Meeting of the Council
Thursday, 13 November 2014
10:30am to 4:00pm
Council Room, 25 Canada Square, London E14 5LQ

Agenda

Public business
1. Attendance and introductory remarks
   Nigel Clarke
2. Declarations of interest
   Declarations of interest
   All
3. Minutes of last meeting
   Public session 11 September 2014
   Nigel Clarke
4. Actions and matters arising
   Nigel Clarke
5. Reporting on the September 2014 registration assessment
   For discussion
   14.11.C.01
   Damian Day / Prof Rosemarie Parr
6. Corporate plan update and performance monitoring report
   For noting
   14.11.C.02
   Duncan Rudkin
7. Chief Executive and Registrar’s Report
   For noting
   14.11.C.03
   Duncan Rudkin
   For decision
   14.11.C.04
   Viv Murch
9. Review of the GPhC indicative sanction guidance
   For noting
   14.11.C.05
   Priya Warner
10. Review of standards of conduct, ethics and performance
    For noting
    14.11.C.06
    Priya Warner
11. Department of Health proposals for language controls
    For noting
    14.11.C.07
    Hugh Simpson
12. Raising concerns policy
    For decision
    14.11.C.08
    Matthew Hayday
13. Policies and procedures review
    For decision
    14.11.C.09
    Matthew Hayday
14. Council appointments working group progress report
    For decision
    14.11.C.10
    Judy Worthington
15. Minutes of Audit and Risk Committee, 15 October 2014:
    public session
    For noting
    14.11.C.11
    David Prince
16. Minutes of Remuneration Committee, 25 September 2014
   For noting
   14.11.C.12 Liz Kay

17. Any other public business
   Nigel Clarke

Confidential business

18. Declarations of interest
   Confidential items
   All

19. Minutes of last meeting
    Confidential session 11 September 2014
    Confidential items
    Nigel Clarke

20. Confidential actions and matters arising
    Nigel Clarke

21. Minutes of Audit and Risk Committee, 15 October 2014:
    confidential session
    14.11.C.13 David Prince
    For noting

22. Review of Strategic Risks
    For discussion
    14.11.C.14 Matthew Hayday

23. Any other confidential business

Date of next meeting
Thursday, 05 February 2015
Minutes of the Council meeting held on 11 September 2014 at 25 Canada Square, London E14 5LQ at 11:30am

Present
Nigel Clarke – Chair            Liz Kay
Alan Kershaw                   Mary Elford
Berwyn Owen                    Mohammed Hussain
David Prince                   Samantha Quaye
Digby Emson                    Sarah Brown
Evelyn McPhail                 Soraya Dhillon
Judy Worthington              

Apologies
Tina Funnell
Hugh Simpson (Director of Policy and Communications)

In attendance
Duncan Rudkin (Chief Executive and Registrar)
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)
Lyn Wibberley (Head of Executive Office)
Matthew Hayday (Head of Governance)
Paula Woodward (Council Secretary)
Damian Day (Head of Education)
Osama Ammar (Head of Continuing Fitness to Practise)
Terry Orford (Head of Customer Services)

Public business

29. ATTENDANCE AND INTRODUCTORY REMARKS
29.1. Apologies were received from Tina Funnell and Hugh Simpson.

30. DECLARATIONS OF INTEREST
30.1. The following interests were declared:
- Item 7: Reporting on the June 2014 Registration Assessment
  Soraya Dhillon declared an interest because of her role in training and education.
• **Item 8a: Council Appointments Working Group Progress Report**
  All Council members except those members on the group

• **Item 8b: Developing a framework for continuing fitness to practise**
  All registrant Council members.

• **Item 10: Chief Executive & Registrar’s report (GPhC fees, Duty of Candour and Rebalancing Update)**
  All registrant Council members

• **Item 12: Policy and Procedure Reviews (Behavioural Framework for Council members)**
  All Council members.

### 31. MINUTES OF PREVIOUS MEETING

31.1. The Council agreed the minutes of the public session of the meeting held on 12 June 2014.

### 32. ACTIONS AND MATTERS ARISING

32.1. The Council congratulated the executive team and all staff, particularly those in facilities and IT, for ensuring a smooth and successful move to new premises.

32.2. In relation to the timetable for developing the education and training standards for registrants (minute 29.5), Damian Day (DD) reported that consideration had been given to the various issues and needs of participants. The view was that there was sufficient time for the GPhC to carry out its work without inflicting very challenging timescales on training providers.

32.3. The Council noted that all other actions had been completed or were covered by items on the agenda. There were no further matters arising.

### 33. STRATEGIC PLAN 2015-18

33.1. Duncan Rudkin (DR) thanked members for their comments on an earlier draft and reported that these had been helpful in the preparation of the final document. DR reminded members that the document provided an outline of the work that was described in more detail in the current and forthcoming corporate plans.

33.2. During the discussion, members suggested a number of amendments for clarity. Members also commented that having to prepare a strategic plan every year made it difficult to monitor progress. DR reminded members that the organisation’s overall strategic approach was reviewed in detail every three years, including a review of progress against previous years’ plans. Progress was also monitored through the corporate plan.

33.3. The Council agreed the strategic plan 2015-18 subject to number of final amendments being approved by the Chair.
34. PERFORMANCE MONITORING REPORT

34.1. Following an introduction by DR, members discussed the report.

34.2. In relation to inspections, the Council noted that the programme was still in prototype phase and would continue to be adjusted as it developed.

34.3. Responding to members’ comments, Claire Bryce Smith (CBS) reported that further communications work was being planned to support the inspection process.

34.4. In relation to fitness to practise complaints, CBS reported that the increase in the number of complaints did not appear to have any link with the number of prescriptions issued. The Chair commented that the issue was not confined to the GPhC as a number of health regulators had also experienced an increase in complaints over recent months.

34.5. In relation to the new premises, Viv Murch (VM) reported that the move had not had any immediate impact on staff turnover but would continue to be monitored closely.

34.6. In response to a question about variance from forecast in the management accounts, Bernard Kelly (BK) reported that while there had been an increase in monthly expenditure for customer services and internal audit, this was due to a timing issue of invoices being received and was well within the budget for the year.

34.7. During the discussion, members made a number of comments about the way information was presented in the report and welcomed the proposed new format. In response to members’ detailed suggestions, DR reported that performance targets, workload measures and other key indicators that would be developed in the coming weeks as part of the preparations for next year’s corporate plan and budget. These would also be used to establish the core information used for future performance monitoring reports.

34.8. The Council noted the performance monitoring report.

35. REPORTING ON THE JUNE 2014 REGISTRATION ASSESSMENT

35.1. Damian Day (DD) drew members’ attention to the two parts of the paper: the report from the board of assessors and the response from the executive. He reported that trends were now becoming apparent, with key concerns being the pass rates for trainees of particular ethnicities and the variation between pass rates by country. DD reported that work had begun to investigate these concerns further, including the level of support provided for trainees.

35.2. Responding to a member’s question, DD informed the Council that the background of trainees who did not pass first time had been looked at in some detail last year. The analysis had revealed that these candidates were most likely to have had difficulties with their MPharm course and had then been unable obtain a placement offering the full range of support they required. While the GPhC was not able to offer these trainees direct support, the
introduction of the integrated course was expected to improve the overall provision of training at all stages through to registration.

35.3. Members commented that the timing of the assessment in 2015 may cause problems for those observing Ramadan. DD reported that an equalities impact assessment was being carried out to find out what could be done to ensure that individuals’ religious observances were accommodated as far as possible.

35.4. The Council noted the Board of Assessors report.

36. COUNCIL APPOINTMENTS WORKING GROUP PROGRESS REPORT

36.1. Judy Worthington (JW), chair of the appointments working group, introduced the item by summarising the group’s discussions at its last meeting. She reported that the working group intended to produce guidance on delegating final approval of person specifications for Council recruitment, when required.

36.2. During the discussion, members noted feedback from previous applicants had revealed that registrants had found the process particularly challenging.

36.3. Members commented that it would be helpful to have clear criteria to ensure that the use of any external agencies provided good value for money.

36.4. ACTION: Members to receive the EDI breakdown of candidates at each stage during the last recruitment round.

36.5. The Council noted the report of the appointments working group and agreed that:

i. the person specification for a Council member or Chair of Council, including essential criteria and any desirable criteria, should be approved by the Council;

ii. an appointments element, covering both Council and associate recruitment, should be incorporated in the organisation’s communications work: and

iii. a mixed approach should be taken to promoting diversity among candidates based on: reviewing advertising and publicity; simplifying the application process where possible, and broader community engagement.

37. DEVELOPING THE DRAFT CONTINUING FITNESS TO PRACTISE FRAMEWORK

37.1. Osama Ammar (OA) introduced the item by drawing members’ attention to the revisions made to the introduction of the continuing fitness to practise programme (CFtP) and tabled a sheet outlining the principles behind the scheme.

37.2. Responding to a member’s question, OA reported that although the first stage of the timetable was very demanding, work had already begun, such as reviewing other regulators’ approaches to CFtP and the development of questions for the planned survey.
37.3. With regard to evaluation, OA reported that the work would be reviewed at various stages of development, including reviews by external parties at key points.

37.4. During the discussion about the advisory group, members noted that the proposed structure allowed for a wide range of individuals to play a part in the development of CFtP for pharmacy professionals.

37.5. The Council agreed the revised delivery plan for the CFtP scheme.

37.6. The Council also agreed the establishment of the CFtP Advisory Group subject to the appointment of an external chair.

38. ESTABLISHMENT OF PHARMACY REGULATION DEVELOPMENT ASSURANCE GROUP

38.1. DR informed members that the proposed group would build on the valuable work carried out by the Inspection Development Assurance Group (IDAG). The aim was to provide a forum for the details of developments in the regulation of registered pharmacies to be discussed and provide assurance to Council in this area.

38.2. DR also reported that an event had been planned to set out the development of the inspections programme so far and to hear feedback from the profession.

38.3. Following a suggestion from a member, it was confirmed that the new group would also provide assurance to Council about the evaluation of the regulation of pharmacies, such as monitoring the follow-up of recommendations made in inspection reports.

38.4. During the discussion, members noted that it would also be helpful for the group to examine how the organisation worked with other regulators to help drive improvements, using the frameworks set out in the various memoranda of understanding.

38.5. ACTION: Provide members with details of the inspection feedback event when available.

38.6. The Council agreed that the Pharmacy Regulation Development Assurance Group should be established with delegated authority to provide feedback to the Executive and assurance to Council on the regulation of pharmacy premises.

38.7. The Council agreed the process for establishing the working group set out in the paper.

39. PROFESSIONAL STANDARDS AUTHORITY PERFORMANCE REVIEW REPORT 2013-14

39.1. DR drew members’ attention to the key points in the paper and reminded them that the PSA provided a ‘third line’ of assurance regarding the organisation’s performance as an effective regulator. He informed the Council that although
the report was broadly favourable, the PSA had highlighted issues relating to the management of fitness to practise cases, as had been recently examined by the Audit and Risk Committee.

39.2. During the discussion, members noted that the PSA report looked at whether activities that the GPhC had itself planned to do had been carried out.

39.3. The Council noted the report.

40. **CHIEF EXECUTIVE & REGISTRAR’S REPORT**

40.1. DR informed the Council that he and the Chair met with Sarah Wollaston MP, Chair of the Health Select Committee. He reported that they discussed the importance of the publication of inspection reports and the impact of the lack of enabling legislation.

40.2. DR reported that an informal round-table event with the Care Quality Commission had been planned to help develop the framework for the regulation of pharmacy in care homes. He also reported that the online pharmacy registration system, “MyGPhCPharm”, had been successfully launched. This would initially enable pharmacy owners to renew their registration online.

40.3. During the discussion, BK reminded members of the timing of a review of fees, including the consultation process.

40.4. The Council noted the Chief Executive and Registrar’s report.

41. **AUDIT AND RISK COMMITTEE MINUTES, 24 JULY 2014**

41.1. David Prince, Chair of the Audit and Risk Committee, outlined the main points discussed by the committee.

41.2. The Council noted the minutes of the Audit and Risk Committee.

42. **POLICY AND PROCEDURE REVIEWS**

42.1. Matthew Hayday (MH) drew members’ attention to the changes set out in the paper.

42.2. The Council:

   i. approved the proposed amendments to the Suspension and Removal Procedure for Statutory Committee members, Behavioural Framework for Council Members and Register of Interests.

   ii. approved the deferral of the review of and the extension of the currency of the Fees Policy, Raising Concerns and Minimum training requirements for dispensing/pharmacy assistants & medicines counter assistants; and

   iii. approve the threshold criteria policy and return to registration policy with no amendments.
43. **ANY OTHER PUBLIC BUSINESS**

43.1. A member raised the issue of electronic shared care records and concerns expressed by pharmacy staff. DR responded by saying that while the technology was new, the same standards and principles would apply.

43.2. **ACTION:** DR to provide update at the next meeting on accessing shared care records and the application of standards to this activity.

43.3. There being no further public business, the part of the meeting that was held in public closed at 1:30pm.

**DATE OF NEXT MEETING**

Thursday 13 November 201
<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Ref</th>
<th>Action</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
<th>Comments/ Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 June 2014</td>
<td>26.8</td>
<td>Council to be presented with an integrated and updated performance report at the September meeting.</td>
<td>Exec</td>
<td></td>
<td>Closed</td>
<td>Council received a revised report at Sept meeting with an example of how the report would be presented in future. The work on developing this continues.</td>
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<tr>
<td>12 June 2014</td>
<td>27.4</td>
<td>Results and analysis of survey of independent pharmacies to be circulated to members before September Council meeting.</td>
<td>Hugh Simpson</td>
<td></td>
<td>Closed</td>
<td>Circulated to members via email on 26/08/2014</td>
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<tr>
<td>12 June 2014</td>
<td>27.5</td>
<td>Criteria for responding to other bodies’ consultation to be circulated to members before September Council meeting.</td>
<td>Hugh Simpson</td>
<td></td>
<td>Closed</td>
<td>Circulated to members via email on 28/8/2014.</td>
</tr>
<tr>
<td>12 June 2014</td>
<td>29.5</td>
<td>Initial education &amp; training standards: A further review of the proposed timetable to be carried out</td>
<td>Damian Day</td>
<td></td>
<td>Closed</td>
<td>Verbal update at September meeting.</td>
</tr>
<tr>
<td>11 September 2014</td>
<td>36.4</td>
<td>Council appointments working group: Members to receive the EDI breakdown of candidates at each stage during the last recruitment round.</td>
<td>Matthew Hayday</td>
<td></td>
<td>Closed</td>
<td>Permission sought from applicants at the final stages before circulation to Council members on 16/09/2014.</td>
</tr>
<tr>
<td>11 September 2014</td>
<td>43.2</td>
<td>AOB: DR to provide an update at the next meeting on accessing shared care records and the application of standards to this activity.</td>
<td>Duncan Rudkin</td>
<td></td>
<td>Open</td>
<td>Verbal update at November meeting.</td>
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Council meeting 13 November 2014 14.11.C.01

Public business

Reporting on the September 2014 Registration Assessment

Purpose
To update Council on candidate performance in the September 2014 Registration Assessment and related matters.

