



Governing for Safety in Pharmacy  
Report on the Seminars for Superintendent  
Pharmacists  
6 March-11 April 2018

June 2018

## Introduction

The PSI has published its new [Corporate Strategy 2018-2020](#). The Strategy outlines a programme of activities intended to further develop the regulator's remit in assuring trust in pharmacists, in pharmacy services and the achievement of better public health outcomes, through effective regulation of pharmacists and pharmacies. A key pillar of the strategy is a focus on the PSI's plans to enhance its engagement and communication, raise awareness of its role and advance how it collaborates with its registrants. To help achieve this objective, 11 regional seminars for superintendent pharmacists were held to explain the purpose and intent of the new Corporate Strategy, and to explore with attendees how a standards-based approach to guideline development might be used to support and recognise good governance, safety and professionalism in retail pharmacy businesses (RPBs).

## Overview of Seminars

From 6 March 2018 to 11 April 2018, 11 seminars were held at 10 different locations across Ireland for superintendent pharmacists; appendix 1 provides a breakdown of the number of pharmacists that attended in each location. In total 241 superintendents attended the seminars, including the superintendent from chains, symbol groups and independent pharmacies. The Registrar, Niall Byrne led the seminars with the assistance of Conor O'Leary and Irene Patterson (PPD) and other PSI colleagues.

Part 1 of the seminar gave an overview of the new PSI Corporate Strategy highlighting the many areas of mutual interest and professional concern which bring PSI and superintendent pharmacists together. Part 2 of the seminar consisted of an interactive workshop focusing on Strategic Results Area 1, action 7<sup>1</sup> of the Corporate Strategy exploring what an Accountability and Governance framework for pharmacy might look like. The workshop involved a mixture of small group work and discussion on the potential effectiveness (or otherwise) of a standards-based approach to guideline development. At the end of the workshop the floor was opened and a discussion on a wide range of topics was facilitated by PSI staff. Topics discussed included how to provide safe and reliable patient care, and some of the challenges facing superintendent pharmacists in their practice. Notes were made from the discussions, and key themes are presented below.

---

<sup>1</sup> Strategic Results Area 1- Action 7: Reviewing whether governance and management structures within retail pharmacy businesses are working to protect the public, defining, with stakeholders, the high standards of leadership and accountability that must be practised by those holding key governance positions. This accountability framework will apply to supervising and superintendent pharmacists as well as those responsible for the overall governance of pharmacy businesses, for example, the senior management and the boards of corporate entities.

## Key themes raised at the workshops

1. Perceived tension: Using professional judgement while being legislatively compliant
2. Pharmacy staffing
3. Time pressures and impact on patient care
4. Right types of documentation
5. Error Management
6. Pharmacy inspections
7. Current model of pharmacy service delivery
8. Diversity of Pharmacist role
9. Comments on the Draft Domains

### 1. Perceived tension: Using professional judgement while being legislatively compliant

Balancing the competing demands of complying with medicines legislation and acting in the best interest of the patient and the requirements of the Code of Conduct for pharmacists, was highlighted by many as being a challenging area in modern pharmacy practice. Some attendees felt that pharmacists are frightened to use their professional judgement and to act outside the strict confines of the legislation, even when other options have been exhausted and it is in the best interest of the patient to do so. There was discussion around whether this could be better addressed in the undergraduate programmes for pharmacists, and if these are currently too focused on compliance with legislation.

The need to be able to justify your actions when you use professional judgement outside the strict confines of the legislation was highlighted by PSI on a number of occasions, along with the importance of clearly and contemporaneously documenting any actions taken and/or decisions made.

It was suggested that the PSI needs to empower pharmacists more to use their professional judgement. It appears that pharmacists may believe that PSI is somehow inhibiting this from happening.

### 2. Pharmacy staffing

#### 2.1 Competence and training

The importance of having good counter and support staff to provide a safe service was emphasised by attendees. The need for staff to be well trained and trusted was repeatedly discussed including the importance of ongoing training of staff to ensure quality assurance and as a key way to keep staff motivated.

#### 2.2 Locum Cover

There seemed to be concern over the standard of service some locum pharmacists provide and some attendees felt that this could be a threat to patient safety as well as trust in

pharmacy. It was questioned whether the superintendent pharmacist or PSI is responsible for the standard of a locum's practice. There was some recognition that this may be a shared responsibility.

