



The PDA response to the GPhC Discussion paper entitled:

Patient - centred professionalism in pharmacy

June 2015

About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not for profit defence association and trade union for pharmacists. We are the only organisation that exclusively looks after the interests of employee and locum pharmacists across all sectors of pharmacy, and we currently have more than 24,000 individual pharmacists in membership. Most of these members are from the community and primary care sector, 5,000 are working in the hospital setting.

The PDA defends members should they find themselves involved in a critical incident situation, such incidents are common, in 2014 alone, they exceeded more than 4,000. The majority of these incidents are employment related and a significant proportion are caused by conflicts between the commercial or organisational imperatives of pharmacy employers and the focus upon professionalism and patient safety exercised by individual pharmacists.

This provides us with a rich vein of up to date experiences that have informed our policies relating to professionalism in pharmacy. It gives us an understanding of the challenges faced by those who would wish to practise with patient-centred professionalism. The answers to the questions being put in the GPhCs discussion paper are largely built upon this experience, they are overlaid onto the views provided by pharmacy law and pharmacy practice experts. They are also built upon the views of practicing pharmacists gathered through focus groups and other forms of consultation undertaken by the PDA.

Patient - centred professionalism in pharmacy

Introducing more clarity to the debate about professionalism in pharmacy

The PDA has long been concerned that in pharmacy the terminology and the thinking behind the phrases 'acting professionally' and 'being a professional' has become almost interchangeable and this is not at all helpful. In reality, 'professionalism' is distinct from 'being a professional'. The use of the word professional as an adjective (being professional) is altogether different to when it is used as a noun (being a professional) and carries different meanings. A sixteen year old receptionist or fast food server with no qualifications whatsoever, can, with good manners and a little organisational knowledge seem to act professionally in a relatively simple customer transaction, but they could hardly be described as being 'a professional'.

It is hoped that all staff members of pharmacies throughout the UK should be able to act professionally when facing a patient or customer, but this does not mean that they could or should all be described as being 'a professional'. Neither can the notion that a register of personnel which is created on a particular day mean that all those appearing on that register from that day on, have become professionals.

Yet this is an issue that faces pharmacy because in 2010 as a result of an initiative driven by civil servants, an administrative register of pharmacy technicians was created. This in itself would not be a problem as such, but since that day, the debate about being a professional in pharmacy has become somewhat confused. Increasingly, pharmacists and pharmacy technicians without sufficient justification are being described as professionals or members of a profession.

The very first sentence in the forward of this discussion paper states **"We believe that pharmacists and pharmacy technicians join the profession because they want to help patients and the public"**

That this confusion has been allowed to emerge is, we believe, because the register of pharmacy technicians was a keen policy construct of the civil service. The register of pharmacy technicians did not emerge through a robust and traditional process of professional consciousness being gradually built up layer by layer over a period of time and in response to changes in healthcare delivery.

It was not developed by a group with highly specialist skills, expert knowledge and rigorous high level training that led to the emergence of a professional group represented by a strong leadership body who could represent and articulate its ambitions (such as with doctors, nurses and pharmacists).

It therefore should not be considered, in terms of public safety assurance as a group whose registration confers anything like the same protection to the public as does a professional group that emerged through the more traditional route such as pharmacy.

What exists instead is one profession formed by pharmacists over many generations and in the traditional way and one register of pharmacy technicians that was created by government edict. Consequently many of those on this register are separated by great differences in training, experience, capability and most importantly of all by widely differing ambitions. They have not joined the profession in the common sense of the word, they came to work as usual and on one particular day, it became a requirement for their name to be entered onto a register; as such, the register 'joined them'.

This is an extremely important concept to consider, especially when the debate about skill mix and how it relates to the public safety is considered. The debate should be about identifying the roles that pharmacy technicians might undertake to allow the development of the profession of pharmacy and to drive benefits to patients. It should be about learning what makes the very best pharmacy technicians so good, then recognising and overcoming the challenges that would bring the rest up to that standard which could then be quality assured. It is also about recognising and understanding the significant differences between pharmacy technicians in the hospital setting where standards have been developed over many years with the support of senior hospital pharmacists and those in the community setting where pharmacy technician development has been held back by a lack of investment by community pharmacy employers. Ultimately the debate should be about how best to develop professionalism and high standards amongst such a large and disparate group in a way that benefits patients. However, there appears to be a reluctance to take such an approach.

