

# The General Pharmaceutical Council (GPhC) update



March  
2019

# Topics



- Regulating registered pharmacies
- Consultation on initial education and training standards for pharmacists

# Regulating registered pharmacies



## **The GPhC Council agreed the key principles that underpin the new approach at their meeting in December 2018:**

- To be flexible, agile and responsive to the information we hold, intelligence we receive and issues we identify within pharmacy
- Inspections should reflect as closely as possible how patients and the public experience pharmacy services day to day
- The overall outcome of an inspection is clear and understandable
- All standards for registered pharmacies need to be met every day
- The outcome of an inspection is open, transparent and accessible to members of the public
- Insights from inspection activities are accessible to everyone in the pharmacy sector

# Key changes at a glance

1. Changes to the types of inspections (three types of inspections – routine, intelligence-led and themed)
2. Moving to unannounced inspections, as a general rule
3. Changing inspection outcomes – two possible outcomes – ‘standards met’ or ‘standards not all met’
4. Requiring all standards to be met to receive an overall ‘standards met’ outcome
5. Publishing inspection reports, and improvement action plans where relevant
6. Sharing examples of notable practice in a ‘knowledge hub’

# The new types of inspections



**Themed  
inspection**

**Intelligence-  
led inspection**

**Routine  
inspection**

The three types of inspection allows the GPhC to be more responsive when they need to be, and means they can look at specific issues in pharmacy and services in greater detail.

# Routine inspections



- Every pharmacy to continue to be inspected
  - As now, cycle will be approximately every 4-5 years, with a routine inspection taking around 2-3 hours)
- Moving to a more flexible programme, informed by indicators of risk when identifying which pharmacies should be inspected first
- Inspections to be unannounced as a general rule

# Routine inspections



- Any standard not met will result in pharmacy receiving 'standards not all met' outcome
  - An improvement action plan will be required if the pharmacy receives a 'standards not all met' outcome
  - Once an action plan has been completed, and after a follow up inspection to ensure that the improvements have been sustained, a pharmacy will receive a 'standards met' report



# Intelligence-led inspections



- The GPhC will undertake rapid response inspections, initiated following intelligence identified from:
  - Concerns raised about a pharmacy or people working in a pharmacy
  - Other organisations
  - Media stories
  - Intelligence from inspectors
- Will result in a written inspection report

# Intelligence-led inspections



- To be unannounced as a general rule
- Could be undertaken jointly with other regulators / bodies (such as CQC, MHRA, commissioners)
- The GPhC will produce information about the operational principles they will use to triage incoming information, intelligence and concerns to help them make decisions about when to act

# Themed inspections



- The GPhC will take forward a programme of themed inspections which will involve visiting a selection of pharmacies to focus on specific themes or issues
- Themes could include topics such as ‘risk management in supplying medicines online’ or ‘services provided to a care home’
- Enables a better understanding of underlying issues, their causes and effects

# Themed inspections



- Composite reports will be published to inform the sector on the issues and risks that have been found
- Findings will inform discussions on how to continually improve pharmacy services in these areas
- The GPhC expects to up carry out up to 3 themed inspections per year

# Changes to inspection outcomes



## Outcome of inspection

The overall outcome of a pharmacy inspection can be 'standards met' (all the standards are met) or 'standards not all met' (one or more of the standards below are not met)

✓ Standards met

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The overall outcome of a pharmacy inspection can be 'standards met' (all the standards are met) or 'standards not all met' (one or more of the standards below are not met)



Standards not all met

Improvement action plan in progress




OR

Enforcement action underway

The overall outcome for an inspection would be either 'standards met' or 'standards not all met'. This provides clear and simple assurance for the public.

# Changes to inspection outcomes

Findings at principle level: 'standards not all met', 'standards met', 'good practice' or 'excellent practice'

Pharmacy principle	Findings
<b>Principle 1 - Governance</b> <i>Eight standards which include managing risks, the way the pharmacy is managed and operated and the roles and accountabilities for people in the pharmacy</i>	Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these and <u>takes action</u> to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.  <b>Good practice</b>
<b>Principle 3 – Premises</b> <i>Five standards which include privacy, cleanliness, hygiene, security and suitability</i>	The premises are clean and provide a safe, secure and professional environment for patients to receive healthcare.  <b>Standards met</b>
<b>Principle 2 - Staffing</b> <i>Six standards which include the qualifications and skills of the pharmacy team and the culture in the pharmacy</i>	The pharmacy has enough staff to cope with their workload but some members of the team are doing tasks that they aren't trained for or qualified in. They don't have formal training plans or set aside times to keep their knowledge and skills up to date. This could affect how well the pharmacy cares for people and the advice that is given.  <b>Standards not all met</b>

# Publication



- The GPhC plan to begin publishing inspection reports, as well as improvement action plans where appropriate, in the first quarter of 2019/2020
- They will also publish short examples of notable practice, to help drive continuous learning and improvement
- New website will make it easy to search for and analyse inspection outcomes and the examples of notable practice

# Consultation on initial education and training standards for pharmacists





# Why do the standards need to be revised?

- Pharmacists' roles are evolving quickly in response to rapid changes in healthcare and pharmacy practice
- So, education and training standards need to change to keep up
- Need to future-proof education and training
- We won't feel the impact of new standards in practice for 5-6 years at the earliest

# How were the proposals developed?

## The GPhC:

- sought views from stakeholders, including the schools of pharmacy and others involved in education and training
- established an Education Advisory Group
- established three expert drafting groups to test specific aspects of the proposals: 1. learning outcomes (what students/trainees must be able to do), 2. prescribing and 3. pre-reg

# Key proposals at a glance



- 1. One set of integrated standards and learning outcomes for the full period of education and training** (currently 5 years) to integrate academic study and workplace learning – learning by doing
- 2. More clinical/patient work and working with other healthcare professionals** throughout the MPharm degree

# Key proposals at a glance



**3. Strengthening requirements in relation to selection and admission,** including a requirement for course providers to assess the values of prospective students in addition to their academic qualifications through interactive activities such as multiple mini interviews or group work

**4. Strengthening requirements in relation to equality, diversity and inclusion,** including by requiring course providers to conduct an annual review of student performance and admissions by the protected characteristics as defined by the Equality Act 2010

# What would this mean in practice?

- Co-created MPharm degrees, with input from training providers
- Closer relationship between schools and training providers- working in partnership
- Student pharmacists would have greater exposure to patients in a range of environments from an earlier stage
- A more rigorous and structured approach to learning in practice
- There are likely to be different ways and models and our approval methodology will be flexible enough to accommodate diverse and innovative provision of pharmacy education

# Why integrate?

- Coherent design across all 5 years
- Avoids duplication between academic study and learning in practice ('pre-reg')
- Students retain peer group support
- Learning from many other professions – it works (look at medicine, nursing, dentistry and so on)
- Simply put – you learn best by doing

Take part in the consultation:

**[www.pharmacyregulation.org/  
IETPstandards](http://www.pharmacyregulation.org/IETPstandards)**



Closes  
3 April 2019

# Next steps

- The feedback received through the consultation will be considered by the GPhC Council in Summer 2019
- Further engagement will be carried out on the practical implications of any changes
- Once the education and training standards have been finalised there would be:
  - a managed transition to the new standards
  - an evidence framework and guidance for providers to help implement the new standards
- Schools of pharmacy/training providers/funders will have to work together to make the changes happen



# Find out more

- Visit the GPhC website –  
**[www.pharmacyregulation.org](http://www.pharmacyregulation.org)**
- Join the discussion on social media
  - @TheGPhC on Twitter #IETPstandards
  - Facebook.com/TheGPhC