Recommendations
The Council is asked to note the report from the Board of Assessors and associated actions by the GPhC.

1. Introduction
1.1 Passing the GPhC’s Registration Assessment is a pre-requisite for applying to register as a pharmacist. There are two sittings every year, in June and September. This paper discusses the September 2014 sitting.

1.2 The Board of Assessors’ report is appendix 1.

2. Reports
2.1 Report from the Board of Assessors to the GPhC. Broadly speaking, the report is positive. Pass rates for September sittings of the Registration Assessment tend to be lower than in June because a far higher proportion of candidates are resitting. The pass rate of 60.9% is lower than the last two September sittings (with pass rates of 70.8% and 65.9%).

2.2 Candidate profile: As the pass rate is lower than in previous years, the GPhC will be compiling a full (anonymised) profile of this cohort to see whether themes can be identified.

2.3 The positioning of the June 2015 sitting: Since Council’s September meeting, the GPhC has undertaken further work about the positioning of the June 2015 sitting, which is in Ramadan. An announcement will be made shortly.

1 Except for EEA pharmacist applicants.
3. **Equality and diversity implications**

3.1 There are no equality and diversity implications.

4. **Communications**

4.1 The Board’s report will be shared with schools of pharmacy and pre-registration training providers.

4.2 Pre-registration trainees will be informed of the GPhC’s decision about the positioning of the June 2015 Registration Assessment shortly.

5. **Resource implications**

5.1 There are no resource implications.

6. **Risk implications**

6.1 There are no risk implications

**Recommendations**

The Council is asked to note the report from the Board of Assessors and associated actions by the GPhC.

_Damian Day, Head of Education_

_General Pharmaceutical Council_

damian.day@pharmacyregulation.org

23 October 2014
Board of Assessors’ report to the General Pharmaceutical Council – September 2014 Registration Assessment

1. Introduction

1.1 The initial education and training of pharmacists in Great Britain is:
   • an accredited four-year MPharm degree¹; then
   • 52 weeks of pre-registration training; and
   • the GPhC’s Registration Assessment.

1.2 During pre-registration training, trainees are signed-off on four occasions by their tutor – at 13, 26, 39 and 52 weeks. Trainees must have been signed off as ‘satisfactory’ or better at 39 weeks to be eligible to enter for a sitting of the Registration Assessment.

1.3 Candidates with a specific need may ask for an adjustment to be made in the conduct of the assessment. Candidates with specific needs may sit the assessment in a separate adjustments room.

1.4 The Registration Assessment is a multiple choice questions examination with two papers: a morning closed book paper and an afternoon open book paper. In the closed book paper, no reference sources can be used; in the open book paper, specified reference sources can be used. Calculators are not permitted.

1.5 There are 90 questions in the closed book paper, to be answered in 1 hour 30 minutes, and 80 questions in the open book paper, to be answered in 2 hours 30 minutes. The open book paper includes 20 dedicated calculations questions.

2. Role of the Board of Assessors

2.1 The GPhC is responsible for running its national Registration Assessment. Operational matters are dealt with internally but papers are set and moderated by an independent, appointed body, the Board of Assessors.

2.2 The Board comprises a chair and deputy chair, both pharmacists, and nine other pharmacist members (a mixture of academic pharmacists and pharmacists in practice). Two other members of the Board are non pharmacists but both are assessment experts: one is a medic and the other is a consultant in healthcare assessment.

¹ Non-EEA pharmacists study on a 1-year Overseas Pharmacists’ Assessment Programme (OSPAP), not an MPharm degree
2.3 All decisions about questions, papers, candidates and pass marks are made by the Board.

2.4 The Board is supported by the GPhC’s Education team.

3. **Reporting to the GPhC**

3.1 The Board of Assessors produces two reports for the GPhC annually, one after each of the sittings in June and September.

3.2 This report relates to the September 2014 sitting.

4. **September 2014 statistics**

A. **All candidate numbers**

<table>
<thead>
<tr>
<th></th>
<th>No. of candidates</th>
<th>(No. of candidates in June 2014)</th>
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<tbody>
<tr>
<td>Number of candidates sitting</td>
<td>701</td>
<td>(2549)</td>
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<tr>
<td>Number of first sitting candidates</td>
<td>338 = 48%</td>
<td>(2377 = 93%)</td>
</tr>
<tr>
<td>Number of second sitting candidates</td>
<td>311 = 45%</td>
<td>(89 = 4%)</td>
</tr>
<tr>
<td>Number of third sitting candidates</td>
<td>52 = 7%</td>
<td>(83 = 3%)</td>
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B. **All candidate performance 2 – pass rate by attempt**

- Note that the profile for this September sitting is significantly different from this June’s sitting and that it is always the case that there are far more resitting candidates in September sittings than there are in June.
C. **All candidate performance 1 - % pass/fail**

- 427 candidates passed (60.9%) and 274 candidates failed (39.1%).
- The pass rate for this sitting is 60.9%. In September 2013 it was 70.8% and in September 2012 it was 65.9%.

D. **All candidate performance 2 – pass rate by attempt**

- First and second attempt candidates performed equally well but third attempt candidates performed significantly less well.
Note that the following figures refer to first attempt candidate performance.

**E. First attempt candidate performance 3 – MPharm students vs OSPAP students**

- There were 284 first attempt MPharm candidates with a pass rate of 61% and 53 first attempt OSPAP students with a pass rate of 68%. OSPAP students outperformed MPharm students by 7%.

**F. First attempt candidate performance 4 – performance by gender**

- There were 166 female candidates with a pass rate of 68% and 172 male candidates with a pass rate of 61%. Female candidates usually outperform male students.

**G. First attempt candidate performance 5 – performance by country of training**

- These data have not been reported because the numbers are too low in Scotland and Wales to be statistically significant.
H. First attempt candidate performance 6 – first attempt performance by training sector

- These data have not been reported because the numbers for hospital and industry/academia are too low to be statistically significant.

I. First attempt candidate performance 7 – performance by ethnicity (categories with >100 candidates)

- These data have not been reported because numbers are too low to be statistically significant.

5. Discussion of the papers by the Board

5.1 Routine quality assurance of the paper: After a sitting, all questions and the papers as a whole are analysed by the Board. As a result of the post-sitting analysis for September 2014, three questions were removed and two answers were accepted for one question. Of the three questions removed, two were removed because relevant MHRA guidance has been altered two days before the sitting. When this occurs, questions are always removed because the Board cannot be sure whether candidates were aware of the correct guidance on the day of the sitting.

5.2 Difficulty of the paper and standard of the candidate cohort: Papers are anchored to previous papers by common questions. The Board’s standard statistical analysis of the performance of the paper showed that it was more difficult than the previous papers to which it was anchored. As a result, the pass mark was lowered from 119/170 (70%) to 114/167 (68.3%). There was no evidence to suggest the calculations pass mark should be adjusted.

Board of Assessors

23rd October 2014
Public business

Corporate Plan Update and Performance Monitoring Report

Purpose
To report to Council on progress against the corporate plan and on the operational and financial performance

Recommendations
The Council is asked to:

i. Note and comment on the corporate plan update presented at Appendix 1

ii. Note and comment on the performance information presented at Appendix 2

1. Introduction
1.1 This paper reports on progress against the corporate plan and on operational and financial performance to the end of September 2014. It provides an overall summary of the key points that Council should be aware of as well as presenting the data.

1.2 The sections below provide an executive summary of key areas to note within the report.

2. Corporate Plan Update
2.1 Progress against the corporate plan is reported in appendix 1. Broadly, progress on the initiatives to deliver the objectives underpinning the corporate plan is either on track (green rated) or there are some minor issues but these will not affect delivery (amber rated). However, objective five is red rated which reflects the need for legislative change for additional enforcement powers and publication of inspection reports.
3. **Registration**

3.1 The pattern of registrations for pharmacists and pharmacy technicians remains in line with the annual expectations and the volumes of registrations are in line with budget. Processing times for applications continue to meet the performance standards.

4. **Fitness to Practise (FtP)**

4.1 In September the GPhC received 119 cases and, despite a peak of cases in July 2014, an average of around 120 cases have been received for the last five months. 154 cases were closed in the reporting period, 29% more cases than were received. This contributed to the reduction in our overall caseload from 667 cases at the end of August to 632 cases at the end of September.

5. **Review of operational targets in FtP and the inspection cycle**

5.1 The review of the evidence base and realism of the current single stretch target for fitness to practise, commissioned by Council, concluded that:

- the single operational target to close 95% of all fitness to practise cases within 12 months was not evidenced based; and that
- It is not possible for us to achieve the 95% closure target.

5.2 The review found that around 14% of all cases are consistently closed at a full fitness to practise hearing or an investigating committee. The average age of a case closed at a fitness to practise hearing is just over 18 months old and just over 12 months for a case closed at investigating committee. These cases also tend to be more serious in nature, can be complex, often include third parties and are subject to lengthy statutory notice periods.

5.3 Our review established an evidence based picture of our performance, by:

- breaking the fitness to practise process down into its component stages;
- using the caseload from May 2012 onwards (to reflect when we started streaming cases); and then
- analysed the average, median and range ages of cases at each stage by:
  - Open cases
  - Closed cases; and
  - Open and closed cases

5.4 We then used this analysis to establish the evidence base for realistic timescales for each stage of the process.

5.5 In light of the outcome from the review, the following five performance standards are proposed going forward:
i. % cases triaged within 3 days
ii. % of stream 1 cases closed within 3 months
iii. % of stream 2 cases closed within 10 months
iv. % of cases closed or referred at investigating committee within 12 months
v. % of fitness to practise committee cases closed within 24 months

5.6 These performance standards mirror the key stages of the fitness to practise process where a case is closed or decision to refer a case on to a full hearing is made. This approach is consistent with reporting by other health regulators.

5.7 We propose reporting our performance against these five standards going forward. Reported alongside these, will be a suite of management information, set out below:

- Number of concerns received
- Number of cases received by category
- Overall open caseload
- Age profile open cases
- Case closures by month, type and stage
- Number of interim orders
- Number of appeals and outcomes
- Numbers of DBS referrals

5.8 We will also be reporting periodically to Council on broader context trend analysis through workshops. We will undertake further modelling against these proposed standards before setting evidence based percentage measures.

5.9 The review of the inspection cycle, also commissioned by Council, found that there was no evidence base for the inherited cycle of inspecting each pharmacy every three years and that this model did not enable the inspectorate to deliver a flexible and proportionate approach to regulating pharmacies or respond to patient safety risks in a targeted manner.

5.10 As a result we are in the process of developing a revised inspection cycle. Whilst we are doing so we will report to Council on the number of pharmacies that have been inspected and the age profile of those pharmacies which are due an inspection but have not yet been carried out. As Council will be aware there continues to be an increase in the number of overdue inspections. In future this information will be broken down as follows:

- Up to one month
• Between one and three months
• Between three and six months
• Between six and twelve months
• Over twelve months

6. **Human Resources**
6.1 Council will note that there is a delay in the full implementation of the new human resources IT system. This will lead to a delay in the expected improvements in recording and monitoring of sickness absence.

7. **Finance**
7.1 The operating result to the end of September is a deficit of £616k which compares to an original budget deficit of £1.4m. The variance of £800k arises almost entirely from lower expenditure. Substantial savings on employee costs (delayed recruitment) and lower occupancy and depreciation costs have been partially offset by higher professional costs.

7.2 The forecast for the year end is a deficit of £2.2m compared to an original deficit budget of £2.6m.

8. **Equality and diversity implications**
8.1 The purpose of this report is to report on corporate plan progress and operational and financial performance. There are no direct equality and diversity implications. Specific work streams for equality and diversity are described within the corporate plan update.

9. **Communications**
9.1 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.

10. **Resource implications**
10.1 Resource implications are addressed within the report. Risk implications

10.2 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.
10.3 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.

11. Monitoring and review

11.1 Council will receive a performance monitoring report at each meeting providing an update of the delivery of the GPhC’s regulatory functions and finances. Each quarter the Council will also receive an update on progress against the Corporate Plan.

Recommendations

The Council is asked to:

i. Note and comment on the corporate plan update presented at Appendix 1

ii. Note and comment on the performance information presented at Appendix 2

Duncan Rudkin, Chief Executive & Registrar
General Pharmaceutical Council
duncan.rudkin@pharmacyregulation.org
Tel 020 3713 7811

07 November 2014
Introduction: The GPhC has agreed a corporate plan to support the delivery of its strategic themes. The corporate plan consists of six key priorities which are:

1. Being people/patient focussed
2. Providing proactive, proportionate and good-quality regulation
3. Promoting professionalism
4. Being accessible
5. Understanding our regulated community’s and patient’s needs
6. Being an efficient and effective organisation

Updates on the work programme to deliver these priorities are supported progress reports on key initiatives.

Progress at a glance:

<table>
<thead>
<tr>
<th>Priority</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current RAG</td>
<td>G</td>
<td>A</td>
<td>G</td>
<td>G</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Direction of travel</td>
<td>→</td>
<td>→</td>
<td>→</td>
<td>→</td>
<td>→</td>
<td>→</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiative Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>Not started</td>
</tr>
<tr>
<td>Red</td>
<td>Off track and project at risk</td>
</tr>
<tr>
<td>Amber</td>
<td>Minor issues but achievable</td>
</tr>
<tr>
<td>Green</td>
<td>On track/ completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direction of travel</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>→</td>
<td>Rating from last period unchanged</td>
</tr>
<tr>
<td>↑</td>
<td>Rating from last period increased (worsened)</td>
</tr>
<tr>
<td>↓</td>
<td>Rating from last period decreased (improved)</td>
</tr>
</tbody>
</table>
Being people/patient focused

Objective 1: Analyse and respond effectively to people/patients’ needs and public expectations to maintain public confidence

What does success look like?

