

Annex C: Consultation response form

Health Care and Associated Professions: The Pharmacy Order 2009 Consultation

Please fill in and/or tick the appropriate response. Completed forms should be sent to pharmprofreg-response@dh.gsi.gov.uk by **9 March 2009**.

Name [Dian Taylor](#)

Contact address [General Optical Council, 41 Harley Street, LONDON](#)

Postcode [W1G 8DJ](#)

Contact telephone [020 7307 3468](#)

Email dtaylor@optical.org

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The information you send us may need to be passed on to colleagues within the UK Health Departments and/or published in a summary of responses to this consultation.

I do not wish my response to be passed to other UK Health Departments

I do not wish my response to be published in a summary of responses

Please indicate all the countries to which your comments relate:

- | | |
|---|-----------------------------------|
| <input checked="" type="checkbox"/> UK and/or | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> England | <input type="checkbox"/> Wales |
| <input type="checkbox"/> Northern Ireland | |

Are you responding:

- as a member of the public
 as a health or social care professional
 on behalf of an organisation

If you are responding as a member of the public, please supply the following details:

Profession

If you are responding as a health or social care professional, please supply the following details:

Profession

Country of qualification

Please indicate as appropriate:

- UK
 Other European Economic Area country
 Rest of world

Area of work

- | | |
|--|--|
| <input type="checkbox"/> NHS | <input type="checkbox"/> Education |
| <input type="checkbox"/> Social care | <input type="checkbox"/> Union |
| <input type="checkbox"/> Private health | <input type="checkbox"/> Pharmaceutical industry/company |
| <input type="checkbox"/> Voluntary | <input type="checkbox"/> Trade body |
| <input type="checkbox"/> Regulatory body | <input type="checkbox"/> Other (please give details) |
| <input type="checkbox"/> Professional body | |

If you are responding on behalf of an organisation, please supply the following details:

Area of work

- | | |
|---|--|
| <input type="checkbox"/> NHS | <input type="checkbox"/> Education |
| <input type="checkbox"/> Social care | <input type="checkbox"/> Union |
| <input type="checkbox"/> Private health | <input type="checkbox"/> Pharmaceutical industry/company |
| <input type="checkbox"/> Voluntary | <input type="checkbox"/> Trade body |
| <input checked="" type="checkbox"/> Regulatory body | <input type="checkbox"/> Other (please give details) |
| <input type="checkbox"/> Professional body | |

Consultation questions

Main aim and objective of the GPhC

Q1. Do you support having, as a main objective of the GPhC, a provision giving due emphasis to the importance of public protection and well-being?

- Agree
 Disagree
 Unsure

Comments The concept of public protection is agreed; however the inclusion of 'well-being' is more debatable. The actual objective in the consultation paper is 'maintain the health, safety and well-being'. By contrast The Opticians Act gives the GOC the objective of:

(2A) The main objective of the Council in exercising such of the Council's functions as affect the health and safety of members of the public is to protect, promote and maintain their health and safety.

The pharmacy order takes this further by including 'well-being'. While it may be difficult to argue against the concept of the healthcare professional having responsibilities extending beyond that of ensuring public health and safety into 'well-being', can 'well-being' be measured?

The definition of 'well-being' can be said to refer to the:

Quality of life being the degree of well-being felt by an individual or group of people. Unlike standard of living, it is not a tangible concept, and so cannot be measured directly. It consists of two components: physical and psychological.

Duty to consider the interests of stakeholders

Q2. Do you agree that the duty will improve co-operation and co-ordination between professional regulators and key stakeholders?

- Agree
 Disagree
 Unsure

Comments Since the publication of the White Paper, the GOC has formulated a stakeholder engagement plan to improve our own co-operation with stakeholders. The measures we are taking include:

- The Chairman and Chief Executive will act as stakeholder engagement champions;
- The formation of a high-level stakeholder consultory group, chaired by a lay member of the Council;
- The publication of a consultation framework for the organisation;
- Increased efforts to consult with service users; and
- Increased efforts to consult at an earlier stage of the decision-making process.

We hope that this combination of measures will improve health outcomes for patients and the public by taking into account the views and interests of our stakeholders in our deliberations.

New constitutional and governance arrangements for the GPhC

Q3. Do you agree with the new, more flexible arrangement for establishing the GPhC constitution?

- Agree
- Disagree
- Unsure

Comments We agree with the new, more flexible, arrangements regarding the GPhC constitution. We note that the Pharmacy Order makes provision for the membership of Council to consist of lay members and registrant members. We support the directions of the White Paper that the councils of regulatory bodies should have, as a minimum, parity of membership between lay and registrant members and that all members should be independently appointed.

