



Response to
Health Care and Associated Professions: The
Pharmacy Order 2010
Draft Rules – Proposals for Consultation

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Who we are

Community Pharmacy Scotland (formerly known as the Scottish Pharmaceutical General Council) is the body that represents Scotland's 1216 community pharmacy contractors. It negotiates on their behalf with the Scottish Government on all matters affecting terms of service and remuneration for contractors' NHS work.

Our prime focus in recent years has been the development of a new contract for pharmacy contractors, one which will call for the delivery of new services, potentially in novel ways, but continuing to place emphasis on the opportunity which community pharmacy offers in terms of access for patients to healthcare services. Scottish pharmacy contractors employ large numbers of pharmacists who will be required to register with the General Pharmaceutical Council (GPhC), and a number of support staff who could be eligible for registration as pharmacy technicians.

Pharmacy contractors currently dispense in excess of 80million prescriptions per year, offer a range of public health initiatives to promote well-being, provide consultations, treatment and/or referrals through the Minor Ailment Service plus offer access for patients with health problems when other health professionals are unavailable.

Significant investment has been made by contractors in recent years to ensure that premises are fit for purpose, the training needs of staff are addressed and that an appropriate IT infrastructure is in place. Community Pharmacy Scotland is now considering how it may reinforce the quality element within the contract and ensure that it sits comfortably within the overall health quality strategy.

We welcome the opportunity to provide a response to the consultation on the Draft Rules. As an organisation based in Scotland our comments relate in the main to Scotland. We have no objection to our response being shared with the other UK Health Departments.

Consultation Responses – Draft Rules

Question 1 – Do you think that these draft rules set out the necessary provisions in a clear and comprehensive manner?

We agree.

Question 2 – Do you think that these draft rules are written within the scope of the powers of the Order?

We agree. We would be disappointed if they were not.

Question 3 - Do you think that there are any equality considerations that should be integrated into these draft rules?

We are not aware of any equality considerations that have been overlooked.

Question 4 – Do you think that these draft rules contain adequate protection for patients and the public?

We are unsure. See comment below.

Question 5 – Do you have any other comments about these rules that you would like us to consider?

There are two areas on which we would like to comment. Both relate to the draft rules for registration.

Registration renewal

The draft provisions for renewal represent a considerable change for those currently in existence. It will be necessary for GPhC to publicise them widely to ensure that registrants or premises are not removed from the register because the application renewal form has not been submitted timeously. That does not seem to be in the best interests of patients and the public.

Pharmacists or owners are accustomed to receiving their renewal documents in December and applications have been processed after the renewal date. Is it now to be the case that an application renewal must be received back before the beginning of November to be accepted? What happens to applications received during November and December? These details will have to be spelled out in an information campaign. We would strongly suggest that reminder letters be issued.

The proposed renewal date of 1 January may cause difficulties for employers if they need to check out if an employee's registration is valid over the New Year holiday. How will that check be facilitated?

The rolling register

We note the intention to introduce a rolling register. For GPhC there are obvious benefits in terms of managing workload across the year but there will be costs associated with setting up that system. For the employer of registrants the introduction of a rolling register introduces more bureaucracy and associated costs. We do not see that the introduction of a rolling register will offer any additional benefits in terms of the safety of patients and the public. It may in fact cause difficulties when registrants no longer have a fixed renewal date. There will need to be ongoing information and publicity on this point and no expectation that any additional costs associated with the introduction of a rolling register will be passed on to the applicants.