Meeting of the Council

Agenda

10 April 2014
11:30am to 4:00pm

Hearing Room 1
129 Lambeth Road
London SE1 7BT

Enquiries: Paula Woodward,
020 3365 3522
paula.woodward@pharmacyregulation.org

Public business

1. Attendance and introductory remarks
   Presenter: Nigel Clarke

2. Declarations of interest
   Presenter: All

3. Minutes of last meeting
   Presenter: Nigel Clarke
   Public session 6 February 2014

4. Matters arising
   Presenter: Nigel Clarke

5. Corporate Plan: monitoring and reporting
   For discussion
   Presenter: Damian Day
   04.14/C/01

6. Performance monitoring
   For discussion
   Presenter: Duncan Rudkin
   04.14/C/02

7. Chief Executive & Registrar’s report
   For noting
   Presenter: Duncan Rudkin
   04.14/C/03

8. Developing new standards for initial education & training
   For discussion
   Presenter: Damian Day
   04.14/C/04

9. Unconfirmed minutes of Remuneration Committee, 27 February 2014
   For noting
   Presenter: Liz Kay
   04.14/C/05

10. Council performance review
    For discussion
    Presenter: Nigel Clarke
    04.14/C/06

11. Council member appointment process review
    For discussion
    Presenter: Judy Worthington
    04.14/C/07
12. **Appointments Committee annual report to Council**  
   *For noting*  
   04.14/C/08  
   Elizabeth Filkin

13. **Rebalancing planning**  
   *For noting*  
   04.14/C/09  
   Priya Warner

14. **Any other public business**  
   Nigel Clarke

**Confidential business**

15. **Minutes of last meeting**  
    *Confidential session 6 February 2014*  
    Nigel Clarke

16. **Matters arising**  
    Nigel Clarke

17. **Accommodation update**  
    *For decision*  
    04.14/C/10  
    Bernard Kelly

18. **Non-statutory committee appointments**  
    *For decision*  
    04.14/C/11  
    Nigel Clarke

19. **Appointment of internal auditors**  
    *For decision*  
    04.14/C/12  
    David Prince

20. **Any other confidential business**  
    Nigel Clarke

Date of next Council meeting  
**Thursday 12 June 2014**
Minutes of the Council meeting held on 6 February 2014 at 129 Lambeth Road, London, at 10.45am

Present

Bob Nicholls – Chair
Berwyn Owen
David Prince
Judy Worthington
Liz Kay
Mary Elford

Mohammed Hussain
Ray Jobling
Sarah Brown
Soraya Dhillon
Tina Funnell

Apologies

Samantha Quaye
Gordon Dykes
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)
Gary Richardson (Interim Director of Knowledge & Insight)
Damian Day (Head of Education & Registration Policy)
Lyn Wibberley (Head of Executive Office)
Matthew Hayday (Head of Governance)
Paula Woodward (Council Secretary)

Public business

99. ATTENDANCE AND INTRODUCTORY REMARKS

99.1. The Chair welcomed members, public observers and staff attending the meeting.

99.2. The Chair congratulated Soraya Dhillon on her appointment as a non-executive director at Hillingdon NHS Foundation Trust.

99.3. The Chair reported that three new Council members had been appointed for three years: Evelyn McPhail, Alan Kershaw and Digby Emson. He also
reported that current Council members Liz Kay and Sarah Brown had been reappointed for a period of three years.

99.4. The Chair formally thanked the three Council members whose terms of office would be ending in March 2014 for their contributions to the Council: Ray Jobling, Keith Wilson and Gordon Dykes.

100. DECLARATIONS OF INTEREST

100.1. The following interests were declared.

i. In relation to item 6, budget 2014-15, Mohammed Hussain, Berwyn Owen, Samantha Quaye, Soraya Dhillon and Liz Kay declared interests as registrants.

ii. In relation to item 12, appointments process review, all members declared an interest.

101. MINUTES OF THE PUBLIC SESSION OF THE PREVIOUS MEETING

101.1. The minutes of the public session of the meeting held on 14 November 2013 were agreed as a true record.

102. MATTERS ARISING

102.1. In relation to the board of assessors report (minutes 77.3 and 80.2), Duncan Rudkin (DR) informed members that the issues raised by Council had been discussed with the schools of pharmacy. Their responses would be covered in the next Board of Assessors report which would be presented to Council at its meeting in September.

102.2. In relation to education procedures (minute 79), the Council was informed that the revised procedures for pre-registration trainees had been published and that new guidance for tutors was being disseminated.

102.3. In relation to modernising pharmacy regulation (minute 81.3), the Council was informed that the issues caused by the incorporation of standards in Rules had been raised with Ministers and discussed via the Rebalancing Programme Board. While there was ministerial support for separating the standards from the Rules, it would require changes to the legal framework.

102.4. DR also informed members that an update on the rollout of the new approach to inspection would be presented to Council at a meeting in the near future.

103. CORPORATE PLAN 2014-15

103.1. DR informed members that the corporate plan was the product of a new approach to planning within GPhC. He reminded members that this was part of a rolling programme of work over the next three years to meet the challenges set out in the strategic plan.
103.2. Damian Day (DD), outlined the work of the corporate plan team to produce the plan. He reminded members that the plan would undergo a ‘plain English’ check before publication. He also informed members that a report would be presented to Council at its next meeting setting out how the plan’s progress would be monitored.

103.3. In response to a member’s question, DD informed the Council that part of the role of the corporate plan team was to ensure that staff from all directorates were fully informed about their role in delivering the corporate plan. This was supported by the fact that the corporate plan team was not a separate group but drawn from staff across the organisation.

103.4. During the discussion, the Council noted that the plan linked well with the strategic plan and the new approach to strategic risk. The Council also noted that while the objectives relating to some strategic aims were well developed, others would become priorities over the following two years.

103.5. Commenting on the narrative, members suggested that where objectives overlapped this should be more clearly stated. Members also suggested that the plan could be more explicit about the link between developing more effective and efficient ways of working and better overall value for money for those we regulate.

103.6. The Council noted that while the plan set out a clear roadmap for the coming year, it also allowed for a certain amount of flexibility so that the organisation could respond quickly to external developments where necessary. It was therefore important that the level of detail in the document should not be too prescriptive.

103.7. DR assured the Council that their comments had been noted and would be considered as part of the process to finalise the plan.

103.8. The Council agreed the Corporate Plan 2014-2015, subject to external Plain English advice and any final drafting changes, the final sign off of which was delegated to the Chair of Council.

104. BUDGET 2014-15

104.1. Bernard Kelly introduced the paper by drawing members’ attention to the key points in the paper, including the proposal not to alter fees during the forthcoming financial year.

104.2. In relation to the organisation’s relocation, the Council noted that there would be a period where costs would be incurred for both old and new premises in addition to the setup costs for the new offices. However, the Council also noted that these costs would allow the organisation to invest in the future and build the necessary capacity required to meet the challenges of the coming years.

104.3. In relation to the proposed transitional deficit, BK informed members that while the budget only focussed on the year 2014-15, the intention was to
return to a balanced position in subsequent years. There was, however, a possibility of a small deficit in the following financial year but Council was assured that the reserves would be able to cover this.

104.4. In relation to expenditure on outsourcing, BK assured members that all costs were examined closely and that, in some cases, outsourcing had been found to be more cost effective.

104.5. In relation to the impact of the new inspection model and improvements to the handling fitness to practise cases on resources, the Council noted that the Executive would carry out a detailed analysis in the coming months to examine the fee burden for the various registrants, both individuals and premises. The Council suggested that the analysis should cover the cost base for the whole organisation, not only those directly relating to the directorates concerned, and that this work should be added to the corporate plan.

104.6. The Council approved the budget for 2014-15 as set out in paper 02.14/C/02.

104.7. The Council agreed:
   i. not to propose any changes to fees at this time;
   ii. that the proposed deficit was acceptable transitionally, in the circumstances outlined in the paper;
   iii. that the existing level of reserves was above that needed on an ongoing basis without impacting on the Council’s longer term financial stability; and
   iv. that a review of the organisation’s cost base should be added to the 2014-15 corporate plan to aid the preparation of future budgets.

105. PERFORMANCE MONITORING

105.1. DR informed members that a small number of typographic errors had been found in the report. On page 22 of the report, the titles for the graphs should be transposed.

105.2. In relation to fitness to practise, the Council asked that the reasons behind those cases older than 15 months old should be outlined in future reports. This would assure the Council that every effort was being made to bring the cases to a conclusion.

105.3. During the discussion, the Council suggested that learning points from fitness to practise cases could be collated periodically and disseminated to interested parties.

105.4. In relation to staffing and the office move, DR informed members that the Executive would closely monitor the impact on staff and take action to mitigate any adverse effects where possible.
105.5. In response to members’ questions, DR reported that work was being carried out to improve the management information available to staff and for reporting to Council.

105.6. The Council noted the performance report.

106. **FITNESS TO PRACTISE: EQUALITY AND DIVERSITY**

106.1. DR informed members that the paper represented the first step in the development of the organisation’s capacity to collect and analyse the data and intelligence it gathered in the course of its work.

106.2. Gary Richardson (GR) outlined the data sources used in the report and the methods used to link them. He informed the Council that while this particular report focused on ethnicity, future reports could also examine other protected characteristics such as age or gender. However, any further analysis would depend on whether the data presently collected could be regarded as robust enough for these purposes.

106.3. During the discussion, members made a number of suggestions regarding the themes and issues future reports could cover, such as a breakdown of cases at different stages of the FtP process, or what areas of practice the cases were drawn from. The Council also noted that it would be helpful for future reports to include a narrative or a qualitative analysis alongside the figures.

106.4. The Council welcomed the report and noted that it could provide only a brief snapshot based on the information available at a particular point in time.

106.5. The Council noted the report.

107. **FITNESS TO PRACTISE LEAN REVIEW**

107.1. CBS drew members’ attention to the main features of the lean review and reported that it had covered all aspects of the FtP process.

107.2. CBS informed members that the timescales required for some elements of the process were set either in legislation or were considered best practice. The focus had therefore been on improving processes and ways of working that the organisation could control.

107.3. CBS reported that the lean review had identified a number of areas where improvements could be made, such as ensuring that the amount and type of evidence collected was appropriate, and making better use of technology. These changes were supported by ongoing staff training, better management of investigations and changing the culture overall to keep cases moving.

107.4. In relation to the case management IT system, CBS reported that the focus to date had been on ensuring that the system worked effectively with the information held on the register. The next stage would be to develop the system further so that it could be used at every stage of the FtP process.
107.5. During the discussion, the Council welcomed the report and thanked the staff involved for their work to improve the FtP process. The Council also noted that small changes at each stage would lead to an overall improvement to the handling of cases.

107.6. The Council noted the report.

108. CHIEF EXECUTIVE & REGISTRAR’S REPORT

108.1. DR informed members that in addition to the responses to consultations set out in the report, the executive would be responding to the Health Select Committee’s call for evidence on complaints and whistleblowing.

108.2. During the discussion, the Council noted the large number of consultations and calls for evidence that were dealt with by the organisation. The Council asked that the reasons for not sending a response be summarised in the Chief Executive’s report in future.

108.3. The Council noted that a number of legislative changes were required in order for the organisation to fully respond to the recommendations set out in the Francis report.

108.4. The Council noted the report.

109. UNCONFIRMED MINUTES OF AUDIT & RISK COMMITTEE, 23 JANUARY 2013

109.1. David Prince (DP) summarised the main points discussed by the committee, particularly information security, internal audit reports and timescales for responding to internal audit findings.

109.2. The Council noted the minutes.

110. APPOINTMENTS PROCESS REVIEW

110.1. MH outlined the key points of the proposals to review the appointments process. He drew members’ attention to the conflicts of interest that would impact on the possible candidates for membership of the proposed working group.

110.2. During the discussion, the Council noted that while the matter had been thoroughly discussed previously, it was timely that the issues relating to appointments should be reviewed. Members were content with the establishment of a working group to review the appointment process as outlined in the paper.

110.3. The Council also noted that it was important to have a robust rationale on which to base any decision about various aspects of the appointments process. It would therefore be more appropriate for the working group to consider the matter of open selection for each vacancy versus the development of a reappointments process.

110.4. The Council agreed:
i. to the establishment of a working group to consider the appointments process;

ii. that the membership of the working group should be determined by the Chair following expressions of interest from Council Members, and should include an external independent member;

iii. that the remit of the group should be proposed by the group itself, subject to approval by the Council at its April meeting.

111. DEPUTISING ARRANGEMENTS FOR CHAIR OF COUNCIL

111.1. The Council noted the deputising arrangements.

112. COUNCIL BUSINESS SCHEDULE

112.1. The Council noted the business schedule.

113. ANY OTHER PUBLIC BUSINESS

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

There being no further business, the part of the meeting that was held in public closed at 2:20pm.
Corporate Plan: monitoring and reporting

Purpose
To provide Council with further information on the monitoring of and reporting on corporate plans.

Recommendations
The Council is asked to note the work in hand to develop the monitoring and reporting scheme.

1. Introduction
1.1 In 2013, a corporate plan team was established to create corporate plans and to embed systematic corporate planning in the organisation. The first task of the team was to create the Corporate Plan 2014-2015, which it did in late 2013.

1.2 At its February 2014 meeting, Council agreed the plan, which is the first of three that will deliver the GPhC’s Strategic Plan 2014-2017. At that meeting it was agreed that Council would be given further information on monitoring corporate plans in April 2014, with the first formal report from the team on a plan being presented in June 2014.

2. The monitoring and reporting scheme
2.1 Monitoring and reporting: Once corporate planning is fully embedded in the organisation, monitoring and reporting on corporate plans will be a bottom up process, with input from teams feeding in to monitoring at the directorate level which will feed in to reporting at the executive level and then reporting to Council. Monitoring and reporting will be overseen by the Corporate Plan Team (CPT) but responsibility for it will rest with the whole organisation. However, as our new style corporate planning is still in its early stages, the
team will take a pragmatic view about how the first report to Council is
generated.

2.2 **Directorate level monitoring and reporting activities:** Through the CPT chair, the Corporate Plan Team has opened a dialogue with directors and directorates about planning, monitoring and reporting. Once the team has a clearer picture about what mechanisms are in place and what need to be developed, activity in and with directorates will intensify.

2.3 **Other related activities:** The team recognises that its work cannot take place in isolation and will be having preliminary meetings with the new Head of Finance and Procurement (when in post) and the new Knowledge and Insight team. The team expects to support and be supported by both Finance and Procurement and Knowledge and Insight.