### 2.3 Number of pharmacists

The benefit of having more than a single pharmacist in every pharmacy was raised especially when providing new extended services. However, it was highlighted that this is not always viable from a fiscal/business perspective. The question of where the balance lies between quality/safety and commercial concerns was recognised as an important one.

### 2.4 Staff retention

It was raised that it can be difficult to find and retain good staff, both pharmacists and non-pharmacist staff, especially in rural areas. A concern was also raised around the anecdotal evidence that newly qualified pharmacists are leaving community pharmacy roles which is leading to a shortage of community pharmacists. Why this is happening, if it is happening, is an open question.

## 3. Time pressures and impact on patient care

There was much discussion around time pressures and how difficult it is to ring fence time to review and reflect on practice, train staff and ensure constant quality improvement. Perceived increases in administration burden regarding reimbursement of medicines and sourcing medicines that are in short supply, were cited as areas taking up the pharmacist's time and in turn taking time away from the patient.

## 4. Right types of documentation

It was generally acknowledged that documentation is important to demonstrate that a pharmacy is operating safely, to provide accountability, to demonstrate professionalism and to provide evidence of good patient care. However, there was a lot of discussion around what is an appropriate level of record keeping and documentation as it can be time consuming and may take time away from the patient. Where documentation needs to be kept, pharmacists advised that this be commensurate and proportionate. It was also highlighted that enabling more records to be made in electronic format or online would save time and therefore be beneficial.

## 5. Error management

Incident management, recording near misses and errors and sharing learnings from these was seen as very important for quality assurance and to improve practice. The PSI practice of publishing learnings from the Fitness to Practice process were raised as being very useful. The professional isolation of pharmacists was also raised. A culture of 'no-blame' was seen as important to encourage reporting and recording of errors, however at one seminar the idea of 'fair-blame' was discussed highlighting the need for someone to take responsibility for the error and then share the learnings in order to improve practice.

## 6. Pharmacy inspections

The topic of pharmacy inspections came up at the majority of the seminars. Generally, it was felt that the first cycle of the Pharmacy Assessment System was very useful to help assess practice and prepare for an inspection, but the relevance of repeating this at six monthly intervals was queried. A number of attendees commented on the stressful nature of PSI inspections. It was suggested by a number of attendees that announced inspections would enable the superintendent and/or the supervising pharmacist to be present for the inspection and to be prepared with the necessary documentation to hand. It was also suggested by some attendees that inspections should look at the overall delivery of pharmacy services in the RPB.

## 7. Current model of pharmacy

There was discussion at a number of the seminars about the current model of pharmacy where pharmacies are often open prolonged hours, and pharmacists are unable to always take appropriate breaks. Many attendees thought that this has potential to have a detrimental effect on safety and quality of service, and needs to be addressed.

## 8. Diversity of Pharmacist role

On a number of occasions the broad skill set of a pharmacist was highlighted, how they are constantly multi-tasking and must be 'on' all day. It was highlighted how pharmacists have a lot more responsibility than just managing the dispensary, as they are responsible for supervising other staff members providing appropriate advice and supplying medicines safely. A pharmacist owner may also be the superintendent pharmacist and the supervising pharmacist working in the pharmacy every day, as well as have responsibility for other tasks necessary for the running of the business.

## 9. Comments on the Draft Domains

As part of the discussion, attendees were asked to comment on the 5 draft domains provided by the PSI for the workshop (a diagram of the draft domains is provided in Figure 1). Some attendees stated that the definitions provided at the workshop were too long, that they could be simplified and made clearer to ensure they are easily accessible to all pharmacists. Some questioned the use of words such as 'quality assurance' and 'governance' and felt they constituted corporate 'jargon' and were not terms pharmacists are familiar with in their day to day practice.



Figure 1. Draft Domains for a standards-based Governance and Accountability Framework

## Points from Feedback Forms

Feedback forms were provided at the end of each seminar. Responses received were very positive with 97% of attendees stating that they found the seminar a useful way of learning more about the PSI's planned activities over the duration of the current Corporate Strategy. 87% of attendees felt that the format of the workshop was useful for the topic under discussion and 82% felt that they had adequate opportunity to share their experience as a superintendent pharmacist during the discussions. 95% of attendees stated that they would attend another seminar like this in the future to contribute their views in relation to the PSI's work. A full breakdown of responses is provided in Appendix 2. Below is an example of some of the comments received.

