



Leading the NHS: proposals to regulate NHS managers

Department of Health and Social Care (DHSC)

26 November 2024 – 18 February 2025

Introduction

As the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain, our role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services. We have a statutory role in relation to system regulation (as we regulate registered pharmacies) as well as the professional regulation of individual pharmacists and pharmacy technicians. Our main work includes:

- setting standards for the education and training of pharmacists, pharmacy technicians and pharmacy support staff, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals must meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public or to uphold public confidence in pharmacy
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards for pharmacy premises.

The General Pharmaceutical Council (GPhC) is committed to maintaining high standards of safety and quality in pharmacy. We will continue to collaborate closely with other healthcare regulators, professional leadership bodies, education and training providers and others to use the powers available to us to achieve our mission of putting safe and effective pharmacy at the heart of healthier communities.

Overall approach to the regulatory model

We do not have a position on the question of whether NHS managers should be regulated. However, we are able to share useful insights from our regulation of pharmacies, pharmacists and pharmacy technicians, and the interplay between the regulation of individuals (particularly Responsible and Superintendent pharmacists) and premises regulation/the regulation of 'owners'. Any regulation needs to start from a very clear understanding of how these different responsibilities and accountabilities fit together to protect the public.

By regulating pharmacists and pharmacy technicians, we protect, promote, and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy. Regulation can improve patient safety through the establishment of the right behaviours for regulated individuals.

The use of regulatory standards can provide reassurance to patients accessing care and promote good practice for those being regulated. However, there is a challenge as well as an opportunity in doing this in a way that is fair to individuals and effective in holding the right balance.

Our regulation allows for proportionate action to be taken against those failing to meet a required standard, which benefits patient health, safety and wellbeing. An important point to remember, if regulation for NHS managers is introduced, is that some NHS managers may also be healthcare professionals and already regulated by an existing regulator. Care should be taken to make sure that any additional regulation is proportionate for dual registration NHS managers and aligns with any existing expectations from their professional healthcare regulator.

A professional register

Possible gaps/issues

Government recognise that a professional register is a list held by a regulatory body to demonstrate that individuals in a profession are fit to practise and that the register can be mandatory or voluntary.

If a register is voluntary, there is the consideration if those individuals most in need of regulation, would join it. The purpose of having a register should be clear.

When considering which categories of managers should be subject to the proposed regulatory system, Government could undertake further analysis to determine which categories pose a risk and would therefore benefit from being regulated.

GPhC insights

To practise in England, Scotland, and Wales, pharmacy technicians and pharmacists are required, by law, to join our register and meet our standards. This helps provide safety and assurance to the public that pharmacists and pharmacy technicians are meeting a safe standard of practice.

Handling misconduct

Possible gaps/issues

Government proposes the use of responsible organisations having access to disbarring process sanctions, as well as preventing those NHS managers who have been found to have committed serious misconduct, from holding an NHS manager role in the future.

These are decisions for the relevant regulatory body. However, if the decision is made to adopt the proposal that a manager who has been accused of serious misconduct, is barred from holding an NHS management role in the future, it may be useful to consider including the following processes; having:

- A clear understanding/definition of what is meant by serious misconduct and that this has been agreed and communicated to all stakeholders.
- An approach where each allegation of serious misconduct is assessed on a case-by-case basis.
- Made sure a robust investigation has taken place before someone is judged to have committed serious misconduct.

With reference to handling misconduct, other enforcement actions, such as suspension or additional training/rehabilitation could be considered as an alternative to automatic barring; again, this should be determined on a case-by-case basis.

Also, in the case of NHS managers who are healthcare professionals, and therefore already regulated, how any decision to ban a person from holding an NHS management role in the future, would impact on their registration as a healthcare professional.

If joining the register is on a voluntary basis, it is important to set out the extent, if any, of the available regulatory powers, including what possible fitness to practise steps can be taken.

To ensure objectivity, decisions around disbaring should be made by an appointed, independent regulator for NHS managers. If these sanctions were made available to organisations, to use against managers who do not meet the required standards, they could be open to misuse.