2.4 **Reporting to Council:** Council sits at the apex of the monitoring and reporting pyramid and the team does not expect to report to Council in as much detail as it will at lower levels. Council reports will focus on high level performance indicators but will also include commentaries on areas of concern by exception. Annual corporate plans will be agreed by Council every February, with the first report on a plan in June and the second in November:

```
Feb: Agree annual corporate plan

November: 2nd report on plan

June: 1st report on plan
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2.5 Accordingly, Council will receive its first report on the *Corporate Plan 2014-2015* in June 2014. Our work on monitoring and reporting also involves considering the scope for integrating corporate plan reporting with our regular Performance Monitoring report for Council.
3. **Equality and diversity implications**

   The monitoring and reporting process itself has no E & D implications but E & D will have to be considered whenever a new proposal is put forward for inclusion in a plan.

4. **Communications**

   4.1 The monitoring and reporting reports coming to Council will provide useful information for the public and our other stakeholders about progress with our work programme.

5. **Resource implications**

   5.1 The CPT chair is meeting with directors to consider how corporate planning can be embedded in directorates and the resource implications of doing that.

6. **Risk implications**

   6.1 Good governance requires that Council can monitor the progress of the corporate and strategic plans it approves. Without a monitoring and reporting scheme, this will not be possible.

**Recommendations**

The Council is asked to note the work in hand to develop the monitoring and reporting scheme.

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*The Corporate Plan Team*

*Contact: Damian Day, Chair Corporate Plan Team*  
*General Pharmaceutical Council*  
*damian.day@pharmacyregulation.org*

04 April 2014
Public business

Performance Monitoring

Purpose
To report to the Council on operational and financial performance.

Recommendations
The Council is asked to comment on and note the performance report at Appendix 1.

1. Introduction
1.1 This paper reports on operational and financial performance to the end of February 2014 at Appendix 1

2. Equality & diversity implications
2.1 The purpose of this paper is to report on operational and financial performance. There are no direct equality and diversity implications.

3. Communications implications
3.1 The development and publication of this report is reflective of our commitment to openness and transparency concerning our performance. We have undertaken, and will continue to develop, specific communications on each of the areas of reported performance. This includes information on our website, wider communications through the media and direct through our own publications and communications materials. These activities are designed to reach all our key interest groups including patients and their representatives, pharmacy professionals and their employees, education providers and others.

4. Resource implications
4.1 Resource implications are addressed within the report.
5. **Risk implications**

5.1 Failure to maintain an accurate register, and/or carry out our other regulatory functions efficiently and effectively could have implications on patient safety, and have a significant impact on the reputation of the GPhC.

5.2 Failure to accurately forecast / budget for revenues and expenditure could lead to inappropriate or inconsistent fee policies which could have an adverse impact on the GPhC’s reputation.

**Recommendations**

The Council is asked to comment on and note the performance report at Appendix 1.

* Duncan Rudkin,  
  Chief Executive & Registrar  
  duncan.rudkin@pharmacyregulation.org  
  Tel 020 3365 3501  

*21 March 2014*
Performance Monitoring Report

Reporting period: end of February 2014
## Contents

1. **Registration** .................................................................................................................. 5  
   1.1 The Register ................................................................................................................. 5  
   1.2 Applications processing ............................................................................................ 5  
   1.3 Quality Assurance .................................................................................................... 6  

2. **Continuing Professional Development** ........................................................................ 8  
   2.1 Overview ...................................................................................................................... 8  

3. **Fitness to Practise** ..................................................................................................... 9  
   3.1 Overview ...................................................................................................................... 9  
   3.2 Age profile of overall case load .................................................................................. 10  
   3.3 Performance against target to conclude 95% of cases within 12 months ............... 10  
   3.4 Cases over 15 months .............................................................................................. 11  
   3.5 Fitness to Practise Activity March 2013 to February 2014 ..................................... 11  
   3.6 Interim Orders ........................................................................................................... 11  
   3.7 Statutory Appeals .................................................................................................... 12  
   3.8 Disclosure and Barring Referrals ............................................................................ 12  

4. **Financial Performance** .............................................................................................. 13  
   4.1 Comparative data ...................................................................................................... 13  
   4.2 Year to date ............................................................................................................... 13  
   4.3 Balance sheet ............................................................................................................ 13  

5. **Education quality assurance activity in 2013-2014 – mid-year report to Council** ....... 17  
   5.1 Accreditation ............................................................................................................ 17  
   5.2 Themes and issues arising from accreditation/recognition ..................................... 19
1. **Registration**

This section provides an overview of key registration activity undertaken by the Customer Services Team.

### 1.1 The Register

<table>
<thead>
<tr>
<th>Activity recorded in February:</th>
<th>Additions &amp; Restorations</th>
<th>Removeals</th>
<th>Feb 2014</th>
<th>Budgeted numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Voluntary Removal</td>
<td>Non Renewal</td>
<td>FTP Comm</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>63</td>
<td>20</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>103</td>
<td>21</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td>Premises</td>
<td>58</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Pre registration in training</td>
<td></td>
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</tr>
</tbody>
</table>

1.2 **Applications processing**

1.2.1 For the 6 months between September 2013 and end of February 2014, applications for registration were tracked to establish the processing turnover rate.

- Applications were tracked two ways:
  - Application receipt to approval
  - Application receipt to registration

### Pharmacist

New Applications 01/09/2013 - 28/02/2014

<table>
<thead>
<tr>
<th>Application receipt to approval</th>
<th>Days</th>
<th>Application receipt to registration</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum</td>
<td>1</td>
<td>Minimum</td>
<td>1</td>
</tr>
<tr>
<td>Average</td>
<td>8</td>
<td>Average</td>
<td>22.5</td>
</tr>
<tr>
<td>Median</td>
<td>4.5</td>
<td>Median</td>
<td>18</td>
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<tr>
<td>Maximum</td>
<td>39</td>
<td>Maximum</td>
<td>127</td>
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</tbody>
</table>
Pharmacy Technicians
New Applications 01/09/2013 - 28/02/2014

<table>
<thead>
<tr>
<th>Days</th>
<th>Days</th>
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<tbody>
<tr>
<td>Minimum</td>
<td>Minimum</td>
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<tr>
<td>Average</td>
<td>Average</td>
</tr>
<tr>
<td>Median</td>
<td>Median</td>
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<tr>
<td>Maximum</td>
<td>Maximum</td>
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1.2.2 The outliers tend to be those applicants with FTP matters that need further investigation and consideration at the point of registration, applications where the payment fails and where there is more information or clarification required to validate the application.

1.2.3 Also included are applications from those previously on the register, where a portfolio of evidence is now required to be independently assessed by external evaluators.

1.2.4 We have two entry points onto the register, the first and the fifteenth of the month.

1.3 Quality Assurance
1.3.1 Quality checks are undertaken each month across all processing teams and the customer contact centre (CCC). The aim is to ensure that all processes and all individual staff are covered by these checks. However, as not all processes are performed each month, and not all staff cover all tasks, a matrix management approach is taken. This ensures that, over the year, we have evidenced all processes covered by all staff that are involved in them, and that sufficient checks are performed on all staff.

1.3.2 Within the CCC, 5 calls and 5 e-mails are checked each month for each staff member. The KPI for the department overall and for each staff member is to achieve an average score of at least 80% across all quality checks, and for at least 80% of all checks to reach the pass mark.

1.3.3 For the applications teams, a minimum of 5 process checks per team member per month is required from the team managers from the tasks that they are undertaking during the period, with the monthly results plotted onto a grid to ensure that all tasks are checked for all staff over the year, and to identify where the gaps are for future QA checks.
1.3.4 In addition, specific checks are carried out on higher risk activities to ensure accuracy, especially around integrity of the Register – for example:

- Cases being handled by the hearings team are tracked and actioned immediately should removal or suspension be required. All cases are quality checked.
- All applications where new registrants are being added to the Register are quality checked.
- All EEA applications are subject to QA checks.
- All applications from previous registrants aiming to return to the Register are reviewed.
- All cases requiring a good character assessment or health assessment are reviewed.
- All potential cases of removal from the register are reviewed including non-payment of renewal fees and CPD non-compliance.

1.3.5 A summary of results is as follows:

**Contact Centre (as at end of Feb 2014)**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Telephone Calls</strong></td>
<td></td>
</tr>
<tr>
<td>Number of QA checks</td>
<td>68</td>
</tr>
<tr>
<td>% passed</td>
<td>100.00</td>
</tr>
<tr>
<td>Average score</td>
<td>98.3</td>
</tr>
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<tbody>
<tr>
<td><strong>Emails</strong></td>
<td></td>
</tr>
<tr>
<td>Number of QA checks</td>
<td>78</td>
</tr>
<tr>
<td>% passed</td>
<td>92.5</td>
</tr>
<tr>
<td>Average score</td>
<td>93.8</td>
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<tbody>
<tr>
<td><strong>Applications Teams</strong></td>
<td></td>
</tr>
<tr>
<td>Total number of checks</td>
<td>279</td>
</tr>
<tr>
<td>% passed</td>
<td>99.7%</td>
</tr>
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</table>
2. Continuing Professional Development

The CPD section provides an overview of the CPD activity undertaken by the Customer Services Team.

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<tbody>
<tr>
<td>Records Requested</td>
<td>0</td>
<td>0</td>
<td>1394</td>
<td>0</td>
<td>4612</td>
<td>4798</td>
</tr>
<tr>
<td>Records Reviewed</td>
<td>97</td>
<td>96</td>
<td>240</td>
<td>360</td>
<td>1129</td>
<td>1551</td>
</tr>
<tr>
<td>Reminders Sent</td>
<td>89</td>
<td>37</td>
<td>18</td>
<td>0</td>
<td>227</td>
<td>130</td>
</tr>
<tr>
<td>CPD Online Submissions</td>
<td>151</td>
<td>99</td>
<td>198</td>
<td>588</td>
<td>533</td>
<td>561</td>
</tr>
<tr>
<td>Paper Submissions</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>10</td>
<td>45</td>
<td>100</td>
</tr>
<tr>
<td>Dual Submissions (online and paper entries)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Feedback Sent</td>
<td>77</td>
<td>62</td>
<td>149</td>
<td>285</td>
<td>998</td>
<td>1461</td>
</tr>
</tbody>
</table>

2.1 Overview

2.1.1 A total of 40 notices of intention to remove (NIR) were issued in the last period
2.1.2 6 Notices of Removal (NoR) were sent
2.1.3 1 Registrant was removed for Non-Compliance
2.1.4 235 registrants requested extensions, 29 of those requests were refused
3. Fitness to Practise

3.1 Overview

3.1.1 The focus of the commentary for this reporting period relates to Fitness to Practise performance in January to February 2014. Also included for this reporting period is a summary of the data set used by the Professional Standards Authority (PSA) to monitor the timeliness of the GPhC’s fitness to practice activity. This covers performance for the year, March 2013 to February 2014.

3.1.2 Table 1 below sets out the overall case load from January to February 2014 and for the cases closed, a breakdown of the stage of the process they were closed.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>1 Jan 14</th>
<th>New cases</th>
<th>Cases closed</th>
<th>28 Feb 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall case load</td>
<td>598</td>
<td>96</td>
<td>84</td>
<td>610</td>
</tr>
<tr>
<td>Stage closed</td>
<td></td>
<td></td>
<td>• 7 closed by FtPC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 17 closed by IC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 26 closed OOJ</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 12 closed under threshold criteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 22 closed with advice</td>
<td></td>
</tr>
</tbody>
</table>

3.1.3 In summary:

i. Our overall caseload has increased from 598 at the end of January to 610 at the end of February.

ii. 84 cases were closed in February against a average of 64 cases closed per month over the last 12 months.

iii. 7 cases were closed by FtP Committee in February; 3 registrants were removed from the register, 1 registrant was suspended, 2 registrants were given a warning and 1 registrant was given conditions.

1.2 Of the 17 cases closed at Investigating Committee in February, 8 resulted in warning letters being issued to the registrants, 5 resulted in letters of advice being issued 3 registrants agreed undertakings and 1 case was closed with no further action.
3.2 Age profile of overall case load

3.2.1 Table 2 below sets out the age profile of the overall case load at the end of December 2013 (last Council report) and at the end of February 2014.

<table>
<thead>
<tr>
<th>Age profile of overall case load</th>
<th>Dec-13</th>
<th>Feb-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6 months old</td>
<td>41.40%</td>
<td>40.16%</td>
</tr>
<tr>
<td>6-12 months old</td>
<td>29.21%</td>
<td>30.49%</td>
</tr>
<tr>
<td>12-15 months</td>
<td>6.84%</td>
<td>8.20%</td>
</tr>
<tr>
<td>Over 15 months old</td>
<td>22.55%</td>
<td>21.15%</td>
</tr>
</tbody>
</table>

3.2.2 These headline percentages summarise the following position:

i. The volume of cases over 12 months old was 177 at the end of January and has stayed the same at the end of February. These cases represent 29.35% of our overall caseload (up slightly from 29% in the last Council report). Since January, we have closed 13 cases that were over 12 months old and 13 new cases have moved into this category.

ii. The number of cases over 15 months old has increased from 123 at the end of January to 129 at the end of February. Since January we have closed 11 cases that were over 15 months old and 17 new cases have moved into this category.

iii. Out of these 129 cases, 42 are now with the Hearings Team, 9 are with the Case Progression Team, 6 are with the Investigating Committee, and the remaining 72 are with the Investigation Team.

iv. Of the 72 remaining with the Investigation Team, around 40% are either due to be closed or are nearing the end of their investigation. The remaining cases are still under investigation. Delays in these cases can be categorised into 3 main areas: waiting for information from third parties (47%); internal delays (37%); and further allegation being raised / complexity of cases and issues with registrants engaging with the process (16%).