- Successful interaction with the public and those we regulate
- A good understanding of the public perception of pharmacy
- Improved regulatory standards resulting from this knowledge

Initiatives to deliver success:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ipsos Mori research - Public experience of using community pharmacy services launch</td>
<td>✓</td>
</tr>
<tr>
<td>Conduct Stakeholder Survey</td>
<td>✓</td>
</tr>
<tr>
<td>Regulate e-newsletters</td>
<td>✓</td>
</tr>
</tbody>
</table>

Commentary:

We are currently undertaking a number of social and market research initiatives to understand better the perceptions of our key audiences including patients and the public. Ipsos Mori are conducting research on our behalf about the experience of those using community pharmacy services. We expect to receive the report in November. Once received, we will consider the implications both for our communications, policy and operational work (particularly standards for pharmacies and inspection work), and ensure this analysis and the results are shared with Council.

We have commissioned a GPhC stakeholder perceptions survey to gather insight and analysis of the views of stakeholders important to the organisation. The results of this will enable us to consider better how best to generate input into our policy and operational work as well as considering any particular reputation risks for us. Although we are seeking input from a wide range of stakeholders (such as government, pharmacy representative bodies, education sector and employers) we are also testing the perceptions of a number of patient representative bodies with whom we work.

The Regulate website went live on 2 October and will be populated and updated on a rolling basis, with emails going out to registrants every two months. The additional functionality of the online version will enable us to build content for a much wider range of audiences so that it is no longer focussed only at registrants, but we can use it to promote and target stories and engagement opportunities to patients and their representatives. We will be looking to review progress periodically.

These specific research initiatives will provide intelligence and a benchmark platform from which the GPhC can assess better the effectiveness of its communications and engagement activity. It will also enable us to refine and improve our strategic communications plan and specific consultation and engagement initiatives.
Being people/patient focused

Objective 2: Build partnerships with patient and public representative groups

What does success look like?

- Arrangements in place to engage people and seek their views, including developing a ‘patient hub’ on our website
- Inspectorate links established with local patient representative groups
- A quarterly e-newsletter for patient and public partners
- Relationships with organisations that represent and advocate for patients
- Joint working with other regulators around both patient and public views - feedback regularly shared with other stakeholders to manage wider health and wellbeing initiatives

Initiatives to deliver success:

<table>
<thead>
<tr>
<th>Initiatives to deliver success</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and update ‘I am a patient’ webpages</td>
<td>●</td>
</tr>
<tr>
<td>Implement Stakeholder Relations Plan</td>
<td>●</td>
</tr>
<tr>
<td>Joint working with other regulators</td>
<td>●</td>
</tr>
<tr>
<td>Launch Regulate e-newsletters</td>
<td>●</td>
</tr>
<tr>
<td>Set up Sounding Boards</td>
<td>●</td>
</tr>
<tr>
<td>Identify relevant conferences and local meetings</td>
<td>●</td>
</tr>
</tbody>
</table>

Commentary:

We have updated our ‘I am a patient’ web pages on our website and continue to monitor and review usage of these landing pages. We are currently reviewing our strategic communications plan, informed by various research initiatives, which in turn will lead to an update and review of our patient and public representative engagement. This will include further assessment of wider digital and social media channels, and a clear strategy for patient engagement as part of our wide ranging standards and guidance reviews scheduled for 2015. The re-launch of our registrant bulletin, Regulate, as an online site and bimonthly email digest is now complete. Using a range of online formats including podcasts, Youtube videos, and Storify as well as text articles, we are able to share learning from a broader range of our work areas. This will enable us to reach out beyond registrants to wider stakeholders including patients and their representatives.

We have put on hold any decision to create a ‘patient hub’ on the website, or a specific e-newsletter, until we have received further feedback and evidence about how best patients and their representatives wish to engage with us. We have instead reviewed and updated the current web pages and will be testing views of patient groups through the stakeholder perceptions survey and through the Ipsos Mori research. We have approached other health professional regulators with a view to joint work with patients on the review of hearings and sanctions guidance but for governance and operational reasons limited progress has been possible.

Sounding Boards, including patient representatives, held by the inspectorate have taken place in England, Scotland and Wales and presentations have been made to conferences and LA health and wellbeing groups which also include patient groups. Further work is needed on identifying the most effective and practical ways of engaging at a local level given the volume of inspections being carried out.

2014-11-13 Council - Q3 2014/15 Corporate Plan and Performance Update
## Proactive, proportionate and good-quality regulation

**What does success look like?**
- Streamlined, efficient and effective fitness to practise case pathway
- Policy and guidance supports good concerns management
- Performance management framework in place so that cases are adequately resourced and progressed
- Transparent processes and clear public communication

### Initiatives to deliver success:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of LEAN review projects</td>
<td>●</td>
</tr>
<tr>
<td>Improving on-line public concerns form</td>
<td>●</td>
</tr>
<tr>
<td>Enhancing performance management framework</td>
<td>●</td>
</tr>
<tr>
<td>Reviewing and updating policy and operational guidance</td>
<td>●</td>
</tr>
<tr>
<td>Developing new case management systems within CRM</td>
<td>●</td>
</tr>
</tbody>
</table>

**Commentary:**
We have sustained the improved performance in Fitness to Practise (FtP) since the previous reporting period. In July to September the number of cases closed has exceeded the number of new concerns received. We have continued to experience an increase in the number of concerns received, but this appears to be levelling off at around 120 a month over the last 5 months. The majority of concerns continue to be made by members of the public via the GPhC website. The triage process is under review and all operational fitness to practise guidance is being consolidated into a single overarching manual to reflect our new integrated end to end fitness to practise teams, which reduces delays and handovers in the way we investigate and progress cases. The streamlined health procedure for investigating cases involving health issues is now operational, with the aim of reducing the time taken to progress these types of cases. Cases involving health issues were one of our top three identified types of delays. Our revised case supervision framework is now fully operational with reviews occurring at 4, 9, 13 and 20 weeks ensuring cases are adequately resourced and investigations progressed.

Further development and review of a number of pieces of guidance and procedures to improve both the efficiency of our processes and the way in which we interact with those involved in the work we do has been completed. Examples include updated guidance on taking witness statements and conducting interviews, through to a clear procedure for disclosing concerns to registrants who are the subject of a fitness to practise investigation. Training associated with these new procedures and guidance is either underway or complete.

Internal audit has previously identified that we were communicating the outcome of FtP decisions to registrants and stakeholders in a timely fashion. We have recently carried out our own internal assurance check to see if this level has been maintained and based on the sample the significant majority of registrants were receiving the notice of decision within 5 days.

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2014-11-13 Council - Q3 2014/15 Corporate Plan and Performance Update
Proactive, proportionate and good-quality regulation

Objective 4: Maintain the integrity of the register by registering only those people that are qualified and fit to practise and pharmacies that can meet the standards for registered pharmacies

What does success look like?

- A revised registration process for pharmacy premises, geared towards meeting standards for registered premises
- Robust, timely, fair and accurate registration and renewal processes
- Good workflows with reports on functionality and online presence

Initiatives to deliver success:

- myGPhC pharmacy project
- myGPhC improvements
- Pharmacy applications referred to inspectors

Supporting data (impact):

<table>
<thead>
<tr>
<th>Payment method</th>
<th>Users, Pharmacy owners</th>
<th>Pharmacies covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Debits</td>
<td>1,099</td>
<td>4,288</td>
</tr>
<tr>
<td>Card payment (Worldpay)</td>
<td>835</td>
<td>1,091</td>
</tr>
<tr>
<td>BACS</td>
<td>376</td>
<td>1,259</td>
</tr>
<tr>
<td>Pending BACS</td>
<td>204</td>
<td>1,177</td>
</tr>
</tbody>
</table>

Commentary:

We have improved myGPhC online portal to enhance the user experience, with registrant content approved by the word centre (for plain English) now complete.

We have launched myGPhC pharmacy portal to support online pharmacy renewals. This went live in June 2014 ahead of the peak renewal cycle.

Payments and declarations for individual pharmacies can now be made online, increasing efficiency by reducing the need for correspondence.

Completed pharmacy applications are referred to inspectors for assessment of standards within 2 working days of receipt.
Proactive, proportionate and good-quality regulation

Objective 5: Ensure that registered pharmacies meet our standards

What does success look like?

- Formal implementation of a new model of inspecting pharmacy premises
- Reports provided to owners and superintendents on the findings of inspections on premises and clear and accessible inspection reports available on our website
- Action plans in place where standards have not been met
- A new enforcement framework in place to deal with those who do not meet the standards for registered premises

Initiatives to deliver success:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision of decision-making framework and publication of case studies of ‘good’ pharmacies</td>
<td>●</td>
</tr>
<tr>
<td>Work to ensure the inspection report focuses on the context of individual pharmacies and the consequent risks</td>
<td>●</td>
</tr>
<tr>
<td>Implementation of new pharmacy enforcement and report publication process</td>
<td>●</td>
</tr>
<tr>
<td>Consideration of practicalities for publication of inspection reports in advance of the legal powers to publish</td>
<td>●</td>
</tr>
<tr>
<td>Action plans issued where pharmacies are rated poor or satisfactory</td>
<td>●</td>
</tr>
</tbody>
</table>

Commentary:
The new inspection prototype continues with over 2300 inspections completed. Formal implementation of the new inspection model will not take place until a written consultation is undertaken as outlined at the recent standards/inspection stakeholder event.

The inspection decision-making framework will be re-issued by the end November 2014. Case studies on inspections have been placed on the website and will be updated on an ongoing basis.

Written reports are now provided to all superintendents and owners following completion of an inspection. Work is underway to streamline the report based on feedback from stakeholders.

Inspection reports cannot be published until the legal framework is amended to enable this and to put in place a workable statutory enforcement process. Therefore, the project is not on tack as intended, hence the red rating.

Over 500 action plans have been issued for poor and satisfactory pharmacies (where improvement is required). The evidence of improvements resulting from the actions plans range from the reduction of significant patient safety issues (e.g. unauthorised access to premises) to better record-keeping.
Proactive, proportionate and good-quality regulation

**Objective 6:** Ensure that education and training standards are fit for purpose, promote professionalism, and are achieved

**What does success look like?**

- New educational standards implemented in England, Scotland and Wales after working with stakeholders
- Engaging with stakeholders about revising educational standards for pharmacy technicians
- Regulatory tools developed to allow registrants to demonstrate their continued fitness to practise
- A revised continuing professional development scheme

**Initiatives to deliver success:**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review standards for the initial education and training of pharmacists (including education learning outcomes)</td>
<td>•</td>
</tr>
<tr>
<td>Review standards for the initial education and training of pharmacy technicians</td>
<td>•</td>
</tr>
<tr>
<td>Development of the Continuing Fitness to Practise programme</td>
<td>•</td>
</tr>
<tr>
<td>Review of processes and policies for CPD review</td>
<td>•</td>
</tr>
</tbody>
</table>

**Commentary:**

The revised standards are needed to implement and quality assure a five-year period of integrated initial education and training, which forms the basis of the recently announced proposal by Health Education England (HEE). We are on track with the planning and design stages of the review, with a focus on getting the preliminary work completed by the end of the year so we can begin engagement with stakeholders from the beginning of 2015. We have received initial reports on trainees who had a bad experience (as indicated in the 2012/13 pre-registration survey) and a review of pharmacy technician education and training which will feed into the review. We are awaiting further clarity from HEE on their timetable, which is outside of our control, but they are keen to explain their forward plan and consult at the earliest opportunity. There have also been a series of meetings to discuss educational reforms in Scotland and Wales with NES and MPC Wales.

Council has agreed a revised delivery plan for implementation of new arrangements for assuring continuing fitness to practise by 2018. The development programme comprises three consecutive financial years of activities leading up to implementation. Over these years, we will research and test new arrangements, pilot proposals, and consult and prepare with our stakeholders for implementation. We have engaged with the sector and established an advisory group of external stakeholders to help steer the development programme. The group will advise specifically on the engagement strategy as well as our approach to testing, piloting and evaluation of proposals.

We are conducting a review of our current processes and policies for CPD review, which will feed into the testing of new approaches to how we undertake setting requirements for CPD activities. The review is expected to report formally in June 2015 but interim findings will be fed into development activities for the continuing fitness to practise framework, including testing of new approaches.

All of these initiatives are on track and progressing well but they will span beyond the 2014-15 corporate plan year.
Proactive, proportionate and good-quality regulation

Objective 7: Further develop quality-assurance activities to ensure that our regulatory approach is robust, consistent and fair

What does success look like?

- A consistent approach by associate workers and partners
- Effective and robust fitness to practise risk assessment and decision making
- An extra tier of independent quality assurance review to maintain the robustness of inspection judgements and internal review mechanisms
- Fitness to practise activities analysed from and equality, diversity and inclusion point of view
- Annual review of GPhC policies and procedures covering how we work with our associates

<table>
<thead>
<tr>
<th>Initiatives to deliver success:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a process to enable SIs/owners who disagree with the inspection judgment to have a review of that inspection</td>
</tr>
<tr>
<td>Interim Order process review</td>
</tr>
<tr>
<td>Review of Associate Remuneration</td>
</tr>
<tr>
<td>Development of Associate and Partner Workforce planning model</td>
</tr>
<tr>
<td>Outsourcing of medical assessor support</td>
</tr>
<tr>
<td>Development of an Equality Strategy</td>
</tr>
</tbody>
</table>

Commentary:

We have developed a process for SIs/owners to have an inspection judgement they disagree with reviewed. The process has been discussed with our internal assurance group and will be ready for implementation in January 2015 following the publication of the revised decision-making framework.

An overall review of Associate pay structure has been undertaken and the outstanding recommendations from the review were agreed by remuneration committee in September 2014. Implementation of the new pay structure is now underway. An expenses review (which will include Associates) has commenced.

We are presenting a draft Equality Strategy to November’s Council meeting, seeking approval to consult with stakeholders on the new strategy. We have also begun a review of the ethnicity and diversity of pharmacists and pharmacy technicians who are referred into our Fitness to Practise process. This has been split up into three stages: Stage 1 – analysis ethnicity of complaints received against the ethnicity mix of the register and the ethnicity of the populations of registrants whose cases are closed at each stage of the FtP process. Stage 2 - a review of a number of variables within the FtP process, to see whether any of these correlate to over or under-indexation at any stage of our FtP processes. Stage 3 - qualitative analysis of panel transcripts. Stage 1 is complete and the initial analysis is being used to inform stage 2.

