

How we manage concerns: Pharmacy Technicians

Myth-busting webinar - transcript

Good evening, everyone and welcome to this webinar from the GPhC, just before we get started with the actual webinar, I'm going to hand over to Nicola Stockmann from APTUK just to say a few words of introduction.

Thanks Jerome. APTUK is the professional leadership body for pharmacy technicians and along with the regulator for the profession, it is essential that pharmacy technicians and pre-registration pharmacy technicians are aware of what Fitness to practise is, what it means and the application of it. So welcome to the APTUK GPhC fitness to practise myth busting webinar and thank you for joining us.

And a special welcome from me and as well; I'll cover about what we're going to be doing this evening and the purpose of it but I just wanted to say by way of welcome, thanks and to all the pharmacy technicians and others on the webinar tonight for giving up their time in what is an important session in looking at Fitness to practise, in busting some of those myths, in looking at the importance of professionalism so you can actually understand how to actually not fall foul of any kind of mishaps come through to practise of course.

So just a little bit on the purpose and it is to support the understanding of how we manage concerns and I just want to say a little bit about terminology here - we will interchange a little bit between Fitness to practise and managing concerns. We will ask you what Fitness what words come into your mind whenever Fitness to practise is said and we do understand that's a very emotive phrase it does attract negative connotations and it is more about how we manage concerns about Pharmacy professionals of which of course Fitness to practise is a key part but that key part of Fitness to practise is further down the process with a lot of the more serious concerns.

We will look at about supporting professionalism, so what it means to be a professional, how we can support professionalism, how you can be an even better professional in your day-to-day roles, awareness of support - there always is a lot of support available and it's important to be aware of that.

And we do you know looking at it in the context of myths busting, we do want to challenge established thinking so the things that we'll cover - a little bit about the GPhC, always good to remind us who we are, we cover how we manage concerns - there is an end to end and process with many outcomes and we look at it in an overarching way and then we'll drill down into the various constituent parts so you get that enhanced understanding of what it is all about we look at professionalism and the various components of that there are a few scenarios.

There's a few sort of cases - fictional of course but based on things that we're aware of just to show you the kind of key learning and elements pitfalls within each of those and they cover things like Health misconduct and performance things like that and we'll just close out with a few priorities for 2023/24 from us and the policy team.

Before we go into it about the GPhC just a little bit about me I'm the senior policy and planning manager at the GPhC. I head up the Fitness to practise team that manages all the guidance and policies around the fitness to practise managing concerns approach just to make sure that the approach is fit for purpose and it is always sort of fast moving we do have to keep up the date so there always is plenty to do.

And I also head up the GPhC team that manages the response to regulatory reform, so there are going to be reforms in the future around Fitness to practise and we're going to we will be looking at that as well, that's a little bit further down the line that's Fitness to practise was of course need many reforms just to keep pace with regulation and the shifting landscape the professions operate within.

So just a little bit about GPhC - we regulate pharmacists, pharmacy technicians and of course Pharmacy premises in Great Britain, it's our role to make sure people receive safe and effective Pharmacy care and have trust in Pharmacy we promote professionalism within Pharmacy. We help make sure Pharmacy professionals have the

appropriate knowledge, skills, attitudes and behaviours, we assure the quality of Pharmacy including safety and we support the improvement of pharmacy and there's a number of things there that run through our approach to managing concerns of course there is the professions – pharmacists, pharmacy technicians and making sure people receive safe and effective care, that key component multi professionalism and very importantly as well Pharmacy Professionals have the appropriate knowledge attitudes and behaviours - that is a really key component of how we manage concerns because any deficiency there can result in action by the regulator. A little bit about pharmacy technicians of which all of you are certainly the majority of you actually are.

It was the 1st of July 2011 when pharmacy technicians first joined the register 12th anniversary this year; I think it might be silk anniversary that someone mentioned to me so 12 years pharmacy technicians has been on the register. We currently have over 86,000 professionals on the register of that almost 25,000 are pharmacy technicians so in and around 29 to 30% so quite a significant number of the register are of course, almost a third.

So this is the important bit, how we manage concerns, how do we keep people safe but also how do we be fair to those professionals, those pharmacy technicians that come through the fitness to practise, just a little bit to set the scene as well about what words come to mind when you hear the term Fitness to practise and there's certainly a lot of visuals as well - we done a session with a group of pharmacy technicians a couple of years ago and we identified out of a number of various graphics and various pictures what was more most appropriate to them or what resonated with them when they thought about Fitness to practise and they picked out this one and they certainly thought that this was the GPhC and the person on the left would have been a pharmacy technician so the kind of representation here of GPhC being you know quite aggressive and quite punitive whenever it's er taking Fitness to practise action.

