Minutes of the **Council** meeting held on **14 November 2013** at 129 Lambeth Road, London, at 11.45am

**Minutes of the public session**

**Present**

- Bob Nicholls – Chair
- Sarah Brown
- Soraya Dhillon
- Gordon Dykes
- Mary Elford (to minute 80.6)
- Tina Funnell
- Mohammed Hussain
- Ray Jobling
- Berwyn Owen
- David Prince
- Samantha Quaye
- Judy Worthington

**Apologies**

- Liz Kay
- Keith Wilson

**In attendance**

- Duncan Rudkin (Chief Executive and Registrar)
- Hugh Simpson (Director of Policy and Communications)
- Bernard Kelly (Director of Resources and Customer Services)
- Claire Bryce Smith (Director of Inspection and Fitness to Practise)
- Vivienne Murch (Head of Organisational Development & People Strategy)
- Damian Day (Head of Education & Registration Policy)
- Lyn Wibberley (Head of Executive Office)
- Matthew Hayday (Head of Governance) to minute 80.6
- Paula Woodward (Council Secretary)
- Martha Pawluczyk (Registration and International Policy Manager)

**74. ATTENDANCE AND INTRODUCTORY REMARKS**

74.1. The Chair welcomed members, public observers and staff attending the meeting. Apologies were received from Liz Kay and Keith Wilson.

74.2. He reported that Judy Worthington had been appointed to the Medical Practitioners Tribunal Services Advisory Committee. He also reported that the Strategic Plan 2014-17 was laid before both parliaments on 28 October.
75. **DECLARATIONS OF INTEREST**

75.1. The following interests were declared.

i. In relation to education matters set out in item 6 (education procedures) and 7 (performance monitoring), Mary Elford declared an interest as a member of the HEE board. Gordon Dykes and Mohammed Hussain declared interests due to their involvement with the supervision of trainees.

ii. Mohammed Hussain, Berwyn Owen, Samantha Quaye, Soraya Dhillon and Gordon Dykes declared interests as registrants in relation to items 8 (modernising pharmacy regulation), 9 (prosecution policy), and 11 (assuring continuing FtP).

iii. All members declared an interest in item 16a (members’ remuneration). David Prince also declared an interest as Chair of the Audit and Risk Committee.

iv. All members and staff present declared an interest in item 16b (expenses policy).

76. **MINUTES OF THE PUBLIC SESSION OF THE PREVIOUS MEETING**

76.1. The minutes of the public session of the meeting held on 12 September 2013 were agreed as a true record.

77. **MATTERS ARISING**

77.1. The Chair reported that letters had been sent to ministers and stakeholders setting out the GPhC’s response to the Francis report (minute 62.4) and informing them that the Strategic Plan (minute 61) had been published.

77.2. In relation to minute 66.9, Damian Day (DD) reported that discussions with key stakeholders such as Health Education England, the Higher Education Funding Council for England and education providers had begun. The Council noted that, while the lead in time for implementation of any changes may be long, early engagement was essential.

77.3. In relation to minute 67.7, Duncan Rudkin (DR) informed the Council that a further report would be presented in early 2014.

78. **STRATEGIC RISK**

78.1. DR informed members that the paper outlined a refreshed and streamlined approach to risk management. He reported that the aim was to ensure that the Council was fully sighted on the strategic risks facing the organisation and the management of those risks, while avoiding a process driven approach.
78.2. David Prince (DP) reported that the Audit and Risk Committee (ARC) had discussed the proposals at its last meeting and was supportive. The ARC also noted that behavioural change was key to its success.

78.3. During the discussion, the Council noted that the members would be asked to review the organisation’s strategic risks at its workshop in December. This would build on the work to develop the latest Strategic Plan and inform the production of the Corporate Plan.

78.4. **The Council discussed the paper and welcomed the new approach.**

79. **Revising the Education Procedures**

79.1. DD drew members’ attention to the proposed changes which had been developed to strengthen the education procedures. He reminded members that trainees were not registered with the GPhC so procedures designed for registrants, such as those relating to fitness to practise, did not apply.

79.2. He reported that in most instances concerns about a trainee would be dealt with by others involved in the training, such as the tutor and the pharmacy owner. However, it was important to ensure that the GPhC’s own procedures allowed the organisation to act quickly and proportionately, should the need arise.

79.3. In response to members’ questions, DR said that the procedures needed to cover a range of scenarios but would become unworkable if they were too detailed or elaborate. The focus of the changes, which were informed by legal advice, was to ensure fairness and clarity.

79.4. The Council welcomed the changes and noted that any investigation should be carried out in a timely fashion, particularly given the relatively short timescales involved in pre-registration.

79.5. The Council noted that there were logistical challenges to developing similar procedures for trainee pharmacy technicians and asked that these be explored.

