

Response to the General Pharmaceutical Council's consultation on draft Standards for Chief Pharmacists

April 2024

1. Introduction

1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk

1.2 As part of our work we:

- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
- Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
- Conduct research and advise the four UK governments on improvements in regulation
- Promote right-touch regulation and publish papers on regulatory policy and practice.

2. General comments

- 2.1 Overall, we welcome the GPhC's work in developing these standards for Chief Pharmacists. We support this positive development in strengthening leadership and governance within pharmacy, and the measures to comply with recent changes in legislation.
- 2.2 We welcome the clear guidance that the Chief Pharmacist standards must be met alongside the GPhC's standards for pharmacy professionals. There are some areas of overlap, where it would be helpful to clearly outline what distinguishes the standards for chief pharmacists from pharmacy professionals
- 2.3 An example of this is that in applying standard 8, pharmacy professionals are to 'promote and encourage a culture of learning and improvement', in line with the duty of candour. Meanwhile, in examples of how chief pharmacist can meet standard two, there is 'developing a culture where staff feel confident about raising concerns, in line with the duty of candour'. There may be a clear distinction between the expectations of pharmacy professionals and chief pharmacists in areas that may appear similar across the standards, it may be helpful for this distinction to be clearly outlined in such areas.

- 2.4 It would be helpful to understand how these standards would be applied in practise in Fitness to Practice, in view of the fact that Chief Pharmacists will have the same registration status as pharmacy professionals.
- 2.5 The standards should include an explicit reference in supporting a culture which challenges discrimination. Under the draft Standard 2 "create and maintain a culture of equality, diversity and inclusion", the GPhC should make it clear that this "culture" should include making staff feel confident/supported in challenging discrimination. This is linked to our Performance Review Standard 3 Indicator 2.2: "Standards and/or guidance for students and registrants require them to value diversity and challenge discrimination."
- 2.6 There is a clear parallel between the standards for chief pharmacists, and wider discussion of the regulation of managers within the NHS. While there is a distinct framework in place for pharmacy, wider discussion and policy may be relevant to the standards. When considering any further developments of the standards, the GPhC will likely wish to monitor these wider policy discussions closely.
- 2.7 Where those in management positions are expected to meet a range of standards, there should be consistency. As Chief Pharmacists will practise in a range of settings, it would be useful for the GPhC to set out how these standards may align with existing NHS management framework.
- 2.8 The consultation sets out that the Chief Pharmacist may also be described as a Director of Pharmacy. This suggests commonality with other clinical Directors in a hospital setting. This then would imply that, in settings regulated by the CQC, the Chief Pharmacist would be subject to the Fit and Proper Persons test. It would be helpful for the GPhC to clarify if this is the case.
- 2.9 It may also be helpful for the GPhC to set out how it considered relevant comparators in leadership in the standards for other professions. While the potentially novel circumstance in the legislation may mean there are no direct comparators, the PSA aims to promote alignment where it is appropriate.

3. Further information

3.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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