We also support the observations in Niall Dickson's report that the membership of councils should appropriately reflect their main stakeholder base. However, whilst we note that provision is made to ensure that members are drawn from each of the participating countries, it has not been the Government's approach with respect to the revised constitution of other regulators to make provision in legislation to ensure that each participating profession is reflected in the membership of councils.

For example, in the case of the GOC, no provision was made in our Constitution Order to ensure that both optometrists and dispensing opticians are reflected in the membership of our Council. We believe that this approach is misguided and would urge that this is addressed with respect to the registrant membership of the GPhC. We would also urge that legal provision is made to ensure that both pharmacists and pharmacy technicians have a place on the Council.

GPhC committee structure

Q4. Do you agree that reducing the number of statutory committees will reduce the bureaucracy associated with regulating pharmacy and will increase flexibility for the Council to discharge its duties?

- Agree
- Disagree
- Unsure

Comments We are not sure that reducing the number of statutory committees will necessarily reduce bureaucracy, as there will be nothing to prevent new (albeit non-statutory) bureaucratic structures being put in place to replace the statutory committees. However, we trust that the new Council will be mindful of the need to keep bureaucracy to a minimum.

We agree that reducing the number of statutory committees will increase flexibility for the Council to discharge its duties. With increased flexibility comes increased responsibility and it will be particularly important that the new smaller board-like council puts in place appropriate non-statutory mechanisms to ensure that it is properly advised. At the GOC, there has been much debate about whether the need for Council to receive appropriate advice requires the certainty that is assured by statute with advisory mechanisms being enshrined in statutory committees. For the moment, the GOC has decided to retain

all its existing statutory committees with the exception of the Companies Committee, which we have asked the Government to remove from our governing legislation. However, we anticipate that this is an area that the new Council will wish to revisit as it establishes new ways of working.

Accountability of the GPhC to the UK Parliament, Scottish Parliament and Welsh Ministers

Q5. Do you agree that the UK Parliament and the Scottish Parliament should play an enhanced role in relation to monitoring of the GPhC, facilitated by improved arrangements for notification of information relating to its activities?

- Agree
 Disagree
 Unsure

Comments: These enhanced roles are synonymous with those for the other healthcare regulators including the GOC.

Q6. Do you agree with placing a requirement on the GPhC to publish a description of the arrangements it has put in place to ensure it adheres to good practice in relation to equality and diversity? If you agree, what would you want to see included in such a description?

- Agree
 Disagree
 Unsure

Comments: It is a good idea to give equality and diversity a sense of importance in the new GPhC. The GOC considers that all our public functions are relevant to our race, disability and gender equality duties, as well as our commitments to equality in respect of age, religion and religious belief, and sexual orientation.

In particular, we believe that the GOC has a critical role to play in ensuring that the following are free from discrimination:

- Access to optometry and dispensing optics training in the UK
- Registration as an optometrist or dispensing optician in the UK
- Access to our registers, public meetings and information
- Our complaints and Fitness to Practise processes
- Employment with or appointment to the GOC, its Council and committees.

We will also take steps to ensure that our suppliers meet best practice standards in equality and diversity, and that our procurement and tendering processes ensure fair opportunities for all to win GOC contracts.

The GPhC Register

Q7. Do you agree that the GPhC should be given reserve powers to register suitably experienced people as pharmacists, and allow additional pharmacists to act as prescribers, during an emergency?

- Agree
- Disagree
- Unsure

Comments: A cautious 'yes'. There must be adequate safeguards for public safety, which would need to include an element of forward planning to identify which groups of personnel may be called on to prescribe in an emergency. There must also be provision for the individuals to put themselves forward as suitable to act in an emergency and a corresponding requirement for some additional training and CPD. CPD should be completed in anticipation of such an emergency, together with a suitable reward system.

Education and training

Q8. Do you agree that the link between standards set for education and training and the safe and effective practice of pharmacy will enhance patient safety and public confidence in the profession?

- Agree
- Disagree
- Unsure

Comments: The GOC role in respect of education and training is focused on standard setting as well as quality assurance. The GOC sets the competencies and curriculum for optics education and training and publishes handbooks outlining these requirements. The GOC reviews all of its handbooks regularly; we updated and re-published them in 2008 following a review of the competencies.

By the GOC setting the standards, it ensures that all qualified optometrists and dispensing opticians are taught and assessed to the same standard no matter where they trained. This also applies to those registrants who trained outside of the UK (EU or non EEA) as their application is assessed against the core competencies. They must be able to demonstrate competence against these standards, with an adaptation period or aptitude test required in any areas of deficiency.