The pharmacy civil service, the pharmacy organisations, the representative bodies and in particular for the GPhC must not only understand the difference, but they must consciously apply this knowledge and act in a way and in a context so that it does not introduce a diminution of public safety when policy on pharmacy workforce and skill mix is being developed.

The notion that someone who appears on a register and who can act in a professional manner can or should automatically be considered as a professional is a fallacy and it is a concept that represents risks to the public especially when it is applied to the provision of healthcare.

This is a problem that senior officials of the GPhC are fully aware of.

During a debate at the Royal Pharmaceutical Society Conference in September 2014, the GPhC Chairman stated that what the GPhC had done was to create a register of pharmacy technicians. However, a large proportion of these pharmacy technicians on that register had joined the register through a grand-parenting arrangement and as a result, there were some very variable standards amongst pharmacy technicians on the register. He explained therefore that, it was not possible for the regulator to take a blanket view and to recommend what roles should be undertaken by registered pharmacy technicians.

It would be helpful if in future these concerns were to be reflected much more robustly and transparently in discussion papers and other statements made by the pharmacy regulator. Unless these concerns are discussed openly then they cannot be resolved. In particular, the GPhC in the language that it uses, in its policy papers, consultation/discussion documents and in the approaches that it takes should not give the public and other important stakeholders the impression that the professional credentials of pharmacists are comparable to those of pharmacy technicians (albeit to a different capability of operational complexity). It would have been more beneficial to all stakeholders responding to this discussion paper if it contained more clarity in this respect.

For the purposes of the response to this discussion paper, the PDA will assume that the GPhC is interested in learning about 'being a professional' the noun.



1. What characteristics does someone who is professional demonstrate?

The characteristics of someone who is a healthcare professional is someone who above all must possess specialist knowledge which they continuously keep up to date and develop further. In so far as a healthcare profession is concerned a professional must have knowledge of a high order and which has been rigorously examined (to at least Entry level 6 Vocational Qualification, bachelor degree, graduate certificate or diploma). This knowledge is used to the benefit of patients, consistently treating them with respect, communicating with them clearly and behaving in a way that reflects high standards of personal probity. An important professional characteristic of a pharmacist is that they will always want to promote a good image of themselves and of their profession as a whole. They will be keen to inspire confidence and trust in patients and to earn the respect of doctors and other healthcare professionals. They will commonly want to exhibit high standards of personal appearance and will demonstrate a good command of written and verbal communication.

An important characteristic is that the professional will be familiar with and routinely apply in practice the standards that have been adopted by their profession. In particular they will be fully aware and demonstrate a consciousness of the importance of always acting within their competence in any given situation and their education will provide them with the ability to make the necessary judgement so as to never to act beyond that level. They will be able to establish patient focussed alternative approaches where necessary.

The professional will understand the concept of risk, whether this is risk to a patient or risk to themselves and will be able to identify and apply risk management principles to their work.

They will be keen to be known as a member of their profession – as a pharmacist and they will either be involved in the life of their professional body, or at the very least they will be part of an active network of professional colleagues with whom they can share concerns and discuss issues. They will be concerned about any generic potential threats to their profession and they will take an interest in and rejoice in any positive developments. This 'being a part of a common body of skills and knowledge' is a key component of a professional identity.

A professional will emerge in the interaction between the patient or service, the user and the context. The professional will bring relatively stable attitudes, behaviours, beliefs and traits and will know how to respond to the demands of the patient or customer personally as well as clinically and will be able to amend their approach depending on the specific context or situation. The professional operates best in a physical environment in which professionalism is allowed to flourish.

