



Original Research

Existing arrangements for monitoring community pharmacies in England: Can they have a role in the revalidation of pharmacists?

Sally Jacobs, Ph.D., Ellen I. Schafheutle, M.Sc., M.R.PharmS., Ph.D.*,
Samuel D. Jee, M.Res., Rebecca Elvey, Ph.D., Karen Hassell, Ph.D.,
Peter R. Noyce, C.B.E., F.R.PharmS., Ph.D.

School of Pharmacy and Pharmaceutical Sciences, The University of Manchester, Stopford Building, Oxford Road, Manchester M13 9PT, UK

Abstract

Background: Maintaining and regulating professional competence in health care is a growing concern. Tasked with developing a system of revalidation for pharmacy professionals, the pharmacy regulator in Great Britain commissioned a series of studies to evaluate existing sources of evidence as potential contributors to the revalidation process.

Objectives: To explore the utility of existing regulatory inspections and service commissioners' contract monitoring processes in the community pharmacy sector as sources of evidence of the fitness to practice of pharmacists in England.

Methods: Thirteen semistructured telephone interviews conducted with representatives of the regulatory Inspectorate and community pharmacy commissioners.

Results: Interviewees described current processes for inspecting and monitoring community pharmacy premises and the services they provided. Their focus was primarily on the pharmacy and not on the pharmacist. Views were given as to how the roles of the Inspectorate and service commissioners might be developed to incorporate aspects of revalidation. Particular issues were raised in relation to the revalidation of self-employed locum and independent owner pharmacists.

Conclusions: Existing inspection and contract monitoring processes have little utility in providing evidence of the fitness to practice of individual community pharmacists in England. However, there may be potential for the Inspectorate and service commissioners to develop a role in revalidation, particularly for locum pharmacists and/or independent pharmacy owners. Moreover, they may take a role in providing the infrastructure required to support the process of revalidation for community pharmacists. Current financial pressures and restructuring in the National Health Service, however, are obstacles to the development of revalidation processes.

© 2013 Elsevier Inc. All rights reserved.

Keywords: Community pharmacy; Revalidation; Regulation; Commissioning; England; Inspections

* Corresponding author. Tel.: +44 161 275 7493; fax: +44 161 275 2416.

E-mail address: ellen.schafheutle@manchester.ac.uk (E.I. Schafheutle).

Introduction

The maintenance and regulation of health care professionals' continuing competence has been a growing concern for many health care systems worldwide.¹ In the United Kingdom, a series of catastrophic failures in health care performance^{2,3} precipitated the development of new systems of revalidation by health care regulators, initially for doctors⁴ and more recently for pharmacists and other health care professionals.⁵ Revalidation is a mechanism by which health care professionals can demonstrate that they remain up-to-date and fit-to-practice and is one element of widespread efforts to improve the quality and safety of health care. Different systems for revalidating health care professionals have been implemented in a number of countries drawing on a range of different sources of evidence.⁶ Tasked with developing a system of revalidation for pharmacy professionals in the United Kingdom, the pharmacy regulators—the General Pharmaceutical Council (GPhC) for Great Britain (GB: Scotland, Wales, and England) and the Pharmaceutical Society of Northern Ireland—will need to consider all existing sources of evidence of fitness to practice to ensure that any new system developed builds on existing structures and processes to avoid any duplication of effort and minimize costs.

Community (retail) pharmacies, which make up the largest pharmacy sector in the United Kingdom,⁷ are private businesses, commissioned by the publicly funded National Health Service (NHS) to provide dispensing and other pharmaceutical services. As organizations, they vary from small, pharmacist-owned businesses with between 1 and 5 premises (“independents”) to large, national (or multinational) chains (“multiples”) or supermarkets, usually owned by nonpharmacists but appointing a “superintendent pharmacist” to be responsible and accountable for the pharmaceutical aspects of the business. Almost three-quarters of GB-registered pharmacists work in this sector⁷ as owner/managers, employee pharmacists, or self-employed locums.

A number of potential sources of evidence of fitness to practice already exist in the community pharmacy sector. There is a requirement for all GB pharmacy professionals (ie, pharmacists and pharmacy technicians) to complete 9 records of continuing professional development (CPD) each year to maintain their registration as a pharmacy professional. Pharmacists employed by many of the larger community pharmacy organizations in

particular are subject to annual appraisals or performance reviews; but others, such as pharmacy owners and self-employed locums, do not fall under such management systems.⁸ In addition, GB community pharmacies are also routinely inspected and monitored both by the GPhC Inspectorate and, in England and Wales, the service commissioners, currently NHS primary care trusts (PCTs) in England and Local Health Boards in Wales. There is currently insufficient evidence that CPD is a sufficient source of evidence for the revalidation of health care professionals on its own.⁹ Therefore, in 2009, in response to the current United Kingdom policy imperative for all health care professional regulators to develop systems of revalidation,¹⁰ a program of research was commissioned by the GB pharmacy regulator—at that time the Royal Pharmaceutical Society of Great Britain (RPSGB)—to evaluate all existing sources of evidence, including CPD and appraisals, for their utility in the revalidation of pharmacy professionals, the findings of other elements of which are reported elsewhere.^{8,11,12} In this article, the findings of a series of interviews with PCT staff and RPSGB inspectors are drawn upon, with a particular focus on England, to examine specifically whether existing systems of *community pharmacy contract monitoring and inspection* offer any potential for providing supporting evidence for the revalidation of community pharmacists.

Although conducted for different purposes, both community pharmacy commissioners' contract monitoring processes and regulatory inspections involve pharmacy visits assessing different, but overlapping, aspects of the quality of pharmaceutical service provision. Currently, these assessments relate most closely to the “structures” and “processes” of Donabedian's structure-process-outcome model of evaluating health care quality^{13,14} and do little to assess the “outcomes” of community pharmacy provision.

The regulation of community pharmacy services in England

The United Kingdom is somewhat unusual in the extent to which community pharmacy is regulated and monitored, driven by an extant culture within health care more generally of regulating for patient safety. In the United States, for example, the National Association of Boards of Pharmacy and American Pharmacists Association have only recently announced plans to

Download English Version:

<https://daneshyari.com/en/article/2508747>

Download Persian Version:

<https://daneshyari.com/article/2508747>

[Daneshyari.com](https://daneshyari.com)