Q9. Do you agree that extending the remit of visitors to cover all settings where pharmacy education and training is provided will enhance quality assurance arrangements in an appropriate way?

- Agree
- Disagree
- Unsure

Comments: Yes - although it is difficult to comment on how this will operate in practice as there is no information within the documentation as to how the GPhC will achieve this. Through the GOC's visit process, visitors consider all settings relating to optics training; this includes the training institution facilities (teaching and clinical) and when accrediting

scheme providers it considers the clinical placement element. The GOC requires the scheme provider to have assessed each clinical placement as suitable.

Continued professional development

Q10. Do you agree that these provisions will provide the GPhC with more flexibility to review and update its CPD requirements in order to keep pace with developments in science, technology and practice while retaining appropriate safeguards?

- Agree
- Disagree
- Unsure

Comments The GOC does not have a CPD scheme. Instead, since 2004 the GOC has operated a mandatory Continuing Education & Training (CET) scheme to ensure registrants maintain the up to date skills and knowledge needed to practise safely and effectively throughout their career.

Fitness to Practise

Q11. Do you agree that the proposed fitness to practise arrangements for the pharmacy profession strike the right balance between ensuring public confidence/patient safety and fairness to healthcare professionals?

- Agree
- Disagree
- Unsure

Comments The GOC has provision within its Fitness to Practise Rules for legal, clinical and specialist advisers. The appointment of these advisers is considered when both parties complete hearings questionnaires for the purpose of the procedural hearing.

Clearly such advisers are not involved in the decision making by the Committee, but provide invaluable advice to the Committee. Additionally, questioning by clinical and specialist advisers can identify important issues in an FTP case. This means that a hearing can be more focused and ultimately strikes the balance referred to in the question.

Registration, regulation and inspection of pharmacy premises

Q12. Do you agree that the powers provided to the GPhC are sufficient to ensure the adequate regulation of registered pharmacy premises?

- Agree
- Disagree
- Unsure

Comments No comment – the GOC does not have expertise in the regulation of premises. Is there the possibility of overlap with the Care Quality Commission – and therefore the need to establish a Memorandum of Understanding between the GPhC and the CQC to avoid duplication of effort?

Q13. Do you agree with the more flexible approach proposed in relation to fee-setting for registered pharmacies?

- Agree
- Disagree
- Unsure

Comments We currently register bodies corporate and intend to review this along with the GDC and RPSGB. We do not register optical premises themselves and so have no policy in this area; however, it would seem reasonable that differential fees be set, thus avoiding the need for low-risk premises to subsidise the cost of inspecting higher-risk premises.

Q14. Do you agree that the additional powers provided to the inspectorate of the GPhC will ensure that adequate investigations into allegations of impairment of fitness to practise can be pursued?

- Agree
- Disagree
- Unsure

Comments: The Inspectorate would appear to hold a unique position whereby they are able to utilise their professional expertise when undertaking an investigation. Their ability to inspect premises and make enquiries in relation to complaints must ensure that allegations are more focused and thoroughly investigated and ultimately that the main focus of the GPhC, public protection and patient safety, is facilitated.

Fees

Q15. Do you agree that the GPhC should be empowered to have a more flexible approach to fee-setting?

- Agree
- Disagree
- Unsure

Comments: We are currently looking at the possibility of introducing differential fees for optometrists and dispensing opticians.

Optometrists generally earn more than dispensing opticians and are arguably a higher risk profession. Many dispensing opticians therefore think it would be reasonable for them to pay a smaller fee; others, however, are worried that this could cause them to be seen as 'second class' registrants.

We will be reviewing the policy this year as well as looking at the possibility of staged payments for registration.

Transitional provisions

Q16. Do you agree that the transitional provisions set out in Schedule 5 to Part 7 of the draft Pharmacy Order 2009 are fair?

- Agree
- Disagree
- Unsure

Comments

Q17. Do you agree that the transitional provisions set out in Schedule 5 to Part 7 of the draft Pharmacy Order 2009 are clear?

- Agree
- Disagree
- Unsure

Comments

Further comment:

Section 7.7 outlines the rationale for the GPhC opting not to register students. Since 2005, the GOC has maintained a Register for anyone undertaking training as an optometrist or dispensing optician. By registering students, the GOC is able to ensure that they comply with the Code of Conduct and are safe to practise before coming in to contact with patients, even in a supervised environment. Without student registration, there would be a reliance on training institutions or scheme providers to be responsible for ensuring a student's fitness to practice and conduct. This would need careful managing and monitoring. The GOC maintains the view that student registration is the most effective way of ensuring public protection and compliance with standards, whilst undertaking education and training.