## Seminar Feedback



## Next Steps

The seminars provided an invaluable opportunity for PSI staff to engage with superintendent pharmacists and vice versa. The positive feedback received from these seminars indicates that pharmacists want more opportunities to engage with the PSI. Indeed, much of what we heard very much accords with the strategic direction set out by the Council in its current Corporate Strategy – support for professionalism, trust in pharmacy practitioners, effective regulation, accountability for quality care, collaboration and engagement with the regulator, etc. This is positive validation of the Council’s policy and acts as clear encouragement for us to continue in this direction.

Discussions were informative and all of the feedback is valuable. In particular, the feedback received will be used to draft a governance and accountability framework for those holding key governance positions within the overall pharmacy business. In support of this, we plan to create a standards advisory group comprising pharmacists and experts from other disciplines which will come together to review and feed into the creation of a standards based accountability framework for the safe operation of RPBs.

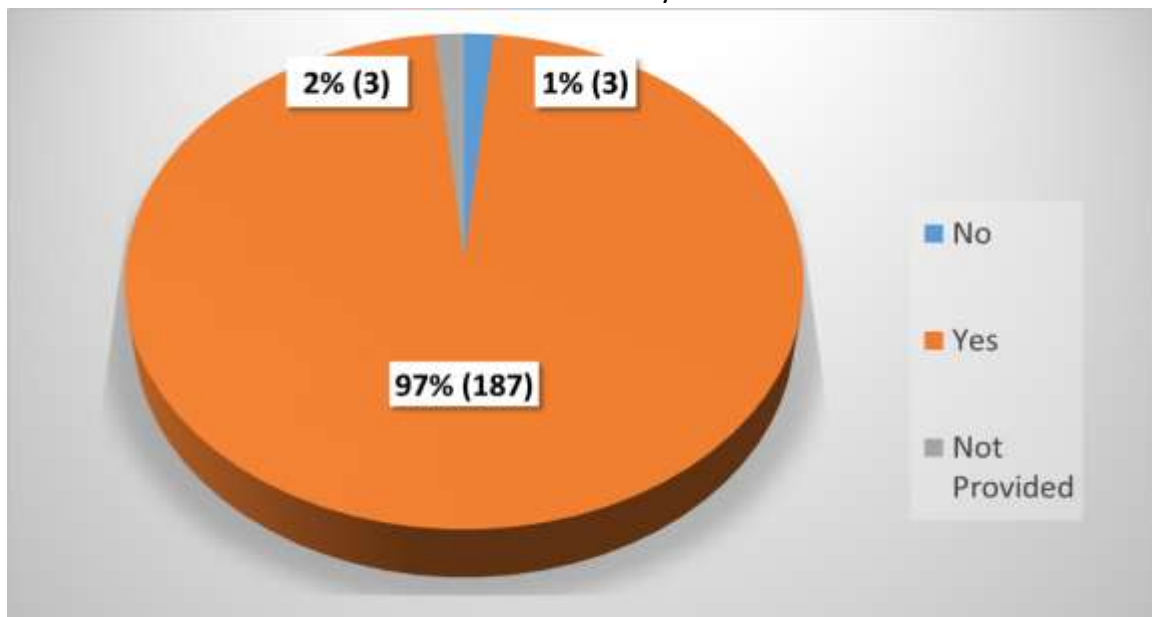
### Appendix 1: Attendance at superintendent seminars

<b>Location</b>	<b>Attendees</b>
PSI House - 6 March	26
PSI House - 7 March	23
Limerick - 12 March	31
Cork - 13 March	37
Kilkenny - 14 March	20
Dublin Airport - 20 March	19
Dublin Citywest - 21 March	20
Galway - 27 April	21
Athlone - 28 April	15
Donegal - 10 April	10
Sligo - 11 April	19
<b>Total</b>	<b>241</b>