Key characteristics;

- Possessing specialist skills or knowledge of a high standard which is kept up to date and which is developed further.
- Interacting with patients with high levels of respect, communication and upon high standards of probity.
- Having the situational awareness and education to be able to establish that they are always working within their limits of competence.
- Understanding and being able to apply risk management principles.
- Feeling that they are a member of a professional group.
- Keenness to promote good image of ones-self and of the profession as a whole.
- Possessing stable beliefs, traits and attitudes.
- Possessing an ability to amend their approach depending on situation and context.

2. What characteristics does someone who is patient-centred demonstrate?

The pharmacist who is patient centred will be able to adapt their behaviour as they identify and assimilate both the clinical and the personal needs of patients. By being able to 'read' the patient, they will be able to work out exactly how to modify their message so as to first identify what is important for that patient in terms of what they really need to know clinically, then what they really want to know 'emotionally' and then how best to convey that information to that specific patient.

Situational judgement emerges as an important component of the patient centred pharmacist. What is right in one situation may not be right in another. The patient centred pharmacist will be able to assess the circumstances and then identify the most beneficial way to behave and communicate using the most appropriate vocabulary in a given situation whilst still being able to comply with the professional codes.

The experienced patient centred pharmacist will know the level at which a relationship with a patient will need to be pitched so as to maximise the chances of gaining the trust and respect of that patient. In a relatively short period of time, the pharmacist would need to be able to establish the level of the conversation, the formality/informality that should be used and even the extent to which humour can be relied upon to develop a relationship. It is important for pharmacists to recognise and establish the appropriate boundaries and the ability to do so routinely and to do so well is a key characteristic of a patient centred pharmacist. They would also understand the risks and consequences of getting it wrong.

They will know how to adapt their approach depending upon the context of the working environment e.g. whether in a public place or in a patients home.

A patient centred pharmacist is also able to identify the best way to act in a multidimensional situation, such as when a third party or a carer presents to the pharmacy and the actual patient is removed from the immediate situation.

Another example is where there is a potential conflict situation such as an interaction with a patient that reveals that there are wider issues of concern emerging. It may emerge that a patient is a victim of abuse and needs to be safeguarded. It may emerge that a patient is being exploited in an underage sex situation or that the patient is involved in the harm of others.

Establishing the situational challenges that this presents and being able to overcome them successfully is an important characteristic of a patient centred pharmacist.

A patient centred pharmacist will always prioritise the needs of the patient over the organisational needs of his employer or the profit driven concerns of the business.

3. We would like to hear about situations you have been in or seen, when you think pharmacists or pharmacy technicians have acted professionally or been patient-centred. What went well in those situations?

a) A community pharmacist was working in a very busy pharmacy where upon arrival at work, she realised that two key staff members were off sick, one other staff member was on annual leave.

This meant that there was only the pharmacist and one counter assistant left to operate the department. Between 9.15 am and 10.30am, sixteen daily dosing supervision drug addicts were coming in to collect their methadone. Consequently, the pharmacist told the only other member of staff who was a counter assistant to tell all customers that were coming in with prescriptions that the pharmacy would not be able to start dispensing their medicines until 10.30am – in effect she was temporarily closing the walk in dispensing service and technically she was in breach of the NHS regulations but she was offering the customers the choice of going elsewhere to the nearby pharmacy if necessary.

What went well, is that the pharmacist made a professional assessment of the situation based on risk management principles. The addict service was deemed to take priority and the pharmacist took measures to ensure that that service could be provided as smoothly as possible. The less critical walk in patients were given realistic options on how they could receive their dispensed medicines and they were offered an explanation of what the problems were.

As a footnote to this highly pragmatic and professional approach, it is worth noting that this pharmacist consequently faced disciplinary proceedings at the hands of their employer leading to her being forced out of her employment. She ultimately managed to take her employer on with a successful outcome in an Employment Tribunal.

b) A community pharmacist locum was presented with a relatively innocuous query on a prescription that was being presented by a patient. This caused the locum to interrogate the Patient Medication Record system.