Another one was this where this was the General Pharmaceutical Council that there was a significant imbalance anybody involved in practise felt quite small, felt quite insignificant and felt like there was a real power imbalance that there wasn't anything that they could possibly do in the context for the concern that was raised against them that's not of course as we find out as we move through the session so what we want to do here is a quick poll and the question is what word comes to mind when you hear the term Fitness to practise and some of these are really these are really, really good, and I am really pleased to see a number of ones there such as standards, such as professionalism, such as patient safety, such as honesty, competency, governance, public protection.

These are really positive ones because what we usually see in relation to this there are a lot of negative words a lot of really, really powerful emotive words and they are still but they're not there they're not as evident as they may have been.

So you have frightened, you have unsafe, you have deficient, you have scary, you have fear, uh you have risk. So there are a lot there that's really you know those are there are there certainly in in a degree of frequency but it is good to see those other more positive ones coming through a little bit more strong and that is sort of that's testament to the people on online here that have a really good view of er FtP but we do understand and a lot of our work recently has been based on a lot of those words that people do have in in response to Fitness to practise which is quite a negative connotation and one of the main reasons we're doing this work and other work in relation to improving fitness to practise and being person centred which I'll cover is to try and turn that dial a little bit more towards the positive aspects because we do understand the impact fitness to practise can have on individuals whether you're a witness or whether you are a professional that has a concern raised against you it can have a very significant impact.

So, thanks for that and what I will show you now is what we the exercise that we did do with a group of pharmacy technicians two years ago and what they had told us. Now this is this is just a screen grab now you can see here that the words are incredibly they're very different to what the people attending this webinar provided.

There was a group of around 30 people at this session and everybody really re reacted quite emotively you know they're devastated you've got career prospects there people were saying the career prospects are gone very emotional very negative very unsure worried anxiety and stress that was people's reaction to whenever they heard Fitness to practise or what the impact of an investigation would be.

So really good that we've got, some positives coming through there but we're very mindful of the impact that can have so just some key points to reinforce but what I've said there, fitness to practise or when a concern is raised about a professional about a pharmacy technician in the context of their practise or the personal life because it can and that that can come into play too that it's not there to punish people.

The key purpose is to protect the public obviously the connotation may be a punishment for example if someone is removed from the register there is a significant punishment component to that, but the concern would have to be pretty serious for that to happen. Equally a suspension, you know a suspension you know for example six months 12 months could have a significant impact on someone's ability to practise on their future career prospects that can have that kind of punitive impact.

But the purpose of that again, to remove someone from practise, is to protect the public and in some cases, it is to protect professional themselves as well. Having a concern raised about you does not necessarily mean you will be removed from the register, you know, a lot of people that we did speak to, that mentioned a lot of these words around, you know, being stressed, being anxious, is that if a concern was raised against them.

Regardless of how serious it was they did think that it was going to lead to the potential of a removal that can be incredibly stressful if you think your livelihood is at risk. The regulator is there to support professionals, our sole purpose is not there and to keep our head down and have people just going through a process and concern raised concerning investigated outcome.

That's not the case, we are there to support the professional, as well whether that's issuing a number of pieces of guidance that we share as well to make sure that you understand the process but also to regularly update people on what the progress of a case is, the kind of outcomes that can happen, the impact, and also the protection of your data and information as well.

It's very important to engage if you have a concern raised about you, a lot of people can shy away from, it a lot of people can't have an adverse reaction. It is important to engage, and research shows that engaging and being represented by someone you know whether that's a legal professional and or someone else that is very aware of proper approach to Fitness to practise can result in a less serious outcome.

Engage in understanding the process understanding when or how to show Insight, expressions of an apology can really impact on you. So just a little bit about fitness to practise and I mentioned there you know, we, I change between these terminologies but they are for all intents and purposes same thing.

Of almost 4,000 concerns raised, 22/23 and the source of the concerns mainly from members of the public interactions in a pharmacy profession uh in a pharmacy premises, you know, real key source of concerns there. Other health care professional as well member of Pharmacy team or GPHC inspector can who make referrals and do so on a frequent basis.

