since 1 November 2013 (the date that its current inspection model began).

15. Do you think we should publish improvement action plans?

Yes

Please give comments explaining your response.

This would provide openness and transparency to the public about what actions were taken to address and breaches of standards identified by the GPhC.

16. Do you think pharmacy owners should be expected to display the inspection outcome in the pharmacy?

Yes

Please give comments explaining your response.

This would help patients with quality kitemarking of pharmacies. We understand that the GPhC cannot force inspection outcomes to be displayed, but if it provides a mechanism for pharmacies to display the outcome, it will become apparent to patients over time which pharmacies are not displaying them.

Recommendation

Since it will take some time for the GPhC to inspect all pharmacies, an outcome notice indicating the pharmacy's result under the current rating system (poor, satisfactory, good and excellent). This should be an interim measure for pharmacies that have not yet been inspected with the new outcome ratings; once they have been reinspected, they could use the new outcome notice.

Section 5: The website and knowledge hub

In the Website and knowledge hub section of the consultation document we describe our plans to publish the reports on an interactive website and to introduce a knowledge hub for highlighting and sharing examples of standards not being met and of good and excellent practice.

17. Do you think the interactive website and knowledge hub will:

- make information easily accessible?

Yes (subject to its design)

- encourage the sharing of knowledge within the pharmacy sector?

Yes

- enable learning from examples of standards not being met, and of good and excellent practice?

Yes

- **drive improvements within pharmacy?**

Yes

Please give comments explaining your responses.

We believe that the website will become a source of information for the public and the profession. We expect it may result in people sharing information about both good and bad practice, both prompting pharmacies to improve and showing them how to do so. We envisage that the website will give more transparency to the public about pharmacy, which is a public service; inspection reports are already published by other regulators such as the CQC.

Section 6: Publication process

In the Publishing inspection reports section, we describe the process we will follow when quality assuring and publishing inspection reports.

18. Do you have any comments about the publication process?

Recommendation

Any changes a pharmacy owner wishes to make to the draft inspection report before it is published must be based on evidence they have provided and not merely to keep information out of the report or show things in a more positive light.

Section 7: Impact of the proposals

19. What kind of impact do you think the proposals will have on people using pharmacy services?

Positive impact, dependent on the GPhC's overall approach to the inspection process.

Please give comments explaining your response.

The public will have better access to information about pharmacies and we believe it will encourage them to engage more with the GPhC. The wording of the overall outcomes is clear and this will give patients a better understanding of the standards that they can expect from individual pharmacies, as well as any risks.

20. What kind of impact do you think the proposals will have on the owners of registered pharmacies?

Positive impact, dependent on the GPhC's overall approach to the inspection process.

Please give comments explaining your response.

Our view is that the changes could help pharmacy owners develop a more open and transparent relationship with the public about the pharmacy services they provide. They will also have the opportunity to demonstrate to the public that they have good standards in their pharmacies (by ensuring that is the case), and that this is recognised by the regulator.

21. What kind of impact do you think the proposals will have on the pharmacy team?

Positive impact, dependent on the GPhC's overall approach to the inspection process.

Please give comments explaining your response.

We think these proposals could potentially be helpful if they provide members of the pharmacy team with an easier mechanism of raising concerns about the standards at a pharmacy (this is not currently in the scope of the proposals but we have made this recommendation in our response to question 2), and identifying good practice.

We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the

Equality Act 2010. These characteristics are:

Age

Disability

Gender reassignment

Marriage and civil partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

22. Do you think anything in the proposed changes would have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed above?

No

Please give comments explaining your response.

We are not aware of any factors that would cause it to affect any particular group more than another.

23. Do you think there will be any other impact of our proposals which you have not already mentioned?

The terminology and standards need to be in plain English and easy to understand (as per our responses to other questions), but without reducing the level of detail. Otherwise, there is a risk that people with learning difficulties or cognitive impairment, for example, would struggle to understand the outcome.

Section 8: Receiving updates

We would like to email you to update you about progress on this consultation as well as the other work of the GPhC. Please tell us below if you would like to be contacted in the future.

N/A

Please provide an email address for updates and communications from the GPhC. You can unsubscribe from our mailing list at any time by clicking on the 'unsubscribe' option within the email.

N/A

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