3.3 Performance against target to conclude 95% of cases within 12 months

3.3.1 In February 87.5% of cases that were closed, were closed within 12 months. Between March 13 and February 2014 85% of cases that were closed, were closed within 12 months.
3.4 Cases over 15 months

3.4.1 Our oldest case is 51 months old. Of all cases over 15 months old, the average case age is 23 months, while the median is 21 months.

<table>
<thead>
<tr>
<th>Age profile of cases &gt; 15 months</th>
<th>Dec-13</th>
<th>%</th>
<th>Feb-14</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 months</td>
<td>50</td>
<td>40.98%</td>
<td>51</td>
<td>39.53%</td>
</tr>
<tr>
<td>20-24 months</td>
<td>31</td>
<td>25.41%</td>
<td>36</td>
<td>27.91%</td>
</tr>
<tr>
<td>25-29 months</td>
<td>23</td>
<td>18.85%</td>
<td>23</td>
<td>17.83%</td>
</tr>
<tr>
<td>30-34 months</td>
<td>8</td>
<td>6.56%</td>
<td>10</td>
<td>7.75%</td>
</tr>
<tr>
<td>35-39 months</td>
<td>5</td>
<td>4.10%</td>
<td>4</td>
<td>3.10%</td>
</tr>
<tr>
<td>40-51 months</td>
<td>5</td>
<td>4.10%</td>
<td>5</td>
<td>3.88%</td>
</tr>
</tbody>
</table>

3.4.2 We have three open legacy cases; 1 has been referred to the Investigating Committee and is awaiting a hearing in March; 1 is listed for a principal hearing in March; and 1 is being canvassed to be listed for a panel hearing.

3.5 Fitness to Practise Activity March 2013 to February 2014

3.5.1 Table 3 below sets out a summary of the data set used by the Professional Standards Authority (PSA) to monitor the timeliness of the GPhC’s fitness to practise activity. This covers the performance for the year March 2013 to February 2014 and compares favourably with the performance delivered in 2011. Under all measures there has been continuous improvement, with reductions across the board in the timescale of case handling in fitness to practise.

<table>
<thead>
<tr>
<th>Table 3 - Fitness to Practise Activity</th>
<th>2011</th>
<th>Mar-13 to Feb-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>The median time taken from receipt of initial complaint to final fitness to practise hearing determination</td>
<td>126 weeks</td>
<td>88 weeks</td>
</tr>
<tr>
<td>The median time taken from receipt of initial complaint to final investigating committee decision</td>
<td>65 weeks</td>
<td>52 weeks</td>
</tr>
<tr>
<td>The median time taken from final investigating committee decision to final fitness to practise hearing decision</td>
<td>91 weeks</td>
<td>36 weeks</td>
</tr>
</tbody>
</table>

3.6 Interim Orders

3.6.1 In February 2014 the Fitness to Practise Committee issued 2 interim suspension orders. Since March 2013 the FtPC has heard 38 applications for
interim orders and has made interim orders 37 cases; there was 1 interim order with conditions and 36 interim suspension orders.

3.7 Statutory Appeals

3.7.1 We have four outstanding statutory appeals. One appeal was heard in the High Court of Sessions on 6th March and we are expecting the written judgement in approximately 8 weeks. Two appeals are awaiting listing at the High Court and a further appeal has been listed for a hearing on 10th and 11th July 2014 at Glasgow Sheriff's Court.

3.8 Disclosure and Barring Referrals

3.8.1 No new cases have been referred to the Disclosure and Barring Service, for England and Wales, or Protecting Vulnerable Groups (PVG) - Disclosure Scotland, for Scotland in this reporting period.
4. Financial Performance

The financial data provides an overview of the financial performance of the GPhC as at 28 February 2014

4.1 Comparative data

4.1.1 The actual results are compared against the reforecast completed at the end of the 3rd quarter.

4.2 Year to date

4.2.1 The operating surplus (after tax and interest) for the eleven months to 28 February was £1,542k, which was £76k above reforecast. Total income was £18,342k and total expenditure was £17,074k.

Income was £19k above reforecast, mainly owing to the number of pharmacies being above the reforecast (+£26k). Income from pharmacists was £9k below reforecast as a result of lower practising registrant fees and application and upgrade fees, partly offset by higher restoration fees.

4.2.2 Expenditure was £60k (0.4%) below reforecast, as a result of savings on the costs associated with publishing Regulate, and the delay in commissioning a literature review until the next financial year.

4.3 Balance sheet

4.3.1 As at 28 February the total assets / funds of the GPhC amounted to £16.2m. The target reserve level for the GPhC is £12.5m.

4.3.2 Net Current Assets were £15.6m, an increase of £1.4m since 28 February 2013.
### Management Accounts February 2014

#### Income

<table>
<thead>
<tr>
<th>Description</th>
<th>February 2014</th>
<th>Year to date</th>
<th>Forecast to 31/03/14</th>
<th>Budget to 31/03/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Forecast</td>
<td>Variance</td>
<td>Full Year</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>- Pharmacist Income</td>
<td>927,796</td>
<td>929,892</td>
<td>(2,096)</td>
<td>11,276,446</td>
</tr>
<tr>
<td>- Technician Income</td>
<td>196,735</td>
<td>193,418</td>
<td>3,317</td>
<td>2,396,604</td>
</tr>
<tr>
<td>- Pre-Registration Income</td>
<td>32,976</td>
<td>33,332</td>
<td>(356)</td>
<td>979,741</td>
</tr>
<tr>
<td>- Other Fee Income</td>
<td>5,888</td>
<td>6,172</td>
<td>(284)</td>
<td>105,173</td>
</tr>
<tr>
<td>- DH Grant Income</td>
<td>23,999</td>
<td>21,456</td>
<td>2,543</td>
<td>291,732</td>
</tr>
<tr>
<td>- Other Income</td>
<td>4,802</td>
<td>3,967</td>
<td>835</td>
<td>127,324</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,454,190</td>
<td>1,446,374</td>
<td>7,816</td>
<td>18,341,743</td>
</tr>
</tbody>
</table>

#### Expenditure

<table>
<thead>
<tr>
<th>Description</th>
<th>February 2014</th>
<th>Year to date</th>
<th>Forecast to 31/03/14</th>
<th>Budget to 31/03/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Forecast</td>
<td>Variance</td>
<td>Full Year</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>- Chief Executive</td>
<td>(101,005)</td>
<td>(97,385)</td>
<td>(3,620)</td>
<td>(1,165,931)</td>
</tr>
<tr>
<td>- Policy &amp; Communications</td>
<td>(238,605)</td>
<td>(323,009)</td>
<td>84,405</td>
<td>(2,916,013)</td>
</tr>
<tr>
<td>- Inspections &amp; Fitness to Practise</td>
<td>(558,820)</td>
<td>(540,720)</td>
<td>(18,101)</td>
<td>(5,377,935)</td>
</tr>
<tr>
<td>- Council &amp; Governance</td>
<td>(45,035)</td>
<td>(64,586)</td>
<td>19,551</td>
<td>(733,004)</td>
</tr>
<tr>
<td><strong>Total Directorate Costs</strong></td>
<td>(1,474,455)</td>
<td>(1,525,161)</td>
<td>50,706</td>
<td>(16,052,478)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rent</td>
<td>(45,806)</td>
<td>(42,750)</td>
<td>(3,056)</td>
<td>(506,615)</td>
</tr>
<tr>
<td>- Service Charge</td>
<td>(21,912)</td>
<td>(21,500)</td>
<td>(412)</td>
<td>(237,283)</td>
</tr>
<tr>
<td>- Rates</td>
<td>(17,617)</td>
<td>(17,200)</td>
<td>(417)</td>
<td>(189,656)</td>
</tr>
<tr>
<td>- Utilities</td>
<td>(6,459)</td>
<td>(7,000)</td>
<td>541</td>
<td>(69,875)</td>
</tr>
<tr>
<td>- Insurance</td>
<td>(1,355)</td>
<td>(1,748)</td>
<td>393</td>
<td>(18,349)</td>
</tr>
<tr>
<td><strong>Total Occupancy Costs</strong></td>
<td>(93,149)</td>
<td>(90,198)</td>
<td>(2,951)</td>
<td>(1,021,778)</td>
</tr>
</tbody>
</table>

#### Total Expenditure

<table>
<thead>
<tr>
<th>Description</th>
<th>February 2014</th>
<th>Year to date</th>
<th>Forecast to 31/03/14</th>
<th>Budget to 31/03/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Forecast</td>
<td>Variance</td>
<td>Full Year</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>(1,567,603)</td>
<td>(1,615,359)</td>
<td>47,755</td>
<td>(17,074,256)</td>
</tr>
</tbody>
</table>

#### Net Operating Surplus/(Deficit) before interest & tax

<table>
<thead>
<tr>
<th>Description</th>
<th>February 2014</th>
<th>Year to date</th>
<th>Forecast to 31/03/14</th>
<th>Budget to 31/03/13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Forecast</td>
<td>Variance</td>
<td>Full Year</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>- Interest Receivable</td>
<td>(113,414)</td>
<td>(168,985)</td>
<td>55,571</td>
<td>1,267,488</td>
</tr>
<tr>
<td>- Corporation Tax Payable</td>
<td>(88,525)</td>
<td>(137,485)</td>
<td>48,961</td>
<td>1,611,937</td>
</tr>
<tr>
<td><strong>Net Operating Surplus/(Deficit) after tax</strong></td>
<td>(93,820)</td>
<td>(143,679)</td>
<td>49,859</td>
<td>1,541,703</td>
</tr>
</tbody>
</table>
**Management Information Report 2013/14**

### Revenue

<table>
<thead>
<tr>
<th>Income</th>
<th>11 months to February</th>
<th>Revenue Outturn for year</th>
<th>Variance from Budget</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>£'000</td>
<td>Var £'000</td>
<td>Var %</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>48,783</td>
<td>11,276</td>
<td>(9)</td>
<td>-0.1</td>
</tr>
<tr>
<td>Technicians</td>
<td>22,366</td>
<td>2,396</td>
<td>3</td>
<td>0.1</td>
</tr>
<tr>
<td>Premises</td>
<td>14,315</td>
<td>3,165</td>
<td>26</td>
<td>0.8</td>
</tr>
<tr>
<td>Pre-registrants</td>
<td>980</td>
<td>1</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>525</td>
<td>(2)</td>
<td>-0.5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18,342</td>
<td>19</td>
<td>0.1</td>
<td></td>
</tr>
</tbody>
</table>

### Expenditure

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>11 months to February</th>
<th>Expenditure Outturn for year</th>
<th>Variance from Budget</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>£'000</td>
<td>Var £'000</td>
<td>Var %</td>
</tr>
<tr>
<td>Policy &amp; Communications</td>
<td>(2,916)</td>
<td>84</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Regulatory Services</td>
<td>(7,460)</td>
<td>4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Support Costs</td>
<td>(6,698)</td>
<td>(28)</td>
<td>-0.4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(17,074)</td>
<td>60</td>
<td>0.4</td>
<td></td>
</tr>
</tbody>
</table>

### Interest net of Corporation Tax

<table>
<thead>
<tr>
<th>Interest net of Corporation Tax</th>
<th>11 months to February</th>
<th>Interest Outturn for year</th>
<th>Variance from Budget</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>£'000</td>
<td>Var £'000</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>274</td>
<td>(3)</td>
<td>-1.1</td>
<td></td>
</tr>
</tbody>
</table>

### Net Surplus after tax

<table>
<thead>
<tr>
<th>Net Surplus after tax</th>
<th>11 months to February</th>
<th>Net Surplus Outturn for year</th>
<th>Variance from Budget</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>£'000</td>
<td>Var £'000</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>1,542</td>
<td>76</td>
<td>5.2</td>
<td></td>
</tr>
</tbody>
</table>

### Support costs as a percentage of total income

<table>
<thead>
<tr>
<th>Support costs as a percentage of total income</th>
<th>11 months to February</th>
<th>Support costs as a percentage of total income Outturn for year</th>
<th>Variance from Budget</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36.5</td>
<td>36.5</td>
<td>-0.2</td>
<td></td>
</tr>
</tbody>
</table>

### Balance Sheet

<table>
<thead>
<tr>
<th>Balance Sheet</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Expenditure</td>
<td>598</td>
</tr>
<tr>
<td>Bank &amp; Cash</td>
<td>30,438</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>(15,118)</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td>15,559</td>
</tr>
<tr>
<td>Reserves</td>
<td>16,171</td>
</tr>
</tbody>
</table>

### Key

- Income on or above budget. Expenditure below Budget
- Income up to 2.5% below budget. Expenditure up to 2.5% over budget
- Income more than 2.5% below budget. Expenditure more than 2.5% above budget

14/03/2014
## GPhC Balance Sheet as at 28 February 2014

<table>
<thead>
<tr>
<th></th>
<th>February 2014</th>
<th>March 2013</th>
<th>February 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Assets</td>
<td>612</td>
<td>206</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>612</td>
<td>206</td>
<td>200</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Debtors</td>
<td>8</td>
<td>29</td>
<td>11</td>
</tr>
<tr>
<td>Other Debtors</td>
<td>624</td>
<td>417</td>
<td>449</td>
</tr>
<tr>
<td>Prepayments</td>
<td>474</td>
<td>574</td>
<td>309</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>244</td>
<td>40</td>
<td>104</td>
</tr>
<tr>
<td>Bank &amp; Cash</td>
<td>30,438</td>
<td>28,868</td>
<td>29,726</td>
</tr>
<tr>
<td></td>
<td>31,789</td>
<td>29,928</td>
<td>30,599</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>140</td>
<td>584</td>
<td>327</td>
</tr>
<tr>
<td>Corporation Tax</td>
<td>71</td>
<td>45</td>
<td>38</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>0</td>
<td>56</td>
<td>3</td>
</tr>
<tr>
<td>Other Taxes &amp; Social Security</td>
<td>211</td>
<td>198</td>
<td>0</td>
</tr>
<tr>
<td>Deferred Income :-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grants</td>
<td>1,362</td>
<td>1,640</td>
<td>1,659</td>
</tr>
<tr>
<td>- Ring Fenced Grant</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>- DH Grants</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>- Fee Income</td>
<td>13,669</td>
<td>12,368</td>
<td>13,621</td>
</tr>
<tr>
<td>- Other Income</td>
<td>4</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Accruals</td>
<td>689</td>
<td>511</td>
<td>744</td>
</tr>
<tr>
<td></td>
<td>16,230</td>
<td>15,492</td>
<td>16,481</td>
</tr>
<tr>
<td><strong>Net Current Assets / (Liabilities)</strong></td>
<td>15,559</td>
<td>14,436</td>
<td>14,118</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>16,171</td>
<td>14,642</td>
<td>14,318</td>
</tr>
</tbody>
</table>

### Funds Employed

- Accumulated Fund b/fwd. | 14,642 | 9,845 | 9,846 |
- Surplus/(Deficit) in Year | 1,542 | 4,797 | 4,472 |
- Prior Year Adjustment | (13)  | -     | |

**Total Funds**

<table>
<thead>
<tr>
<th></th>
<th>February 2014</th>
<th>March 2013</th>
<th>February 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16,171</td>
<td>14,642</td>
<td>14,318</td>
</tr>
</tbody>
</table>
5. Education quality assurance activity in 2013-2014 – mid-year report to Council

5.1 Accreditation

5.1.1 The GPhC accredits the following courses for pharmacists:

- 4-year MPharm degrees
- 4-year MPharm degrees delivered in part overseas (2 years overseas and 2 years in GB, hence ‘2+2’)
- Overseas Pharmacists’ Assessment Programmes (OSPAPs) – 1-year conversion courses for non-EEA pharmacists wanting to register in GB
- Post-registration independent prescribing courses for pharmacists

5.1.2 Course providers are accredited directly. After a period of time, new course providers are reaccredited.

5.1.3 The GPhC recognises courses for pharmacy technicians. Recognition varies from accreditation in that it validates national qualifications bodies who quality assure multiple providers through their own mechanisms rather than accrediting providers directly.

5.1.4 Although the GPhC does not register pharmacy support staff it does set standards for their education and training. The GPhC accredits courses for Dispensing assistants and Medicines counter assistants.

5.1.5 Note that October-March represents less than half of the accreditation activity for the academic year 2013-2014.

5.1.6 The accreditation recognition schedule October 2013-March 2014 took place as planned, with no cancellations or delays.

<table>
<thead>
<tr>
<th>Course</th>
<th>Event type</th>
<th>Number</th>
<th>Remediation (Conditions/Recommendations)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPharm degree</td>
<td>reaccreditation</td>
<td>2</td>
<td></td>
<td>One provider’s 4-yr MPharm was reaccredited for 6 years subject to a successful overseas visit scheduled in May. One reaccreditation event is scheduled.</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>3</td>
<td>2 conditions 0 recommendations</td>
<td>Urgent conditions, details below.</td>
</tr>
<tr>
<td>MPharm 2+2 degree</td>
<td>reaccreditation</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Foundation degree</td>
<td>reaccreditation</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSPAP:</td>
<td>reaccreditation</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent prescribing:</td>
<td>reaccreditation</td>
<td>8</td>
<td>2 conditions 0 recommendations</td>
<td>One provider’s reaccreditation event was suspended. See discussion below.</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>1</td>
<td>3 conditions 0 recommendations</td>
<td></td>
</tr>
<tr>
<td>Independent prescribing conversion:</td>
<td>reaccreditation</td>
<td>2</td>
<td>0 conditions</td>
<td>Both were reaccredited for the full period (3 years)</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
<td>0 recommendations</td>
<td></td>
</tr>
<tr>
<td>Pharmacy technician:</td>
<td>reaccreditation /recognition</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>accreditation /recognition</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispensing assistant:</td>
<td>reaccreditation</td>
<td>1</td>
<td>0 conditions</td>
<td>It was reaccredited for the full period (3 years)</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
<td>0 recommendations</td>
<td></td>
</tr>
<tr>
<td>Medicines counter assistant:</td>
<td>reaccreditation</td>
<td>1</td>
<td>1 condition</td>
<td>It was reaccredited for the full period (3 years)</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
<td>0 recommendations</td>
