



**Royal
Pharmaceutical
Society**
of Great Britain

Interim Guidance from the RPSGB

Identifying and Remediating Pharmacist Poor Performance in England and Wales

* It should be noted that the Government's response to the recommendations of the Shipman Inquiry Fifth Report (Safeguarding Patients: Lessons from the Past- Proposals for the Future) may have implications for local poor performance schemes. The RPSGB will review this guidance in the light of any changes proposed by the Government. However, in the interim period the RPSGB is keen to ensure that local pharmacist poor performance schemes operate in an effective, consistent manner and help promote the safe effective delivery of pharmacy services for patients and the public.

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Foreword



The Royal Pharmaceutical Society of Great Britain is aware that many organisations are setting up poor performance schemes as part of their clinical governance arrangements. The guidance that follows is intended to assist organisations to recognise poor performance and outlines the principles which employers, including the managed care sector (NHS), should apply in identifying and remedying poor performance.

The Society's role is to encourage, support and promote good practice. Concerns about pharmacists' poor performance may be raised through a number of routes. There is a body of evidence to show that problems dealt with locally at an early stage are instrumental in preventing escalation to a referral to the Society's fitness to practise procedures. It is recognised that there needs to be clear signposting as to the most appropriate remedial solution for the pharmacist. This guidance attempts to clarify the steps to be taken by those concerned and the most appropriate agency for referral to ensure safe and effective delivery of pharmacy services in the interests of patient safety in a coherent and consistent way.

This guidance will assist in the development of clinical governance arrangements to support good practice and identify and reduce poor performance.

A handwritten signature in black ink that reads "Nicholas L. Wood". The signature is written in a cursive style and is underlined.

Nicholas Wood
President
Royal Pharmaceutical Society of Great Britain

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Section 1. Introduction

1.1 Who is the guidance for?

This guidance is intended to guide any pharmacist involved in setting up a scheme to identify and remedy poor performance. It will be of interest to Pharmaceutical Advisers in Primary Care Organisations (PCO), Local Pharmaceutical Committees (LPC), Community Pharmacy Wales (CPW), managers of pharmacists in hospitals and in pharmacy chains. It will also be useful for locum agencies setting up systems for pharmacists on their lists.

In addition, the guidance will give pharmacists whose performance may be under scrutiny a clear indication of what is expected of them, and what assistance should be available to support their improvement.

Section 2 Poor performance

Most pharmacists will be undertaking their professional practice competently. However, there will be some pharmacists whose practice is below minimum standards as defined by the RPSGB or their employer.

Poorly performing pharmacists may be identified in a number of ways, for example by self-reporting, peer-reporting, appraisals or complaints. Section 3 of this guidance highlights a more systematic approach to identifying poor performance both proactively and reactively.

Short-term lapses below minimum standards may occur as a result of, for example, a pharmacist who has an illness, chronic lack of sleep, or is themselves a carer. These lapses need to be drawn to the pharmacist's attention and will usually be resolved without further remedial action. Alternatively there may be lapses in one area of practice due to lack of skill or knowledge in that area. Planning and action to improve a pharmacist's knowledge or skills in that area of practice should be developed and achieved in a reasonable time to effect improvement.

Longer-term lapses in professional performance (that may be due to on-going problems of conduct or attitude, misuse of drugs or alcohol, or fraud) require a more structured and transparent approach. Where concerns are raised about an individual pharmacist's performance their manager or the professional clinical governance manager at the PCO has a number of options available to them:

- Do nothing. This is not an option if patients are at risk or maybe at risk if no action is taken
- Deal with it wholly within the organisation in which the pharmacist works
- Initiate local performance scheme procedures at the PCO in dialogue with the pharmacist's employer or locum agency, or
- Report the pharmacist to the relevant authority such as NHS Counter Fraud and Security Management Service (CFSMS) , the police or the RPSGB

There are two tools that can be of help in deciding if the performance problem is a matter that can be dealt with locally, or needs to be referred to the RPSGB, or other agency.

- (i) NPSA decision tree (see *Annex A*) and
- (ii) RPSGB complaints procedures
<http://www.rpsgb.org/pdfs/complaintspharmproc.pdf> and,
<http://www.rpsgb.org/pdfs/complaintspharmform.pdf>

2.1 Performance Standards

All pharmacists are required to practise in accordance with the *Code of Ethics & Standards*¹ of the RPSGB. A copy of this is sent directly to all pharmacists annually, and is available on the RPSGB website (www.rpsgb.org). Changes are

¹ *Medicines, Ethics and Practice: A Guide for Pharmacists* (Number 28; July 2004). Pub: Royal Pharmaceutical Society of Great Britain 2004

published in the *Pharmaceutical Journal*. When assessing if there is a problem with a pharmacist's performance the Code of Ethics offers guidance as to what patients, the public and the profession expect of pharmacists.

Local procedures for doctors and dentists will also provide a useful source of information and promote a consistent approach for practitioners.

Pharmacists must demonstrate that their personal and professional conduct is consistent with the RPSGB Code of Ethics. A pharmacist must:-

- have due regard for accepted standards of behaviour both within and beyond professional practice;
- promote and safeguard the interests of the public;
- justify public trust in the pharmacist's knowledge, ability and judgement;
- promote the good standing of the profession;
- avoid any act or omission that would impair confidence in the profession.

For the purposes of this guidance the RPSGB's definition of poor performance is:-

Performance which continually falls below an acceptable level and may lead to or has already resulted in an adverse impact on patient care or the reputation of a pharmacist.

It should be noted that the RPSGB standards of practice are absolute. A pharmacist's performance must, as a minimum, be in accordance with the RPSGB standards irrespective of any standards set by employers.

