

Written evidence submitted by The Royal Pharmaceutical Society (PSN0019)

1. The Royal Pharmaceutical Society is the professional body for pharmacists in Great Britain, representing pharmacists working in all sectors.
2. This submission addresses the three topics set out in the Expert Panel's call for evidence, on maternity care and leadership, training of staff in health and social care, and culture of safety/whistleblowing.
3. We note that the Expert Panel is not examining the recommendations from the Independent Medicines and Medical Devices Safety Review, which has been considered by the Health and Social Care Committee previously. Further information and resources on valproate and the pregnancy prevention programme are available on the RPS website.¹

Maternity care and leadership

"A common code of ethics, standards and conduct for senior board-level healthcare leaders and managers should be produced and steps taken to oblige all such staff to comply with the code and their employers to enforce it."

4. The Royal Pharmaceutical Society publishes a *Code of Conduct* for members in Appendix A of the RPS regulations.² It notes that being a member of the RPS is a mark of professionalism and members, as ambassadors of the Society, should do nothing that might detract from the high standing of the profession. This includes any aspect of a member's personal conduct which could have a negative impact upon the profession. Complaints about the professional practice, performance or conduct of a member should be referred to the General Pharmaceutical Council (GPhC).
5. The GPhC's *Standards for Pharmacy Professionals* sets out nine standards that every pharmacy professional is accountable for meeting. The standards apply to all pharmacists and pharmacy technicians and states that all pharmacy professionals must:
 - a. provide person-centred care
 - b. work in partnership with others
 - c. communicate effectively
 - d. maintain, develop and use their professional knowledge and skills
 - e. use professional judgement
 - f. behave in a professional manner
 - g. respect and maintain the person's confidentiality and privacy
 - h. speak up when they have concerns or when things go wrong
 - i. demonstrate leadership
6. New legislative orders are intended to give the GPhC and Pharmaceutical Society of Northern Ireland powers to set professional standards for Responsible Pharmacists, Superintendent Pharmacists and Chief Pharmacists.³ The GPhC has stated that these standards are partly dependent on the outcome of the Government's consultation on pharmacy supervision, which closes on 29 February 2024.⁴ It notes, 'Once we are clear on any changes to the legislation on supervision, we will then finalise our proposals and consultation on the relevant rules and standards.'⁵

¹ <https://www.rpharms.com/resources/pharmacy-guides/valproate-and-the-pregnancy-prevention-programme>

² https://www.rpharms.com/Portals/0/NEW%20REGS%20CURRENT_websire.pdf

³ <https://www.pharmacyregulation.org/news/gphc-welcomes-new-legislation-strengthen-pharmacy-governance>

⁴ <https://www.gov.uk/government/consultations/pharmacy-supervision>

7. The National Quality Board was formed in 2009 to champion the importance of quality and drive system alignment of quality across health and care, including around patient safety, on behalf of NHS England and other national bodies.⁶

Training of staff in health and social care

“Targeted interventions on collaborative leadership and organisational values, including a new, national entry-level induction for all who join health and social care.”

8. While not compulsory for staff or employers to follow, the RPS Leadership Development Framework⁷ outlines behaviours of effective, engaging leadership and mirrors the NHS Leadership Academy’s Healthcare Leadership Model.⁸ Building leadership behaviours can not only aid personal and professional development, but also ensure the skills and knowledge of pharmacists and pharmaceutical scientists are optimised to improve the effectiveness of teams and organisations, quality of work and, ultimately, improve patient care and outcomes.
9. Clear competency-based career pathways for post-registration professional development aligned to the RPS curricula for foundation, advanced and consultant credentialing should be introduced to support pharmacists’ development and professional leadership.⁹
10. The Centre for Pharmacy Postgraduate Education provides a number of resources on leadership training.¹⁰

Culture of safety/whistleblowing

“Culture of safety: Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns.”

“Primary Care: All principles in this report should apply with necessary adaptations in primary care.”

11. Patient safety is reliant on a patient safety culture that is open and honest and is supported by reporting, sharing, learning and taking action on patient safety incidents and review.
12. A 2014 joint statement by the statutory regulators of healthcare professionals on the professional duty of candour states that health professionals must be open and honest with patients when things go wrong.¹¹
13. The RPS publishes a range of guides and resources around developing a culture of safety, including on error reporting, near misses and professional empowerment. Error Reporting Professional Standards, developed by the RPS, the Association of Pharmacy Technicians UK and the Pharmacy Forum of UK, are currently being updated.¹² These professional standards describe good practice and good systems of care for reporting, learning sharing, taking action and review of incidents (error reporting) as part of a patient safety culture:
 - a. Be open and honest when things go wrong.