Of those concerns only 36 get to a hearing now a hearing is reserved for the most serious of concerns so you can see the proportion that actually gets to a hearing it is very, very few. That tells me that pharmacists are, generally, Pharmacy professionals, Pharmacists, and pharmacy technicians are generally a really good bunch. They're really solid professionals that they do have a number of concerns raised about them, around the 4,000 mark but those serious ones are very very few indeed and only seven got removed from the register in that period again you can see the continual depreciation in those numbers.

Only seven got removed in the register and of those seven only two for pharmacy technicians. Rarely you get removed from the register and at end these will be for very, very serious and matters indeed and out of the 4,000 concerns raised in the past year only 88 were related to pharmacy technicians again pharmacy technicians you know demonstrates a high degree of professionalism, that that demonstrates a high degree of skill, that demonstrates a high level positivity by way of knowledge attitude skills as well.

So, pharmacy technicians, only 88 concerns, half the concerns related were raised by another health care professional, possibly another member of the pharmacy team, another common sources again, members of the public or employers. So the thing things we do and don't investigate and there is a common misconception

around this a lot of these will be common to you and obvious, you know, errors in dispensing medication we will investigate all.

There are various different outcomes depending on the seriousness of that sexual misconduct is another thing, obviously very serious criminal conduct, anything that anyone goes to court or is arrested by the police, they will report that to us.

Working under the influence of alcohol or drugs, driving under the influence of alcohol or drugs, and fraud and theft. Fraud and theft that can take place within practise, you know, can be complex NHS fraud, theft of medication from the pharmacy, or fraud and theft outside of the pharmacy premises.

We have had instances of theft, where people have stolen meal deals, perhaps in Boots. Things like that so you can sort of see the range of theft you can go from uh stealing the meal deals at Boots to quite complex NHS fraud. It's got quite a big spectre and scale of dishonesty there. Dishonesty there covers a lot of those.

We don't cover claims for compensation, customer service issues, of which we do receive quite a significant number of complaints and concerns around customer service issues, you know, contract issues around opening of premises. We do get things referred about non-Pharmacy professionals, do get stuff around prescription charges, EPS as well and also non-medicinal products. We do get a lot of that.

We also on occasions get uh concerns raised about premises in America for some peculiar reason. We do get a number of those. Obviously outside our jurisdiction, not for us to deal. So to more serious concerns and I mentioned a few of them you know one of these, what are the kind of really serious, we would deal with it cuts across all both of the professions, you can act outside the scope of their practise or competence particularly as we see more prescribing now that some people could be acting outside the scope of their practise there. We do see quite a bit of working under the influence of er drink or drugs, illegal prescription or a legal or prescription medication can be abused people have ready access to it in in a dispensary and that can be problematic.

Serious unprofessional or inappropriate behaviour, you must show respect for others and maintain proper professional boundaries, but we do know and we have seen that people do cross over those boundaries and there are instances of sexual misconduct reported in the dispensary, in the workplace as well, and also inappropriate relationships with patients where people access their private information on the computer system and follow that.

Criminal conduct; again anything that brings the police into this, you know, it can bring the profession into disrepute, dispenser errors are incredibly frequent but again you know a lot of them are relatively low level not serious but if they are serious, they are repeated, it can pose a risk to the patients and the public and that's something we might need to take action on. Dishonesty or fraud which I did mention often linked to allegations of misconduct and large fraud cases are becoming a little bit more frequent.

So what is Fitness to practise so if I was to describe it; well I have mentioned these words, you know, knowledge, character and health to do the job safely and effectively and those words you'll have seen at the very beginning when we look at what the GPhC does. Pharmacy professional majority of you on the webinar are Pharmacy professionals and pharmacy technicians and you may not be fit to practise for a number of reasons for example if your behaviour is putting patients at risk. Again, you know, if you are intoxicated in in the workplace that could put patients at risk, if you're practicing in an unsafe way, if you're performing quite poorly, if there are number of errors that is putting people at risk that can pose problems as well.

Or if your health is affecting your ability to make safe judgments about patients again, there are a number of health issues that we do get reported into us such as broken bones and broken legs, you know, that aren't uh things that would put or that would affect the ability to make safe judgments about patients, but there are other aspects such as you know serious mental health episodes that may put people at risk that need to be managed in a sensitive way and these are the kind of things that we consider when we get through Fitness to practise.

And this is the simple kind of approach to Fitness to practise we have four stages. One is the initial assessment. So the concern comes in from left to right, it's initially assessed, we look at a number of things and gather a little bit

of evidence and see how serious it is, if it is, if it does indicate there may be evidence of Fitness to practise issues, it will be referred for investigation.