2.2 Acceptable levels of performance

An acceptable level of performance is that which is consistently at or above the minimum standards accepted by the profession. The RPSGB publishes performance standards and competence-based training programmes for pre-registration graduates seeking to become pharmacists and expects that all practising pharmacists should be able to meet the performance standards and competence framework for pre-registration trainees.

There are three performance standards

- **Personal effectiveness**
Personal effectiveness covers managing self, work and problems; demonstrating a commitment to quality and demonstrating ongoing learning and development.
- **Interpersonal skills**
Interpersonal skills covers communicating effectively and working effectively with others.
- **Medicines and health.**
Medicines and health covers managing the dispensing process and additional clinical and pharmaceutical services.

A copy of the performance standards and competence framework, plus the corresponding evidence framework can be found on the RPSGB website Education section at <http://www.rpsgb.org.uk/pdfs/preregtutin04-05.pdf>. These documents can be also be obtained by calling 020 7572 2370.

2.3 What is Competence?

Competence can be defined as:-

“having the necessary skills, knowledge and attitudes to undertake a job properly and consistently”.

Although training is vital, it cannot be assumed that training makes a person competent. Competence is assured by demonstration, supported by evidence. The person assessing the evidence (the assessor) has to make decisions as to whether the evidence provided demonstrates that the person meets the Performance Standard(s) or Competence (ies) in question. In this context, performance is not graded, it either meets the description in the standard at the time of the assessment or it does not. Satisfactorily performing an activity once is unlikely to be sufficient to prove competence.

A copy of the pre-registration competence framework is available on the RPSGB website at www.rpsgb.org

For many pharmacy positions, especially for more specialist roles, the minimum standard required to be competent in those posts will be far higher than the pre-registration competencies. When considering performance in these posts, managers and assessors should refer to an appropriate competence framework for that post. The RPSGB has recently published competencies for future pharmacists <http://www.rpsgb.org.uk/pdfs/cfpwph1repfull.pdf> and there are a number of sets of competencies produced by specialist groups.

2.4 Current Practice Regarding Complaints and the Role of the RPSGB

There are currently a number of routes through which someone can complain about pharmacists.

Complaints about NHS services can be made via:

- Pharmacy Contractors own complaints procedures,²
- the NHS Complaints Systems
- Patient Advocacy and Liaison Service (in England) or Community Health Councils (in Wales and Scotland),
- Direct to the RPSGB

² Pharmacies in contract with NHS are required to have their own complaints procedure.

Complaints about a pharmacist working for a community pharmacy can be directed to the superintendent pharmacist or the owner of the pharmacy through the pharmacy's own complaints procedures. Patients, members of the public and others who have concerns about a pharmacist's performance or conduct can contact the RPSGB.

The RPSGB disciplinary and fitness to practise procedures, and local poor performance schemes are NOT about areas of dispute between pharmacists and their employers, such as poor timekeeping or absenteeism; nor should they be used for serious criminal acts which should be reported to the police, and/or the NHS counter fraud and security management service.

As a regulatory body, the RPSGB has procedures to deal with allegations of misconduct and convictions. The Society's disciplinary committee may direct the removal of a pharmacist's name from the register if it is of the opinion that the pharmacist has been convicted of such a criminal offence, or is guilty of such misconduct that the pharmacist is unfit to be on the Register of Pharmaceutical Chemists.

Pharmacists who may be unfit to practise for reasons of ill health should be reported to the RPSGB. Aspects of ill health or behaviour that should trigger a report include: -

- Alcohol or drug dependence
- Untreated or unacknowledged illness or behaviour affecting patient safety

In summary, employers, managers or others having concerns about the performance of a pharmacist can contact the RPSGB Fitness to Practise & Legal Affairs directorate for advice, or speak informally to the pharmacist's local RPSGB inspector. Contact details for local inspectors are available from the RPSGB Fitness to Practise and Legal Affairs directorate on 020 7572 2308.

2.5 Who has responsibility to identify and remedy poor performance?

Pharmacists fall into three broad groups - employees, proprietor pharmacists and self employed locums. The responsibility to identify and remedy poor performance within each group will vary accordingly.

2.5.1 Employees

Where pharmacists are employees, it is reasonable to expect that the employer should be responsible for identifying and remedying poor performance. Large employers such as multiple pharmacy chains and the NHS should have schemes for their employees that are capable of identifying poorly performing pharmacists and offering support for improvement. It is important that PCOs are aware that such schemes are available and that they have clear guidance about how to refer concerns about individual pharmacists.

Smaller pharmacy chains and employers may need help to establish a scheme to identify and remedy poor performance. PCOs have a role in supporting smaller employers in establishing and operating such a scheme.

It may be appropriate for pharmacists who work as long term locums to be included within company or NHS schemes for identifying and remedying poor performance. However, it is recognised that some companies may be reluctant to open up their schemes to locums. It is important to be clear whether a scheme will be open to locums and to have explicit criteria that can be used to judge whether a pharmacist is covered by the scheme or not.

2.5.2 Proprietor pharmacists

When issues of poor performance arise with proprietor pharmacists, the PCO should take responsibility for both identifying and remedying poor performance. This is because it would not be possible for an individual proprietor pharmacist to undertake the assessment of performance and action planning referred to later in this document. It is more challenging to identify and manage poor performance in this group due to the relative isolation of the group.

2.5.3 Self employed locums

Employers face a dilemma over what action to take over the locum who appears to be poorly performing. Currently, the usual course of action taken is to ensure that the locum is not used again in any of their pharmacies. If the locum is thought to be danger to the public, the matter will usually be reported to the RPSGB.

Locum agencies and those who contract with self employed locums have a responsibility to identify poor performance among the locums they use. Some employers may wish to extend this responsibility to supporting the locum to improve. However, it is recognised that this is only likely to apply to locums who are employed on a long-term basis. If support for improvement is not available from the agency or the contractor, then both locum agencies and those who contract with locum pharmacists have a clear duty to refer poorly performing pharmacists.