<td></td>
</tr>
</tbody>
</table>
5.2 Themes and issues arising from accreditation/recognition

*MPharm Degrees and OSPAPs*

5.2.1 Sussex had a Step 1 meeting in January 2014; we will wait for their decision if they wish to proceed with the accreditation process for a new MPharm.

5.2.2 One provider did not have sufficiently clear assessment strategy and needed to appoint an MPharm programme leader in place for their new MPharm. As a condition of accreditation it has been required to devise a clear and coherent assessment strategy and a person with significant and sustained experience to assist and support the development of the programme; they must have them in place before their first student intake. A follow up meeting is due to take place in April to ensure the conditions have been met. NB Council members should note that all conditions and recommendations are monitored by the Education & Registration Policy team.

*Independent Prescribing Programmes*

5.2.3 One new provider was set three conditions. The provider must develop a process where summative assessments of the DMP are quality assured to ensure consistency of decisions. Review and develop the assessment strategy to ensure that the assessments relating to competency, including physical examination and clinical skills, are valid and reliable, in line with best practice. The provider must ensure that in any assessment a failure to identify a serious problem, or the production of an answer which would cause harm to a patient, will result in an overall failure of the programme. These conditions must be documented and submitted to the GPhC before the intake of the first cohort of pharmacists.

5.2.4 One provider’s programme was suspended as it had shown little progress in the development of the programme from its reaccreditation in 2011. The accreditation team recommended the provider to fully review the programme to ensure it meet the needs of the pharmacists becoming independent prescribers before they re-engage with accreditation.

<table>
<thead>
<tr>
<th>Accreditation/recognition activity planned 1\textsuperscript{st} April 2014-30\textsuperscript{th} September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course</strong></td>
</tr>
<tr>
<td>MPharm degree</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>MPharm 2+2 degree:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pharmacy Foundation degree</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>OSPAP:</td>
</tr>
</tbody>
</table>
### Accreditation/recognition activity planned 1\textsuperscript{st} April 2014-30\textsuperscript{th} September 2014

<table>
<thead>
<tr>
<th>Course</th>
<th>Event type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent prescribing:</td>
<td>reaccreditation</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
</tr>
<tr>
<td>Independent prescribing</td>
<td>reaccreditation</td>
<td>1</td>
</tr>
<tr>
<td>conversion:</td>
<td>accreditation</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy technician:</td>
<td>reaccreditation/recognition</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
</tr>
<tr>
<td>Dispensing assistant:</td>
<td>reaccreditation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
</tr>
<tr>
<td>Medicines counter assistant:</td>
<td>reaccreditation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Reporting cycle to Council for Education (October to September)

### Education reporting to Council over the academic year, October to September

<table>
<thead>
<tr>
<th>September</th>
<th>Retrospective reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

- Full report on accreditation/recognition activity during the previous academic year (October to September). Will include:
  - statistical summary of activity
  - discussion of key issues and theme*  
- Board of Assessor’s report on the Registration Assessment’s June sitting
- Full list of all accredited/recognised courses

**Advance plan for the academic year about to begin**
- Schedule of accreditation/recognition events for the following 12 months

<table>
<thead>
<tr>
<th>November</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>-</td>
</tr>
</tbody>
</table>

- Board of Assessor’s report on Registration Assessment’s September sitting in the previous year

**April**
- Mid-year update on accreditation/recognition activity

**June**
- -

**CE&R’s reports**
- Unusual activity
- Causes for concern – advance notice of providers being placed on probation

**Refusal/withdrawal of accreditation**
- Refusals/withdrawals of accreditation will be brought to Council for consideration
Public business

Chief Executive and Registrar's report

Purpose
To keep Council abreast of significant recent meetings and developments.

Recommendations
The Council is asked to note this paper.

1. Recent meetings
1.1 Listed in Appendix 1 is a non-exhaustive selection of significant meetings held during the two months since the last Council meeting.

1.2 Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC in order to minimise overlap and to ensure that they have the most up-to-date supporting material.

2. Rebalancing update
2.1 The Chair and Chief Executive attended the latest meeting of the Rebalancing Programme Board on 3 March. The minutes from this meeting, when published, will be available at: https://www.gov.uk/government/policy-advisory-groups/pharmacy-regulation-programme-board

2.2 Following the meeting the Programme Board issued the following statement:

"The Board received an update on discussions, which had taken place with interested organisations, concerning the responsible pharmacist (RP) proposals. Some of these proposals had initially not received overall support from the Programme Board or the Partners’ Forum. These discussions resulted in Ministers agreeing to robust scrutiny arrangements for General Pharmaceutical Council RP rules, similar to those which already exist in respect to Pharmaceutical Society of Northern Ireland regulations. As a result all members of the Programme Board confirmed their support for all the proposals, which will be subject to a UK-wide public consultation."
The Board also discussed the timing of the consultation for Phase 1, comprising proposals for dispensing errors and pharmacy owners, superintendents and responsible pharmacists. It is expected that this will be done in time to complete the legislative process during the next Parliamentary session.

Consideration of Phase 2 of the Programme began with a preliminary discussion on pharmacist supervision. This identified issues, which will need to be factored into future proposals.”

2.3 Ken Jarrold, Chair of the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board, said,

“I am extremely pleased that further discussion has enabled the development of a set of proposals concerning the responsible pharmacist, which all parties on the Board are now able to support. I would like to record my thanks to those who took part in these discussions, and for approaching them in such an open and positive way. We are working hard to get the consultation underway. This will be a little later than originally expected, but should still provide sufficient time to bring the legislation in within this Parliament, albeit to a challenging timetable.”

2.4 The next meeting is on 15 May.

3. Francis update

3.1 Council received assurance at its meeting in September 2013, that we had undertaken a comprehensive mapping exercise of the recommendations in the Francis Report and we undertook to report on progress on a periodic basis. The key themes for the GPhC to embed within our corporate planning work, as agreed by Council, were: Patient experience and patient voice; transparency (including data and information); candour; whistleblowing; professionalism; and, partnership working and information sharing. Highlighted below is progress with some of the major initiatives, rather than extract from all our work where these themes are reflected.

3.2 The key developments since September 2013 which are consistent with the themes include:

- Further development of the inspection prototype, as considered by the IDAG group, including testing against key standards under principle 2 ensuring staff and patients are able to raise concerns.

- The development of our revised learning outcomes for the initial education and training for pharmacists which emphasise the importance of good communication skills with patients, that trainees can demonstrate they understand what it means to be a professional including raising concerns and that they understand whistleblowing.
- Development of Memoranda of Understanding with a range of regulatory organisations to support joint working and information sharing. We have signed an MOU with the Care Quality Commission and we have agreement on MOUs with NHS England, NHS Protect and the MHRA.

- On candour, we are part of a joint health professional regulatory forum which is considering whether existing standards and guidance on candour can be strengthened. The outputs from this forum will be taken into our standards development work programme agreed by Council for 2014/15.

- We continue to take part in ongoing debates and discussions regarding implementation of recommendations from the Francis Report, such as the recent King's Fund all-day seminar attending by Hugh Simpson. We continue to liaise with DH officials leading on implementation of the Francis recommendations.

4. Professional Standards Authority Symposium

4.1 The Chair and Chief Executive attended the PSA annual symposium on 20/21 February.

4.2 Colleagues from the Law Commission were invited to give an update on their review of the regulation of health and social care professionals. There was a briefing and discussion on the following:

- structure of the new legal framework
- governance
- registers
- education, standards and ethics
- fitness to practise

4.3 The Law Commissions' final report and draft Bill are due to be published on 2 April.

5. RPS public health standards for pharmacy


5.2 The standards are for England and Wales, but the RPS envisage that elements of these standards will prove to be helpful as the RPS supports the Scottish Government in producing standards and guidance for pharmacists working in the NHS in Scotland.
5.3 The standards were developed with input from pharmacy practitioners and experts in both pharmacy and public health from across Great Britain, including the Department of Health, the Royal Society for Public Health (RSPH) and the Faculty of Public Health (FPH).

5.4 The nine overarching standards are intended to provide a framework to help pharmacy teams, commissioners and those contracting services to design, implement, deliver and monitor high quality public health practice through pharmacy, regardless of the pharmacy settings from which services are delivered. The standards are also applicable to all levels of the pharmacy workforce across all settings e.g. those working at specialist or strategic level, those working as a practitioner and the wider pharmacy workforce.

5.5 The GPhC and RPS are working to produce a joint statement explaining the two organisations' roles in producing standards and guidance.

6. E-cigarettes

6.1 In response to ongoing discussion about the availability of e-cigarettes through community pharmacies, the GPhC issued a statement to the media setting out its position as follows:

Duncan Rudkin, Chief Executive of the General Pharmaceutical Council, said:

“The health, safety and well-being of patients must be the first concern for pharmacy owners and superintendents when deciding which products and services to supply in a pharmacy, and for pharmacists and pharmacy technicians when giving advice and information to patients.

“When deciding whether a product such as an e-cigarette should be sold from a registered pharmacy, we would expect the pharmacy owner and the superintendent pharmacist to consider relevant guidance from appropriate bodies such as the MHRA and RPS.

“Pharmacy owners and superintendent pharmacists must also ensure that staff are empowered to exercise their professional judgement in the interests of patients and the public.

“When a patient goes into a pharmacy seeking advice on giving up smoking, pharmacists and pharmacy technicians have an important role in explaining the options available, including the risks and benefits of different products, to help them make an informed choice.

“This would include impartial and up-to-date information about the availability and benefits of other products such as Nicotine Replacement Therapies (NRT), for which there is evidence about their safety, quality and efficacy.

“Our standards spell out the professional responsibilities that arise for pharmacists and pharmacy technicians whose religious or moral beliefs prevent them from providing a particular service.”
7. **Council workshop**

7.1 A Council workshop was held on 13 March. Council received an update on the rebalancing programme from the Department of Health, a presentation from the Chief Pharmaceutical Officer for Scotland and his deputy and the GPhC's Director for Wales delivered a presentation on behalf of the Chief Pharmaceutical Officer for Wales.

8. **Registrant Survey**

8.1 Work is now underway to launch the GPhC Registrant Survey final report with findings covering areas such as current work & sectors of practice, responsibilities, appraisals and prescribing practice.

8.2 NatCen Social Research carried out the survey of a large representative survey of registrants– all pharmacy technicians (22,000) and a large sample of pharmacists (29,000), as well as pharmacist prescribers who were not part of the sample – in autumn 2013. The survey achieved an overall response rate of 56.4%.

8.3 Survey findings and our response will be published on 3 April. These will be made available to Council in advance of publication.

**Recommendations**

*The Council is asked to note this paper.*

*Duncan Rudkin, Chief Executive and Registrar*
*General Pharmaceutical Council*

duncan.rudkin@pharmacyregulation.org
*Tel 020 3365 3501*

26 March 2014
List of meetings

Listed below is a non-exhaustive selection of significant meetings held during the two months since the last Council meeting. Initials are as follows: Bob Nicholls (RMN), Nigel Clarke (NC), Duncan Rudkin (DR), Bernard Kelly (BK), Hugh Simpson (HS), Claire Bryce-Smith (CBS):

Chair (Bob Nicholls):
- Health Education England (HEE) Strategic Advisory Forum Meeting
- Professional Standards Authority (PSA) Symposium (with NC and DR)
- King's Fund Board Leadership Programme Seminar 'What does it mean to be 'well led' and creating a team culture at board level?'
- Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board – meeting (with DR)
- President and Chief Executive, Royal Pharmaceutical Society (RPS) – update meeting (with NC and DR)
- 'The profession of medicine after Mid-Staffordshire' - Jephcott Lecture
- Director of Education and Quality, Higher Education Funding Council for England (HEFCE) – meeting

Chair (Nigel Clarke):
- Chief Pharmaceutical Officer, NHS England – meeting (with DR)
- Chief Executive, The Company Chemists' Association Ltd – meeting (with DR)
- Professional Standards Authority (PSA) Symposium (with RMN and DR)
- Chief Pharmaceutical Officer, Welsh Assembly Government – meeting (with DR)
- Chair, Welsh Pharmacy Board and Director for Wales, Royal Pharmaceutical Society (RPS) – meeting (with DR)
- President and Chief Executive, RPS – update meeting (with RMN and DR)
- Chief Pharmaceutical Officer, Scottish Executive – meeting (with DR)
- Chair, Scottish Pharmacy Board and Director for Scotland, RPS – meeting (with DR)
- Chief Executive and Director of Pharmacy, NHS Education for Scotland (NES) – meeting (with DR)
- Chief Executive, National Pharmacy Association – meeting (with DR)
- Chair and Chief Executive, Care Quality Commission (CQC) – meeting (with DR)
- President & Vice President, Association of Pharmacy Technicians (APTK) – meeting (with DR)
• Chief Executive, Professional Standards Authority (PSA) – meeting (with DR)
• Chair, English Pharmacy Board and Director for England, RPS – meeting (with DR)

Staff:
• ‘Creating a legacy: a true leader seeks to create effective succession’, Not For Profit (NFP) Interchange – Forum (DR)
• Sigma Conference, speaking via video link (DR)
• Chief Pharmaceutical Officer, NHS England – meeting (DR with NC)
• Chief Executive, The Company Chemists’ Association Ltd – meeting (DR with NC)
• Health Education England Advisory Group (HEEAG) – meeting (DR)
• Professional Standards Authority (PSA) Symposium (DR with RMN and NC)
• Chief Pharmaceutical Officer, Welsh Assembly Government – meeting (DR with NC)
• Chair, Welsh Pharmacy Board and Director for Wales, Royal Pharmaceutical Society (RPS) – meeting (DR with NC)
• Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board – meeting (DR with RMN)
• RPS Superintendents group– meeting (DR)
• President and Chief Executive, RPS – update meeting (with RMN and NC)
• Chief Pharmaceutical Officer, Scottish Executive – meeting (with NC)
• Chair, Scottish Pharmacy Board and Director of Pharmacy, RPS Director for Scotland – meeting (with NC)
• Chief Executive and Director of Pharmacy, NHS Education for Scotland – meeting (DR with NC)
• Chief Pharmaceutical Officer, NHS England, Director of Education and Quality and Programme Director, Health Education England (HEE) – meeting (DR and HS)