Once it's investigated and if it does indicate that a pharmacy professional's Fitness to practise may be impaired, it'll go to the investigating committee and as you go from left to right it gets a little bit more serious and the outcomes get a little bit more serious and if the investigating committee deemed it a real prospect of a fitness to practise committee arriving at an impaired outcome then it'll be referred to the fitness to practise committee and only that committee can suspend and remove.

That's reserved for the more serious of concerns, such as those that are that are you know the serious fraud ones the ones that involve, you know, serious assault, sexual misconduct that sort of thing. And that's it in its simplest form this is it in its more complex form and it is the same for stages which I just indicated with those arrows initial assessment investigation investigating committee and fitness to practise committee, but you can see here that the operation itself is a little bit more complex.

There's a lot of moving parts there are a lot of key decision points there are a number of people involved and there are a number of outcomes there is also uh an approach that's I indicate there with that arrow, of interim order and direct referral and they are used if there is an immediate and serious risk either to patients and public or to the professional themselves or it's in the public interest to fast-track it through to a fitness to practise committee and much reserved for really serious concerns indeed you know if someone was in prison for example that that would be utilized to the concern.

So just let's look at these in a little bit more detail. We give you a little bit of a flavour as to what the outcomes could be. the initial assessment as I said, so as you see there's a decision on outcome after we make a number of initial inquiries together some evidence you can get no further action a reminder about the standards there will be a little bit of advice saying please adhere to these standards.

We could sign post it to another body, might be something we might need to go to somewhere else to resolve. There could be a voluntary agreement, which I I'll speak a little bit about later. I'll refer to our inspectorate or our number of inspectors who can follow up with the premises or an individual person or of course it can be referred for investigation if there is evidence that there may be a fitness to practise issue.

At this point around 50% of our concerns are closed down and this is where we close the majority of them as I said If you're looking at a bit of an inverted triangle Fitness to practise committees at bottom, excuse me, initial assessments at the top, that's where most would be received and closed down then you get down to the very sort of narrow point at the end and where the number really do get very small indeed but we assess these at this point and those are the outcomes.

Let's look at investigation. Investigation can take anything between three and 12 months, we do want to get that shorter because we know a long investigation can put pressure on people, so we always do want to get that the investigation as short as possible. But some of these issues are quite complex, and they do take time so there is a period of evidence gathering and then there will be a decision or outcome that can be no further action some informal guidance.

Again, reminder of the standards or areas of practise to improve on. Again, voluntary agreement, which we'll talk about in a minute, or it can be referred to the investigating committee and again as you go through the pipeline so to speak, it does get a little bit more serious.

And we come to the investigating committee. It is a four-person panel, it meets in private, it gets the papers from the investigation and it reviews the papers, reviews the evidence and what we're also doing at this point as well is that, all information that relates to the ethnicity of the person will be removed as well so we're doing anonymized decision making here to to eliminate any kind of potential bias or discrimination and that's something that we've been doing for a number of months and we will be continuing to do that.

And we'll be reporting on that as well so once that panel reviews it they will have a discussion and they will decide on the outcome and again there can be no further action there can be some advice from the investigating

committee again similar in nature to the informal guidance at the investigation or during the investigation but with this this is a formal statutory outcome can be a warning as well or there can be undertakings and those undertakings are aspects that the person will comply with to make sure that they practise in a safe way that's usually for performance issues or more frequently for health issues as well.

And a number of these, a number of the outcomes are all the outcomes at investigation and initial assessment aren't recorded on the register. We keep a record of them in case they reoccur but the ones at investigating committee are noted on the register but because it is heard in private; they aren't detailed on the register the note of the outcome will be recorded but not the actual detail and for the most serious ones it'll go to a Fitness to practice committee.

Three-person panel usually in public, unless there's a reason not to, for example, sensitive issues uh such as health, but this one really important and this is a serious aspect so you can have a warning here as well or no further action because some cases that go to it or contested and there is no further action, you can have conditions which again are to make sure someone complies with various aspects of their practise to make sure they practicing the safe way or a suspension which I think can be up to 18 months or removal and you'll be able to re-apply to come onto the register after five years. Again, those latter tools are for the more serious of cases and thankfully we don't see very many.

And I just wanted to highlight again the serious concerns that I mentioned the interim order and direct referral that's a fast track through and again if we receive a concern that presents an immediate risk to patients and the public or to the professional themselves we will go to a fitness to practise committee and apply for an interim order or an interim suspension that means that person will not be able to practise until the concern and is investigated. It's just another measure another aspect of the tool kit make sure people are protected.