In so doing, the locum by chance noticed that this patient was also receiving a regular supply of tablets for cramp, but that at the frequency they were being supplied to this patient, the patient could be taking them at dangerously high doses. Upon resolving the routine query that the PMR had been accessed for, the locum then raised the issue about the cramp tablets, she established that the patient was unwittingly taking three times the safe dose on a daily basis and that she was already suffering the side effects. The pharmacist's actions led to the problem being arrested and a potentially life threatening situation being avoided. The locum then followed this up with the local surgery alerting them to her findings so as to prevent a repeat.

What went well in this episode is that the pharmacist demonstrated a strong professional characteristic in that she was able to work in a multidimensional medicines based problem situation that emerged almost by chance, but which she was able to resolve because of her expert knowledge of medicines. Additionally, she was taking responsibility for the patient's wider needs and welfare by taking on problems that were not directly connected to the initial concern. Involving the GP surgery in the chance find was an important part of the response.

4. We would like to hear about situations you have been in or seen, when you do not think that pharmacists or pharmacy technicians have acted professionally or been patient-centred. What do you think could have been done to improve on what you saw?

a) In a hospital pharmacy a pharmacist had identified six patients on a ward that had complex problems with their polypharmacy regime, three of these needed particularly urgent attention.

The pharmacist whilst on the ward was ordered by a non pharmacist bed manager to summarily stop the pharmaceutical care service that he sought to deliver to the complex care patients and concentrate instead on discharging other patients so that some beds on the wards could be released.

The pharmacist did as he was asked and did not deal with the urgent medicines issues, this caused two patients to suffer severe adverse drug reactions. The pharmacist had some very difficult no win choices to make which involved balancing the organisational needs and those of potentially incoming patients with the specific and urgent needs of the patients already on the wards. The pharmacist could have found a way to deal with the needs of the critical patients and may have been able to reach a suitably negotiated compromise. The options that he could have pursued is either to refuse the request to work on the discharges and try and involve management to find an alternative way forward, whilst focussing upon the complex needs cases; to deal with the three neediest patients and do only half of the discharges. To deal with the discharges, but draft another pharmacist in to handle the pharmaceutical care needs patients.

Ultimately however, the pharmacist may not have been able to undertake many of the above alternative measures if there were insufficient resources in the department.

b) In a community pharmacy a patient presented a prescription for a specifically named item which was not in stock at that pharmacy and the pharmacist knew that it was not generally available due to national stock shortages.

Had the prescription been written in another way however, then a suitable alternative could have been supplied. It was obvious that this was a critical item, but the pharmacist simply told the patient that this medicine was not in stock and that he should try elsewhere. This simply moved the problem out of that pharmacy and into another pharmacy with the patient being significantly disadvantaged.

What the pharmacist should have done was to take ownership of the problem - ask the patient to wait in the pharmacy whilst the pharmacist made contact with the surgery and requested that the alternative item be prescribed. The pharmacist could then have resolved the problem for the patient.

c) A hospital pharmacist was working as a community pharmacy locum on a Saturday morning. A patient came in and said that they were short of breath, that they needed an asthma inhaler but that they did not have a prescription.

The pharmacist told the patient that without a prescription they could not have an asthma inhaler and that they should go to the surgery and get a prescription. The patient explained that the surgery was closed on a Saturday morning and that they were starting to get very wheezy. The pharmacist refused the supply and this episode came to light because the patient (having gone elsewhere and succeeded in sourcing an inhaler) ultimately complained to the first pharmacy on the following Monday.

What the pharmacist should have done was to use the emergency supply regulations to help this obviously needy patient who was likely heading for an asthma attack. However, it transpired that the pharmacist was not familiar with the Emergency Supply regulations because they did not work in a community pharmacy very often. This pharmacist was working in a situation where they had not ensured their competence was at the required standard.

Much more importantly, this pharmacist failed to understand and act upon what was their primary *raison d'être* which was to help patients.

5. What are the barriers and enablers to pharmacists and pharmacy technicians demonstrating professionalism and being patient-centred?