GPhC insights

Our statutory standards for pharmacists, pharmacy technicians, pharmacy premises and pharmacy owners, set out our requirements that regulated individuals must meet. We provide clear information for all individuals that could be involved in the reporting of a concern as well as how a concern will be investigated and what actions can come from decisions regarding an individual's fitness to practise.

If a registrant is removed from our register due to a fitness to practise decision but would like to rejoin, we have necessary steps in place for them to follow for us to consider their return to practice instead of an outright ban, however, any decisions within this area are reviewed on a case-by-case basis.

Government could further consider current healthcare professional regulators work within this area further to help inform the basis of disbaring and serious misconduct outcomes for NHS managers.

Other considerations:

Possible gaps/issues

The creation and use of professional standards will have associated cost and quality assurance implications. More specifically, any management courses will need to consider:

- What content of learning is required
- If a course requires accreditation

- If completing a specified management course should appear in NHS management job descriptions instead of being an overarching regulatory requirement, and
- What will happen in cases of applicants applying with international qualifications

Further clarity is also required if someone was to challenge the professional standards around education, especially if regulation is led by voluntary membership.

GPhC insights

Our educational standards sit within our overall statutory requirements for individuals registered with us. Through our requirements we can set the education and training levels required to provide safe and effective care to patients and public.

We accredit course providers to make sure they meet our standard and take proportionate actions against those failing to meet our requirements. Our education requirements are used in NHS job descriptions for pharmacist and pharmacy technician roles. We also provide ways for internationally qualified pharmacists to become pharmacists in England, Scotland, and Wales.

Our standards for initial education and training provide the necessary skills and knowledge for our registrants to undertake their role.

Revalidation

Possible gaps/issues

If there is a requirement for clinical NHS managers to carry out revalidation specific to the role of a manager along with carrying out revalidation for their clinical role, then the impact of this extra work should be explored. An important consideration for a chosen regulatory body should consider how they will quality assure across all manager entries and roles.

GPhC insights

Pharmacists and pharmacy technicians currently complete annual revalidation as part of the renewal process.

Our revalidation framework helps to develop the individual registrant's knowledge and practice whilst requiring them to demonstrate how their learning impacts people using their services regardless of whether they engage with them directly.

Management and leadership

Possible gaps/issues

Government could review existing professional standards for clinical managers from professional and regulatory bodies, as this would help to set out current management and leadership expectations.

If one set of professional standards are to be created for all NHS managers, they would need to be at a strategic level as well as adaptable to different manager roles and NHS settings and may possibly need additional guidance.

GPhC insights

We have recently published [our standards for Chief Pharmacists](#), an important leadership role. It sets out our expectations for Chief Pharmacists in the provision of management for all parts of the pharmacy service, including the management of staff.

Duty of candour

Possible gaps/issues

Government may want to consider assessing existing professional standards/guidance from professional bodies and regulators as well as the current NHS duty of candour legal requirement. This will help provide consistency and alignment with existing requirements.

GPhC insights

The current NHS duty of candour, that applies to health service bodies, in England only, provides further legal requirements, along with our statutory standards, to make sure that our registrants within NHS England roles are speaking up when things go wrong.

Duty of candour is the responsibility of all staff and should be demonstrated and enforced by all staff. Those in NHS manager positions should have an enhanced role, supporting staff to meet their responsibilities with regards to duty of candour.

NHS leaders' duty to respond to safety incidents

Possible gaps/issues

Government may want to consider reviewing existing professional standards from professional and regulatory bodies regarding raising concerns to see what could be applicable to all NHS managers, potentially creating a consistent approach if a statutory requirement is introduced

GPhC insights

We would expect all staff to report any concerns that meet specified safety criteria. Pharmacist and pharmacy technicians have a professional statutory standard that requires them to speak up when they have concerns or when things go wrong. Our standards for Chief Pharmacists, who are likely to be in senior NHS clinical manager positions, states that they must make sure that a process is in place to get feedback on errors and incidences, which could include review and management.

If you would like to discuss the points raised in this response, or any other aspect of the GPhC's work, please do not hesitate to contact us.

Louise Edwards

Chief Strategy Officer & Deputy Registrar

18 February 2025