The plans to establish local NHS lists for pharmacists in England & Wales would suggest that the responsibility for remedying poor performance should sit with the PCO on whose list a pharmacist registers. In the absence of local NHS lists for pharmacists³, we would suggest that PCOs should accept responsibility for pharmacists resident within their boundaries. This would ensure that there was a clearly identified organisation where concerns could be raised. If concerns are raised about a locum pharmacist's performance, then they should be investigated by the PCO and action taken to remedy performance. If the locum refuses to co-operate, then the matter may need to be referred to the RPSGB.

³ If NHS lists for pharmacists are developed then the responsibility would rest with the PCO on whose list a pharmacist has registered.

Section 3 Developing Local Schemes to identify and remedy poor performance

Local poor performance schemes may be uni-professional (for example within a pharmacy chain) or multi-disciplinary i.e. through local schemes for primary care contractors or practitioners. This section outlines the principles which should underpin local schemes, and provides a template of a model scheme. It is recommended that new schemes are established in line with this model and existing schemes are reviewed against the principles to see if changes or improvements are required. PCO's setting up local schemes for pharmacists should do so in consultation with the LPC/CPW.

3.1 Underpinning Principles for Local Performance Schemes

All local schemes to identify and remedy poor pharmacist performance should be based on a core set of principles.

Poor performance schemes should:-

- Protect patients
- Inform the pharmacist at the earliest opportunity that there is concern about their performance.
- Be supportive and keep pharmacists in the workplace, when it is safe to do so
- Take account of the appropriate competencies for and expectations of pharmacists, including the RPSGB Code of Ethics Standards and Practice
- Be confidential, safeguard information and ensure that it is shared only on a "need to know" basis (i.e. good human resources procedures)
- Be fair and open for all, by focusing on problems rather than individuals
- Avoid discrimination and be alert to allegations motivated by malice
- Have a clear set of parameters which define poor performance.
- Be established in consultation with local pharmacy representatives⁴ and be held in sufficient confidence so that pharmacists are willing to use the procedures for themselves or for colleagues
- Involve lay representatives or patient representatives.
- Define clear roles, responsibilities, and accountabilities, avoiding potential conflicts of interest for those involved
- Provide patients and practitioners with clear procedures and time scales for the process itself and for any actions which may result
- Work consistently and according to the needs of pharmacists, employers and the public
- Provide or signpost to adequate and appropriate support for those pharmacists who need help to improve their professional performance.
- Provide support for managers taking a pharmacist through poor performance assessment and action planning.
- Be robust and open to scrutiny.

⁴ Local pharmacy representatives – for community pharmacy contract this would be the LPC or CPW; within hospital pharmacy this may be a trade union as the Guild of Healthcare Pharmacists; some chains of pharmacies have their own associations, eg Boots Pharmacists Association, to represent their employees.

By using these principles local schemes should provide a robust safety net for patients and the public, and ensure fairness and consistency for pharmacists.

3.2 Setting up a Performance Advisory Groups

A Performance Advisory Group (PAG) will be a key feature of local poor performance schemes. The PAG will be able to consider the concerns and options for addressing performance issues. It may arrange to meet the pharmacist and/or undertake a local educational assessment, and then make recommendations to the organisation. Although the composition of a PAG may vary according to local situations the RPSGB believes that PAGs should consist of a minimum of three people with at least one patient representative and another pharmacist.

To avoid potential conflicts of interests, pharmacists providing advice to the PAG or acting as a full member of the PAG must NOT be

- A family member of the pharmacist being assessed
- The pharmacist responsible for commissioning or monitoring local pharmacy contracts
- An inspector employed by the RPSGB
- A line manager of the pharmacist being assessed
- A direct local commercial competitor.

To find a suitable pharmacist adviser for a PAG, PCOs should look to develop links with adjacent PCOs and build up a small pool of people who can advise or participate in local PAGs. Pharmacists participating in PAGs will need to be appropriately trained. Consideration should be given to whether people with training and experience of NHS Tribunals or PAGs for other professions could be the appropriate advisers and participants for pharmacy PAGs.

LPCs (or CPW in Wales) should be involved the PAG.

3.3 A Model Local Scheme

Aim of the Performance Schemes

The aim of any local performance scheme is to:-

Protect patient safety by supporting pharmacists to achieve the minimum standard of professional practice that is expected by the RPSGB, their employer (including the NHS) and the public.

Outcome of a Performance Scheme

The outcome of local schemes is to support improvement so that the pharmacist performs consistently, competently and returns to upholding their key professional responsibilities, including:

“Pharmacists in professional practice use their knowledge
for the well-being and safety of patients and the public”
Code of Ethics RPSGB (MEP 2003)

Recommended Model

The model scheme consists of six stages and draws heavily from the National Clinical Assessment Authority (NCAA) scheme for General Practitioners in England.

Stage 1 – responding to concerns raised about a pharmacist’s performance

Stage 2 - considering the nature of the problem and how it should be handled

Stage 3 - arranging for practice-based assessment (if required) and agreeing a development plan to address the problems identified

Stage 4 - overseeing and supporting the implementation of a personal development plan

Stage 5 - reviewing progress against the targets set

Stage 6 - arranging further intervention or onward referral if progress is not satisfactory.

Stage 1 - Identify poor performance

There are two principal routes to identifying poor performance that may be described as either reactive or proactive.

Reactive –

Information about poor performance or other areas of concern may come from a variety of sources including:

- Individual patients
- Patient Forums
- The individual pharmacist themselves
- Peer health care professionals (pharmacist colleagues, technicians, dispensers, assistant and locums, LPC or CPW in Wales, local GPs, community or practice nurses, PCO or secondary care colleagues)
- Complaints systems
- Clinical governance systems (in-house, local accreditation schemes, contracting organisations)
- Critical incident reporting systems
- People or organisations outside the NHS e.g. police, coroner or local press.