• Director, National Clinical Assessment Service (NCAS), NHS Litigation Authority – meeting (DR)
• Chief Executive, National Pharmacy Association – meeting (DR with NC)
• Healthcare Regulators Chief Executives’ Liaison Group (DR)
• Chair and Chief Executive, Care Quality Commission (CQC) – meeting (DR with NC)
• Chief Executive, Professional Standards Authority (PSA) – meeting (DR with NC)
• Healthcare Regulators Chief Executives’ Steering Group (DR)
• Healthcare Regulators Chief Executives’ Health and Social Care Forum (DR)
• Chief Pharmaceutical Officer, NHS England – meeting (DR)
• United Kingdom Clinical Pharmacy Association conference - speaking (DR)
• Chair, English Pharmacy Board and Director for England, Royal Pharmaceutical Society (RPS) – meeting (DR with NC)
• Chief Executive, Professional Standards Authority (PSA) – meeting (DR)
• Healthcare Regulators Directors of Fitness to Practise (CBS)
• Associate Director of Case Management, National Clinical Assessment Service (NCAS) – meeting (CBS)
• Directors of Pharmacy, NHS Scotland – meeting (CBS)
• Law Commission Regulators’ Forum (HS)
• Director of Strategy and Communication, General Medical Council (GMC) – meeting (HS)
• Community Pharmacy Call to Action - national stakeholder event (HS)
• ‘One year on from Francis: patient safety and quality in the NHS’ – King’s Fund event (HS)
• ‘Next steps for pharmacy: integration, community care and expanding service delivery’ – Westminster Health Forum Keynote Seminar (HS with NC)
• British Pharmaceutical Students’ Association (BPSA) – meeting (HS)
• Legal and regulatory pharmacy conference (HS)
### Active and new consultations

<table>
<thead>
<tr>
<th>Title</th>
<th>By</th>
<th>Summary</th>
<th>Deadline</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft guideline on key aspects for the use of pharmacogenomic methodologies in the pharmacovigilance evaluation of medicinal products</td>
<td>European Medicines Agency</td>
<td>The European Medicines Agency has released a draft guideline for public consultation which addresses how pharmacogenomics can support pharmacovigilance activities and in particular how the results of pharmacogenomic studies can help optimise the use of medicines. This draft guideline is directed towards the pharmaceutical industry (marketing authorisation applicants and holders) as well as academia, healthcare professionals and national competent authorities of the European Union. It is intended to provide a framework and recommendations on how to assess pharmacovigilance issues associated with pharmacogenomics, and how to translate the results of these assessments into appropriate recommendations for the labelling of medicines. <a href="http://www.ema.europa.eu/ema/doc_index.jsp?curl=pages/includes/document/document_detail.jsp?webContentId=WC500160232&amp;murl=menus/document_library/document_library.jsp&amp;mid=0b01ac058009a3dc">http://www.ema.europa.eu/ema/doc_index.jsp?curl=pages/includes/document/document_detail.jsp?webContentId=WC500160232&amp;murl=menus/document_library/document_library.jsp&amp;mid=0b01ac058009a3dc</a></td>
<td>30/07/14</td>
<td>Reviewed by Priya Warner. Decision not to respond.</td>
</tr>
<tr>
<td>Assisted Suicide (Scotland) Bill - Call for written evidence</td>
<td>Scottish Parliament</td>
<td>A call for views on the legalisation of assisted suicide has been published by the Scottish Parliament's Health and Sport Committee, as the parliamentary scrutiny process begins for the Assisted Suicide (Scotland) Bill. The proposed legislation would provide a means for certain people with a terminal or life-shortening illness to seek assistance to end their lives at a time of their own choosing. It would provide protection against criminal and civil liability for those providing such assistance. <a href="http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/74417.aspx">http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/74417.aspx</a></td>
<td>06/06/14</td>
<td>Being reviewed by Lynsey Cleland and Priya Warner.</td>
</tr>
<tr>
<td>Consultation on the merger of Health and Social Care</td>
<td>Plaid Cymru</td>
<td>Plaid Cymru has launched a consultation on their vision for the shakeup of Hospital and Social Services in Wales. The paper outlines two options to merge Health and Social Services in order to deliver long-term sustainable services for the future. One of the models proposed in the paper is to scrap Local Health Boards and replace them with one National Health board to deliver secondary and tertiary care. Local Authorities would be given the responsibility to deliver primary care and community health services. The other option presented in the paper is to bring adult social care services under the responsibility of the seven Local Health Boards. <a href="http://www.partyofwales.org/uploads/policies/Health_and_Social_Care_Merger.pdf">http://www.partyofwales.org/uploads/policies/Health_and_Social_Care_Merger.pdf</a></td>
<td>30/05/14</td>
<td>Being reviewed by Darren Hughes.</td>
</tr>
<tr>
<td>Title</td>
<td>By</td>
<td>Summary</td>
<td>Deadline</td>
<td>Response</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Osteopathic preregistration education guidance</strong></td>
<td>General Osteopathic Council</td>
<td>The GOsC’s Osteopathic Practice Standards, which came into effect on 1 September 2012, set out the standards required of osteopaths to ensure quality care for patients. Feedback from osteopathic educational institutions and others has suggested that it would be helpful also to have guidance illustrating the learning outcomes and educational standards that should be in place in educational institutions in order to ensure that the osteopathic practice of graduating students meets the Osteopathic Practice Standards. The GOsC is currently the only regulator to not have specific guidance in relation to this stage of training. That is why it has developed a draft guidance, on which the Council is currently consulting. <a href="http://www.osteopathy.org.uk/about/our-work/consultations-events/Osteopathic-preregistration-education-guidance/">http://www.osteopathy.org.uk/about/our-work/consultations-events/Osteopathic-preregistration-education-guidance/</a></td>
<td>16/05/14</td>
<td>Reviewed by Damian Day. Decision not to respond.</td>
</tr>
<tr>
<td><strong>A Review of Concerns (Complaints) Handling within NHS Wales</strong></td>
<td>Welsh Government</td>
<td>The Welsh Health Minister has launched an inquiry to review the current arrangements for the management of concerns in the Welsh NHS. The aim is to determine what is working well and what needs to improve. This needs to be considered from the perspective of: patients, their families and carers; staff; NHS organisations; and other stakeholders involved in the process including Community Health Councils and the Public Services Ombudsman for Wales. It will need to include the handling of concerns within primary and community care as well as hospitals. The inquiry will have to consider if there is sufficiently clear leadership, accountability and openness within the process and to identify how the NHS in Wales can learn from other service industries. It will also have to consider the wider cultural ‘patient’ service ethos and how staff are supported to deal with all aspects of patient feedback and address any concerns. Very importantly, the inquiry will also identify how the NHS can demonstrate it is learning from patient feedback and demonstrate how it shares that learning. The review should produce a report making practical recommendations for improvements in these areas in both the short and longer term. <a href="http://wales.gov.uk/topics/improvingservices/inspection/?lang=en">http://wales.gov.uk/topics/improvingservices/inspection/?lang=en</a></td>
<td>02/05/14</td>
<td>Reviewed by Darren Hughes and Hugh Simpson. Decision to respond.</td>
</tr>
<tr>
<td>Title</td>
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<td>Summary</td>
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<tr>
<td>Consultation on Scottish Regulators' Strategic Code of Practice</td>
<td>Scottish Government</td>
<td>The Regulatory Reform (Scotland) Bill seeks to promote greater regulatory consistency by placing a statutory duty on listed regulators to exercise functions in a way which contributes to achieving sustainable economic growth. This empowers regulators to align their activities and approach with the Government’s purpose of sustainable economic growth, and take economic factors appropriately into account. The Scottish Government believe strongly that any Code of Practice must be developed by regulators and stakeholders and a short-life working group was established during 2013 to develop a draft Scottish Regulators' Code of Practice for consultation. Group members included representatives from business and regulators. This consultation seeks views on a draft Scottish Regulators' Strategic Code of Practice. <a href="http://www.scotland.gov.uk/Publications/2014/02/5027">http://www.scotland.gov.uk/Publications/2014/02/5027</a></td>
<td>28/04/14</td>
<td>Being reviewed by Lynsey Cleland.</td>
</tr>
<tr>
<td>Proposal to simplify the information requirements for advertising of medicinal products to prescribers and suppliers of medicines (MLX384)</td>
<td>MHRA</td>
<td>This consultation seeks views on a proposal to simplify the information requirements for advertisements aimed at prescribers and suppliers of medicines. This would be achieved by amending the Human Medicines Regulations 2012 to extend the use of an existing abbreviated advertisement format. No changes are proposed to the requirements for advertising to the public. <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284173/Proposal_to_simplify_the_information_requirements_for_advertising_of_medicinal_products_to_prescribers_and_suppliers_of_medicines__MLX384_.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284173/Proposal_to_simplify_the_information_requirements_for_advertising_of_medicinal_products_to_prescribers_and_suppliers_of_medicines__MLX384_.pdf</a></td>
<td>22/04/14</td>
<td>Reviewed by Priya Warner. Decision not to respond.</td>
</tr>
</tbody>
</table>
| Introducing Fundamental Standards: Consultation on proposals to change CQC registration regulations | Department of Health   | This DH consultation:  
  - sets out the aims for the fundamental standards of care;  
  - sets out the DH responses to CQC’s previous consultation on the principles behind fundamental standards;  
  - includes a draft of the regulations that will introduce the fundamental standards;  
  - asks whether the draft regulations meet those aims;  
  - asks about the impact of the new regulations on providers.  
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<tr>
<td><strong>Criminal offence of ill-treatment or wilful neglect</strong></td>
<td>Department of Health</td>
<td>This consultation sets out our proposals for the development of a new, clear and specific criminal offence of ill-treatment or wilful neglect of patients and service users. This offence would apply in both England and Wales, as criminal law is not devolved in Wales. The views on the proposals within this document will inform the development of the precise formulation of the statutory offence. This DH consultation is proposing that the new law will now cover not just the NHS but all formal healthcare settings including the private sector, primary care, community health services, nursing and care homes, homecare services and the voluntary sector. The consultation also says that it is proposing to no longer limit the offence only to cases of serious harm or death, suggesting it should be a matter for investigating and prosecuting authorities to decide when charges are appropriate and proposing “that the new criminal offence should focus entirely on the conduct of the provider/practitioner, rather than any consideration of the harm caused to the victim of the offence.”</td>
<td>31/03/14</td>
<td>Reviewed by Andy Jaeger and Priya Warner. <em>Decision to respond.</em></td>
</tr>
<tr>
<td><strong>A CPD Scheme for practitioner registrants</strong></td>
<td>UK Public Health Register (UKPHR)</td>
<td>UKPHR is seeking views on the draft scheme they have devised for the standard of Continuing Professional Development it will require of registrants who are public health practitioners.</td>
<td>28/03/14</td>
<td>Reviewed by Damian Day. <em>Decision not to respond.</em></td>
</tr>
<tr>
<td><strong>Consultation on a national strategy to develop staff working in NHS roles banded 1 to 4</strong></td>
<td>Health Education England</td>
<td>Health Education England (HEE) has launched a consultation to hear views about developing staff in roles banded 1-4. The staff in bands 1-4 make up around 40 per cent of the NHS’s 1.3 million workforce, and are responsible for an estimated 60 per cent of direct patient contact. However, this group receives only around 5 per cent of the whole training budget. HEE wants to know what people think are the barriers and challenges for this part of the workforce, and how these can be overcome. All the feedback collected will be analysed to create a bands 1-4 national strategy – “The Talent for Care”.</td>
<td>24/03/14</td>
<td>Reviewed by Damian Day. <em>Decision not to respond.</em></td>
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<td>Title</td>
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<td>Summary</td>
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<tr>
<td>Improving health and patient care through community pharmacy – A call to action</td>
<td>NHS England</td>
<td>NHS England is seeking the opinion of the community pharmacy sector in the next round of the national 'Call to Action' about the future shape of the NHS. They will be consulting with pharmacists, their teams and, employees as well as the broader healthcare sector on their opinions and thoughts on how to help shape the future of Primary Care. <a href="http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf</a></td>
<td>18/03/14</td>
<td>Responded to. The response is available <a href="http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf">here</a></td>
</tr>
</tbody>
</table>
| Phase 1 - Draft Report: Review of Audit, Inspection and Regulation   | Welsh Government            | The Programme for Government contains a commitment to "review the framework for the external scrutiny of public services and the work of our auditors, inspectors and regulators". In early 2013, Welsh Government officials proposed a three phase review of Audit, Inspection and Regulation (AIR) in Wales in response to the Programme for Government commitment:  
  • Phase 1 - to establish by consensus the purpose of audit, inspection and regulation  
  • Phase 2 - to consider how far/to what extent the present system fulfils the principles of Phase 1; and establish a programme for reform  
  • Phase 3 - Implementation - comprising one-off reforms or longer-term changes of emphasis.  
## Complaints and raising concerns - inquiry

**Health Select Committee**

The Health Select Committee’s 2011 inquiry into Complaints and Litigation recommended that the Government undertake a review of the NHS complaints system. It also made recommendations about the roles of the Ombudsman, advice and advocacy services, providers and commissioners, and about the co-ordination and monitoring of complaints handling across the NHS. Since the publication of the Committee's report the following developments have taken place: the publication of the Health and Social Care Act 2012; the publication of the Francis report; the publication of the Clwyd-Hart Review of the NHS Hospitals Complaints System, etc.

With this in mind, the Health Select Committee has decided to review progress in improving the handling of complaints from patients and the public, and concerns raised by staff, and is calling for written submissions from stakeholders.


**Deadline:** 07/03/14  
**Response:** Responded to. The response is available [here](http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/complaints-and-raising-concerns/).

## A consultation on the Control of Entry Arrangements and Dispensing GP Practices

**Scottish Government**

This consultation paper follows an announcement in September by the Cabinet Secretary for Health and Wellbeing, Alex Neil MSP, that there was to be an immediate review of the relevant legislation both in relation to the pharmacy application process and the powers given to Boards to require GP practices to dispense medicines. The Scottish Government’s Vision and Action Plan, Prescription for Excellence, set out a firm commitment to work with patients, dispensing doctors and key stakeholders to explore how rural communities can be further supported in terms of NHS pharmaceutical care.


**Deadline:** 20/02/14  
**Response:** Consultation responded to by Lynsey Cleland. The response is available [here](http://www.scotland.gov.uk/Resource/0044/00440190.pdf).

## Social services complaints and representations

**Welsh Government**

The Welsh Government are consulting on their proposals to improve the way they deal with complaints and concerns about social services in Wales. They are asking for respondents to consider the following draft regulations:

- The Social Services Complaints Procedure (Wales) Regulations 2013;
