Healthcare Improvement Scotland

Clinical Governance Standards: Consultation Question Extract

Do you have any general comments on the standards? *

- **Yes**
- No

If yes, please give details.

This response has been prepared on behalf of the Scottish Pharmacy Board of the Royal Pharmaceutical Society (RPS). We recognise that these Clinical Governance standards sit alongside professional and regulatory standards for healthcare, including pharmacy through the General Pharmaceutical Council (GPhC), the professional regulator for pharmacists, pharmacy technicians and pharmacy premises. Alongside the list of policies, strategies and guidance documents please also consider listing key resources for pharmacy, medicines and prescribing. As the professional leadership body for pharmacy we publish professional standards and guidance e.g. RPS Safe and Secure Handling of Medicines, RPS Competency Framework for Prescribers. Additional relevant standards are Hospital Pharmacy, Patient Safety, Homecare Services, Hospital at Home (Interim) and Standards for Quality Assurance of Aseptic PreparAtion Services.

When read alongside the other referenced standards and resources, these provide a comprehensive set of standards for healthcare. It is positive that these standards cover both NHS and independent healthcare services.

Would you like to give more detailed feedback on any of the individual standards?

- All of the standards
- None of the standards
- **Standard 1: Staffing and staff management**
- **Standard 2: Clinical audit and quality improvement**
- **Standard 3: Clinical effectiveness**
- **Standard 4: Risk management and safety**
- **Standard 5: Education and training**
- Standard 6: Service user and patient involvement
- Standard 7: Data and information

Standard 1: Staffing and staff management

5. Do you support Standard 1: Staffing and staff management as currently written?

- Strongly support
- **Slightly support**

- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

In the final paragraph of the introductory section to Standard 1 there is reference made to professional regulators but the references in the reference list are all in relation to the General Medical Council. A more inclusive approach to referencing documentation from other professional regulators would be more inclusive to the healthcare workforce in Scotland.

6. Do you have any changes you would like to propose to Standard 1: Staffing and staff management?

- **Yes**
- No

If yes, please give details.

While Standard 1 commendably promotes compassionate and inclusive leadership, it lacks explicit reference to the structural and cultural barriers that can impact inclusion and diversity within staffing models. The RPS's Inclusion and Diversity Strategy emphasises the need to create a culture of belonging, champion inclusive leadership, and challenge barriers to inclusion—including those related to race, gender, disability, and socioeconomic background. Standard 1 could be strengthened by incorporating measurable actions to address underrepresentation, support diverse career progression, and embed inclusive recruitment and retention practices.

Implementation and evaluation of values-based recruitment is missing from this standard and is important due to the direct impact on organisational culture. Standard 1.5 describes the standard as communicating organisational values to staff and our suggestion is that these must have been co-produced with the workforce.

In standard 1.3 point 3, clarity would be useful on the intended meaning of the phrase 'joint practice' in the sentence "mechanisms for ongoing learning and evaluation to improve joint practice " – one interpretation may be interprofessional practice and this may be more meaningful to the audience.

Standard 1 lacks a robust inclusion for ongoing staff development, performance management, and assurance of competence. The RPS's credentialing programmes—particularly the Core Advanced and Consultant Pharmacist pathways—emphasise structured, evidence-based assessment of pharmacists' capabilities across clinical practice, leadership, education, and research. To align with best practice, Standard 1 could be strengthened by incorporating mechanisms for routine competency assessment, structured career progression, and credentialing-linked development plans where they exist. This would ensure that staff not only meet initial role requirements but continue to grow and demonstrate competence throughout their careers, ultimately enhancing patient safety and service quality.

Standard 2: Clinical audit and quality improvement

7. Do you support Standard 2: Clinical audit and quality improvement as currently written?

- **Strongly support**
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

No major issues identified.

8. Do you have any changes you would like to propose to Standard 2: Clinical audit and quality improvement?

- **Yes**
- No

If yes, please give details.

Standard 2 rightly emphasises the use of data to monitor safety and quality, but its potential to proactively shape a positive safety culture could be further enhanced by placing greater emphasis on the systematic sharing of good practice. This principle would align with the Scottish Patient Safety Programme, which there is a notable lack of reference to throughout the standards.