79.6. **The Council agreed:**

   i. to revise the GPhC’s Education Procedures, subject to some minor changes to the wording to be approved by the Chair,

   ii. to strengthen the need for professional behaviour by pre-registration trainee pharmacists and

   iii. to introduce a procedure for dealing with serious concerns about a trainee.
80. **PERFORMANCE MONITORING**

80.1. DR informed members that the report had now developed into a regular format for each meeting, with more detailed reports on certain topics presented periodically.

80.2. With regard to registration, the Council asked that the next Board of Assessors report include a more detailed analysis of some of the figures, such as the variations in the numbers of adjustments and the ethnicity of those sitting the assessment. DD informed the Council that the GPhC welcomed the opportunity to share information with training providers where possible in order to help all those involved develop a better understanding of pharmacy trainees.

80.3. In relation to fitness to practise, the Council noted that it would be helpful for figures to be presented so that trends could be identified. The Council also noted that while a number of improvements had been made, the throughput rate of cases continued to be a challenge, even after some of the more difficult cases had been taken into account.

80.4. In response to members’ questions, Claire Bryce Smith (CBS) reported that the recent LEAN review had been helpful in identifying where FtP processes could be streamlined and improved. However, the review had also made it clear that some improvements could only be made through investment in facilities and staff.

80.5. With regard to the section on finance, the Council noted that the organisation continued to operate with a significant surplus.

80.6. **The Council noted the performance report.**

81. **MODERNISING PHARMACY REGULATION: IMPLEMENTATION UPDATE**

81.1. DR reported that while much had already been achieved to develop and improve pharmacy regulation, the paper focussed on those issues that were still presenting a challenge.

81.2. Hugh Simpson (HS) reported that external factors were key to the progress of many of the areas of work outlined in the paper, but that there were a number of actions the GPhC could take to move things forward including the preparation of guidance in key areas.

81.3. In relation to the Rules, DR informed the Council that the key challenge had been the unusual requirement for the standards themselves to be set within the Rules. He reported that ministers were aware of the issue and that it would be addressed within the forthcoming government consultation on rebalancing.

81.4. In relation to disclosure, publication and enforcement following inspection, DR reported that those attending a recent stakeholder event had been
supportive of the phased approach for the new inspection model which had been adopted for roll-out from November 2013.

81.5. During the discussion, the Council noted that this approach would allow the new system to be adjusted and calibrated to ensure that it was efficient, effective and consistent.

81.6. The Council also noted that the model used by the Inspection Development Assurance Group (IDAG) had been effective in ensuring appropriate Council-level scrutiny and that some other areas of work may benefit from a similar approach.

81.7. The Council noted the update on Modernising Pharmacy Regulation.

82. REVIEW OF GPHC PROSECUTION POLICY

82.1. DR reminded members that the organisation had a process for reviewing policies on a regular basis to ensure that they continued to be effective.

82.2. However, he reported that, in this case, a postponement of twelve months was proposed to allow updated CPS guidance on the prosecution of healthcare professionals to be included in the review. It would also allow consideration of other external developments such as rebalancing.

82.3. The Council discussed the reasons for the postponement and noted that, in order to prepare this paper, a brief review had been carried out to make sure that the policy was fit for purpose in its current form.

82.4. The Council agreed:

   i. that the GPhC’s prosecution policy continued to be appropriate and fit for purpose;

   ii. to carry out a further review of the policy in November 2014.

83. DEVELOPING MEMORANDA OF UNDERSTANDING

83.1. HS introduced the paper by outlining the approach being taken to develop a series of memoranda of understanding (MoUs) with various health regulators and other organisations. He informed members that while MoUs could vary in form, their purpose was to help identify opportunities to reduce unnecessary burdens on those we regulate, as well as possible opportunities for further collaboration which would contribute to patient safety.

83.2. DR reminded members that the Council had already identified the need to work closely with other organisations and that this was set out in the GPhC’s new Strategic Plan.

83.3. HS informed members that monthly updates on progress were sent to the Department of Health and that the minister had set a target completion date
of March 2014. In response to members’ questions, he reported that MoUs with organisations in Wales and Scotland were included in the project scope.

83.4. During the discussion, HS reported that a mapping exercise had been commissioned to look into the provision of pharmacy services in settings such as care homes.

83.5. The Council noted the paper.

84. DEVELOPING A FRAMEWORK FOR ASSURING THE CONTINUING FITNESS TO PRACTISE OF PHARMACY PROFESSIONALS

84.1. HS advised that the plan was to develop the framework for continuing fitness to practise (CFtP) over three years and test it throughout this period. The aim was to ensure that the framework was proportionate and effective.

84.2. DD outlined the various stages of the project and drew members’ attention to the efforts being taken to achieve flexibility within a common framework. He also reported that a number of pharmacy employers had expressed an interest in the development of the new framework.

84.3. The Council discussed proposals and noted that some other health regulators already had systems in place, although the form and cost varied widely. The Council also noted that the time commitment and cost implications for both the reviewer and the reviewee should be proportionate, and that particular attention should be given to those without a hospital or large employer to support them.

