



# Practice

## Standards and inspections

Following the overhaul of the pharmacy inspection process, it is vital to engage the whole team and 'go the extra mile', says the GPhC's Director of Inspection.

Until late last year, the GPhC's inspectors focused their attention on how well the pharmacies they visited managed their Controlled Drugs. Now, however, registered pharmacies need to prove themselves across a much wider area if they are to pass muster.

This means demonstrating that they are operating according to the GPhC's standards on a day-to-day basis, says Claire Bryce-Smith, the GPhC's Director of Inspection and Fitness to Practise.

'The standards cover a wider range of issues around management of risk and governance, the pharmacy team, premises and equipment,' she says.

'At the heart of our new approach is a focus in our inspections on the safety and quality of services, as well as engaging the whole pharmacy team in that inspection.'



## The five Principles of GPhC inspections:



1

Governance arrangements



2

Empowered and competent staff



3

Managing pharmacy premises



4

Delivering pharmacy services



5

Equipment and facilities

From a practical point of view, this means that inspections are about show-and-tell, rather than poring over documentation or ticking boxes. This gives pharmacists a chance to tell inspectors about what is happening in their particular pharmacy and how they are helping patients.

It also gives the inspector the opportunity to make sure that all members of the team understand their roles – he or she will pose a number of different scenarios to see how people respond. This means that the emphasis is on all staff, not just the managing pharmacist.

‘The aim of our inspection model is to get assurance that pharmacies are achieving our standards consistently on a day-to-day basis. So, instead of considering an inspection in the same way as you would be expected to pass an exam, we would encourage pharmacists to actively think about the evidence that they would want our inspectors to see which demonstrates that their pharmacy is achieving GPhC standards every day.’

Claire suggests approaching this by making sure that consideration of the standards is built into pharmacies’ everyday learning and review mechanisms, not simply brought up in preparation for an inspection. ‘We would encourage the whole pharmacy team to

stand back and put themselves in the shoes of the patient and look for ways in which they can improve the services they provide,’ she says. ‘Pharmacies that do well will consider this in how they operate on a day-to-day basis, and not just in order to pass an inspection.’

An inspection can, of course, come on any day and at any time within four to six weeks of receiving notice – and might start before the duty manager realises. ‘When one of

our inspectors walks into a pharmacy, they usually observe the scene in front of them,’ says Claire. ‘We watch pharmacists interacting with staff, staff interacting with patients, patients interacting with pharmacists and that allows us to get an overall impression of how processes are working.’

What she can say is that the first six months or so of the new inspections have shown that the area in which pharmacists are most likely to struggle is around Principle one – that is, the governance and risk management arrangements that safeguard the health, safety and wellbeing of patients and the public.

‘For example, one of the issues we sometimes see is that some pharmacies have an excellently maintained folder of Standard Operating Procedures, but

when you observe a little bit more closely, those procedures aren’t actually being followed consistently. This could mean that either the procedures aren’t really right for the pharmacy or that staff need to have another look at what

the procedures are.

‘Incomplete records for the safe provision of services are also a common feature in inspections.

‘Sometimes we also identify issues with regards to the interaction between the wider pharmacy team and patients. The team often acts as the conduit between the pharmacist and the patients and the way they handle those questions and direct them can be key in the way information

is fed backwards and forwards. It often determines the quality of information that patients receive in a pharmacy.

‘The general standard of cleanliness, housekeeping and maintenance of the

premises are often highlighted in inspections. The environment and condition of the premises should reflect the fact that healthcare services are provided and these are an important factor in a patient’s impressions of a pharmacy.’

Pharmacists can find out what inspectors do want to see on the GPhC’s website. This gives examples of the sort of outcomes inspectors would expect from ‘satisfactory’ and ‘good’ pharmacies, but it should be treated as a guide, rather than a comprehensive checklist. ‘Pharmacies may have other ways in which they can demonstrate achievement of the standards,’ she says.

Notable areas of strength identified so far include pharmacies’ commitment to going the extra mile for their patients – even when there is no extra money in it – and their ability to create an ‘open and honest learning culture’ in which staff are well trained and developed. 🌐

### GPhC inspections – support resources

The NPA has created an extensive resource set to provide practical support to pharmacy owners, superintendent pharmacists and pharmacy teams. The resources include a series of guidance documents based on the GPhC Principles and underpinning standards, together with a range of supporting tools. For more information, visit [npa.co.uk/gphc-inspection](http://npa.co.uk/gphc-inspection)

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