The tender process for provision of Medical Assessor support commenced in October 2014 and the development of an integrated Associate and Partner workforce plan will commence in the Spring of 2015.
Promoting professionalism

Objective 8: Review existing standards and issue additional guidance for registrants

What does success look like?

- Revised standards of conduct, ethics and performance published and built into continuing professional development framework
- Guidance developed explaining the requirements of our standards – e.g. distance selling and supply of medicines
- Guidance for tutors and supervisors
- Revised legal and professional framework for registrants
- The ‘rebalancing’ work-stream in place - standards and rules for superintendent and responsible pharmacists

Initiatives to deliver success:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Standards of Conduct, Ethics and Performance</td>
<td>●</td>
</tr>
<tr>
<td>Develop Guidance for registered pharmacies preparing unlicensed medicines</td>
<td>●</td>
</tr>
<tr>
<td>Develop Guidance for registered pharmacies providing internet, distance sale, supply or service provision</td>
<td>●</td>
</tr>
<tr>
<td>Develop Policy on Pre-Registration Training – Tutor Suitability</td>
<td>●</td>
</tr>
<tr>
<td>Develop Guidance on working while suspended/removed/retired</td>
<td>●</td>
</tr>
<tr>
<td>Standards Review and Development in light of DH Rebalancing work-stream</td>
<td>●</td>
</tr>
</tbody>
</table>

Commentary:

We have announced the launch of the review of our standards of conduct, ethics and performance. We will undertake a wide ranging programme of engagement with our stakeholders to ensure that we have a good understanding of the individuals we regulate, the challenges they face and principles that sit at the heart of professionalism. We are on track with the planning and design stage of the review which will span beyond the 2014-15 corporate plan. We will ask Council to agree the standards in March 2016.

The guidance for registered pharmacies preparing unlicensed medicines has been developed and was published in May 2014. The draft guidance for registered pharmacies providing internet, distance sale, supply or service provision has been developed and is currently out for a 12 week consultation which ends on 10 December. We will send the guidance to Council once finalised in January 2015.

The policy on Pre-Registration Training – Tutor Suitability has been developed and was published in July 2014. The guidance on working while suspended/removed/retired is in development and will be complete by the end of the year.

We have continued to contribute to the work of the rebalancing programme board during 2014. Draft legislation that is needed to align the status of the standards for registered pharmacies with the standards for individual registrants has been agreed by Parliamentary Counsel. Good progress has been made towards gaining the remaining necessary government clearances, before public consultation can commence. The GPhC will commence work on its additional regulatory responsibilities once the rebalancing consultation has begun.
Being accessible

Objective 9: Improve access to GPhC services for everyone

What does success look like?

- GPhC website easy to use and navigate
- Initial contacts and fitness to practise concerns resolved efficiently from first point of contact
- Our website, social media, roadshows and third parties being used to engage with people, patients and registrants
- Work done with other regulators to develop best practice in sharing information with patients and the public
- Online payments enabled for registration and restoration
- Applicants, registrants and owners able to update their details online

Initiatives to deliver success:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital Strategy</td>
<td>✔️</td>
</tr>
<tr>
<td>Review our strategic communications plan</td>
<td>✔️</td>
</tr>
<tr>
<td>Comprehensive events and engagement plan</td>
<td>✔️</td>
</tr>
<tr>
<td>myGPhC improvements</td>
<td>✔️</td>
</tr>
<tr>
<td>myGPhCpharmacy project</td>
<td>✔️</td>
</tr>
</tbody>
</table>

Commentary:

Our focus is to develop services and engagement activities which are accessible and informed by evidence from our stakeholders and customers about how they wish to interact with us. We are reviewing our strategic communications plan in light of the updated strategic plan and informed by perceptions research underway. Alongside this we are reviewing our online and social media presence looking at how new technologies and digital channels can be used to engage with, as well as to inform our stakeholders.

As referenced under Objective 2 we have updated ‘I am a patient’ web pages on our website and continue to monitor and review usage of these landing pages. As part of our engagement work for the review of our standards and guidance and the continuing fitness to practise programme, we will be looking to consult in a different way to previously for example, through the use of virtual groups.

We interact with our registrants and stakeholders through our presence at pharmacy conferences and events throughout the year as well as hosting listening and feedback events and attending AGMs and local practice forum meetings.

We have improved myGPhC online portal to enhance the user experience, with registrant content approved by the word centre (for plain English) now complete. We have launched myGPhCpharmacy portal to support online pharmacy renewals. This went live in June 2014 ahead of the peak renewal cycle.
Being accessible

Objective 10: Improve the transparency of information about pharmacy practice and improve understanding of the role of the regulator

What does success look like?

- Having the capability and capacity to enable good information sharing
- A range of ways available to registrants and the public for accessing information

Initiatives to deliver success:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development and implementation of MoUs</td>
<td>●</td>
</tr>
<tr>
<td>Update our strategic communications plan</td>
<td>●○</td>
</tr>
<tr>
<td>Launch Regulate e-newsletters</td>
<td>●○</td>
</tr>
</tbody>
</table>

Commentary:

We now have a Memorandum of Understanding (MoU) agreed with the Care Quality Commission, the Medicines and Healthcare Regulatory Agency, NHS England, NHS Protect, NHS Education Scotland, NHS Scotland Counter Fraud Services, the Care Inspectorate and the Home Office.

The MoU with the Disclosure and Barring Service is in the process of being signed and we are working with the Veterinary Medicines Directorate and Health Education England to develop joint MoUs. We are also developing MoUs in Scotland and Wales with Healthcare Improvement Scotland (HIS), NHS Scotland Regional Health Boards, Healthcare Inspectorate Wales (HIW), Counter fraud Services Wales and exploring the option of developing MoUs with the Welsh Health Boards.

Our initial review of progress shows promising signs of enhanced communication and cooperation. We continue to work with others organisations to further implement the MoUs, including a focus on how we share information, develop stronger links, share organisational learning and review the effectiveness of these areas.

We are reviewing our strategic communications plan in light of the updated strategic plan and informed by perceptions research underway. Alongside this we are reviewing our online and social media presence looking at how new technologies and digital channels can be used to engage with, as well as inform our stakeholders.
Objective 11: Build strategic partnerships and use intelligence networks and effective operational partnerships with other regulators throughout GB to identify and tackle issues and risks in pharmacy

What does success look like?

- Partnerships developed with a range of stakeholders across GB through MoUs
- Operational responsibility for management of pharmacist pre-registration training in Scotland transferred to NHS Education Scotland
- Strategic relationship management approaches to the largest pharmacy businesses, complementing individual pharmacy inspections
- A good understanding of issues faced by the independent and smaller pharmacy businesses
- Information shared with partner regulators enabling better targeted, risk-based intervention/inspection

Initiatives to deliver success:

- Development and implementation of MoUs
- MoU with NHS Education Scotland
- Host a series of breakfast seminars (& webinars where appropriate)
- Joint working with other regulators
- Strategic relationship management
- Feedback from inspectorate activities

Commentary:

We now have a Memorandum of Understanding (MoU) agreed with the CQC, the MHRA, NHS England, NHS Protect, NHS Education Scotland, NHS Scotland Counter Fraud Services, the Care Inspectorate and the Home Office. The MoU with the DBS is in the process of being signed and we are working with the Veterinary Medicines Directorate and HEE to develop joint MoUs. We are also developing MoUs in Scotland and Wales with Healthcare Improvement Scotland (HIS), NHS Scotland Regional Health Boards, Healthcare Inspectorate Wales (HIW), Counter fraud Services Wales and exploring the option of developing MoUs with the Welsh Health Boards. Our initial review of progress shows promising signs of enhanced communication and cooperation. We continue to work with others organisations to further implement the MoUs.

We agreed a memorandum of understanding (MoU) with NHS Education for Scotland (NES) in July 2014. The application cycle for the June/July 2015 pre-registration intake opened in October and operational responsibility for the management of pharmacist pre-registration training has now been transferred to NHS Education Scotland.

We are aiming to host a number of breakfast seminars to spark conversations and tackle issues and risks in pharmacy. The first event is scheduled for 9 December with a focus on medicine management in care homes. Future webinar topics will follow on from these breakfast seminars and other events such as the standards and inspection model listening event. The GPhC meets with other regulators on a formal and informal basis to share information, examples of good practice and participate in joint projects. This includes active participation in the cross regulatory bill leads group and research group.

We also meet with stakeholders as part of our operational work in the inspectorate. This includes strategic relationship management with the large multiples, the ability to produce knowledge reports on common features from inspections such as standards that are and are not frequently met, attendance at Local Pharmacy Councils and feedback from inspections. We have identified the characteristics of a good pharmacy from our inspection work which is now available online. We have also recently hosted a webinar with the Independent Pharmacy Federation.
**Understanding our regulated community and patients’ needs**

**Objective 12:** Develop stronger data analysis and insight capability to understand the profession and the effectiveness of our activities

**What does success look like?**

- National survey of pharmacists and pharmacy technicians published
- Surveys of pharmacist pre-registration training published annually
- Strategy for insight and knowledge delivery developed and implemented
- Ongoing insight provided into the value, efficiency and effectiveness of our work
- Knowledge and insight capability being used to direct, influence and measure our work

**Initiatives to deliver success:**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrant Survey 2013</td>
<td>●</td>
</tr>
<tr>
<td>Pre-registration Training Survey 2012/13</td>
<td>●</td>
</tr>
<tr>
<td>Automated dashboards created to provide management information and analysis for FtP and Inspection</td>
<td>●</td>
</tr>
<tr>
<td>Preparation for risk-modelling</td>
<td>●</td>
</tr>
</tbody>
</table>

**Commentary:**

The Registrant Survey 2013, our national survey of pharmacists and pharmacy technicians, was published in April 2014.

The Pre-registration Training Survey 2012/13, our first national survey of pre-registration training, was published in June 2014.

We have launched the Pre-registration Trainee Survey and the Pre-registration Tutor Survey for the 2013/14 year and we expect the results by March 2015.

We have developed automated dashboards for Inspection and FtP allowing evidence based decisions to be made using real-time data, making GPhC more dynamic and informed in its operational decision making. Further improvements and development requests have delayed the final version.

Summary data from operational dashboards are presented to the Executive to inform corporate decision-making and we are joining databases across the GPhC to allow the analysis of multiple factors that could correlate to risk levels. This will facilitate a better-informed view of the risks that we face, in FtP and Inspection operations and in policy development.
An efficient and effective organisation

**Objective 13:** Develop our governance framework and decision-making processes to allow us to achieve what we say we will as efficiently as possible

**What does success look like?**

- Development of an integrated planning, performance and financial management framework
- Strategic risk management aligned with corporate planning
- Corporate planning process embedded in our forward planning work

<table>
<thead>
<tr>
<th>Initiatives to deliver success:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate planning group</td>
<td>o</td>
</tr>
<tr>
<td>Risk management</td>
<td>o</td>
</tr>
<tr>
<td>GPhC programme and project methodology</td>
<td>o</td>
</tr>
</tbody>
</table>

**Commentary:**

During 2013/14 we successfully introduced strategic risk management into the way the organisation worked, with the Executive, Audit and Risk Committee and Council considering the principle risks to the delivery of the strategic plan and identifying the controls, assurances and gaps in the mitigation of those risks. This year we are embedding the revised risk management arrangements in our teams to ensure that they have adequate arrangements in place for identifying and mitigating the risks to their work. This work is supported by the Risk and Assurance Manager and developments are monitored by the Audit and Risk Committee. An internal audit is planned to provide additional assurance.

As part of the evolution of strategic and corporate planning within GPhC we have revised where responsibility for the development and co-ordination of the corporate plan rests. The corporate planning group, made up of heads of function, has been commissioned to ensure that the corporate plan is developed in line with the strategic plan and directly relates to the budget. The group will also ensure that other resources and dependencies are identified and planned for. The group has started late this year shortening the deadlines for teams to develop their plans.

We have established a task and finish group to review and update the governance arrangements for key pieces of work that sit underneath the objectives within the corporate plan. In this way we will ensure that cross organisational change and large scale pieces of work will have appropriate arrangements for not only monitoring progress but also for assessing the impact both internally and externally, the cost and required resources, risks to completing the work and evaluating both the pathway to and the outcome.
An efficient and effective organisation

**Objective 14:** Improve our functionality, efficiency and effectiveness

**What does success look like?**

- Head office relocated accommodating all staff with a separate hearings centre nearby
- New IT systems supporting registration and renewal processes, including online payments functionality
- External review in place evaluating our cost base and how the fee burden is allocated between premises and registrants
- Activities underway to align ourselves with the certification requirements of ISO27001

**Initiatives to deliver success:**

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office move project</td>
<td>✔️</td>
</tr>
<tr>
<td>myGPhC improvements</td>
<td>✔️</td>
</tr>
<tr>
<td>myGPhCpharmacy project</td>
<td>✔️</td>
</tr>
<tr>
<td>Information security policies and standards</td>
<td>✔️</td>
</tr>
<tr>
<td>MS Dynamics CRM phase 1 (registration) project</td>
<td>✔️</td>
</tr>
</tbody>
</table>

**Commentary:**

All office based staff moved to 25 Canada Square on the 26th Floor, with a dedicated Hearing Centre on the 25th floor, in September 2014. The project was delivered on time and to budget.

We have launched myGPhCpharmacy portal to support online pharmacy renewals. This went live in June 2014 ahead of the peak renewal cycle.

We have improved myGPhC online portal to enhance the user experience, with registrant content approved by the word centre (for plain English) now complete.

The First phase of the Microsoft Dynamics CRM programme to replace Concept (IT registration system) is currently in user acceptance test phase and is on schedule to go live in early 2015.

We have appointed a new IT Security Manager to deliver a suite of IT policies and standards and to work with the Governance and Assurance Officer, ensuring alignment between Information Governance and Information Security policy.
An efficient and effective organisation

**Objective 15:** Develop a high-performing workforce

**What does success look like?**

- Current and future capability to deliver both corporate and strategic plans assessed
- High levels of staff feeling committed to the principles behind GPhC’s work
- High proportion of staff aware of the accountability framework and feeling informed about what the GPhC is doing
- Positive vital organisational health indicators including diversity, absence, retention, career progression
- Developed succession planning, reflected in training

**Initiatives to deliver success:**

<table>
<thead>
<tr>
<th>Initiatives to deliver success:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of integrated workforce planning model linked to budgeting process</td>
<td></td>
</tr>
<tr>
<td>Development and roll out of Leadership development programme</td>
<td></td>
</tr>
<tr>
<td>Development and implementation of staff support initiatives to retain staff through relocation</td>
<td></td>
</tr>
<tr>
<td>Development and implementation of new Induction “onboarding” model</td>
<td></td>
</tr>
<tr>
<td>Implementation and roll out of new HR system identification</td>
<td></td>
</tr>
</tbody>
</table>

**Commentary:**

We have commissioned a new HR system to provide more accurate and complete management information including diversity, absence and staff performance management reviews. The design and implementation is in the final stages with rollout commencing in quarter four 2014/15.