- The Representations Procedure (Wales) Regulations 2013; and draft guidance.
- Both the regulations and guidance provide a basis for how local authorities deal with social services complaints.


**Deadline:** 20/02/14  
**Response:** Reviewed by Darren Hughes. Decision not to respond.
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<th>Deadline</th>
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<tr>
<td><strong>Transition between health and social care: scope consultation</strong></td>
<td>NICE</td>
<td>NICE have been asked to develop a social care guideline on coordinated transition between health and social care for use in England. This draft scope defines what aspects of care the guideline will cover and to whom it will apply.</td>
<td>11/02/14</td>
<td>Reviewed by Priya Warner. Decision not to respond.</td>
</tr>
<tr>
<td><a href="http://www.nice.org.uk/socialcare/TransitionBetweenHealthAndSocialCareScopeConsultation.jsp">http://www.nice.org.uk/socialcare/TransitionBetweenHealthAndSocialCareScopeConsultation.jsp</a></td>
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<tr>
<td><strong>Driving Improvement in Healthcare - Our strategy 2014-2020: Draft for consultation</strong></td>
<td>Healthcare Improvement Scotland</td>
<td>In 2014, Healthcare Improvement Scotland will be entering their fourth year. With their experiences to date, they have been reviewing their future direction and how they contribute to the delivery of the 2020 vision for Scotland's health and social care services. This has resulted in the development of their draft strategy for 2014-2020.</td>
<td>07/02/14</td>
<td>Consultation responded to by Lynsey Cleland. The response is available here.</td>
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Public business

Developing new standards for initial education and training

Purpose
To agree a programme of work to implement new standards for the initial education and training of pharmacists.

Recommendations
The Council is asked to:

i. agree to a consultation on new learning outcomes for the initial education and training of pharmacists (IET).

ii. agree a programme of standards development for the IET of pharmacists and a plan for revising the current accreditation methodology

1. Introduction

1.1 In 2011 the GPhC introduced new standards for the initial education and training of pharmacists – Future Pharmacists. There were 10 standards: the first nine dealt with the delivery of accredited MPharm degrees, the tenth was a set of learning outcomes for MPharm degrees and also pharmacist pre-registration training.

1.2 In 2013, Council consider and discussed the need to ensure we fully recognised in our standards of education and training both the current role of pharmacists and the clear statements of intent from the UK government and devolved administrations that pharmacists in future would be required to take on greater roles in healthcare delivery (including public health and prevention). As a result the GPhC developed revised standard 10 of Future Pharmacists, producing a more contemporary set of learning outcomes based on four domains:

- Pharmacist as professional
- Pharmacist as scientist and researcher
- Pharmacist as leader and manager
• Pharmacist as clinician and prescriber

1.3 These revised learning outcomes were approved in principle by Council in September 2013 (subject to a clear statutory requirement for public consultation in due course).

2. Implementing new standards

2.1 Consulting on the new learning outcomes: In September 2013 Council made it clear that plans should be made for the implementation of the new learning outcomes and that the first step should be a public consultation on them. This paper begins by outlining the process for doing that.

2.2 A time line for consulting: A full consultation proposal will be presented to Council in June, including a detailed timeline, but in summary it should be:

• September 2014: Consultation launch
• September-December 2014: Consultation workshops, including patient and public engagement
• February 2015: Consultation report with recommendations presented to Council
• April 2015: Council agrees an implementation timetable for the new learning outcomes

2.3 Revising the other standards in Future Pharmacists: To an extent, implementing the new learning outcomes will be dependent on revisions to the structure and funding of pharmacist IET in the countries of GB. Revisions have been proposed and are planned to be introduced in all three countries, which means that the GPhC must be ready to accredit 5-year integrated MPharm degrees in the next few years. This will require standards 1-9 of Future Pharmacists to be revised and expanded into a suite of new standards. This work should begin in parallel with the consultation on new learning outcomes – because they are clearly linked - prior to a consultation on the new standards in mid 2015.

2.4 A suite of new standards: A five-year integrated MPharm degree will require the following standards:

• Learning outcomes for the initial education and training of pharmacists: this work is complete, subject to formal consultation.

• Standards for schools of pharmacy: these standards will deal with the delivery of the academic components of an accredited degree and will be drawn, in large measure, from standards 1-9 of Future Pharmacists.

• Standards for pharmacy ‘deaneries’: these standards will deal with the pre-registration training components of an accredited degree. We are working on the assumption that training will be co-ordinated in England by regional training centres akin to medical deaneries. In Scotland we are working on the assumption that NHS Education Scotland will function as a ‘deanery’ and we are working on the assumption that a ‘deanery’ will be created in Wales centred around Cardiff University. (We will use the term
‘deaneries’ for these centres until another term gains currency.) These standards will be new but can draw on the GMC’s standards for medical deaneries to a certain extent.

- **Standards for training providers and training practices:** these standards will deal with the operational delivery of pre-registration training in pharmacies and other practice settings. In part they can be based on the existing *Pre-registration Manual*.

- **Standards for training programmes:** these standards will describe the content of training programmes embedded in MPharm degrees and will be based on the new learning outcomes.

- **Standards for training tutors:** these standards will describe tutoring requirements for training programmes and will be based closely on the GPhC’s new *Guidance on tutoring for pharmacy professionals*.

- **Standards for trainees:** these standards will describe the requirements for trainees and will be based on the GPhC’s *Standards of conduct, ethics and performance, Pre-registration Performance Standards* and *Code of conduct for students in schools of pharmacy*.

2.5 We have recently recruited additional capacity within the organisation to ensure this work is managed effectively.

2.6 **Revising the GPhC’s accreditation methodology:** The GPhC’s current accreditation process was written primarily for a 4-year MPharm degree excluding periods of professional training. It will have to be revised to take account of the new standards and an integrated degree (which is likely to be presented differently in the countries of GB). The revision plan timetable will be the same as for developing new standards, mainly because they are linked closely.

2.7 We have recruited an additional staff member in the accreditation team to ensure we are building appropriate levels of capacity to meet this ambitious workload.

2.8 **Pharmacy technician education standards:** Although pharmacy technician education standards are not the subject of this paper, the GPhC is committed to reviewing them in the next 2-3 years. A brief update for Council is set out below.

2.9 The GPhC introduced the first set of regulated standards for pharmacy technician education in 2011. As a quinquennial review is usual for education standards, they need to be reviewed by the beginning of the 2016 academic year (October). The academic level and content of the current standards is reasonably contentious, so before launching a formal review process the GPhC will roll-out a pre-review engagement programme with key stakeholders. Further details will be brought to Council in September 2014, including a full review and consultation programme for the two years leading up to October 2016.

2.10 This work will build on the education planning reference group which provided informal guidance to the executive in 2013 and will also be informed...
by a range of other initiatives including work planned to consider how best to regulate the pharmacy team. This work is, in turn, linked to the rebalancing programme.

3. **Equality and diversity implications**
3.1 Equality and diversity is central to the education work of the GPhC. *Future Pharmacists* has a standard devoted to E & D and E & D will be embedded in all of the new standards.

4. **Communications**
4.1 A communications strategy will be included in the learning outcomes consultation, standards development programme and accreditation revision plan. The outline approach to consultation ensures that we can build in opportunities for pre-consultation engagement as well as wide ranging consultation activities with all stakeholders and interest groups.

5. **Resource implications**
5.1 Council will note that the GPhC has been building its education capacity, in part so these substantial pieces of work can be undertaken.
5.2 A budget for this work has yet to be agreed, but preliminary discussions have taken place and further work will be undertaken following feedback from Council.

6. **Risk implications**
6.1 New learning outcomes must be implemented to ensure that the GPhC’s standards for the IET of pharmacists are future proofed and fully fit for purpose.
6.2 Without a suite of new standards for the IET of pharmacists, the GPhC will not be able to quality assure integrated 5-year MPharm degrees in a robust and defensible way.

**Recommendations**
The Council is asked to:

i. agree to a consultation on new learning outcomes for the initial education and training of pharmacists (IET).

ii. agree a programme of standards development for the IET of pharmacists and a plan for revising the current accreditation methodology

*Damian Day, Head of Education*
*General Pharmaceutical Council*
*Damian.day@pharmacyregulation.org*

04 April 2014
Public business

Unconfirmed minutes of the Remuneration Committee, 27 February 2014

Recommendations

The Council is asked to note the confidential minutes of the Remuneration Committee.
Minutes of the Remuneration Committee meeting held on
27 February 2014 at 129 Lambeth Road, London SE1 7BT at 8:00am

Present
Liz Kay (Chair)
Gordon Dykes
Mary Elford
Bob Nicholls
Paul Hart

In attendance
Bernard Kelly (Director of Resources & Customer Services)
Viv Murch (Head of Organisational Development & People Strategy)
Matthew Hayday (Head of Governance)
Paula Woodward (Council Secretary)
Fola Tayo (Associates & Partners Manager), minute 33
Lisa Martin (HR Business Partner) minute 34

Apologies
Duncan Rudkin (Chief Executive & Registrar)

27. ATTENDANCE AND INTRODUCTORY REMARKS
27.1. The Chair welcomed everyone to the meeting.
27.2. Apologies were received from Duncan Rudkin.
27.3. The Chair reminded members that the terms of all the members would finish at the end of March. Matthew Hayday (MH) informed the committee that an email asking for expressions of interest in membership of the committee would be issued shortly to all Council members.

28. DECLARATIONS OF INTEREST
28.1. The following interests were declared:
   - Item 5 – Preparing for relocation
     All staff present
   - Item 8 – Remuneration of associates
     Paul Hart as an independent member of the committee.
29. MINUTES OF THE PREVIOUS MEETING

29.1. The minutes of the meeting held on 9 October 2013 were agreed as a true record of the meeting.

30. ACTIONS LOG AND MATTERS ARISING

30.1. In relation to the committee’s performance review (minute 22), MH reported that the review would begin with a survey that would be issued to committee members shortly. The timing of the review had been adjusted to allow the new Chair of Council to review the process.

30.2. In relation to meeting timings and dates (minute 24), the committee noted that future meetings should be held on the days stated below and should normally take place between 10am and 1pm.

30.3. In relation to external benchmarking for Council Members’ remuneration (minute 19), the committee noted that it would be helpful to review such information in advance of the decision-making meeting.

30.4. In relation to a query from the external member of the committee, Paul Hart, MH reported that, in future, papers for Council meetings would be also issued to external members. The aim was to ensure that they were kept informed of developments affecting the organisation as a whole.

30.5. ACTION: Dates of future meetings to be included in call for expressions of interest in membership of the committee.

30.6. ACTION: Paper setting out external benchmarking for Council members remuneration and any other appropriate information to be presented at the committee’s April meeting.

30.7. The committee noted that the remaining actions were either on the agenda or scheduled for future meetings.

31. PREPARING FOR RELOCATION

31.1. Viv Murch (VM) informed the Committee that the executive was maintaining a dialogue with staff to understand how the move was likely to affect them. The aim was to develop a set of measures that would address key concerns such as increased journey time or travel costs.

31.2. VM outlined the proposals that had been developed to date. The plan was to discuss these with the staff forum before making an announcement to staff in due course.

31.3. During the discussion, the committee noted that while the proposals could be viewed as generous, they should also be considered in the light of ensuring that staff retention remained high during the relocation period and mitigating
risks of loss of staff as mapping had identified some hot spots of potential risk.

31.4. The committee welcomed the proposal that staffing policies on issues such as flexitime would also be reviewed as part of the relocation measures. This would help ensure that any unnecessary hurdles were removed for those staff likely to be most disrupted by the move and facilitate an approach to consistency in application of flexible working policy.

31.5. The committee also noted that it was important to investigate the impact on specific teams as well as across the workforce as a whole.

31.6. **ACTION:** paper setting out final package of relocation measures to be presented in April.

31.7. The Committee noted the paper.

32. **EMPLOYEE SURVEY – MAIN FEEDBACK THEMES**

32.1. VM drew members’ attention to the key points set out in the paper. She informed the committee that while the response rate had been fairly low, the survey had provided the executive with some helpful feedback.

32.2. Bernard Kelly (BK) reported that the responses had also been checked against a national benchmark and were found to be consistent with similar surveys.

32.3. The Committee discussed the paper and noted that, due to the organisation’s size, it was difficult to provide motivation in the form of career progression for some staff. However, the committee also noted that high performers were likely to be also motivated by challenge, such as leading a major project or a wider variety of work.

32.4. In response to members’ questions, VM reported that, as a result of the survey and in light of the aims of the strategic plan, improvements were being made to the way individuals were developed by the organisation.

32.5. The committee noted that while improvements could be made to the structures, it was also important to ensure that managers had the skills to get the best from staff and to harness the full capacity of the workforce.

32.6. The committee welcomed the survey’s finding that the EDI training had proved successful with staff reporting a good awareness and integrating the learning into their work.

32.7. The committee also noted that the next survey would take place after the office move and that it would be interesting to see what impact this would have on the responses.

32.8. **ACTION:** Paper setting out the outputs from the EDI Forum for the April meeting
32.9. **ACTION:** Update on Organisational Development work for the September meeting.

32.10. The committee noted the paper.

33. **PAY AWARDS 2013: ETHNICITY AND GENDER**

33.1. Lisa Martin joined the meeting. LM reported that, due to the data collected so far, an analysis could only be carried out on ethnicity and gender in this area. In future, data on age would also be collected and analysed.

33.2. She reported that the distribution of pay awards in 2013 was broadly consistent across the staff groups. Where anomalies had been identified, these had been investigated but had been found to relate to pay changes associated with recruitment or because there were only a small number of staff at a particular grade.