We have already outlined in Question 1 that the professional will bring relatively stable attitudes, behaviours, beliefs and traits and will know how to respond to the demands of the patient or customer personally as well as clinically and will be able to amend their approach depending on the specific context or situation. However, for the professional to be able to do this successfully, they must be working in a physical working environment in which professionalism is allowed to flourish. There are many situations in pharmacy where this cannot occur – there are numerous barriers to demonstrating professionalism and being patient centred.

The barriers;

- Where the physical premises do not lend themselves to a professional and / or confidential conversation with a patient.
- Where the resources are severely inadequate for the operation of a safe and effective pharmacy service, let alone one which enables the pharmacist to interact meaningfully with patients.
- Where pharmacists are working in situations where they simply do not have the time to do the job properly causing them to make compromises which impact upon the quality of service to patients.
- Where the culture and business behaviours of the employer mitigate against professionalism. For example;
 - Where profit making gains more employer recognition and reward than does acting professionally with patients.
 - Where raising concerns or exercising the duty of candour leads to a reduction in employment prospects and ultimately to disciplinary proceedings by the employer against the pharmacist.
 - Where pharmacists prepared to muddle through despite inadequate resources and with diminished patient safety are championed by the employer organisation and where such an approach is seen by an employer as a positive employee attribute.

- Where the specialist knowledge and expertise is lacking, or has not been kept up to date.
- Where the pharmacist is expected to work in a transactional consumer model which mitigates against the development of a clinical relationship with a patient.
- Where pharmacists work in silo's and in isolation, independently of other healthcare team members.
- As was shown in the Francis Inquiry, in many instances professionals eager to act in the patients interests are suppressed by the organisational interests of their employer.

The enablers

Many of the barriers could, if they were to be removed, become enablers.

Additionally, the following factors could become enablers of professionalism.

- Being able to act with professional autonomy; where the pharmacists desire to act in the patients interests cannot be over-ridden by the organisational demands of their employer.
- Where pharmacists could develop clinical relationships with patients based upon continuity of care.
- Where pharmacists can work in an integrated fashion with other healthcare team members.
- Pharmacists having access to the full patient history.
- Pharmacists being able to work within a structured career framework which enabled their additional skills to be applied for the benefit of patients and be recognised within a skills and salary escalator.
- Being able to work in group practices where problems can be shared and where each practice member can both support and be supported by other members of the group practice.

The barriers for pharmacy technicians being able to demonstrate professionalism

At the preamble to the responses to this GPhC discussion paper we describe how the genesis of the profession of pharmacy and the birth of the register of pharmacy technicians has been so different. We describe why we believe that what now exists is one profession formed by pharmacists over many generations and in the traditional way and one register of pharmacy technicians that was created suddenly by government edict.

We also discussed why it was important to recognise and understand the significant differences between pharmacy technicians in the hospital setting where standards have been developed over many years and where they have been supported by extensive training and a structured career framework promoted by senior pharmacists and those in the community setting where pharmacy technician development has been held back by a lack of investment and support by community pharmacy employers.

Consequently many of those on the register of pharmacy technicians are separated by great differences in training, experience, capability and most importantly of all by widely differing ambitions. Whilst many pharmacy technicians from the hospital setting will rightly consider that their extensive training, experience and current workplace recognition and responsibilities will place them into the realms of being a professional, a much larger number of their community pharmacy colleagues will either not consider that they are on the appropriate level of clinical training or recognition to competently take on the responsibility of being 'a professional' or will not even have any situational awareness of what their registered status truly entails.

They have not joined the profession in the common sense of the word, they came to work as usual and on one particular day, it became a requirement for their name to be entered onto a register; as such, the register 'joined them'.

The way that the register of pharmacy technicians was formed and the significant variations in their standard as described by the GPhC Chairman at the 2014 RPS Conference effectively represent some very significant barriers for pharmacy technicians collectively as a group to be able to demonstrate professionalism. There is no doubt that pharmacy needs to rely on skill mix if it is to make the contribution that it desires in healthcare and this has been demonstrated successfully in hospital practice. However, if that is to occur in community pharmacy, then the GPhC and in particular the pharmacy civil service will need to learn how this has been accomplished in the hospital setting and then address the discrepancies in community pharmacy to make good the shortcomings.