This information may be reported to one of several individuals within a PCO, e.g. chair, chief executive, Professional Executive Committee (PEC) or Local Health Board (LHB) member, LPC secretary/chair, members of local performance groups, chief pharmacist or pharmaceutical advisers. Within larger organisations (hospital Trusts or pharmacy chains) the reporting systems will, depend upon the management structure of the organisation e.g. chief pharmacist, directorate pharmacists, superintendent, professional development pharmacist or area managers.

Pro-active –

A range of performance indicators, often based on routinely collected data, can be used to help identify potential instances of poor performance. As yet, the RPSGB has not developed indicators for identifying poor performance. Performance indicators agreed locally must be developed with advice from a pharmacist and should be used only as one of a range of methods for identifying and assessing poor performance.

The diversity of sources of information means a local central collection point for concerns raised is vital. Seemingly minor concerns may, when collated, add up to a pattern of performance or practice that is unacceptable and it is important that issues raised are dealt with fairly and consistently.

An individual in the organisation should be identified as the “Performance Information Manager”. This person should be aware of any performance issues, work closely with those taking decisions about the action needed to address performance problems and communicate effectively with those providing local assessment and support.

Appraisal and Performance Review

The RPSGB wishes to encourage employers of pharmacists to set up (if they have not already done so) and, employee pharmacists to participate in, regular appraisal and performance reviews. The implementation of personal development plans as part of CPD, plus participation in appraisal schemes, gives pharmacists the opportunity to identify and highlight training and development needs. It also offers an opportunity for early identification of problems and remedial action to be taken to support practice improvement.

Self Reporting

Pharmacists should be reflecting on their practice and identifying areas for improvement. As part of this process, a pharmacist may detect areas of practice where they are weak or require support for improvement. Complaints about themselves or their practice, may also prompt a pharmacist to seek support for improvement. Acknowledging and accepting performance problems and seeking support to improve these is a courageous act for any professional. The RPSGB encourages all employers and PCOs with local performance schemes to provide support and assistance to pharmacists who self report performance issues.

Pharmacists need to have confidence in self reporting schemes and should be aware that they may self refer to the agreed local contact point.

Stage 2 - Consider the nature of the problem and appropriate handling

Those considering concerns about a pharmacist's performance should establish the facts that substantiate the concerns and take into account any other information held locally or centrally. Consideration should also be given to other underlying problems that may be contributing to the performance issues e.g. lack of support staff.

The organisation may wish to resolve difficulties through in-house mechanisms, for example clinical governance systems; improving managerial or other staff support in the pharmacy; moving the pharmacist to a different work setting, for example, a less busy pharmacy; or providing additional clinical or educational support and retraining to develop the necessary skills and knowledge. If this does not result in the required improvement, or if the problem needs immediate further action, the following options should be considered:

- Occupational Health Services assessment,
- Pharmacy Health Support Scheme for pharmacists with drug or alcohol problems,
- Disciplinary procedures within the employing organisation,
- RPSGB fitness to practise and disciplinary systems,
- Police investigation,
- NHS counter-fraud service investigation, or
- Removal or suspension from medical, supplementary or services lists of the PCO. (In future, subject to the necessary legal framework),

If the organisation thinks it may need to take further local action it may be appropriate to pass information directly to a Performance Advisory Group (PAG) at an early stage.

Occupational Health Services

Occupational health services can be an invaluable resource when considering whether a professional has a health problem that needs to be addressed before performance can be improved. Currently community pharmacists and their staff are not routinely included in PCO occupational health service schemes. However,

PCOs should consider how they might access occupational health advice for local pharmacists whose poor performance may be health related, or for whom a PAG deems that an occupational health assessment is needed.

Serious Concerns

If a case raises a serious and/or immediate risk to patient safety, local performance procedures will not be appropriate and an urgent referral should be made to the RPSGB or other appropriate body e.g. police.

The RPSGB has a team of inspectors covering Great Britain. Each inspector has a specific area of the country and is available to provide advice and support. Their contact details are available on the RPSGB website or by telephoning the RPSGB headquarters on 020 7572 2308. The RPSGB is able to advise about criteria for referral.

Stage 3 - Assessment and development plan

The purpose of the assessment is to identify and agree the problems with the pharmacist and to develop a plan to address the problems. Prior to carrying out a local practice assessment, those considering the issues may arrange for an informal visit to the pharmacy. The initial approach to the pharmacist should be supportive. However, the pharmacist needs to be aware that if he or she does not co-operate, or fails to meet the goals set in the development plan, further action may be taken.

Advice on acceptable performance and minimum standards of practice is given in Section 2.

It may be suggested that the pharmacist undergoing assessment find a “friend” or mentor to support them. This may be a personal friend or a professional colleague, perhaps from the LPC. In addition, the pharmacist may want to take advice from their professional indemnity provider and/or trade union representative body.

Stage 4 – Oversee and support the implementation of the development plan

A wide variety of people and learning resources can be drawn on to help the pharmacist and/or pharmacy improve. The PCO will need to consider what resources they can allocate to support appropriate interventions. Examples of the people and learning resources given below. These lists are not exhaustive.

People

Many of the people on this list will be able to signpost pharmacists towards support for training, others will be able to offer one to one support and training, or act as buddies or mentors.

