17 December 2014

Dear Sir/Madam

Consultation on proposals to introduce a statutory duty of candour for health and social care services

We are writing in response to the consultation on proposals for a statutory duty of candour for organisations providing health and social care services in Scotland.

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain. It is our job to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services in England, Scotland and Wales.

We support the Scottish Government’s aim of making sure that health and social care service providers are open and honest with people when something has gone wrong with their care or treatment.

As the regulator for pharmacy we are committed to embedding the learning from the Berwick report and the inquiries into failures in care at Mid-Staffordshire NHS Trust and the Vale Leven Hospital across the work we do. In particular, key themes of openness, transparency, candour and patient centred professionalism are reflected in our strategic plan for 2014-17.

In October 2014 we signed a joint statement on the professional duty of candour with other regulators of healthcare professionals (http://www.pharmacyregulation.org/sites/default/files/joint_statement_on_the_professional_duty_of_candour.pdf).

This statement supports our ongoing work around strengthening the current requirements for pharmacy professionals to be open and honest. For example, our forthcoming review of our Standards of Conduct, Ethics and Performance will reflect how we can be more explicit about the need to be candid and the professional duty of candour will be considered as part of the work we are taking forward to review our Initial Education and Training Standards.

The seriousness of failing to be open and honest with patients is something we are also considering as part of proposed changes to the guidance that our fitness to practise committees use to make decisions and impose sanctions. We recently launched a discussion document to seek views on a number of areas including a failure in candour (http://www.pharmacyregulation.org/news/gphc-launches-discussion-paper-guidance-support-decision-making-fitness-practise-hearings) and will be
using the feedback we receive to inform the version of the draft hearings and sanctions guidance document which we will consult on in early 2015.

In addition to ensuring that the pharmacy professionals we regulate understand the fundamental duty they have to be open and honest with patients when things go wrong, the GPhC also recognises the need for a culture of openness, honesty and learning within the environments in which pharmacy services are provided. It is essential that any concerns about the safety of service provision can be raised without fear and that these concerns are effectively dealt with and learnt from. These important themes are prominent in our new standards for registered pharmacies and our new inspection model will provide a more robust process for checking whether concerns are indeed raised and acted on within registered pharmacies.

It is also important to consider the recent work of the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board. This has shown how criminal sanctions associated with dispensing errors can act as a barrier to the open and transparent reporting and learning that can help improve the quality of services for patients.

As we work to strengthen our standards in relation to openness, transparency and candour we look forward to hearing about the outcomes of this consultation and to continuing to develop collaborative working agreements with the organisations that may be monitoring the proposed duty of candour.

I hope the above information is of assistance. If you would like further information or clarification about any aspects of the GPhC’s work please do not hesitate to contact me on the details provided below.

Yours sincerely

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