⁵ <https://www.pharmacyregulation.org/get-involved/consultations/strengthening-pharmacy-governance>

⁶ <https://www.england.nhs.uk/ourwork/part-rel/nqb/>

⁷ <https://www.rpharms.com/resources/frameworks/leadership-development-framework>

⁸ <https://www.leadershipacademy.nhs.uk/healthcare-leadership-model/>

⁹ <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/workforce>

¹⁰ <https://www.cppe.ac.uk/gateway/leadership>

¹¹ <https://www.pharmacyregulation.org/news/professional-duty-of-candour-joint-health-regulators-statement>

¹² <https://www.rpharms.com/recognition/setting-professional-standards/error-reporting-professional-standards>

- b. Report patient safety incidents to the appropriate local or national reporting programme.
 - c. Investigate and learn from all incidents, including those that cause harm and those that are “no harm” or “near-miss”.
 - d. Share what you have learnt to make local or national systems of care safer.
 - e. Take action to change practice or improve local or national systems of care.
 - f. Review changes to practice.
14. Contractual frameworks should foster an open learning culture, where teams are able to speak up and learn from mistakes to improve patient safety. Workforce planning must include time for appropriate rest breaks, professional development and learning, both for the welfare of pharmacists and for patient safety. With increased clinical roles, pharmacists must have dedicated protected time within working hours. Protected learning time should be equitable for all health professions, including those supporting primary care.
15. Community Pharmacy England notes that the clinical governance provisions in the community pharmacy Terms of Service require pharmacy contractors to ensure that there are arrangements for ensuring that all staff and locums are able raise concerns. In order to comply with this requirement, contractors must have in place a whistleblowing policy. The aim of which is to allow an employee or locum to raise at the earliest opportunity, any general concern that they might have about a risk, malpractice or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.¹³ NHS England guidance requires each contractor to name an individual as the Freedom to Speak Up Guardian who can ensure that policies are in place and that staff know who to contact if they have a concern; this person must be independent of management within the pharmacy and not be the direct employer.
16. Raising concerns can protect patients and the public, communities, and colleagues; and improve patient safety by reporting concerns and learning from incidents. The RPS publishes a guide for members on raising concerns and whistleblowing, noting that pharmacists and their teams have a professional duty to report any wrongdoings, and ‘speak up when they have concerns or when things go wrong’. It recommends that whistleblowing policies and procedures for all workers, including temporary staff, contractors and locums, should:
- a. Be readily accessible at the place of work and available to all workers.
 - b. Contain a commitment to zero tolerance of victimisation for all persons who have raised concerns.
 - c. Remind pharmacists and pharmacy technicians about their duty to raise concerns to protect people - refer to GPhC regulatory standards.
 - d. Include options for the person raising the concern to do so confidentially when requested.
 - e. Include an escalation process and options to raise concerns outside of line management, including how to contact the superintendent or chief pharmacist - and where appropriate, how and when concerns can be made externally.
 - f. Are supported by a culture that encourages and reinforces the use of the policies and procedures as a valued governance mechanism.
 - g. Provide an explanation which distinguishes between a whistleblowing concern and a grievance.
17. The GPhC publishes guidance on raising concerns, noting that quality of care that people receive is improved when pharmacy professionals learn from feedback and incidents, and challenge poor practice and behaviours.¹⁴

¹³ <https://cpe.org.uk/quality-and-regulations/clinical-governance/raising-concerns-whistle-blowing/>

18. While the call for evidence notes supporting data from the Care Quality Commission, information from other regulators should also be considered, such as the 'whistleblowing disclosures report' published by the General Pharmaceutical Council and others.¹⁵ This includes the number of whistleblowing disclosures received by the GPhC and any action taken.

Jan 2024

¹⁴ <https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-on-raising-concerns-november-2020.pdf>

¹⁵ <https://www.pharmacyregulation.org/sites/default/files/document/health-regulators-whistleblowing-disclosures-report-2023.pdf>