CPPE tutors in England and Wales
College of Pharmacy Practice Mentors (services are available to College members)

Pharmacists' training organisers/managers within Trusts/Companies
LPC secretaries and chairmen – often experienced practitioners who are willing to act as buddies or mentors
Pharmaceutical and prescribing advisers
Clinical governance advisers or facilitators
Pharmacy bodies such as the RPSGB, NPA, Guild of Healthcare Pharmacists
Pharmaceutical Services Negotiating Committee (PSNC)(England)
Community Pharmacy Wales (CPW)

Learning resources are available from

CPPE(s)
WCPPE
College of Pharmacy Practice
National Prescribing Centre (NPC) and NPC plus
RPSGB library and website
National Pharmaceutical Association (NPA)
UKCPA

PCO based learning initiatives - these can be multidisciplinary and PCOs and employers are encouraged to consider providing “protected time” for pharmacists to access learning opportunities, to undertake CPD, and to participate in audit, including the analysis of incidents that occur in pharmacies.

Addressing Isolation and Poor Organisation

Poor teamwork and inadequate pharmacy organisation may be both symptoms of, and common contributory factors in, poor performance. These can be improved with the help of effective management and implementation of clinical governance procedures. If a pharmacy does not have an effective manager then employers, PCOs, and Trusts could support the development of the existing pharmacist and their staff through training and mentoring. Mentors may provide helpful personal and educational support and follow-up to pharmacists who are working to address concerns.

Those with experience of assessing and helping pharmacists report that most pharmacists faced with concerns about their performance respond quickly and are keen to improve. Occasionally, however, there are those who appear to have little insight and demonstrate difficulty in understanding the problem, or the need to change. It is likely that early onward referral to the RPSGB will be necessary for such pharmacists.

Stages 5 and 6 - Review of progress and decisions regarding the need for further action

The pharmacist's development plan should have clear goals and an agreed timetable for review. An assessor should be appointed to review progress at defined intervals. Once such a review has taken place a recommendation should be put to the PAG. It is for the PAG to decide if the pharmacist has successfully completed the action plan or whether further action is necessary. Further action may include the provision of additional support, reporting to the RPSGB or local disciplinary action.

Appeals Procedures

At each stage in the poor performance process the pharmacist concerned should have a right of appeal against the process or the recommendations that are being made. All appeals against a decision or recommendation should be made in writing within a specified time scale and considered by an Appeal Panel. The members of the Appeal Panel must be different from those on the PAG. Exclusion from participation in an appeal panel should be the same criteria as for PAGs.

Information to the pharmacist and confidentiality

A pharmacist whose performance is under consideration should be informed as soon as a decision is made to proceed with a local assessment or further action. He or she should be informed about the progress of the case at each stage. Information about the case should flow on a strict “need to know” basis. Where the pharmacist is employed by a large pharmacy chain the superintendent pharmacist of that organisation should be on the list of the persons who “need to know” and should be kept up to date with the progress of the case. The superintendent and their staff may be able to work with the PAG and the pharmacist concerned to help that pharmacist make the necessary improvements.

The requirements of the Data Protection Act should be met. The contracting organisation should ensure that it is transparent about how the information will be used and should be aware that the pharmacist has a right to access any records kept about his or her performance.

If an organisation, PCO or employer provide reports to its Managing Board about performance issues relating to named cases this should be undertaken in the closed business part of Board meetings. However, as with reports on complaints, general anonymised information about numbers, patterns and trends regarding performance cases is appropriate information for Board meetings held in public.

It is essential that all steps are documented in case there is an appeal.

Section 4: Supporting Pharmacist Improvement

4.1 Action plans to support improvement

The most important aspect of local poor performance schemes is for pharmacists to improve their practice in those areas where they have been poorly performing using the support available to them. This is in the best interests of the pharmacists, their employers, the patients and public they provide services for and the local health community.

Where it is safe to do so, employers and primary care organisations are encouraged to help pharmacists remain in practice. Gaps in practice due to suspension or “gardening” leave tend to reduce a practitioner’s confidence, may further reduce competence and may also cause stress and anxiety. For sole practitioners, there is also the issue of loss of earnings. Additionally, long absences from the work environment may result in a greater burden on the system and public risk when the practitioner returns to work.

There are various measures which may support a poorly performing pharmacist to remain in practice, for example, the pharmacist concerned may benefit from a move to a different work setting that is less busy or has additional support staff. The action taken will depend on the nature of the performance issues, the acceptability of the action to the pharmacist and employer and the recommendations of the performance panel/line manager. It is recognised many actions may require additional resources and some actions may only be practical in larger organisations. Any additional burden placed on colleagues and employers has to be taken into account when developing action plans to support improvement. However cost should not be the sole consideration when choosing a particular action, especially when the short-term costs may be small compared with the cost of doing nothing, or removing or replacing the post holder.

The following actions are suggested as appropriate means of supporting pharmacist improvement

- Appoint a ‘buddy’ or mentor to work with the practitioner
- Attend relevant training or workshops
- Undertake and provide written evidence of CPD
- Undertake a period of supervised practice working with another pharmacist
- Seek advice/support from an RPSGB Inspector

The outcomes of the action plan should promote and encourage the pharmacist to do what is professionally acceptable rather than just know what is professionally acceptable.

When setting up local performance schemes and developing systems to support improvement, employers and local health communities should consider how to

assess the changes in pharmacist performance and determine what action to take as a consequence of the changes. Where no improvement is demonstrable, consideration needs to be given to setting up a new action plan, providing additional support for the pharmacist or, if necessary, making an official complaint about the pharmacist to the RPSGB.

‘Buddies’ and Mentors

Concerns have been raised that for some pharmacists, e.g. community pharmacy owners or single-handed practitioners, the ‘buddy’ or mentor should not be a commercial rival, the holder of local contracts for pharmacy services, or an inspector. The term mentor in this context is being used to describe activity around short-term support and professional development rather than long-term career or personal development planning.

If the desired result is to be achieved the pharmacist who needs a mentor and the person being approached to undertake this role must agree to work together and consider how the interaction will work and the time commitment for both parties.