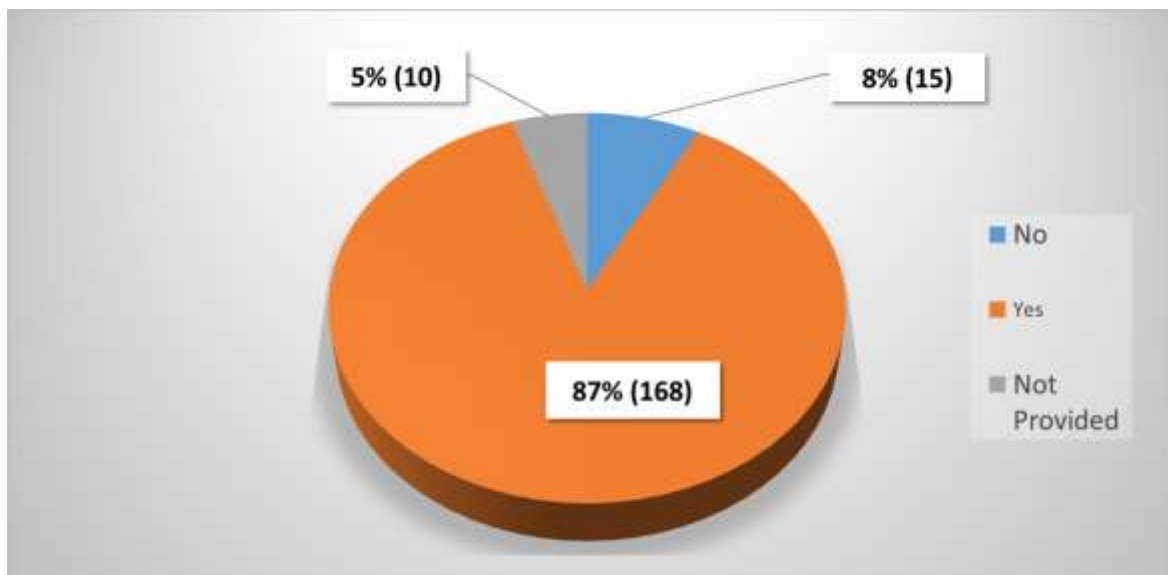


## Appendix 2: Response to the questions on the feedback forms

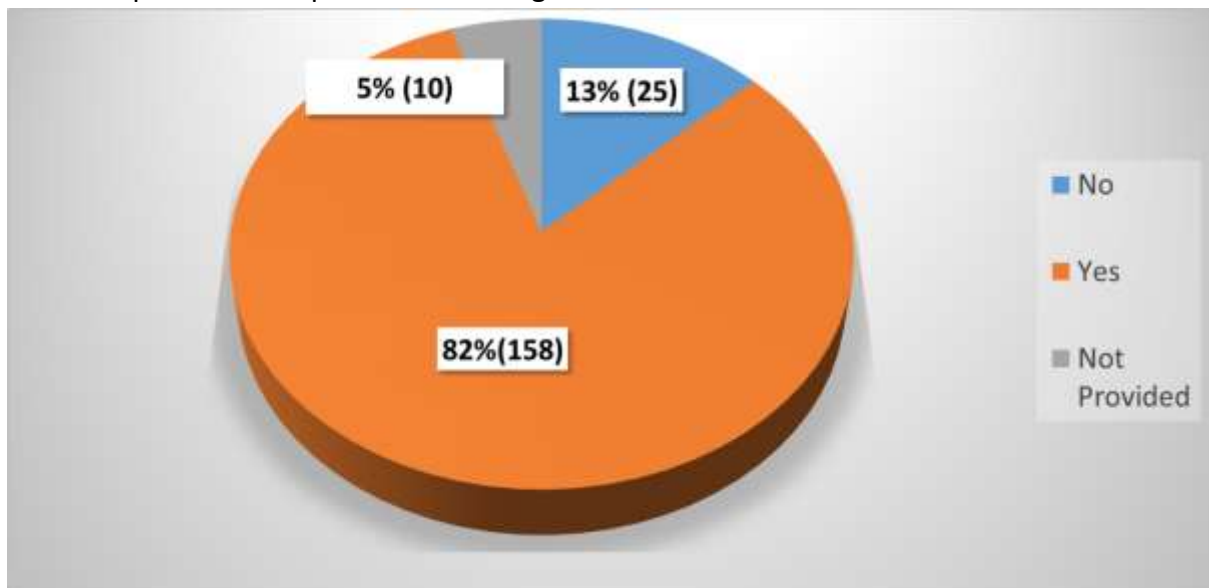
1. Did you find the seminar a useful way of learning more about the PSI's planned activities and intentions over the next few years?



2. Do you feel that the format of the workshop was useful for the topic under discussion?



3. Do you feel you had adequate opportunity to share your experience as a superintendent pharmacist during the discussions?



4. Would you attend another seminar like this in future to contribute your views in relation to the PSI's work?