We are revising our induction arrangements to an “on boarding model” to support effective and efficient integration of new staff into our organisation. The new modular approach is in the final stages of development with rollout of specific modules commencing quarter three 2014/15.

A review of our workforce planning approach was completed over the summer 2014. We are currently assessing and prioritising the 24 recommendations. We are developing a comprehensive establishment listing which will enable the prediction of recruitment needs and retention and development priorities.

A leadership development process was established and delivered to Executive Team in quarter two of 2014/15. This is now being rolled out to heads of function with the initial development assessment for heads on course to be completed at the end of quarter three 2014/15.
Performance Monitoring Report

Reporting period: end September 2014
1. Customer Services

1.1 Registrations by Month

<table>
<thead>
<tr>
<th>Type</th>
<th>Month of registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>353</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>296</td>
</tr>
</tbody>
</table>

Registered Pharmacies

<table>
<thead>
<tr>
<th></th>
<th>Community</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 13</td>
<td>39</td>
<td>5</td>
</tr>
<tr>
<td>Oct 13</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>Nov 13</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Dec 13</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Jan 14</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Feb 14</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>Mar 14</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>Apr 14</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>May 14</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Jun 14</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Jul 14</td>
<td>29</td>
<td>2</td>
</tr>
<tr>
<td>Aug 14</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Sep 14</td>
<td>28</td>
<td>0</td>
</tr>
</tbody>
</table>

1.2 Registration Totals

<table>
<thead>
<tr>
<th>Register</th>
<th>Total at Sept 14</th>
<th>Budgeted Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>50829</td>
<td>50827</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>22772</td>
<td>22760</td>
<td>12</td>
</tr>
<tr>
<td>Registered Pharmacies</td>
<td>14380</td>
<td>14431</td>
<td>-51</td>
</tr>
</tbody>
</table>

Commentary 1: Register volumes are aligned with budgeted figures and processing targets of applications to the register continue to be met.
1.3 Median application processing times for pharmacists - 28 days or less

<table>
<thead>
<tr>
<th>Median application processing times for pharmacists</th>
<th>Median application processing times for pharmacy technicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application receipt to approval</td>
<td>Application receipt to approval</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Application receipt to entry</td>
<td>Application receipt to entry</td>
</tr>
<tr>
<td>18</td>
<td>2</td>
</tr>
</tbody>
</table>

1.4 Contact Centre

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade of Service: 80% answered in &lt; 20 seconds</td>
<td>94.4%</td>
<td>94.9%</td>
<td>86.7%</td>
<td>95.1%</td>
<td>92.9%</td>
<td>85.7%</td>
<td>50.1%</td>
<td>83.7%</td>
<td>81.9%</td>
<td>84.20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Correspondence</th>
<th>1/14</th>
<th>2/14</th>
<th>3/14</th>
<th>4/14</th>
<th>5/14</th>
<th>6/14</th>
<th>7/14</th>
<th>8/14</th>
<th>9/14</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email actioned &lt; 2 Days %</td>
<td>100.0%</td>
<td>99.9%</td>
<td>100.0%</td>
<td>99.9%</td>
<td>99.8%</td>
<td>100.0%</td>
<td>91.4%</td>
<td>98.5%</td>
<td>99.8%</td>
<td>98.78%</td>
</tr>
</tbody>
</table>

Commentary 2: Our inability to meet our July target was as a result of an unexpected increase in contact centre staff absence at a time of the publication of assessment results and applications from pre-registration trainees joining the register for the first time. Cover was provided by staff within the application processing teams to mitigate this, but we were unable to meet our usual good standards.
## 1.5 Continuing Professional Development

<table>
<thead>
<tr>
<th>CPD Volumes</th>
<th>8/14</th>
<th>9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviews</td>
<td>1488</td>
<td>108</td>
</tr>
<tr>
<td>Feedback</td>
<td>1525</td>
<td>274</td>
</tr>
<tr>
<td>Feedback Reports o/s</td>
<td>1454</td>
<td>253</td>
</tr>
</tbody>
</table>

### CPD Results

<table>
<thead>
<tr>
<th>Results</th>
<th>8/14</th>
<th>9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>75-100% (Excellent)</td>
<td>1454</td>
<td>253</td>
</tr>
<tr>
<td>50-74% (Good)</td>
<td>55</td>
<td>15</td>
</tr>
<tr>
<td>25-49% (Look at Again)</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>0-24% (Urgent Attention)</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure Rate %</th>
<th>1.1%</th>
<th>3.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remedial</td>
<td>86</td>
<td>121</td>
</tr>
<tr>
<td>Health</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Commentary 3** - CPD volumes have reduced during this period due to the last call and review cycle concluding in advance of the new cycle commencing in October 2014.

<table>
<thead>
<tr>
<th>CPD Volumes</th>
<th>8/14</th>
<th>9/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records Requested</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Records Submitted</td>
<td>127</td>
<td>68</td>
</tr>
</tbody>
</table>
2. Fitness to Practise (FtP)

2.1 Case received and closed - case load change

Commentary 4: In September we received 119 cases; despite a peak of cases in July, we have been receiving an average of around 120 cases for the last 5 months. We closed 156 cases, 31% more cases than we received, which contributed to reduction in our overall caseload from 667 cases at the end of August to 630 cases at the end of September.

The chart shows that since July, we continue to close and refer more cases than we receive. This is reflective of an increase in productivity within Stream 1 and particularly Stream 2 where we have more than doubled our performance since April this year.
2.2 Case load age profile by stage

<table>
<thead>
<tr>
<th>Age profile of overall case load</th>
<th>Sep-13</th>
<th>Feb-14</th>
<th>Apr-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
<th>Sep-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6 months old</td>
<td>51.35%</td>
<td>40.16%</td>
<td>40.03%</td>
<td>46.37%</td>
<td>47.49%</td>
<td>26.83%</td>
</tr>
<tr>
<td>6-12 months old</td>
<td>21.54%</td>
<td>30.49%</td>
<td>30.60%</td>
<td>31.22%</td>
<td>24.35%</td>
<td>19.52%</td>
</tr>
<tr>
<td>12-15 months</td>
<td>7.50%</td>
<td>8.20%</td>
<td>8.04%</td>
<td>6.80%</td>
<td>9.89%</td>
<td>20.95%</td>
</tr>
<tr>
<td>Over 15 months old</td>
<td>19.62%</td>
<td>21.15%</td>
<td>21.33%</td>
<td>19.78%</td>
<td>18.26%</td>
<td>11.90%</td>
</tr>
</tbody>
</table>

Commentary 5: The table above sets out the age profile of the overall case load at the end of September 2014. A comparison is also provided with the age profile at the end of September 2013. These headline percentages summarise the following position:

- The volume of cases over 12 months old was 199 at the end of August and has risen to 206 at the end of September. These cases represent 32.70% of our overall caseload, up from 28.15% in the July report. Since August, we have closed 28 cases that were over 12 months old and 35 new cases have moved into this category.

- Despite a small rise in the volume of over 12 month cases since the last Council report, the proportion of these cases at investigating stage has dropped from 58% at the end of July to 55% at the of September. This is important as this is reflecting the push to progress these cases through the system.

- At the end of September, of the 206 cases over 12 months, 114 cases were at the investigating stage, 23 were with the Investigating Committee, 19 cases have been listed for a Principal Hearing while the remaining 50 cases are awaiting listing of a Principal Hearing.

- This is compares to 185 cases that were over 12 months as reported to Council in the previous report, where 107 cases were at the investigating stage, 18 were with the investigating committee, 17 cases had been listed for a principal hearing while the remaining 43 cases were awaiting listing of a principal hearing.
Commentary 5 (cont’d):

- The number of cases over 15 months old has decreased from 136 at the end of August to 131 at the end of September. Since August we have closed 21 cases that were over 15 months old and 16 new cases have moved into this category.

- The proportion of cases over 15 months old at investigating stage has dropped from 53% at the end of July to 49.6% at the end of September.

- At the end of September, of the 131 cases over 15 months, 65 cases are at the investigating stage, 12 are with the Investigating Committee, 16 cases have been listed for a Principal Hearing while the remaining 38 cases are awaiting listing of a Principal Hearing.

- This compares to the position reported to Council for the previous period where of 126 cases that were over 15 months old, 67 cases were at the investigation stage, 14 were with the Investigating Committee, 14 cases had been listed for a Principal Hearing while the remaining 31 cases were awaiting listing of a Principal Hearing.
### 2.3 Cases over 15 months

<table>
<thead>
<tr>
<th>Age profile of cases &gt; 15 months</th>
<th>Sep-13</th>
<th>%</th>
<th>Feb-14</th>
<th>%</th>
<th>Apr-14</th>
<th>%</th>
<th>Jun-14</th>
<th>%</th>
<th>Jul-14</th>
<th>%</th>
<th>Sep-14</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 months</td>
<td>44</td>
<td>43.14%</td>
<td>51</td>
<td>39.53%</td>
<td>61</td>
<td>44.20%</td>
<td>62</td>
<td>48.44%</td>
<td>56</td>
<td>44.44%</td>
<td>59</td>
<td>45.04%</td>
</tr>
<tr>
<td>20-24 months</td>
<td>32</td>
<td>31.37%</td>
<td>36</td>
<td>27.91%</td>
<td>34</td>
<td>24.64%</td>
<td>28</td>
<td>21.88%</td>
<td>30</td>
<td>23.81%</td>
<td>30</td>
<td>22.90%</td>
</tr>
<tr>
<td>25-29 months</td>
<td>11</td>
<td>10.78%</td>
<td>23</td>
<td>17.83%</td>
<td>24</td>
<td>17.39%</td>
<td>19</td>
<td>14.84%</td>
<td>22</td>
<td>17.46%</td>
<td>23</td>
<td>17.56%</td>
</tr>
<tr>
<td>30-34 months</td>
<td>8</td>
<td>7.84%</td>
<td>10</td>
<td>7.75%</td>
<td>11</td>
<td>7.97%</td>
<td>9</td>
<td>7.03%</td>
<td>8</td>
<td>6.35%</td>
<td>9</td>
<td>6.87%</td>
</tr>
<tr>
<td>35-39 months</td>
<td>3</td>
<td>2.94%</td>
<td>4</td>
<td>3.10%</td>
<td>5</td>
<td>3.62%</td>
<td>5</td>
<td>3.91%</td>
<td>4</td>
<td>3.17%</td>
<td>6</td>
<td>4.58%</td>
</tr>
<tr>
<td>40-42 months</td>
<td>2</td>
<td>1.96%</td>
<td>4</td>
<td>3.10%</td>
<td>3</td>
<td>2.17%</td>
<td>3</td>
<td>2.34%</td>
<td>3</td>
<td>2.38%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>43-50 months</td>
<td>2</td>
<td>1.96%</td>
<td>1</td>
<td>0.78%</td>
<td>0</td>
<td>0%</td>
<td>2</td>
<td>1.56%</td>
<td>3</td>
<td>2.38%</td>
<td>4</td>
<td>3.05%</td>
</tr>
</tbody>
</table>

**Commentary 6**: Our oldest case is 47 months old (up from 45 months in the last Council report). Of all cases over 15 months old, the average case age is 22.22 months, while the median is 20.00 months. This is a marginal improvement from the last Council report where the average case age in this category was 22.68 months and the median was 20.26 months.
2.4 Concerns by type

**Concerns received by category September 13 - September 14**

<table>
<thead>
<tr>
<th>Investigation Category</th>
<th>Number of cases</th>
<th>% of total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misconduct</td>
<td>825</td>
<td>59.61%</td>
</tr>
<tr>
<td>Misconduct(Professional Performance)</td>
<td>23</td>
<td>1.66%</td>
</tr>
<tr>
<td>Misconduct(Caution/Conviction)</td>
<td>14</td>
<td>1.01%</td>
</tr>
<tr>
<td>Caution/Conviction</td>
<td>72</td>
<td>5.20%</td>
</tr>
<tr>
<td>Health</td>
<td>32</td>
<td>2.31%</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>1.81%</td>
</tr>
<tr>
<td>Hybrid</td>
<td>17</td>
<td>1.23%</td>
</tr>
<tr>
<td>Misconduct(Health)</td>
<td>5</td>
<td>0.36%</td>
</tr>
<tr>
<td>Professional Performance</td>
<td>2</td>
<td>0.14%</td>
</tr>
<tr>
<td>Restoration</td>
<td>1</td>
<td>0.07%</td>
</tr>
<tr>
<td>Out of Jurisdiction</td>
<td>368</td>
<td>26.59%</td>
</tr>
</tbody>
</table>

**Commentary 7:** Since September 2013, most of our complaints continue to be related to misconduct, followed by cases involving cautions or convictions. The table below shows the number and proportion of cases opened under each investigation category together with the total number of cases that were out of jurisdiction.
Commentary 8: Since January we closed 950 cases; 26.42% of all cases closed were closed as out of jurisdiction. The chart below demonstrates a steady increase in productivity in Stream 1 and Stream 2 since the beginning of the year. Most cases closed were at Stream 1 (36%) followed by 24% of cases closed at Stream 2; 14% of all cases were closed by a committee.
2.6 DBS referrals

**Commentary 9:** Three referrals were made to the DBS by the GPhC in August 2014. This brings the total for the financial year to four.