A ‘buddy’ or mentor should be able to:

- Signal when an act or a practice is inappropriate
- Help, and/or recruit others to help, the pharmacist practise their new skills.
- Actively give feedback on performance and not wait for formal evaluations.
- Help the poorly performing pharmacist to take ownership of the problem; reflect on their strengths and weaknesses, their progress, areas for development and opportunities for change.

A pharmacist who needs a ‘buddy’ or mentor should consider the following:

- Who is best suited to discuss their practice and to provide support for improvement?
- Who will provide honest feedback and deeper insight into the performance areas that need attention?
- There may be several people who can coach and support reflective practice.
- Be realistic and allow for setbacks
- Evaluate progress regularly: Review, review and review! Pharmacists need to be realistic and be prepared to adjust plans if necessary.
- Celebrate successes as much as focusing on targets and problems

It may be useful for ‘buddies’ and mentors to undertake the NVQ D32/33 assessors qualification and/or assess their own competencies for this mentoring task against those for pre-registration tutors –

<http://www.rpsgb.org.uk/members/education/index.html>

Support through Learning and Practice

Training and development can be a straightforward, effective process, but only if the attitudes are right and the support is in place. One-off training events can support improvement if the poor performance is in a limited area of practice and is due to a knowledge gap. However, it must be recognised that improving knowledge alone is not a measure of competence or improved performance.

Continuing Professional Development

The Pharmacists' Code of Ethics requires pharmacists to keep up to date with changes in pharmacy practice, the law relating to pharmacy and the knowledge and technology applicable to pharmacy, and to maintain their competence and effectiveness as a practitioner. The Society's continuing professional development programme "Plan and Record" is being rolled out to all pharmacists. It is the RPSGB policy that CPD is mandatory for all pharmacists.

What is CPD?

CPD is a cyclical process of reflection on practice, planning, action and evaluation (reflection on learning). It includes everything that a pharmacist learns which makes her or him better able to do her or his job. Each stage of the CPD cycle is described in detail later. The CPD cycle enables a pharmacist to update, maintain and develop their capabilities by:-

- Helping to identify their individual learning needs
- Recognising the learning that occurs in the workplace
- Acknowledging that learning occurs in a variety of ways and a pharmacist will have their own preferred approach
- Avoiding the need to complete a fixed number of hours of continuing education. The emphasis will be on quality rather than the quantity when the Society monitors pharmacists' CPD.

Professional development also occurs through activities such as:

- Learning by doing
- Dealing with problems/situation in the workplace or elsewhere (including incidents outside your professional responsibilities from which you learn something that is applicable to them)
- Participating in group activities, e.g. staff meetings, staff training or working groups and committees
- Projects and professional audits
- Preparation for a presentation or teaching others
- Work shadowing
- Secondment to another department

This list is not exhaustive, and could include any other activities that develop professional capabilities.

For poorly performing pharmacists, supported CPD can be a useful tool to promote improvement.

Support from RPSGB Inspectors

RPSGB inspectors are readily available and knowledgeable sources of advice for pharmacists and can direct pharmacists who have concerns about their own practice to information, resources, learning and development opportunities. Some inspectors have adapted their own practice to undertake longer visits and offer one-to-one support to pharmacists whose performance may be giving cause for concern. Inspectors are also well placed to advise managers or pharmacists involved in local performance schemes how to encourage pharmacist improvement and about those acts of misconduct that are matters for the RPSGB disciplinary or fitness to practise systems.

Supervised Practice

This is where a pharmacist who is not performing to the required standard works under the supervision of another pharmacist for a period of time. The supervising pharmacist acts as a mentor and trainer supporting the pharmacist to improve. Although, currently neither the RPSGB nor the NHS have powers to require this a number of employers in the NHS and in the private sector have put schemes in place for their employees. This incurs a considerable cost for employer(s) and if a PAG includes this in an action plan they should consider employment law, merit and the financial implications of this option.

4.2 Support from the RPSGB

In addition to its CPD programme and Inspectorate, there are a number of schemes administered by the RPSGB which may help improve performance, particularly if the pharmacist is suffering from stress, addiction or illness. These include

- Listening Friends
- Pharmacists Health Support Programme
- Benevolent Schemes

Individual pharmacists may refer themselves to these services, or PAGs may consider referral as part of the action plan to support pharmacist improvement.

Listening Friends

The Listening Friends Scheme exists to offer free confidential advice to pharmacists suffering from stress. Although the scheme was set up by the RPSGB it operates independently and confidential help can be obtained. The service allows any pharmacist under stress to talk to a fellow pharmacist who has received appropriate training and has particular insight into the pressures that apply in pharmacy. The

service is not restricted to work-related problems and offers help with all causes of stress, such as family problems, illness and bereavement. To obtain help from the Listening Friends Scheme, a pharmacist should initially telephone the scheme's automatic answering service on 020 7572 2442. Callers will be given brief details of the service and asked to leave their name, a contact telephone number and a convenient time to call. A "Listening friend" will then call back, normally on the evening of the same day or within 24 hours, to discuss the details of the pharmacist's problem in complete confidence. Contact: Tel: 020 7572 2442
Further details <http://www.rpsgb.org.uk/members/index.html>

Pharmacists Health Support Programme

The Pharmacists Health Support Programme exists to help pharmacists who experience problems with alcohol or other drugs of addiction, or who have other problems that may impair their fitness to practise. Although the programme was set up by the Society it operates independently so that help may be sought confidentially.