So that's the process now another important aspect I said that people can expect something from us and it is our service promises and it is around being person-centred and looking through these in great detail but it's about communication it's about an explanation of what you can expect from us verbally or through guidance we'll handle your information care your personal information sensitively.

We will handle up with care, we'll act with professionalism, kindness and respect, we provide an accessible service to everyone involved and we listen and respond with feedback and use this to learn and improve our service. If we expect professionals to learn and improve, we must expect do that ourselves and what does this mean in the context of being person centred, treating everyone as an individual, as I said earlier, you know, recognizing the impact of what we do and we want to do more to give people a voice in the process, you know, we're making improvements through a website offering lay advocacy services, as well. This is a really important aspect of fitness to practise because we do understand the impact it has on those involved.

Professionalism, being a very important part. If we're all professional, then we'll never come to Fitness to practise. And this doesn't cover everything with regards to professionalism but it does touch some of the key the important bits about you know this theme that runs through the skills knowledge attitude and behaviours for pharmacy professionals.

And it assures quality services including patient safety, supports improvements in the professions as well complying with the nine GPhC standards. Maintaining public confidence and of course there is revalidation as well and everyone will be familiar with our standards play and you know safe and effective care professionalism is a core part and of this as well but we'll pull out a few of these and one is Raising concerns when something goes wrong otherwise known as whistleblowing and it's there to safeguard patients. If there is something that goes wrong, please do speak up and there are protections such as the Public Interest Disclosure Act. That's protection for employees who raise genuine concerns and it is incredibly important, an incredibly important part of making sure premises are safe and people are safe that we do raise concerns when things go wrong.

Professional Duty of candour, being open and honest and open and transparent at all times even in difficult and challenging times you know we get a lot of concerns that do come in you know, for example, Performance issues

or dispensing errors and people conceal them you know we speak to them about it their employers speaks about it and they're not open and honest they're not open and transparent and that professional duty of candour when it is not adhered to it can aggravate a concern and it does indicate a real lack of professionalism.

So it is a very, very important aspect the duty of candour, we establish guidance for raising concerns and for the duty of candour as well those are two key aspects on the wider standards that really do set professionalism and a little bit of both are important.

So what kind of support, and there always is support for pharmaceutical professionals in relations to FtP. We do have the standards and I open here the standards. I mentioned the guidance on raising concerns and so also a suite of guidance that appears to most of the safe and effective care, most of the standards and it is you know I'm pulling out a couple of other bits here that are really important and particularly the report that was about surgeons and those and maintaining clear statute of boundaries in and the context of a surgery because a lot of what happens at healthcare sort of transfer across all the professions and it's important to remind ourselves about maintaining clear sexual boundaries and another very much emerging area is demonstrating professionalism online particularly on social media and how you represent yourself on that as you are a pharmacy professional.

Again, I mentioned there you know the speaking up when things go wrong. This is a new learning toolkit we have and being open and honest and again. I'll be giving you the website on these slides as well all the resources are online if you do have any concerns, if there are any issues you can always refer back to the guidance. Those should provide you with support to let you know what right in addition to fitness to practise.

We've got a number of frequently asked questions in a gloss of terms; we understand a lot of terms that we use are not necessarily straightforward or are necessarily readily understood. Glossary of terms should help; frequently asked questions should also help pinpoint a number of things that you might have early.

We have advice and support for pharmacy professionals involved in the FtP process. There are a number of support organizations in that as well and there's also these voluntary agreements and I've mentioned them before in the context of an outcome. These voluntary agreements as you would have mentioned are voluntary, and if you had, for example, a health issue and you wanted a little bit of additional support from the regulator, we would enter into a voluntary agreement.

It wouldn't be recorded on the register but it would be something that we would enter into in here and we would check in over a period of time just to make sure that there are no deterioration in any health concerns again we wouldn't, these aren't legislative, we would these wouldn't be forced by anyone but purely voluntary and they have been used quite successfully over the last few years. People there that need just that little bit of helping hand adhering to programs with the GP things like that so they can be quite useful of course if you want to know more about how we do FTP there are three key documents on our website.

We provide the link to the website the good decision-making suite A, B and C here and investigations, investigating committee and fitness to practise hearings more recently. We've done initial assessment because that's been a change that's on the website as well that'll cover all four stages of the FTP process on our approach in managing concerns.

So, we've talked about being person-centred, we've talked about the key points of FTP, we've talked about how we manage concerns so let's just look at a few scenarios which will hopefully bring it to life again when we investigate it's a lot more complex these are just to give a bit of a flavour.