84.4. The Council agreed to:

i. the development of a draft framework for assuring the continuing fitness to practise of pharmacy professionals;

ii. a timetable for developing the draft framework;

iii. a related review of the current CPD ‘Call and Review’ process.

85. RECOGNITION OF PROFESSIONAL QUALIFICATIONS DIRECTIVE

85.1. Martha Pawluczyk (MP) informed members that the formal text of the directive was due for approval by the Council of Ministers on 15 November 2013. Once the directive was published in the Official Journal, there would be two years in which to introduce the directive into UK legislation.

85.2. MP outlined the key features of the directive and reported that one of the main challenges had been to ensure that a distinction was made between recognition of a qualification and registration to practice. She informed members that the transposition into UK law would be key to ensuring that the measures were effective.
85.3. DR commented that while the directive would be helpful, it would not achieve everything that had been hoped for. However, the GPhC would continue to assist with the introduction of the directive, both by supporting its transposition into UK law, and by working with pharmacy owners and other regulators.

85.4. During the discussion, the Council noted that being an effective pharmacist involves two-way communication, not just language skills. The Council also noted the need to ensure the role of Welsh as an official language is considered when communicating with patients in Wales.

85.5. The Council noted the paper.

86. REVIEW OF COUNCIL’S PERFORMANCE AS A GOVERNING BODY

86.1. The Council noted that while the timetable outlined for the review was sensible, it would be helpful to make some adjustments to the methodology to ensure that the review was effective without being process-driven.

86.2. The Council noted the update on the performance review process.

87. CHIEF EXECUTIVE & REGISTRAR’S REPORT

87.1. In relation to the stakeholder event held on 14 October, DR reported that there was some concern at the lack of awareness of the new inspection model. He reported that further efforts would be made to ensure that the changes to inspection would be communicated as the model was rolled out and developed.

87.2. DR informed members that the Rebalancing Programme Board had issued a statement following its meeting on 29 October. Copies of the statement were circulated to members.

87.3. DR also reported that the GPhC’s response to the HEFCE consultation had been submitted and published.

87.4. The Council noted the Chief Executive & Registrar’s report.

88. UNCONFIRMED MINUTES OF REMUNERATION COMMITTEE, 9 OCTOBER 2013

88.1. The Council noted the unconfirmed minutes.

89. COUNCIL MEMBERS’ REMUNERATION

89.1. All members present declared an interest in this item. DP also declared an interest as Chair of the Audit and Risk Committee.

89.2. DR reminded members that the review of members’ remuneration was carried out by the executive on an annual basis, with the proposals presented to the Remuneration Committee prior to final approval by the Council. He
informed members that the Remuneration Committee asked the executive to investigate additional benchmarking sources for the review in 2014. However, he reported that the committee concluded that the proposals struck the right balance between competitiveness and value for money.

90. The Council agreed the recommendations of the Remuneration Committee:
   i. no change in the remuneration rates for the Chair and members of the GPhC’s Council; and
   ii. no change in the discretionary payments for the chairs of the Audit & Risk and Remuneration Committees
   iii. amendments to the Council Member time commitment and attendance policy.

91. EXPENSES POLICY REVIEW

91.1. All members and staff present declared an interest in this item.

91.2. The Chair introduced the item on behalf of the Chair of the Remuneration Committee, Liz Kay. He reported that the committee had noted that it was difficult to adequately cover all the different types of expenses incurred by different groups (staff, associates, members etc) in a single expenses policy. The committee had asked the executive to consider separate policies when the policy was next reviewed in 2014.

91.3. The Council agreed the proposed amendments to the Expenses Policy.

92. UNCONFIRMED MINUTES OF AUDIT & RISK COMMITTEE, 17 OCTOBER 2013

92.1. DP drew members’ attention to the committee’s discussions on information security, IT projects and disaster recovery.

92.2. The Council noted the unconfirmed minutes.

93. COUNCIL BUSINESS SCHEDULE AND COMMITTEE DATES

93.1. The Council noted the paper.

94. ANY OTHER PUBLIC BUSINESS

94.1. The Chair confirmed that the meeting was moving into confidential business since some matters to be discussed were commercially confidential.

94.2. There being no further business, the part of the meeting that was held in public closed at 3:25pm.
Minutes of the public session

95. MINUTES OF MEETING 12 SEPTEMBER 2013, CONFIDENTIAL SESSION
95.1. The Council agreed the confidential minutes of the meeting held on 12 September 2013.

96. MATTERS ARISING
96.1. In relation to the accommodation project (minute 4), Bernard Kelly provided members with a progress update.

97. UNCONFIRMED CONFIDENTIAL MINUTES OF AUDIT & RISK COMMITTEE, 17 OCTOBER 2013
97.1. The Council noted the unconfirmed minutes.

98. ANY OTHER CONFIDENTIAL BUSINESS
98.1. There being no further business, the part of the meeting that was held in private closed at 3:35pm.

DATE OF NEXT MEETING
Thursday 6 February 2014