Any pharmacist with an alcohol or drug problem, or any person knowing a pharmacist with such a problem, can obtain confidential help by contacting the independent national co-ordinator. The programme also helps the immediate families of pharmacists. Contact: National co-ordinator via the RPSGB
tel: 020 7735 9141

Further details <http://www.rpsgb.org.uk/members/index.html>

Benevolent Fund

The Benevolent Fund is a registered charity that offers help to pharmacists and their dependants and students of the RPSGB. Assistance may be provided in a variety of ways, and in appropriate circumstances the fund can offer financial help. Whatever the nature of the problem, whether financial, ill health, disability, accident or bereavement, each application will be assessed according to need and decisions will be reached quickly and in confidence. The Benevolent Fund staff welcome enquiries, and where it is not possible for the fund to assist will offer information about possible alternative sources of help. For further information about any aspect of the fund, please contact the co-ordinator: Mrs B Nicol, via tel: 020 7735 9141

e-mail: benevolentfund@rpsgb.org.uk

Further details <http://www.rpsgb.org.uk/members/index.html>

Advisory Services

In addition to the benevolent functions of the RPSGB there is advice available from the RPSGB information services (technical information service and legal and ethical advisory service) for guidance and support for individual pharmacists and employers of pharmacists. The RPSGB website lists all guidance, codes and standards for pharmacists and information about how to complain about a pharmacist's conduct, health or performance

(<http://www.rpsgb.org.uk/members/pdfs/complaintspharm.pdf>)

Advice about whether a complaint is one for the RPSGB, or should be dealt with locally by an employer or the NHS, is available from the legal and ethical advisory service (0207572 2308) or the Society's inspectors.

4.3 Assessing Improvement

Assessment

Assessment is the process by which someone makes a decision as to whether or not the pharmacist has demonstrated competence relating to one, or more, of the Performance Standards/Competencies highlighted in the action plan. This assessment should be based on evidence provided and not only on a subjective judgement.

When to carry out assessments

Assessment of competence should be carried out throughout the agreed action period. At pre-defined regular intervals feedback should be provided and progress reviewed.

Before the end of the agreed period for improvement the pharmacist must have demonstrated competence in the required Performance Standards or Competencies. Assessment should be completed as agreed in the action plan. It is important that the pharmacist feels ready to be assessed.

Types of evidence and assessment

Broadly speaking, assessing competence falls into the following categories, depending on the type of evidence:

- Observation of a practice or activity
- Assessing a portfolio or written evidence

Observation

Formal and informal observation are important methods of assessment. Observation should be supported by discussion between the assessor and the pharmacist about how they would tackle the situation and/or why a particular course of action was taken.

- ***Informal observation***

Informal observation alone can result in some areas “slipping through the net” and can be more difficult to relate back to the Performance Standards/Competencies. Effective assessment should involve a mixture of informal and formal observation.

- ***Formal observation***

When the assessor and pharmacist agree that the pharmacist can perform competently to one or more of the Standards/Competencies, the pharmacist should be observed undertaking the particular activity(ies). Areas for improvement should be discussed and the assessor should record when he/she is satisfied that the pharmacist has attained the required standard. To ensure consistent performance, the pharmacist should be observed on more than one occasion.

- ***Role play, case study, simulation***

Where the pharmacist does not have the opportunity to demonstrate his competence in real situations, a mentor facilitator may provide “mock” situations for the pharmacist to deal with and allow an assessment to be made.

Assessing Evidence

For some Standards/Competencies, it will not be possible to be sufficiently confident from observation alone. Other types of evidence should be assessed too. Types of evidence that may be considered include:

- ***Testimonials***

Testimonials are statements provided by a person who has been in a position to observe a pharmacist’s performance. A testimonial will contain a clear and concise statement of what the witness has seen. Testimonials can help an assessor to minimise the risk of making a subjective or biased judgement by providing views from others to take into account.

- ***Record of evidence***

A record of evidence should consist of brief notes made by the pharmacist of work situations where the assessor is not present e.g. a diary or notebook of work experiences containing notes of actions taken, records of conversations and so on. New or unusual experiences can be especially useful. Examples might include completed CPD cycles, or copies of problem prescriptions with notes of action taken.

Quantity of evidence versus quality

Copious amount of evidence that has very little substance to it should be avoided. Instead the quality of evidence should be concentrated on. There should be sufficient evidence that the pharmacist has met those competencies that were highlighted as areas of concern or poor performance.

Assessing knowledge

Underpinning knowledge is of vital importance to the competent practice of pharmacy and needs to be assessed. Important areas of knowledge are best assessed by questioning. Open questions are the most useful, such as:

- What would you have done if..?
- What factors did you take into account when you decided to ...?
- What else would be important if ...?
- In what circumstances would you ...?
- How would you ...?

Providing feedback

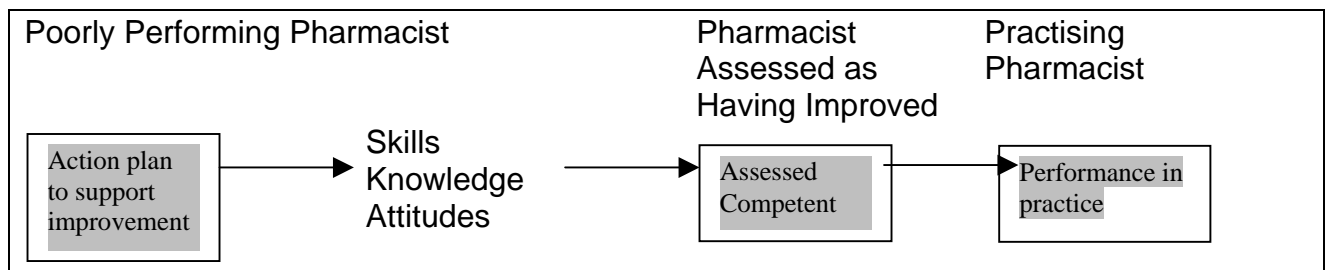
Regular feedback will need to be provided so that the pharmacist knows how he/she is progressing. Feedback may be motivational – about what has been done well, or may be developmental – about the things that need to improve.