33.3. The Committee welcomed the report but noted that it would become most helpful when compared over time. The committee suggested that it may be helpful to examine other staffing issues in a similar fashion.

33.4. **ACTION:** An analysis of 2014 pay awards to be presented to the September meeting.

34. **REVIEW OF ASSOCIATE WORKERS’ REMUNERATION**

34.1. Fola Tayo (FT) joined the meeting. She reported that the fees structure had undergone a complex evolution but it was now time to review the fees across the board. The aim was to remove anomalies and where possible to make the fees structure appropriate to the volume and complexity of the work being done to enable a more consistent outcome across the Associate workers and, where possible, with other regulators.

34.2. The Committee discussed the proposals for each of the different types of fees in detail and made a number of suggestions to consolidate and streamline the fees structure. The committee noted that the work of the different associates varied widely and that the fee structure should reflect these differences.

34.3. With regard to fees as a whole, the committee suggested that “discretionary fees”, requiring a member of staff to make a judgement about payment, should be avoided.

34.4. In relation to reading and preparation fees, the committee suggested that the requirement for these should be reviewed and, where possible, incorporated into the relevant daily attendance fee.

34.5. In relation to training, the committee noted that training ensured that associates remained up to date, worked effectively and consistently. However, the rate should be commensurate with the time involved and
should not be claimable concurrently with another fee, such as a daily attendance fee.

34.6. In relation to appraisal fees, the committee noted that appraisal was crucial to ensuring that individuals continued to work effectively but should be considered as an integral part of the role. Appraisal meetings should therefore be scheduled to coincide with hearings or committee meetings and should not be claimable concurrently with another fee, such as a daily attendance fee.

34.7. In relation to statutory committee panellists, the committee noted that having both legally qualified and non-legally qualified chairs allowed for greater flexibility. However, the executive should consider how to deal with instances where an individual’s legal qualification lapses and how that is reflected in the relevant remuneration.

34.8. The committee noted that this was a complex issue and that the changes may have to be introduced over time.

34.9. **ACTION:** A paper should be presented at the April meeting setting out:

i. More detailed information about the work and activities carried out by the various associates, including conference calls, appraisal responsibilities and training;

ii. Where possible, how the GPhC’s roles compare with those in other organisations, including qualifications, workload and time;

iii. The risks and advantages of changes to the fee structure, particularly as regards recruitment and retention;

iv. Any external changes that may affect the fees, particularly those relating to legal advisers;

v. The number of hearings or meetings that are cancelled, the reasons for cancellation, how far in advance and the cost to the GPhC.

35. **ANY OTHER BUSINESS**

35.1. The Chair thanked Bob Nicholls and Gordon Dykes for their contributions to the committee as this would be their final meeting of the Committee.

35.2. There being no further business, the meeting closed at 10:30am.

**DATE OF NEXT MEETING**

24 April 2014
Council meeting 10 April 2014  
Public business

Review of the Council’s performance

Purpose
To discuss the review of Council’s performance as a governing body and agree the next steps in the review process.

Recommendations
The Council is asked to:

i. note the completion of the Council’s performance review;

ii. agree the next steps in the review process.

1. Introduction
1.1 At its meeting in October 2013, Council agreed to undertake a review of its performance at the end of the 2012/13 financial year, including progress against the previously agreed development actions. It should be noted that this review is of the Council’s performance as a whole and does not relate to the performance of individual Council members, which is covered by the Council member appraisal process. This review is also distinct from the Council’s accountability for the overall performance of the GPhC.

1.2 In this review the Council used two methods to assess its performance:

i. A survey of Council members using surveymonkey with the opportunity to comment on where Council had most impact during the year, where there could have been further impact and areas for development in terms of skills and expertise. 13 out of 14 Council Members responded.

ii. A 360° survey of the Council’s performance by the Executive and two Heads of Department that work closely with the Council. 5 out of 7 people responded.
1.3 A summary of the survey questions can be found at appendix 1. All the questions, apart from the final three, asked the Council to rate its performance on a scale of 1 (poor) to 5 (fully satisfactory) against a series of performance statements.

2. **Next Steps**

2.1 As part of the review process the results of the survey will be discussed by Council members and the Executive at the next Council workshop. This session may be facilitated by an external third party, however, views from Council members on how to achieve the best benefits from the review of Council’s performance would be welcome.

2.2 One key area that arose from the results of the performance review was Council’s awareness of the organisation’s whistle blowing arrangements. It is important that Council members are clear on the organisation’s raising concerns policy and their potential role in relation to this. Considering the policy in light of the Final Francis Report and the Governments’ response would also be a valuable exercise. This topic will be covered at a Council workshop in the near future.

3. **Equality and diversity implications**

3.1 The GPhC is committed to assessing the Council’s and individual Council members’ learning & development needs, ensuring they receive appropriate, relevant, equality and diversity training and enabling them to put the equality scheme into practice.

4. **Communications**

4.1 The GPhC is committed to openness and transparency and this includes reviewing the Council’s performance as a governing body and identifying areas for improvement as they arise. This paper and subsequent papers will be published on the GPhC’s website as part of the Council papers.

5. **Resource implications**

5.1 There are limited resource implications arising from the Council’s Performance Review.

6. **Risk implications**

6.1 The Council’s review of its performance as a governing body is integral to mitigating risk relating to the oversight and strategy of the GPhC. It is therefore of significance that the Council reviews its performance regularly and takes action to identify and address areas for improvement.
Recommendations

The Council is asked to:

i. note the completion of the Council's performance review;

ii. agree the next steps in the review process.

Nigel Clarke, Chair of Council

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26 March 2014
Appendix 1

Council Performance Review Survey Questions

All the questions, apart from the final two, asked the Council to rate its performance on a scale of 1 (poor) to 5 (fully satisfactory) against a series of performance statements.

1. Papers are concise, relevant and timely and are received sufficiently far in advance of meetings.

2. The Council meets sufficiently often and sufficient time is allocated so that agenda items can be properly covered.

3. Meetings encourage a high quality of debate with all members actively contributing to robust and probing discussions.

4. The Council focuses on the right questions and is effective in avoiding the minutiae.

5. Members make decisions objectively and collaboratively in the best interests of the organisation and feel collectively responsible for achieving organisational success.

6. The Council has open channels of communication with executive management and others, and is properly briefed.

7. Executive management and others with the appropriate level of responsibility and/or expertise are asked to present on topics, as appropriate.

8. The Chair's leadership style and tone promotes effective decision making and constructive debate, and ensures that the Council works as a team.

9. The Council is aware of and understands the organisation's whistle-blowing procedures.

10. The Council carries out its duties in accordance with the Code of Conduct.

11. All members have sufficient time and commitment to fulfil their responsibilities.

12. Council members receive proper induction on appointment and ongoing training is available to meet development needs.

13. The Council is the right size and has the best mix of skills to ensure its optimum effectiveness.

14. Council members recognise the role which they and each of their colleagues is expected to play and have the appropriate skills and experience for that role.

15. There is a structured annual agenda covering all matters of importance to the organisation, including consideration of the principal risks.

16. Where has the Council had the most impact during the year?

17. Where could the Council have had more/further impact during the year?

18. What skills or expertise could be developed within the Council as a whole to improve its effectiveness?
Council meeting 10 April 2014

Public business

Council Member Appointment Process Review

Purpose
To consider whether future Council vacancies should be filled using a combination of open competition and reappointment, and to agree terms of reference for the Council appointments working group.

Recommendations
The Council is asked to agree:

i. that future Council vacancies should generally be filled using a combination of open competition and a reappointment process

ii. the terms of reference for the Council appointments working group at appendix 1.

1. Introduction

1.1 The Council agreed, at its February 2014 meeting, to establish a working group to consider the Council appointments process, including whether future vacancies should be filled by open competition only or by a combination of open competition and reappointment.

1.2 It was further agreed that the group should propose its terms of reference, for approval by the Council. This paper sets out the group’s proposals.

2. Open competition and reappointment

2.1 The process leading to recommendations for appointment to the Council is overseen by the Professional Standards Authority (PSA). Appointments were made when the Council was first constituted and have been made in each year since then. On each occasion, vacancies have been filled solely through open competition, although the PSA’s guidance also covers reappointments. Potential pros and cons of using a combination of open competition and a reappointment process are summarised below.
Pros

- Greater stability
- Greater continuity of knowledge and experience
- Reappointment is a less demanding process
- Greater value for money - reappointment requires less time and money, freeing up resources for other purposes, although savings may be limited if it is necessary to run both an open competition and a reappointment process to fill one set of vacancies
- Recognition of existing Council member contribution (not currently clear in open competition)
- Increased continuity may reduce delays to Council business
- Potentially less risk of the Council’s focus being diverted to lower priority issues.

Cons

- Less transparent than open competition
- Others have fewer opportunities to seek appointment to the Council
- Likely to necessitate limiting the pool of candidates for any vacancies which are not filled by reappointment
- Council may be perceived as self-perpetuating
- Greater risk of the Council becoming introspective or complacent
- Increases reliance on the commitment of Chair and members to a robust appraisal process
- Running two processes adds complexity.

2.2 The appointment methods used should produce a degree of change within the Council’s membership which minimises the risks of stagnation, on the one hand, and delays and instability, on the other. A combination of open competition and reappointment seems most likely to achieve this aim. The group therefore proposes that Council vacancies should generally be filled by a combination of open competition and reappointment. The Council could nevertheless decide to use open competition only if that seemed appropriate at a particular time eg. if the structure of the Council was to change or if there would otherwise be insufficient change in the Council’s membership.

2.3 The group is conscious that any reappointment process must have sufficient transparency and objectivity to command confidence and withstand challenge. This should be achieved by making clear that there should be no automatic expectation of reappointment and by ensuring that any recommendations for reappointment are based soundly on performance review and the future needs of the Council. A robust and meaningful
appraisal process is crucial here, together with Council members taking responsibility for their own development to a large extent.

3. Terms of Reference
3.1 It is anticipated that, should the Council decide to introduce a reappointments process, the working group’s terms of reference would cover the development of this process. Draft terms of reference have been prepared on this basis and are attached at appendix 1.

4. Equality and diversity implications
4.1 The processes used in Council appointments should be objective, impartial and applied consistently. Processes should promote equality and be free from discrimination, harassment and victimisation. The working group will keep these principles in mind as it carries out its work.

5. Communications
5.1 The PSA will be kept informed of the Council’s decisions relating to appointment processes. Council vacancies should be publicised widely, but appropriately and proportionately, so as to attract a sufficient number of suitably qualified and diverse candidates.

6. Resource implications
6.1 Resources required for the working group will be met from existing budgets.

7. Risk implications
7.1 Appropriate and robust processes for Council appointments are essential to maintaining good governance and public confidence in the GPhC.

Recommendations
The Council is asked to agree:

i. that future Council vacancies should generally be filled using a combination of open competition and a reappointment process

ii. the terms of reference for the Council appointments working group at appendix 1.

Judy Worthington, Chair, Council Appointments Working Group
General Pharmaceutical Council

Christine Gray, Registered Pharmacies Rules Lead
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Tel 020 3365 3503

20 March 2014
Appendix 1

DRAFT Terms of Reference
Council Appointments Working Group

1. Purpose
To review the Council recruitment and selection process and make recommendations to the Council on the processes to be used to fill Council vacancies arising in 2016.

2. Membership
2.1 The Group comprises three Council members, one of whom acts as Chair, and an independent member with relevant expertise. The members are:
   - Judy Worthington (Chair)
   - Sarah Brown
   - Tina Funnell
   - Radhika Seth (independent member).

2.2 The Chair shall have a casting vote if necessary.

2.3 The Group shall be able to agree matters by email or teleconference if required.

3. Remit
The Group shall:

3.1 Review the:
   i. process for the Council appointments made in 2014
   ii. governance arrangements for the setting of Council member essential criteria and the experience required across the Council as a whole
   iii. recruitment and selection process for Council appointments
   iv. use of an external search resource
   v. potential for increasing the diversity of applicants

3.2 Develop a process for reappointments to the Council

3.3 Review the appraisal process for Council members and Chair to ensure it is sufficiently meaningful and robust to support a reappointments process

3.4 Make appropriate recommendations to the Council.

4. Timescale
4.1 The Group shall complete its work by February 2015.

Effective date: 10 April 2014

Agreed by: GPhC Council
Public business

Appointments Committee Annual Report 2014

Purpose
To inform Council of the Appointments Committee’s work over the past year.

Recommendation
The Council is asked to note the report.

1. Introduction
1.1 Council established an independent Appointments Committee (AC) to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), the Fitness to Practise Committee (FtPC) and the Registration Appeals Committee (RAC). The AC’s has a duty to report to Council annually on its work.

2. Training & development
2.1 In winter 2013 all committee members received training in s.80 Medicines Act 1968 relating to the disqualification of a corporate body; and on profiling sex offenders. In addition, the 2 newly co-opted FtP Deputy Chairs received Interim Order training in January 2014.

