

## **HCPC response to the Department of Health, Social Services and Public Safety consultation on the Review of pharmacy regulation in Northern Ireland**

### **1. Introduction**

- 1.1 The Health and Care Professions Council (HCPC) welcomes the opportunity to respond to the Department of Health, Social Services and Public Safety's consultation on the Review of pharmacy regulation in Northern Ireland.
- 1.2 We are a statutory UK-wide regulator of 16 health, social work, and psychological professions. We maintain a register of professionals; set standards for entry to our register; approve education and training programmes for registration; and deal with concerns where a professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants' services.

### **2. Our comments**

- 2.1 We have provided our comments on some of the specific consultation questions below.

#### **Q1: Do you agree that the regulation and professional leadership functions should be completely separated and undertaken in future by two distinct and separate bodies?**

- 2.2 Yes. We consider that independent professional regulation is important for effective public protection and maintaining confidence in the regulatory process. Separating the two functions will enable the regulatory body to focus solely on its public protection role and developing the processes and policies needed to carry this out.

#### **Q6. To what extent do you believe that a stand-alone Northern Ireland-based regulator for a relatively small number of professionals gives rise to value for money considerations in the use of public funds?**

- 2.3 We consider value for money to be an important consideration in the use of public funds and registrant fees. Of the nine UK health professional regulators, we have the second largest number of registrants. Our processes and systems are funded by registration fees, and apply to all registrants, regardless of profession or geographical region. Due to economies of scale, we are able to set the lowest registration fee of the nine regulators.
- 2.4 The prospect of using a relatively large amount of resource to establish and maintain effective processes and systems for a small number of professionals

should be considered carefully, in light of the fact that there is already an effective system of pharmacy regulation in place in the remainder of the UK.

**Q8. To what extent do you believe that public confidence and assurance in the regulation of pharmacy would be enhanced through consistent UK-wide standards?**

2.5 We know from our stakeholders, including service users and carers, that they consider that it is important for the same standards of health and care to be upheld across all settings and locations. This consistency enhances public confidence in professionals and the wider health and care system. We consider this an important aspect of UK-wide regulation and believe that this extends to pharmacy professionals.

**Q10. To what extent do you believe that Northern Ireland could maintain sufficient influence on a UK-wide pharmacy regulator's policy in order to adequately address local need?**

2.6 It is important to ensure that UK-wide regulators always consider, and give sufficient weighting to, views from all geographical areas when developing policy and standards. Effective communication between UK-wide regulators and their stakeholders is essential to facilitating this.

2.7 We seek the views of all of our stakeholders when developing policies and standards. This includes using engagement methods that are accessible to stakeholders around the UK, such as online consultations, or events in the four countries. A constitutional requirement that at least one of our Council members lives or works wholly or mainly in northern Ireland is a further governance safeguard that ensure that the voice of Northern Ireland is always heard in our strategic decision making.

**Q12. In your view which is the best future model to deliver modernised and strengthened statutory regulation of the pharmacy profession in Northern Ireland:**

- **A Northern Ireland based arrangement?**
- **Part of a UK-wide regulatory arrangement?**

2.8 We consider that, on balance, regulation of the pharmacy profession in Northern Ireland would be most efficiently delivered as part of a UK-wide regulatory arrangement.

**Q13. To what extent do you agree that a UK-wide arrangement for pharmacy regulation would be best delivered by General Pharmaceutical Council?**

2.9 We consider that there would be a number of advantages to the General Pharmaceutical Council delivering a UK-wide arrangement for pharmacy regulation. The GPhC already has in place processes and policies specifically designed to facilitate effective pharmacy regulation throughout England, Wales and Scotland, which could be extended to Northern Ireland. The

experience and expertise the GPhC has in pharmacy regulation would take time and resource to develop within another body.