2.7 Appeals

**Commentary 10:** There were five live appeals during the reporting period and one application for judicial review.

2.8 Interim Orders

**Commentary 11:** The chart below shows the number of interim orders issued per month over the last 12 months. Since September 2013 there were 35 interim order applications; 34 of these were granted. There were 4 interim conditions orders and 30 interim suspension orders.
3. Organisational Complaints

3.1 Complaints by category

**Commentary 12:** Following the launch of myGPhC online a number of complaints/issues have been received which were expected as part of the establishment of the new system. The Customer Services team is working hard to address the issues raised.
4. Human Resources

4.1 Staff Turnover

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Permanent</td>
</tr>
<tr>
<td>Executive Office</td>
<td>19</td>
</tr>
<tr>
<td>Inspection and Fitness to Practise.</td>
<td>80</td>
</tr>
<tr>
<td>Policy &amp; Communications</td>
<td>28</td>
</tr>
<tr>
<td>Resources &amp; Customer Services</td>
<td>62</td>
</tr>
<tr>
<td>Grand Total</td>
<td>189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total permanent staff</th>
<th>Resignations</th>
<th>Turnover (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>189</td>
<td>31</td>
<td>16.4</td>
</tr>
</tbody>
</table>

Commentary 13: Turnover, due to voluntary resignations, remains consistent with the level previously reported. At this stage the office relocation has not had a marked impact on turnover. This will remain under review through staff exit interviews.
4.2 Staff Sickness

**Commentary 14:** The new HR system covering sickness reporting is due for roll out in the new year, a delay of approximately two months to completion of the system installation. The sickness reporting is expected to enhance the current data quality and therefore there may be variation going forward when compared to previous reported levels.
5. **Financial Performance**

5.1 **GPhC Balance Sheet as at 30 September 2014**

<table>
<thead>
<tr>
<th></th>
<th>September 2014</th>
<th>March 2014</th>
<th>September 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Tangible Assets</td>
<td>4,091</td>
<td>727</td>
<td>215</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Debtors</td>
<td>56</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other Debtors</td>
<td>43</td>
<td>267</td>
<td>9</td>
</tr>
<tr>
<td>Prepayments</td>
<td>471</td>
<td>718</td>
<td>363</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>77</td>
<td>124</td>
<td>207</td>
</tr>
<tr>
<td>Escrow Account</td>
<td>440</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bank &amp; Cash</td>
<td>27,058</td>
<td>29,667</td>
<td>29,854</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>28,146</td>
<td>30,780</td>
<td>30,438</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>244</td>
<td>822</td>
<td>401</td>
</tr>
<tr>
<td>Corporation Tax</td>
<td>92</td>
<td>75</td>
<td>83</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other Taxes &amp; Social Security</td>
<td>257</td>
<td>200</td>
<td>212</td>
</tr>
<tr>
<td>Deferred Income :-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grants</td>
<td>1,267</td>
<td>1,295</td>
<td>1,323</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>12,340</td>
<td>12,483</td>
<td>11,751</td>
</tr>
<tr>
<td>- Other Income</td>
<td>5</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Accruals</td>
<td>939</td>
<td>746</td>
<td>723</td>
</tr>
<tr>
<td><strong>Net Current Assets / (Liabilities)</strong></td>
<td>15,228</td>
<td>15,713</td>
<td>14,580</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord Incentive</td>
<td>1,830</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>15,179</td>
<td>15,795</td>
<td>16,073</td>
</tr>
</tbody>
</table>

**Funds Employed**

<table>
<thead>
<tr>
<th></th>
<th>September 2014</th>
<th>March 2014</th>
<th>September 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated Fund b/fwd.</td>
<td>15,795</td>
<td>14,642</td>
<td>14,642</td>
</tr>
<tr>
<td>Surplus/(Deficit) in Year</td>
<td>(616)</td>
<td>1,153</td>
<td>1,444</td>
</tr>
<tr>
<td>Prior Year Adjustment</td>
<td></td>
<td></td>
<td>(13)</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>15,179</td>
<td>15,795</td>
<td>16,073</td>
</tr>
</tbody>
</table>
### 5.2 Management Accounts September 2014

<table>
<thead>
<tr>
<th></th>
<th>September 2014</th>
<th>Year to date</th>
<th>Budget to 31/03/15</th>
<th>Forecast to 31/03/15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual £</td>
<td>Forecast £</td>
<td>Variance £</td>
<td>Actual £</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist Income</td>
<td>1,045,239</td>
<td>1,048,990</td>
<td>(3,751)</td>
<td>6,314,781</td>
</tr>
<tr>
<td>Premises Income</td>
<td>280,219</td>
<td>269,703</td>
<td>10,516</td>
<td>1,710,861</td>
</tr>
<tr>
<td>Technician Income</td>
<td>224,550</td>
<td>235,453</td>
<td>(10,904)</td>
<td>1,301,717</td>
</tr>
<tr>
<td>Pre-Registration Income</td>
<td>158,566</td>
<td>128,867</td>
<td>29,700</td>
<td>806,539</td>
</tr>
<tr>
<td>Other Fee Income</td>
<td>14,314</td>
<td>16,256</td>
<td>(1,942)</td>
<td>48,416</td>
</tr>
<tr>
<td>DH Grant Income</td>
<td>2,518</td>
<td>5,132</td>
<td>(2,615)</td>
<td>27,714</td>
</tr>
<tr>
<td>Other Income</td>
<td>1,581</td>
<td>3,267</td>
<td>(1,686)</td>
<td>157,034</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,726,986</td>
<td>1,707,668</td>
<td>19,318</td>
<td>10,367,062</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive</td>
<td>(178,568)</td>
<td>(199,676)</td>
<td>21,108</td>
<td>(702,051)</td>
</tr>
<tr>
<td>Policy &amp; Communications</td>
<td>(223,924)</td>
<td>(246,177)</td>
<td>22,253</td>
<td>(1,446,323)</td>
</tr>
<tr>
<td>Inspections &amp; Fitness to Practise</td>
<td>(620,574)</td>
<td>(586,707)</td>
<td>(33,867)</td>
<td>(3,239,237)</td>
</tr>
<tr>
<td>Council &amp; Governance</td>
<td>(89,894)</td>
<td>(75,380)</td>
<td>(14,514)</td>
<td>(355,558)</td>
</tr>
<tr>
<td><strong>Total Directorate Costs</strong></td>
<td>(1,875,464)</td>
<td>(1,898,784)</td>
<td>23,320</td>
<td>(9,698,744)</td>
</tr>
<tr>
<td>Rent</td>
<td>(146,207)</td>
<td>(146,763)</td>
<td>557</td>
<td>(750,845)</td>
</tr>
<tr>
<td>Contribution from Landlord</td>
<td>36,191</td>
<td>36,724</td>
<td>533</td>
<td>166,478</td>
</tr>
<tr>
<td>Rates</td>
<td>(59,074)</td>
<td>(41,356)</td>
<td>(17,718)</td>
<td>(296,426)</td>
</tr>
<tr>
<td>Utilities</td>
<td>(10,841)</td>
<td>(13,748)</td>
<td>2,908</td>
<td>(79,632)</td>
</tr>
<tr>
<td>Insurance</td>
<td>(7,866)</td>
<td>(7,802)</td>
<td>(64)</td>
<td>(38,215)</td>
</tr>
<tr>
<td>Service Level Costs</td>
<td>(8,963)</td>
<td>(16,500)</td>
<td>7,537</td>
<td>(53,780)</td>
</tr>
<tr>
<td><strong>Total Occupancy Costs</strong></td>
<td>(255,264)</td>
<td>(242,811)</td>
<td>(12,453)</td>
<td>(1,358,575)</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>(2,130,728)</td>
<td>(2,141,595)</td>
<td>10,867</td>
<td>(11,057,319)</td>
</tr>
</tbody>
</table>
## Commentary 15:

### Finance: September Data

The operating result to the end of September is a deficit of £616k which compares to an original budget deficit of £1.4m. The variance of £800k arises almost entirely from lower expenditure. Substantial savings on employee costs (delayed recruitment) and lower occupancy and depreciation costs has been partially offset by higher professional costs.

The forecast for the year end is a deficit of £2.2m compared to an original deficit budget of £2.6m. The reasons for the favourable variance reflect the variances to date.

### Balance Sheet

As at the end of September we had reserves of £15.2m (free reserves £12.9m) this is £0.9m lower than this time last year. Cash balances were £27.1m which is £1.8m lower than this time last year. This reflects the deficit and the higher level of investment In fixed assets associated with the move to our new premises and investment in new IT.
6. Accreditation Data

6.1 Accreditation/recognition activity 2013/2014

<table>
<thead>
<tr>
<th>Course</th>
<th>Event type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPharm degree</td>
<td>reaccreditation</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>1</td>
</tr>
<tr>
<td>MPharm 2+2 degree:</td>
<td>reaccreditation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy Foundation degree</td>
<td>reaccreditation</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>0</td>
</tr>
<tr>
<td>OSPAP:</td>
<td>reaccreditation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>0</td>
</tr>
<tr>
<td>Independent prescribing:</td>
<td>reaccreditation</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>2</td>
</tr>
<tr>
<td>Independent prescribing conversion:</td>
<td>reaccreditation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy technician:</td>
<td>reaccreditation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>0</td>
</tr>
<tr>
<td>Dispensing assistant:</td>
<td>reaccreditation</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>3</td>
</tr>
<tr>
<td>Medicines counter assistant:</td>
<td>reaccreditation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>0</td>
</tr>
</tbody>
</table>

Commentary 16: The accreditation and recognition cycle has run to schedule and in budget. We have responded to requests for unplanned accreditation events to fast-track independent prescribing courses where hospital consortia have commissioned training for pharmacists in order to roll out new services.
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. Professional Standards Authority Levy
2.1 On 3 October the Department of Health launched an eight week consultation on the future funding of the Professional Standards Authority (PSA) by introduction of a compulsory levy on the regulators it oversees. The option being proposed by DH, supported by HM Treasury, is a fee structure based on the number of registrants per regulatory body.

2.2 Subject to the response to the consultation and parliamentary approval, DH is aiming for the regulations to be laid in late 2014, to commence in early 2015 to facilitate the collection of fees by the PSA from 1 April 2015.

2.3 The consultation documents, including impact assessment and draft regulations, are available here.

3. Memoranda of Understanding update
3.1 Since our report to Earl Howe in July, Memoranda of Understanding (MoUs) have been signed with the Home Office, the Disclosure and Barring Service,
DR, the Care Inspectorate (the independent scrutiny and improvement body for the care homes in Scotland) and NHS Scotland Counter Fraud.

3.2 We continue to work with NHS England and the MHRA, among others, to further implement the MoUs including a focus on how we share information and intelligence, develop stronger contacts and links and review the effectiveness of the MOUs. The MOUs also include a commitment to review and evaluate their impact one year after signing. As the pre-election period is likely to begin in March, Department of Health have asked that an evaluation report be sent to the Minister in early July. Much of the evidence gathered during the course of further implementing the MoUs will be used to inform the evaluation and report on progress.

4. **Continuing Fitness to Practise Advisory Group**

4.1 At its last meeting, Council agreed to establish an advisory group with an independent Chair to support the development of the Continuing Fitness to Practise Framework. The group, which includes representatives of key stakeholder organisations, will advise on the development activities and provide assurance to Council.

4.2 Lord Kirkwood of Kirkhope has now been appointed as Chair of the advisory group. Lord Kirkwood brings with him a wealth of experience from his role as a parliamentarian, as well as a long history of involvement with health regulation having held a seat on the General Medical Council. Before entering Parliament he trained as a pharmacist and as a lawyer.

4.3 A programme of introductory meetings has taken place with stakeholder organisations and the first meeting of the advisory group, at which formal terms of reference will be agreed, will take place in early December 2014. Regular reports on progress will be provided to Council.

5. **Professional Duty of Candour**

5.1 The Chief Executives of the statutory regulators of healthcare professionals, including the GPhC, have published a [joint statement](#) on the professional duty of candour.

5.2 The statement reflects the GPhC’s requirement that pharmacists and pharmacy technicians need to be open and transparent at all times, and serves as a reminder that candour is an essential duty for all professionals.

5.3 The statement is one of the outcomes of the joint work taken forward by all healthcare regulators, one year on from the Francis report. It also supports the Health Secretary's vision that events in Mid Staffs and elsewhere should become a turning point in creating a more open, compassionate and transparent culture within the NHS.
5.4 The regulators have agreed to promote the statement to their registrants, students, and to patients. As the GPhC reviews its standards it will strengthen references, where necessary, to being open and honest and encourage registrants to reflect on their own learning and continuing professional development needs regarding the duty of candour.

6. Freedom to Speak Up – whistleblowing review

6.1 The Freedom to Speak Up review, led by Sir Robert Francis QC, was announced on 24 June by the Secretary of State for Health. It is an independent review into creating an open and honest reporting culture in the NHS.

6.2 The review, which is due to complete its work in November 2014, will provide independent advice and recommendations to the Secretary of State on measures to ensure that NHS workers in England can make disclosures about any aspect of the quality of care, malpractice or wrongdoing at work; confident that they will be listened to, that appropriate action will be taken and that they will not suffer detriment as a result.

6.3 As part of the review a survey of those working in NHS Trusts and primary care settings, including pharmacy, has been carried out to gather views and perceptions on raising concerns and the barriers that might prevent someone speaking up.

6.4 The GPhC emailed all registrants in England whose email addresses we hold to make them aware of the survey, including a link so that all those who wanted to could take part.

7. HEE and HEFCE announcements on student cap and reform of pharmacist education and training in England

7.1 On 17 October 2014, Health Education England (HEE) and the Higher Education Funding Council for England (HEFCE) published their joint analysis of the responses to their 2013 consultation on capping pharmacy student numbers: http://www.hefce.ac.uk/media/hefce/content/pubs/2014/201422/HEFCE2014_22.pdf

7.2 On 1 September the Minister for Universities, Science and Cities, Greg Clark, advised that he did not wish HEFCE to implement a specific student number control for pharmacy.

7.3 In its response to the Ministerial decision and in light of the findings of the consultation, HEE has announced that it will work with the Department of Health on ‘proposals to reform the planning, funding and delivery of pharmacist education and training’ and that the basis of the proposals will be
'a five year degree with integrated work based learning and clinical teaching across the curriculum'.

7.4 The GPhC has expressed a willingness to work with HEE as it develops its proposals. Our plans to develop new education and training standards for pharmacists will support the introduction of an integrated course.


8.1 At its April 2013 meeting the Council agreed that RIPA powers to authorise directed surveillance and the use of covert human intelligence sources (CHIS) should be sought in line with the recommendations set out in the Office of Surveillance Commissioners’ Report of January 2013.

8.2 The GPhC is listed as a relevant authority in RIPA. However, due to a legislative omission, it does not have powers to use directed surveillance. The GPhC is also unable to authorise the use of CHIS.

8.3 The Department of Health (DH) has recently advised that it is progressing work to correct the legislative omission but this will need to be actioned through the Regulatory Policy Committee which will require various impact assessments to be completed. As yet we do not have an indicative timetable for this work.