Some points to consider when giving feedback

- The needs and views of the pharmacist should be borne in mind. Rapport should be established and the pharmacist should be asked for their views before feedback is given.
- Feedback should be based on observations made. Specific facts and examples should be given. Feedback must not rely on hearsay or assumption, though third party testimonials may be used.
- Feedback should be given as soon after the event as possible, in a suitable environment away from others.
- Good performance should be recognised and praised. If both motivational and developmental feedback is being given motivational feedback should be given first, then the developmental – the two types should not be mixed.
- Feedback should be constructive – ways to improve performance should be suggested.
- The effects of poor performance on patients, colleagues, the pharmacist and their employing organisation should be discussed.
- There should be awareness of all aspects of communication – the words used, tone and pitch and body language.
- Feedback should be given “little and often”.
- The pharmacist’s understanding of the feedback should be assessed.
- The pharmacist should be encouraged to develop their own action plan for improvement.
- A time or date for review should be agreed.

Ongoing competence after action plan is completed

Assessing competence is the best measure of ongoing performance. A pharmacist who has met all the competence requirements in the action plan and achieved the desired improvements should return to normal practice.



What if the Assessment is Unsatisfactory?

If, after completing the required actions, the pharmacist is unable to demonstrate improvement the PAG should review the situation. An assessment should be made and a decision reached locally as to whether providing further support or training is likely to result in improvement. In agreement with the pharmacist, the action plan

should be revised to reflect this decision and a date should be agreed for assessing improvement in line with the new action plan.

Ultimately, if there is no improvement, or the pharmacist is unable/ unwilling to meet the competence requirements, this should be raised formally with the RPSGB's Fitness to Practise and Legal Affairs directorate as part of its disciplinary systems.

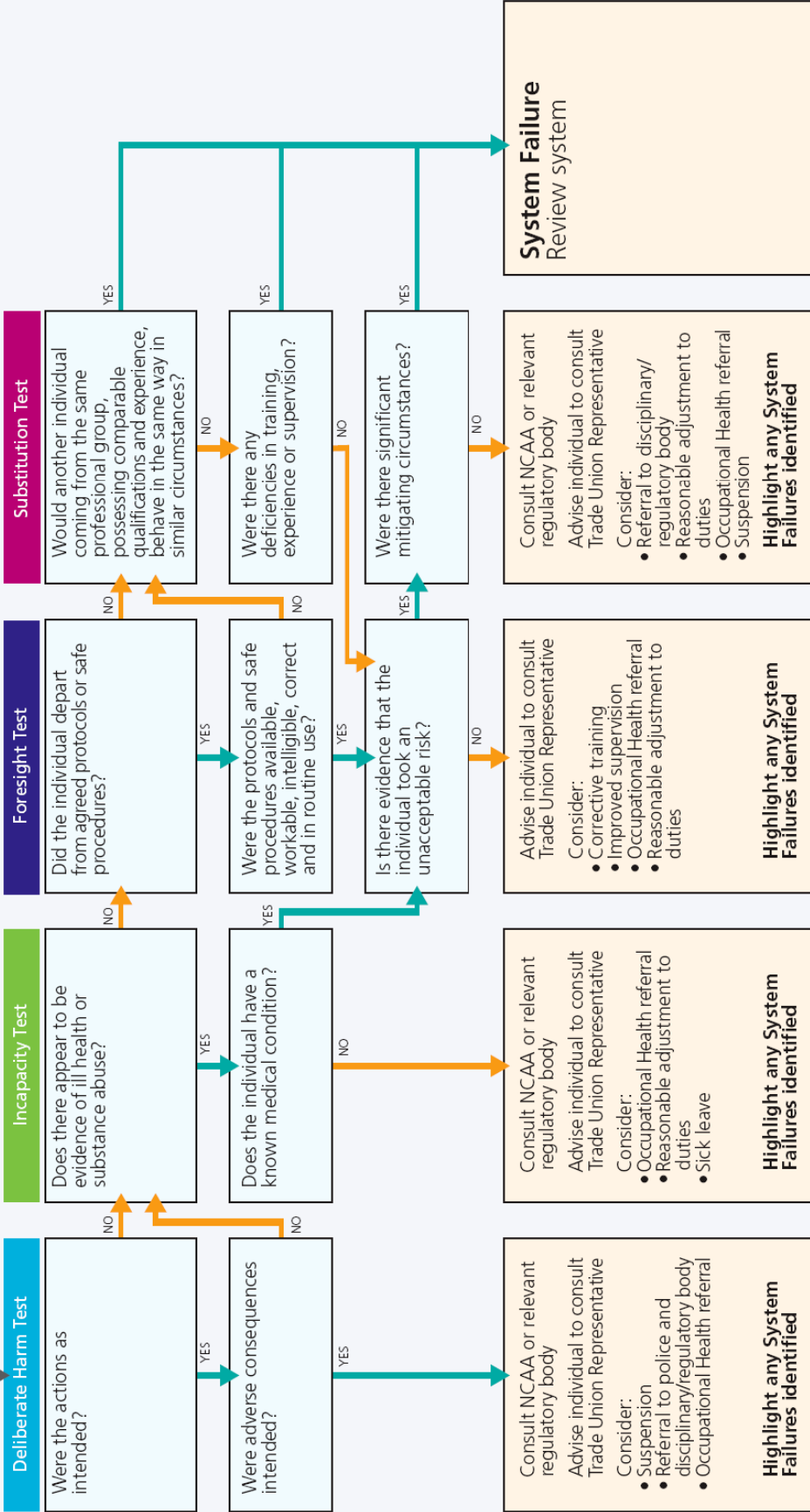
In making its decision about how to proceed the PAG should take into account the potential risks to patients and to others, of allowing the pharmacist to continue in practice.

INCIDENT DECISION TREE*

Work through the tree separately for each individual involved



Start Here



* Based on James Reason's Culpability Model

Acknowledgements

Annex B

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