So this one's how so about the concern it's a pharmacy technician. They're experiencing some mental health challenges and struggles they've notified the GP and their employer and they're following the advice provided by the GP. The employer is aware they're providing support, so one outcome and they've made a self-referral to the GPhC so one outcome would be do we would have no action, or we could enter into a voluntary agreement just to provide that little bit of a safety net, but by and large no action. Because uh the professional has demonstrated

insight into the health issues they're experiencing, they've engaged with the GP they've made a self-referral following the advice there's no patient safety issues and we would recommend that if there are any further problems related to the condition that professional or employer contacts us then we would assess whether there are any specific patient safety issues that we would need take account of.

What we find is a lot of people that are you know in this kind of scenario and others would not engage the employer, they would not engage with the GPhC and a problem that was originally really small would maybe grow into something a little bit bigger so if they had have spoken to the GP, had have spoken to the Employer, had made a self-referral to the GPhC, that problem could have been addressed. But we understand some people are a bit fearful of engaging with the regulator, notifying the employer but if you do that big problem should remain smaller.

Dishonesty – various ranges of dishonesty are mentioned. Theft of medication from the dispensary, they denied the theft to the employer. CCTV showed the technician taking the medication, they continued to deny and were dismissed after an internal investigation.

It was referred to the GPhC, they continued to deny and did not engage with the investigation. Went on Fitness to practise committee and would more than likely end up in a removal because there are many factors again they weren't open and honest and again they didn't engage in it. And it's possible if they did engage with it, if they were open at honest, but it may have been more in the kind of suspension area but again if you don't engage if you do deny and there is evidence to the contrary demonstrates that that kind of attitude that can bring in bring people into that kind of fitness to practise committee and sort of sphere.

The learning here is to be open and honest, engage in the process but also don't steal any medication from the dispensary. Drink driving as well. Again, another quite prevalent one for us, the technician drove to the shop on the Saturday evening to purchase alcohol, they were arrested on the way for drink driving because they had been drinking in the house previous to that. The mother had recently passed away and they declared the incident immediately they were arrested, and they notified their employer as well.

The outcome, brought to the investigating committee for a warning potentially or depending on how they've engaged or the insight they've demonstrated it could be closed with a letter of advice after an investigation. Again, you have some mitigating factors there, about the mother passing away and the declaration immediately, notifying the employer, they've engaged in the process, they've been open and honest and there are some sort of elements there that would mitigate the kind of seriousness.

For example, if they had been driving to work the next day that would aggravate it. So I hope they give you a bit of an insight into the scenarios again based on limited information but those are the kind of things we'd be thinking about. And the key points to engage with the GPhC, be open and honest when things go wrong, to the employer, to the regulator.

Demonstrate Insight when it's right to do so. That's, you know, if you have a health concern, you know, you understand the health concern and the implications and you're engaging treatment for it. Seek advice and representation as well because that can give you additional confidence in engaging with the GPhC.

That means you can get the best out of Fitness to practise in the sense that it can be there to support you as well. So just looking at a few priorities, for 23/24 before we come on some questions. We're going to do an updated support toolkit for professionals who have a concern raised by them. We have limited information and I touched on it earlier, we do want to do an enhance toolkit, people to get, can access and get real value out it should they have a concern raised about them. We're going to do the same for employers to improve understanding and referrals to the GPhC but also how they can support people in the workplace.

We want to understand why black Asian, and minority ethnic professionals are disproportionately represented in concerns we can see. We want to minimize and address the risks of potential biases in our decision making. One of the aspects I mentioned was the anonymized decision making at the investigating committee.

We need to do a little bit more of understanding the issue maybe earlier in the process. As well we're going to do further webinars and engagement, including another newsletter, support understanding in various aspects of what we do, to make sure that people are aware of Fitness to practise, what its intention and purpose is for, how they can engage in it and how they can get the benefit out of it if there is a concern raised about them because as I said the majority of concerns are relatively low level, they don't get to a fitness to practise committee and they certainly don't lead to our removable.

So, I'll hand over to Nicola, just to see if she's got any final words.

Thank you and I felt it was a really valuable session. It does link to the duty of candour webinar that we'd, we've done together as well and you know just really, really important to have that uh regulator professional leadership body and the patient voice when considering all of these uh Fitness to practise issues.

The recording will be available shortly for those unable to attend or just want to rewatch for their own CPD and refreshing their information. Thank you very much to all those that have attended tonight.