8.4 DH has also advised that it is not sure at this stage whether it can deliver giving the GPhC CHIS powers. The Home Office has indicated that it is not willing to make changes to RIPA relevant to the bringing in of new powers. DH is seeking legal advice as to the extent of the changes required and will then discuss further with the Home Office. DH has cautioned, however, that even if the Home Office decides to progress this proposal, work would not begin until after the General Election and it would be a long process including impact assessment, full consultation and full ‘better regulation’ scrutiny.

8.5 We continue to liaise with DH and will provide regular updates to Council.

9. **The Health and Social Care (Safety and Quality) Bill**

9.1 A Private Member’s Bill which contains provisions amending the Council’s functions as set out in the Pharmacy Order 2010 has been presented to Parliament.

9.2 The Bill has drafting support from Government and the GPhC has been engaging with the Department of Health on the drafting of provisions on the over-arching objective. The second reading is on 7 November. We will keep Council informed of the Bill’s progress.
10. **Rebalancing update**

The Chair and Chief Executive attended the latest meeting of the Rebalancing Programme Board on 23 September. The minutes from this meeting, when published, will be available at: [https://www.gov.uk/government/policy-advisory-groups/pharmacy-regulation-programme-board](https://www.gov.uk/government/policy-advisory-groups/pharmacy-regulation-programme-board)

11. **Consultations**

11.1 A list of active consultations with which the organisation is or is not engaging is included at Appendix 2.

**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_

29 October 2014
Appendix 1

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: Nigel Clarke (NC), Duncan Rudkin (DR), Bernard Kelly (BK), Hugh Simpson (HS), Claire Bryce-Smith (CBS):

Chair (Nigel Clarke):
- Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board – meeting (with DR)
- The Pharmacy Show – speaking
- Public Policy Projects discussion dinner - Care Quality Commission (CQC), ‘Work in Progress’
- Pharmacy Business Awards
- Rosie Cooper MP, Health Select Committee member – meeting (with DR)
- Healthcare Regulators’ Chairs’ meeting
- Chair and Director, Pharmacists’ Defence Association (PDA) – meeting (with DR)

Staff:
- Chief Pharmaceutical Officer for England – update meeting (DR)
- Director of Professional Standards and Superintendent Pharmacist, Boots – meeting (DR)
- Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board – meeting (DR with NC)
- Health Education England (HEE) Pharmacy Advisory Group (DR)
- The Pharmacy Show – panel member (DR)
- Chief Executive, Royal Pharmaceutical Society (RPS) - update meeting (DR)
- Public Policy Exchange event - ‘The Future of NHS Community Pharmacies’ – speaking (DR)
- Healthcare Regulators Chief Executives’ Steering Group (DR)
- The Association of Independent Multiple Pharmacies (AIMp) - Annual Dinner (DR)
- Annual Regulation Conference (DR)
- Rosie Cooper MP, Health Select Committee member – meeting (DR with NC)
- Chair and Director, Pharmacists’ Defence Association (PDA) – meeting (DR with NC)
• Chief Executive, Professional Standards Authority (PSA) - update meeting (DR)
• Centre for Analysis of Risk and Regulation (CARR) Regulators’ Forum (CBS and HS)
• Healthcare Regulators’ Scottish Directors – working group (CBS)
• Head of Medicines Management, Care Quality Commission (CQC) – meeting (CBS)
• National Pharmacy Manager and Head of Medicines Management, Care Quality Commission (CQC) – meeting (HS)
• Healthcare regulators’ Forum (HS)
• Public Policy Projects event - ‘Openness and honesty when things go wrong, the professional duty of candour’ (HS)
• Regulators’ Forum - ‘Assessing regulatory performance’ - meeting (HS)
## Active and new consultations

<table>
<thead>
<tr>
<th>Title</th>
<th>By</th>
<th>Summary</th>
<th>Deadline</th>
<th>Response</th>
<th>Reasons/considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Standards Authority for Health and Social Care – Draft Fees Regulations</td>
<td>Department of Health</td>
<td>The Professional Standards Authority (PSA) is currently funded by the Department of Health and the devolved administrations. The department is seeking views on proposals to allow the PSA to be funded by fees paid by the 9 healthcare professional regulatory bodies it oversees including its future fee structure.</td>
<td>28/11/14</td>
<td>Reviewed by Lyn Wibberley. Decision to respond</td>
<td></td>
</tr>
<tr>
<td>The General Dental Council – proposed amendments to enhance the effectiveness and efficiency of its fitness to practise processes</td>
<td>Department of Health</td>
<td>The Department of Health is seeking views on proposals to make the GDC’s early investigation stages of its fitness to practise processes more effective and efficient, through amendments to the Dentists Act 1984.</td>
<td>21/11/14</td>
<td>Reviewed by Jerome Mallon. Decision not to respond</td>
<td>Not appropriate for the GPhC to respond to a consultation from another independent statutory health professional regulator. However, need to keep up to date with further developments and need for ongoing engagement with the GDC relating to the learning from / experience of these changes.</td>
</tr>
<tr>
<td>Reviewing how we deal with concerns about doctors: A public consultation</td>
<td>GMC</td>
<td>This major consultation looks at how doctors should be dealt with when serious complaints about them are upheld. Under the proposals, doctors could face restrictions on their practice, suspension or even</td>
<td>14/11/14</td>
<td>Reviewed by Jerome Mallon and Andy Jaeger. Decision not to respond</td>
<td>Not appropriate for the GPhC to respond to a consultation from another independent statutory health professional regulator and also the</td>
</tr>
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<td>Title</td>
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<td>Summary</td>
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<tr>
<td>on changes to our sanctions guidance and on the role of apologies and warnings</td>
<td>..pdf 57489422.pdf</td>
<td>have their registration removed if, for example, it is shown that they knew or should have known they were causing harm to patients in serious cases. This could happen even if they had subsequently improved their practice</td>
<td></td>
<td></td>
<td>issues at stake do not apply to the GPhC in exactly the same way as they do to the GMC. We do need to keep up to date with further developments and need for ongoing engagement with the GMC about what they learn from this new approach</td>
</tr>
<tr>
<td>Mutual recognition of professional qualifications: revised directive</td>
<td>Department of Business, Innovation and Skills (BIS)</td>
<td>The directive has brought in a number of changes which aim to further facilitate the free movement of professionals within the EU. This consultation seeks the views of all interested parties affected by the general provisions of the revised directive</td>
<td>06/11/14</td>
<td>Reviewed by Martha Pawluczyk.</td>
<td>Decision to respond</td>
</tr>
<tr>
<td>Consultation on Rules for Professional Indemnity</td>
<td>HCPC <a href="http://www.research.net/s/consultationonprofessionalindemnityrules">http://www.research.net/s/consultationonprofessionalindemnityrules</a></td>
<td>The Health and Care Professions Council (HCPC) is consulting on proposed changes to the Health and Care Professions Council (Registration and Fees) Rules 2003, which will allow the regulator to implement checks for the new professional indemnity arrangement requirements</td>
<td>31/10/14</td>
<td>Reviewed by Martha Pawluczyk.</td>
<td>Decision not to respond Not appropriate for the GPhC to respond to a consultation from another independent statutory health professional regulator. However, need to keep up to date with further developments</td>
</tr>
<tr>
<td>NHS England launches consultation</td>
<td>NHS England <a href="http://www.england.nhs.uk/ourwork/">http://www.england.nhs.uk/ourwork/</a></td>
<td>NHS England has launched a four-week public consultation on proposed changes to the way its</td>
<td>31/10/14</td>
<td>Reviewed by Sarah Jennings.</td>
<td>Decision not to respond Not appropriate for the GPhC to respond as it does not relate directly to</td>
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<td>Title</td>
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<td>on proposed changes to Cancer Drug Fund Standard Operating Procedures</td>
<td>pe/cdf/cdf-sop/</td>
<td>Cancer Drug Fund operates.</td>
<td></td>
<td>respond</td>
<td>our role and core functions, nor does it have a direct impact upon our strategic or corporate plans.</td>
</tr>
<tr>
<td>Consultation on proposed consent orders</td>
<td>Architects Registration Board <a href="http://www.arb.org.uk/favicon.ico">http://www.arb.org.uk/favicon.ico</a></td>
<td>The Architects Registration Board is consulting on proposed changes to its Professional Conduct Committee Rules in order to introduce Consent Orders</td>
<td>28/10/14</td>
<td>Reviewed by Jerome Mallon and Priya Warner. Decision not to respond</td>
<td>Not appropriate for us to do so; consultation does not relate to our core functions or strategic priorities. Need to keep up to date with further developments relating to this consultation</td>
</tr>
<tr>
<td>Health Premium Incentive Scheme 2014/15 and Public Health</td>
<td>Department of Health, Public Health England Health Premium Incentive Scheme</td>
<td>This consultation is asking for views on plans for the introduction of the Health Premium Incentive Scheme (HPIS), which rewards local authorities for public health improvements made in line with</td>
<td>23/10/14</td>
<td>Reviewed by Andy Jaeger. Decision not to respond</td>
<td>Not responding as this consultation does not have a direct impact on our role and core functions, nor does it have an impact on our strategic priorities.</td>
</tr>
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<td>Title</td>
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<td><strong>Allocations</strong></td>
<td>and public health allocations - Consultations - GOV.UK</td>
<td>selected indicators from the public health Outcomes Framework.</td>
<td></td>
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<td></td>
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<tr>
<td><strong>The Health and Care Professions</strong></td>
<td>Department of Health</td>
<td>Non-medical or dental public health specialists are going to be subject to statutory regulation by the HCPC instead of registering on the voluntary list currently held by the UK Public health Register (UKPHR). The draft Order contains the details of how this regulation will work in practice</td>
<td>14/11/14</td>
<td>Reviewed by Andy Jaeger and Sarah Jennings.</td>
<td>Decision to respond</td>
</tr>
<tr>
<td><strong>Consultations on CQC guidance to help services meet new regulations</strong></td>
<td>CQC</td>
<td>CQC has issued its draft guidance on how providers can meet the eleven fundamental standards as part of a public consultation. Alongside this, CQC is asking for views on how it will use its strengthened enforcement powers, as set out in the Care Act 2014. These will allow CQC to decide on the most appropriate enforcement action to take when care falls below the required standard rather than starting at the bottom of the scale. This includes CQC being able to prosecute providers without having to issue a warning notice first. Once finalised, the guidance will help providers to understand how</td>
<td>17/10/14</td>
<td>Reviewed by Andy Jaeger, Priya Warner and Sarah Jennings. Decision not to respond formally.</td>
<td>It was decided that the GPhC is not best placed at providing a formal response to the consultation. Decision, however, to contribute to the consultation in an alternative way –providing an informal response by email. Further engagement (i.e. telephone conversation) might also follow.</td>
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<tr>
<td>Display of Performance Assessments placing a legal requirement on registered providers to display the rating published by the Care Quality Commission</td>
<td>Department of Health <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/354049/Display_of_Ratings_Con.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/354049/Display_of_Ratings_Con.pdf</a></td>
<td>The purpose of this consultation is to seek views on the proposal to make it a legal requirement for providers to display the performance rating given to them by the CQC. The consultation document includes draft regulations to show how the changes would work in practice.</td>
<td>13/10/14</td>
<td>Reviewed by Andy Jaeger.</td>
<td>Decision not to respond. Not appropriate for us to submit a formal respond as the organisation's position on this issue is not entirely clear. However, Andy, Hugh and Mark are meeting with representatives from the CQC who have been involved in the development of their ratings system. This consultation is on the agenda for discussion.</td>
</tr>
<tr>
<td>Extending the scope of the Electronic Prescription Service</td>
<td>Department of Health <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330865/EPs_and_CDs_Cons_Document.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330865/EPs_and_CDs_Cons_Document.pdf</a></td>
<td>The Committee invites written submissions of evidence to the inquiry in response to: 1) The objectives and effectiveness of the Better Regulation framework 2) Government departments' regulatory strategies and performance 3) The scope and impacts of regulation</td>
<td>09/10/14</td>
<td>Reviewed by Priya Warner.</td>
<td>Decision not to respond. The GPhC will not be responding as it is not appropriate for us to do so, and also because this is not a topic related to our core functions, nor is it of importance to our strategic priorities. However, it is useful to keep up to date with developments in the area.</td>
</tr>
<tr>
<td>Whistleblowing: prescribed persons</td>
<td>Department of Business, Innovation</td>
<td>The legislation that governs the Nursing and Midwifery Council (NMC) is restricting its ability to</td>
<td>30/09/14</td>
<td>Reviewed by Matthew Hayday.</td>
<td>Response</td>
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<td><strong>reporting requirement</strong></td>
<td><strong>and Skills (BIS)</strong></td>
<td>Reporting requirement effectively carry out some of its duties. Proposed changes to the Nursing and Midwifery Order 2001 will:</td>
<td></td>
<td>available here</td>
<td>Not responding as this consultation does not have a direct impact on our strategic priorities.</td>
</tr>
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</table>
|                              | [https://bisgovuk.citizenspace.com/lm/whistleblowing](https://bisgovuk.citizenspace.com/lm/whistleblowing) | • improve handling of Fitness-to-Practise (FtP) cases  
• introduce power to review certain FtP decisions  
• allow registrants who are not fit to practise, for health or lack of competence reasons, to be removed from the register  
• change who sits on registration appeal panels  
• help to make sure a practising registrant has appropriate insurance |          |                         |                                                                         |
<p>| Everybody Active, Every Day  | Public Health England            | Everybody Active, Every Day sets out the case for change, evidence base for implementation and the options for action and highlights 4 key domains for action at national and local level. | 25/09/14 | Reviewed by Andy Jaeger. Decision not to respond |                                                                         |
| Proposed                     | GMC and PSA                     | The GMC and the PSA are seeking                                                                                                                                                                       | 25/09/14 | Reviewed by Jerome      | The GPhC will not be                                                               |
|                              | <strong>by</strong>                          |                                                                                                                                                                                                     |          |                         |                                                                         |</p>
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<tr>
<td>changes to modernise and reform the adjudication of fitness to practise cases</td>
<td>PSA <a href="https://www.gov.uk/government/consultations/hanging-how-the-gmc-decides-on-doctors-fitness-to-practise">https://www.gov.uk/government/consultations/hanging-how-the-gmc-decides-on-doctors-fitness-to-practise</a></td>
<td>views on proposed changes to the way each body carries out its regulatory functions. The Scottish government are also jointly consulting using this consultation paper for professions for whom responsibility is devolved in Scotland.</td>
<td></td>
<td>Mallon. Decision not to respond.</td>
<td>responding as it is not appropriate for us to do so. However, we should keep up to date with developments relating to this consultation.</td>
</tr>
<tr>
<td>NHS performers list: changes to suspension regulations</td>
<td>Department of Health <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/388761_NHS_Performers_List_Regulations_2013_Consultation_Document.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/388761_NHS_Performers_List_Regulations_2013_Consultation_Document.pdf</a></td>
<td>DH seeks views on proposed changes to how NHS England should respond when practitioners are suspended by an interim suspension order. The regulator may issue an interim suspension order when there is a concern about a practitioner. At the moment, NHS England has to remove practitioners from a performers list if they have been suspended by their professional regulator under an interim order. They are now consulting on options for change.</td>
<td>25/09/14</td>
<td>Reviewed by Priya Warner. Decision not to respond.</td>
<td>Not responding as this consultation does not have a direct impact on our role and core functions, nor does it have an impact on our strategic priorities.</td>
</tr>
<tr>
<td>National Care Standards Review</td>
<td>Scottish Government <a href="https://consult.scotland.gov.uk/care-inspectorate/national-care-standards-review">https://consult.scotland.gov.uk/care-inspectorate/national-care-standards-review</a></td>
<td>The National Care Standards were created to help people understand what to expect from services, and services understand the standards they should deliver. There are currently 23 sets of standards covering a wide range of care services, including nurseries and childminders, care homes for older people, and others. The regulator wants to add more standards to cover the range of services.</td>
<td>17/09/14</td>
<td>Reviewed by Lynsey Cleland. Decision not to respond.</td>
<td>The GPhC will not be responding as this consultation does not have a direct impact on our strategic priorities. However, it would be useful for us to be aware of and keep up to date with developments.</td>
</tr>
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<tr>
<td>People, housing support services, hospice care</td>
<td>Council</td>
<td>This consultation sets out a range of human rights-based proposals for developing new standards that improve the quality of care and protect vulnerable people.</td>
<td></td>
<td></td>
<td>developments in this area.</td>
</tr>
<tr>
<td>Safety feature (Falsified Medicines Directive):</td>
<td>MHRA</td>
<td>MHRA is consulting on the products that should have the necessary ‘safety features’ in accordance with European law. Directive 2011/62/EU (the ‘Falsified Medicines Directive’) introduced obligatory ‘safety features’ to verify the authenticity of medicinal products. All prescription medicines will bear the safety features unless they are listed by the European Commission and all non-prescription medicines will not bear the safety features unless they are listed. The MHRA seeks views on products that should be listed.</td>
<td>15/09/14</td>
<td>Reviewed by Priya Warner. Decision not to respond.</td>
<td>The GPhC will not be responding as it is not appropriate for us to do so. This consultation does not have a direct impact on our strategic priorities. It is also not a topic that relates to our role and key functions. Also, it is not a topic of particular interest to the GPhC.</td>
</tr>
<tr>
<td>NHS Outcomes Framework Review</td>
<td>Department of Health</td>
<td>This consultation seeks views on how the NHS outcomes framework could be improved.</td>
<td>12/09/14</td>
<td>Reviewed by Andy Jaeger. Decision not to respond.</td>
<td>Not responding as this consultation does not have a direct impact on our strategic priorities.</td>
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<td><strong>Provisional Registration Consultation</strong></td>
<td>UK Public Health Register <a href="http://www.ukphr.org/wp-content/uploads/2014/08/Provisional-Registration-Consult.pdf">http://www.ukphr.org/wp-content/uploads/2014/08/Provisional-Registration-Consult.pdf</a></td>
<td>UKPHR is seeking views on the draft policy it has devised for the offer of voluntary provisional registration of specialty trainees (Registrars). This offer is to be made principally to Registrars who are unable to register with the General Medical Council or the General Dental Council, although dual registration will also be available for those who are able to register with a statutory regulator as well.</td>
<td>05/09/14</td>
<td>Reviewed by Andy Jaeger. <strong>Decision not to respond.</strong></td>
<td>Not responding as this consultation does not have a direct impact on our role and core functions, nor does it have an impact on our strategic priorities.</td>
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Purpose
To Consult on the Draft Equality Strategy