There is a link between Standard 2.8 and Standard 5 Education, as staff require education, training and support to develop their skills to participate, conduct and lead audit, research and quality improvement initiatives.

Standard 3: Clinical effectiveness

9. Do you support Standard 3: Clinical effectiveness as currently written?

- Strongly support
- **Slightly support**
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

Medicines are the most common intervention in healthcare but are not referred to within this Clinical Effectiveness standard. We feel this is a significant gap in the clinical governance standards and merits inclusion of a specific medicines-related criterion centred around optomising patient outcomes from treatment.

10. Do you have any changes you would like to propose to Standard 3: Clinical effectiveness?

- **Yes**
- No

If yes, please give details

Medicines are the most common intervention in healthcare but are not referred to within this Clinical Effectiveness standard. We feel this is a significant gap in the clinical governance standards and merits inclusion of a specific medicines-related criterion centred around optomising patient outcomes from treatment.

Standard 4: Risk management and safety

11. Do you support Standard 4: Risk management and safety as currently written?

- Strongly support
- **Slightly support**
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

Criterion 4.3 could be strengthened by explicitly stating that complaints handling training should be provided to staff at all levels. Equipping all staff—not just senior or frontline roles—with the skills to respond empathetically and effectively to concerns can help de-escalate issues early, reduce the likelihood of formal complaints, and avoid costly compensation claims. This proactive approach supports a more open, responsive, and learning-focused safety culture.

12. Do you have any changes you would like to propose to Standard 4: Risk management and safety?

- **Yes**
- No

If yes, please give details.

Criterion 4.3 could be strengthened by explicitly stating that complaints handling training should be provided to staff at all levels. Equipping all staff—not just senior or frontline roles—with the skills to respond empathetically and effectively to concerns can help de-escalate issues early, reduce the

likelihood of formal complaints, and avoid costly compensation claims. This proactive approach supports a more open, responsive, and learning-focused safety culture.

The importance of a learning-focussed safety culture should be evidenced by a measurable commitment to provide information and additional support for patients, families and staff impacted by an adverse event or near miss. (Criterion 4.5)

Standard 5: Education and training

13. Do you support Standard 5: Education and training as currently written?

- **Strongly support**
- Slightly support
- Neither support or oppose
- Slightly oppose
- Strongly oppose
- Don't know

Please tell us why you think this.

Standard 5 was positively received by our organisation especially with reference to protected learning time for staff. To meet the call to action from the RPS, we would encourage the standard to go further and ensure that protected learning time for staff is not only reserved for mandatory training but goes beyond that to training for professional development, competence and confidence.

14. Do you have any changes you would like to propose to Standard 5: Education and training?

- **Yes**
- No

If yes, please give details.

To meet the call to action from the RPS, we would encourage the standard to go further and ensure that protected learning time for staff is not only reserved for mandatory training but goes beyond that to training for professional development, competence and confidence.

Criterion 5.6 could be enhanced by recognising the importance of power dynamics in supervisory relationships, as highlighted in the GPhC's June 2025 guidance on supervising pharmacy learners. The guidance stresses that supervisors must be aware of the influence they hold and create psychologically safe environments where learners feel confident to speak up, ask questions, and report concerns. Embedding this awareness into governance standards would strengthen the quality of supervision and support a more inclusive, learning-focused culture across clinical settings.

Standard 6: Service user and patient involvement

19. Do you feel that anything is missing from the standards? *

- **Yes**

- No

If yes, please give details.

Feedback included within questions for Standards 1-5.

To strengthen the overall framework, it would be beneficial to introduce a dedicated standard addressing patient safety at the interfaces of care—such as transitions between hospital, primary care, and community services. These points of handover are well-recognised as high-risk for medication errors, communication breakdowns, and gaps in follow-up. A standard focused on ensuring clear accountability, timely information transfer, and collaborative planning across settings would help reduce avoidable harm and support safer, more coordinated care.

20. Would you like to be sent the final standards when they are published?

If yes, please include your email address. *

- **Yes**
- No

Email (if applicable)