

Response

General Pharmaceutical Council Consultation on revised threshold criteria

7th March 2017

Pharmacy Voice
201 Borough High Street
London SE1 1JA
T 020 3405 2810

E information@pharmacyvoice.com
www.pharmacyvoice.com

Our members



About Pharmacy Voice

Pharmacy Voice is the association of trade bodies which brings together and speaks on behalf of the community pharmacy sector in England. Pharmacy Voice is formed by the three largest community pharmacy owner associations – the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA).

Collectively, we represent over 11,000 community pharmacy owners in England, including pharmacy businesses of all sizes. Our members directly and indirectly employ over 30,000 pharmacists and more than 50,000 pharmacy staff members in the community.

Consultation questions

1. The Pharmacy Order 2010 allows us to have threshold criteria, which help us decide whether a case should be referred to the investigating committee. Do you think the proposed threshold criteria are clear and understandable?

YES / **NO**

Please explain why.

As currently written, we do not think the proposed threshold criteria are clear and understandable for the following reasons:

- 1.1 We agree that the revised threshold criteria should be closely aligned to the new standards for pharmacy professionals due to launch in May 2017, as we originally requested in our response to the consultation on these standards last year. However, it is far easier to see how the current threshold criteria map across to the current standards of conduct, ethics and performance – how the revised criteria derive from the new standards for pharmacy professionals is less obvious.
- 1.2 The use of multiple negation in the criteria is unhelpful. The way they are written could cause confusion for the reader and could make it more difficult for the GPhC to clearly articulate how a certain decision was made or action taken. The consultation document states that the GPhC would like the criteria to be more accessible and easily understood for people who have either raised a concern or had a concern raised about them, yet the current presentation of the criteria goes against this aim.
 - As an example, stating that:
*'the registrar **will not** refer a case to the IC if it **does not show** that the honesty or integrity of the registrant can no longer be relied upon'*
 - Could be put in clearer and plainer English by stating that:
*'the registrar **will** refer a case to the IC if it **shows** that the honesty or integrity of the registrant can no longer be relied upon'*
- 1.3 No explanation has been given as to why the criteria have been changed to be presented in this way and this is at odds with how the threshold/referral criteria of other registrars are presented (such as the General Medical Council's criteria for doctors and the Nursing and Midwifery Council's criteria for nurses and midwives).

2. The criteria are used by decision-makers within the GPhC who are involved in investigating concerns to decide whether the case should be referred to the investigating committee. Do you think how we apply the criteria in practice is clear?

YES / **NO**

Please explain why.

This section of the consultation document states that if any of the threshold criteria are not met, and the case is one which is capable of being considered for referral to the investigating committee, the registrar will take into account the public interest considerations. However, due to the way in which the threshold criteria themselves are written, it is not immediately clear or easy to understand what 'meeting' the criteria actually means in this context.

The public interest considerations themselves are clear and succinctly written. However, for referrals relating to a registrant's health, the considerations set out in 1.11 will be more difficult to apply and the denunciatory language used in this section is more closely aligned and relevant to cases in which a registrant's conduct and behaviour has been called into question, rather than when they are unwell.

3. The criteria give us a framework to make sure we make proportionate, fair and consistent decisions in all investigations. Do you think the proposed threshold criteria will make sure the right cases are referred to the investigating committee?

YES / **NO**

Please explain why.

The proposed threshold criteria have been simplified so that they are much broader. This simplification is helpful in most senses but could actually result in a higher likelihood for loopholes where none of the broad criteria have necessarily been met, but the case should actually still be referred to the investigating committee.

The proposed criteria may not capture the full range of issues that registrants present the GPhC with. For example, where would an affray conviction fit? (as it is unlikely this aligns with principles of honesty and integrity).

We recommend that the GPhC reviews cases that have been referred to the investigating committee since 2010 using the proposed criteria to ensure that previously-referred cases would still be referred in future (if appropriate).

The threshold criteria relating to health are particularly broad. All health cases should be considered individually but it is generally unlikely that a referral would be made in the first place (by an employer for instance) unless one of the two proposed criteria applied.

4. Do you have any other comments on the proposed criteria?

The consultation document states that the revised threshold criteria will be supported by information to explain the investigation procedure. It would be helpful if, alongside the new threshold criteria and guidance being developed, the GPhC produced a more informative (and interactive or hyper-linked) schematic diagram which clearly showed the steps involved in handling each referral/case and where each of the decision-making tools comes into that process, building on the existing diagram below. Now that the threshold criteria themselves have been simplified, it would be useful to include the public considerations in the diagram too.

The guidance used at each stage of the fitness to practise process



5. Are there any aspects of the proposed criteria that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups?

YES / **NO**

6. Do you have any comments on the potential impact of the criteria?

No