2.2 We hold regular meetings for the chairs of the committees. These allow chairs to share information on cases and procedure and to make suggestions to improve process. The Chief Executive, FtP management staff and I attend for all or part of these meetings. Meetings have been arranged for June, September and November 2014.

3. Quality assurance
Gathering and handling feedback
3.1 Feedback on committee member performance is gathered by a variety of means, e.g. from hearings feedback forms completed by chairs, members
and the secretariat and from the regular staff Hearings Outcomes Review meetings. A protocol determines whether any concerns raised by these or in any other way are dealt with at the time by a chair, staff, included in appraisal information or passed to me. If I need to take immediate action to raise a matter with a chair or member I will phone the person or arrange a meeting for a discussion.

**Annual performance review**

3.2 As part of performance management I review the performance of chairs and deputy chairs annually in a formal appraisal meeting, and they review the performance of the members. Prior to the review meeting I observe the chair at a hearing, read some determinations and transcripts. Those being reviewed are asked to complete self-appraisal forms. These meetings provide an opportunity to reflect on the work, to identify training needs and to appreciate the work undertaken.

3.3 Last year all the Chairs and Deputy Chairs of the 3 committees, and all the members of the FtPC and IC were appraised. The RAC sits infrequently which means not all its members sit every year. All RAC members who sat last year were appraised. Those who did not sit, had their competence assessed by the Appointments Committee in February, by a case study and interview.

3.4 The Associates & Partners team is currently reviewing the performance management process to make it more effective. Until this is completed, the appraisal process for 2014 is on hold. We hope to start trialling the new arrangements by June.

4. **Committee Membership**

4.1 Over the past year, there have been two resignations from the FtPC; a lay member and a registrant member; and a member of the reserve pool also resigned.

4.2 The first 4 year term contracts of the statutory committee members were due to finish this autumn. This would have meant that if all competent members were offered a second 4 year contract in 2014, in 2018 the GPhC could lose the majority of its members at one time along with the experience they had built up.

4.3 To avoid this situation, contract extensions of either 2 or 4 years were offered to the members who had been appraised or assessed as competent. The Appointments Committee decided that the start dates with the RPSGB and the GPhC should be used to decide the length of contract extension to be offered. Members whose first terms with the RSPG started in 2006 and 2007 have been offered a further 2 year term; while those who joined in 2009 and beyond have been offered a further 4 year term.
4.4 All but 3 members have accepted these contract extensions beyond September 2014. The 3 members who have decided not to stay are an IC Deputy Chair, a FtPC Pharmacist and Pharmacy Technician.

4.5 The Statutory Committee and their Advisers Rules specify that a reserve member must be assessed before a contract extension of up to 3 years is offered. In line with this, the Appointments Committee assessed the reserve members in February. They decided that all except 2 were competent. All those deemed competent were offered a new 3 year extension.

4.6 Following this assessment exercise the Appointments Committee offered 2 of the reserves, a pharmacist and a lay member, full FtPC membership. One of these appointments was to replace a lay member who had resigned with immediate effect. The other will replace a Pharmacist whose contract ends in September.

5. Recruitment

5.1 The Appointments Committee is currently recruiting a Deputy Chair for the IC, to replace Kameel Khan, who did not wish to be considered for a second term and also to increase the reserve pool. Advertisements were placed in the Guardian, Law Society Gazette, Counsel Magazine, Eastern Eye, The Voice and the PJ. Prospective applicants were invited to attend an open evening at the end of January and 41 came. The Chief Executive, Director of Inspections and Fitness to Practise, former committee member Mohammad Hussain, a Deputy Chair and I spoke at the meeting. A number of other Chairs, Deputies and staff from the Associates & Partners, and Hearing Secretariat teams were in attendance to answer questions about the GPhC and the recruitment process.

5.2 The closing date for applications was 9th February and 221 applications were received. These have been shortlisted and the candidates have been invited to attend for assessment. We expect to make offers next week. See Appendix 1.

6. Appointments Committee

6.1 Two members of the Appointments Committee; Jonathan Harris and Joanne Taylor, had their contracts extended to September 2017.

Recommendation

The Council is asked to note the report.

Elizabeth Filkin
Chair, Appointments Committee

23 March 2014
## Recruitment

<table>
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<th>Role</th>
<th>No of applications received</th>
<th>No of applications shortlisted</th>
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<td>11</td>
<td>8&lt;sup&gt;th&lt;/sup&gt;, 9&lt;sup&gt;th&lt;/sup&gt; April</td>
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<tr>
<td>Registrant Reserve Member</td>
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<td>13</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; March, 1&lt;sup&gt;st&lt;/sup&gt;, 2&lt;sup&gt;nd&lt;/sup&gt;, 14&lt;sup&gt;th&lt;/sup&gt; April</td>
</tr>
<tr>
<td>Lay Reserve Member</td>
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<td>16</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; March, 3&lt;sup&gt;rd&lt;/sup&gt; April</td>
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Rebalancing Planning

Purpose
To report to the Council the GPhC’s approach to planning for the proposals of the rebalancing programme board.

Recommendations
The Council is asked to discuss and note the plans.

1. Introduction
1.1 A Programme Board for Rebalancing Medicines Legislation and Pharmacy Regulation has been established. Its remit is to examine the respective scope of legislation and regulation, and the interface between them. The objective being to ensure that these are both optimally designed to provide safety for users of pharmacy services, while facilitating a systematic approach to quality in pharmacy and responsible development of practice and innovation, and reducing the burden of unnecessary and inflexible regulations.

1.2 The terms of reference for the programme board are set out in Annex A. The GPhC Chief Executive and Chair are members of the programme board.

1.3 The board is taking a phased approach to its work. Phase 1 comprises proposals for dispensing errors and pharmacy owners, superintendents and responsible pharmacists. Phase 2 will comprise proposals on pharmacist supervision.

1.4 Whilst the exact timetable is unknown, the Board’s aim is that the Phase 1 proposals will be done in time to complete the legislative process before the next general election.

2. Phase 1 Proposals
2.1 In summary, the proposals, of particular importance for the GPhC, include:
• Retaining the criminal offences in respect of s63 and s64 of the Medicines Act and creating an exemption for pharmacists and pharmacy technicians from those offences for inadvertent dispensing errors providing certain conditions are met;

• Purpose of the superintendent pharmacist (SP) and responsible pharmacist (RP) to be defined in primary legislation, however how the SP and RP fulfils that purpose is to be defined in professional regulation

• Pharmacy regulators to set professional standards for SPs, which extend beyond the sale and supply of medicines (POMs, Ps and GSLs) to other pharmacy services

• Pharmacy regulators to be given general powers to set out the detailed requirements of the RP in rules/regulations

• Pharmacy regulators to set professional standards for RPs, which extend beyond the sale and supply of medicines (POMs, Ps and GSLs) to other pharmacy services

2.2 Additional changes include that the SP must be a senior manager with the authority to make decisions that affect the running of the retail pharmacy business and the introduction of a new general duty on the SP to secure the safe and effective running of the whole pharmacy business.

2.3 The programme board have also proposed that the requirement for standards for registered pharmacies to be set out in Rules should be removed, to bring the standards for registered pharmacies in to line with the standards for CEP. Further changes will also include enabling the GPhC to publish inspection reports and outcomes.

3. Planning

3.1 It is important that the Council takes a strategic approach to planning for the proposed new powers and standards of the rebalancing programme. The approach must take into account the corporate plan and planned work on standards.

3.2 The initial stages of planning involve early engagement with patients, registrants, employers and stakeholders and a programme of work that involves a review of our core standards of conduct, ethics and performance (CEP).

3.3 The corporate plan currently includes a review of the CEP, against which we will assure a registrant’s continuing fitness to practise during 2014/15 to ensure they are fit for purpose for the future.
3.4 It is therefore proposed that any additional standards the GPhC sets should be considered alongside the review of CEP, to form an inclusive programme of work to review core regulatory standards. This will include early engagement to inform the possible content of Responsible Pharmacist Rules and a review of the standards for registered pharmacies following the inspection prototype phase.

3.5 The benefit of this approach is that patients, registrants and stakeholders will be able to clearly understand the core professional responsibilities of the pharmacists and pharmacy technicians and the additional roles and responsibilities of those who act as responsible pharmacists or superintendent pharmacists and pharmacy owners.

3.6 Additional benefits include reducing the regulatory burden on patients, registrants and stakeholders by consulting on a suite of standards and Rules rather than a series of individual consultations.

3.7 The introduction of new standards will have implications for the fitness to practise and inspection functions, and therefore an essential part of planning for and delivering these new powers will be to consider and prepare for any foreseeable impact on other core regulatory functions.

3.8 In order to deliver this programme of work it is proposed to build on the approach that was taken in developing the standards for registered pharmacies and the new inspection model. Early engagement with patients, the public and registrants as well as stakeholder organisations will be necessary to make sure that the proposals that are developed achieve the agreed aims.

3.9 It is therefore intended to proactively begin this work alongside the launch of the Department of Health’s consultation. Engage with patients, registrants and stakeholder organisations will take place during the consultation to inform the GPhC response; help others to consider their response and inform future planning.

4. Equality and diversity implications

4.1 Consideration will be given to equality and diversity implications as part of our programme of work.

4.2 There is also a requirement to draft an equalities impact assessment for any Rules consultation.

5. Communications implications

5.1 Early engagement and communication with patients, registrants and stakeholders will be key to delivering standards and Rules that are appropriate, fit for purpose and proportionate. As well as meeting statutory
responsibilities to consult on standards and Rules, staff will also reflect on the best way to engage with stakeholders throughout this work.

6. Resource implications

6.1 The resource requirements for this programme of work have been taken into account as part of the recent budget agreed by Council. The main resource implications will be staff resource and the resource required for engagement and consultation on our standards and Rules.

7. Risk implications

7.1 Failure to ensure early engagement with patients, registrants and stakeholder organisations could mean a significant delay in implementing the new powers that the Rebalancing Programme will afford the GPhC. The new powers require significant preparatory work for the GPhC and resource planning and impact assessment will be crucial to avoid any undesirable consequence to other work streams.

Recommendations

The Council is asked to discuss and note the plans.

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31 March 2014
Annex A

Programme Board Terms of Reference

The Programme Board for Rebalancing Medicines Legislation and Pharmacy Regulation will examine the respective scope of legislation and regulation, and the interface between them, with a view to ensuring these are optimally designed to provide safety for users of pharmacy services, while facilitating a systematic approach to quality in pharmacy and responsible development of practice and innovation, whilst reducing the burden of unnecessary and inflexible regulations.

Role of the Programme Board

The Board's role is

i. to advise Ministers and the Devolved Administrations on policy within these Terms of Reference and

ii. to oversee implementation of policy outcomes agreed by Ministers and the Devolved Administrations.

Areas of work

The Programme will

i. build on and propose amendments to legislation, as required, to deliver a modern approach to regulation which maintains patient and public safety, whilst supporting professional and quality systems development, including learning from dispensing errors made in registered pharmacies

ii. examine the legislative and regulatory framework for pharmacy premises to make recommendations that strengthen the professional regulatory framework as required, with a view to mitigating identified risks while ensuring

   a. the effectiveness of components of the system which support patient safety, such as the role of superintendent and the responsible pharmacist

   b. the legislative and regulatory framework for pharmacy premises supports the development and maintenance of a quality systems approach to pharmacy practice

iii. build on these foundations to address in parallel medicines and professional regulatory matters (e.g. supervision), which are considered to restrict full use of the skills of registered pharmacists and registered pharmacy technicians, impede the deployment of modern technologies and put disproportionate or unnecessary obstacles in the way of new models of service delivery by and/or involving pharmacy

iv. set out the principles underlying policy recommendations about the future scope of pharmacy regulation, ensuring that these are in line with the principles of good regulation.
The Programme Board will also

i. (i) establish a framework for clear governance for all aspects of the work programme to ensure that outcomes agreed by Ministers and the Devolved Administrations are achieved

ii. (ii) take account, as appropriate, of interdependent work, including the wider Medicines and Healthcare products Regulatory Authority (MHRA) review of penalties and sanctions; the work programme of the pharmacy regulators, ongoing implementation of Enabling Excellence, the Law Commissions’ review of the legal framework for professional regulation and other relevant work programmes

iii. (iii) identify influencing factors in prioritising elements of the programme for early progress to legislation, taking account of the needs of England, Scotland, Wales & Northern Ireland

iv. (iv) bring forward proposals on areas of legislation that require change in order to support achievement of the aim of the programme and

v. (v) oversee the management of risks which could threaten the objectives of the programme.

Ways of Working

The Programme Board will be chaired by Ken Jarrold, who has been appointed by Ministers. The Secretariat will be provided by the Department of Health. The Board will focus on planning, prioritising, co-ordination and ensuring the necessary work is progressed with members undertaking detailed thinking and activity to ensure the programme’s objectives are achieved.

Membership

Membership of the board includes officials from the four governments, professional and regulatory representatives and a range of stakeholder interests. A Partners Forum will also be established to contribute to the work programme, as appropriate. The engagement process adopted by the Board will ensure the views of the public and patients, amongst others, are sought and considered effectively.

Work programme and meeting arrangements

To be agreed at the first meeting.

Reporting Arrangements

The Chairman will report to Ministers on a regular basis, setting out key issues discussed by the Programme Board, making Ministers aware of any differences of opinion within the Board and action to progress the work programme.

Group members will be expected to be conduits of information for the constituents and groups they represent.

31 March 2014