Recommendations
The Council is asked to approve the draft strategy for publication as a consultation document

1. Introduction
1.1 The Equality Strategy sets out the GPhC’s priorities and commitment to promoting equality, valuing diversity; being fair and inclusive in all our work and treating members of the public, registrants, stakeholders, service users and staff with dignity and respect; therefore ensuring that the equality duties are being met.

1.2 The paper outlines our declared aims:
- Through the promotion of equality, diversity and inclusion ensure that EDI is intrinsic to everything that we do
- Treat our registrants, members of the public and our staff with dignity, respect and fairness in all our dealings with them
- Ensure that no one is discriminated against or disadvantaged by the development and implementation of our policies or guidance
- Support the needs of individuals and capitalise on the benefits of the diversity of others.

1.3 Our 2015 objectives are to:
- Continue to build on effective diversity data monitoring and carry out analysis in a meaningful way
- Improve access to GPhC services for our service users and stakeholders
- Provide staff, council members and associates with up-to-date equality training
- Ensure equality impact analysis is carried out to support effective policy and guidance development
• Progress towards becoming a disability champion through continued promotion and awareness
• Embed equality action planning across areas of the GPhC
• Continue to engage widely with a sections of the community through our equality activities

1.4 The strategy action plan for 2015 is attached at Annex 1

1.5 Timetable:
• November 2014: to Council for approval of the consultation document
• November/December 2014: 4 week public consultation of draft strategy (allowances for Christmas period)
• January 2015: Development of consultation report

2. Communications

2.1 This is a strategic document that requires full consultation prior to publication. A communication strategy is being fully supported by the communication team from consultation with stakeholders including members of the public, registrants and groups covering all the protected characteristics, to the final published document.

3. Resource implications

3.1 Expenditure is within the current budget.

4. Risk implications

4.1 As an organisation providing services to the public the GPhC is required to publish detailed information on how it intends to meet the general duties under the Equality Act 2010; failure to do so may cause risks to our reputation and possible prosecution.

5. Monitoring and review

5.1 The strategy will undergo a mid-year review by the EDI leadership group in June 2015; a report on the progress and the draft of the new action plan will be included in the CEO’s brief and presented to Council in November 2015.

Recommendations

The Council is asked to approve the draft strategy for publication as a consultation document

Vanda Thomas, Equality, Diversity and Inclusion Manager
General Pharmaceutical Council
Vanda.thomas@pharmacyregulation.org
Tel 020 3713 7814
30 October 2014
Appendix 1

Consultation on the Equality Strategy 2014-2017

November 2014
Consultation on the Equality Scheme

The General Pharmaceutical Council’s (GPhC) equality strategy sets out our priorities and our commitment to promoting equality, valuing diversity; being fair and inclusive in all our work as a health professions regulator, a public service provider and as an employer; treating our stakeholders, service users and staff with dignity and respect, and therefore ensuring that the equality duties are being met. An action plan reflecting our on-going approach shows how we plan to implement the new strategy.

As members of the Business Disability Forum we have worked with them to provide us with help and advice on disability issues during the three stages of the previous scheme. We will continue this relationship as we develop our vulnerability protocol and progress with our disability audit.

We encourage you to take a look at what we have achieved and at the new strategy and let us know if you think we’ve got it right. It could be that you agree or disagree with the strategy or it may be that you think there are better ways of achieving the stated aims and objectives or our action plans. Whatever your thoughts, we would very much like to hear them.
This document is available in the following formats

- easy read
- large print documents
- audio.

This document is available on our website www.pharmacyregulation.org
or by contacting our Communications Team:
communications@pharmacyregulation.org
About us

The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.

It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.
Contents

[insert table of contents]
Introduction

The General Pharmaceutical Council

Our mission
To protect, promote and maintain the health, safety and well-being of members of the public and in particular of those members of the public who use or need the services of registrants, or the services provided at a registered pharmacy, by ensuring that registrants, and those persons carrying on a retail pharmacy business at a registered pharmacy, adhere to such standards as the Council considers necessary for the safe and effective practice of pharmacy.

Our vision
Our vision is for pharmacy regulation to play its part in improving quality – of which safety is a critical element - in pharmacy practice and ultimately health and well-being in England, Scotland and Wales.

What we do
Our core functions are:

- setting the standards of education and training which pharmacists and pharmacy technicians must meet in order to join our register and to remain registered throughout their professional life
- registering pharmacists and pharmacy technicians and setting the standards of conduct and performance which they must meet in order to stay on our register
- setting standards which must be met by the owners of registered pharmacies and the pharmacists who act as superintendents in company-owned pharmacies
- registering pharmacies which meet those standards and inspecting them to check that they continue to do so, as the services they provide and the environment within which they operate constantly change
- taking action when our standards are not met.

These functions are the essential levers available to us to achieve our aims.

Our Corporate Plan themes
- Being people/patient focused
Equality Aims 2014-2017

The Equality Strategy

The General Pharmaceutical Council’s (GPhC) equality strategy sets out our priorities and our commitment to promoting equality, valuing diversity; being fair and inclusive in all our work as a health professions regulator, a public service provider and as an employer; treating our stakeholders, service users and staff with dignity and respect, and therefore ensuring that the equality duties are being met.

Our Aims

- Through the promotion of equality, diversity and inclusion ensure that EDI is intrinsic to everything that we do
- Treat our registrants, members of the public and our staff with dignity, respect and fairness in all our dealings with them
- Ensure that no one is discriminated against or disadvantaged by the development and implementation of our policies or guidance
- Support the needs of individuals and capitalise on the diversity of others

Diversity is a term that refers to the differences that individuals may choose to identify with, such as differences in the values, attitudes, cultural perspective, beliefs, ethnic backgrounds, sexuality, age, faith, knowledge and life experiences of each individual in any group of people. The term is used to highlight individual needs and focus on the elimination of barriers.

There are key drivers underpinning the GPhC equality strategy:

**Injustice** – the GPhC believes that the promotion of equality, diversity and inclusion is important in combating injustice against those who share any of the protected characteristics under the Equality Act 2010. It is unfair for a person to experience
disadvantage on the basis of a protected characteristic; all our staff and stakeholders are entitled to expect that they will be treated fairly.

**Business case** – an organisation which is representative of the people it serves is more likely to meet the diverse needs of service users, thereby working more effectively and creating a positive public image. The GPhC aims to be a more inclusive workplace because organisations free from discrimination can work more efficiently and achieve the greatest benefits.

**Legal** – As a public body the GPhC has a number of general legal equality duties (outlined at page X) arising from the Equality Act 2010. Failure to comply with these requirements could result in legal challenge or enforcement action which could damage the GPhC’s reputation.
Our Legal Duties

Under the **Equality Act 2010** the GPhC has statutory duties, as an organisation providing a public service, covering all protected characteristics:

- age
- disability
- gender reassignment
- race
- religion or belief
- sex
- sexual orientation
- marriage and civil partnership
- pregnancy and maternity.

We must, in the exercise of our functions, have due regard, to the Public Sector Equality Duty, to the need to:

a. eliminate discrimination, harassment and victimisation
b. advance equality of opportunity between people who share a protected characteristic and those who do not
c. foster good relations between people who share a protected characteristic and those who do not
d. promote positive attitudes towards disabled people
e. encourage the participation of disabled people in public life
f. take account of a disabled person’s disabilities even if this means treating the disabled person more favourably.

This strategy outlines what we are required to do under the Equality Act 2010 and also describes the steps we have taken and will take in order to ensure that we do not discriminate against people unlawfully. Our strategy shows how we are working to achieve this.
The EDI Leadership Group

Our equality and diversity is led by our equality, diversity and inclusion (EDI) leadership group. The group is key to our planning for EDI. Its role is to:

- Provide an ongoing visible focus on the drive of awareness training
- Advise on and progress all matters affecting equality, diversity and inclusion relating to our role as a regulator, public service provider and employer
- Working with teams across the office in developing policy and action plans on equality and diversity and to assist with managing their implementation
- Lead responsibility to ensure effective monitoring of GPhC equality policies and plans
- Ensure organisational compliance with relevant equalities legislation including the Equality Act 2010
- Clear any delays and consider resources and priorities.

Approach to engagement and communication

To ensure that the scheme is developed in conjunction with our stakeholders we continue to work closely with them and this work is reflected as one of our priorities going forward. Where necessary we seek our external engagement through a variety of sources.

We continue to work hard to be inclusive, particularly with those traditionally perceived as ‘hard to reach’. Our communications team has ensured that our consultation activities have included stakeholders from diverse communities from a number of protected characteristic groups.

We have paid particular attention to identifying and engaging groups and individuals who are frequently under-represented in consultation processes. We have done this by working/partnering with advocacy organisations and seeking their guidance about best practice.
Our Achievements

This is the third edition of our equality scheme/strategy. Our scheme of 2012 sought to:

- Comply with our legal obligations under the Equality Act 2010
- Continue to train and support our staff and integrate EDI into their roles and work
- Develop EDI actions across the organisation that take account of data monitoring information and the outcomes of impact analysis
- Continue to engage with diverse groups of internal and external stakeholders to develop on-going mechanisms of involvement

The Action Plan for year 4 can be found at Annex 1 of this document.

During the life of the last equality scheme we:

- continued to build on our relationship with the Business Disability Forum and engaging in disability awareness in general
- developed a well-received disability monitoring/adjustments framework for the pre-registration assessment process
- achieved full website accessibility compliance and introduced ongoing surveillance
- started a programme of data monitoring in our fitness to practise area and developed a return to registration policy that both include ethnicity data for the first time
- piloted a new EDI training course for staff that links closely with service provision and working with our colleagues
- carried out an external audit about whether staff are considering EDI in their day to day work and to assess to what extent staff are able to make links between the behavioural framework and EDI; using the outcomes to develop the new training and update the framework
- conducted Board of Assessor training on adjustment legislation
- introduced an inclusive Health and Wellbeing event with health checks for staff
- carried out equality impact analysis, including on GPhC Rules, the inspection framework, office relocation, amongst others
- continued our lunchtime EDI programme sessions, which have included subjects such as mental health in the workplace, embedding equality and diversity, International Women’s Day.
Moving Forward

The previous method of developing equality and diversity within the GPhC had been through a staged approach – implementation, promoting and embedding equality and diversity in all that we do. Years 2 and 3 required us to update the strategy with aggregated data through better improved data collection methods. This new data can be found at (insert link). We are now able to provide equality data relating to age, gender and ethnicity for our Council, registrants, associates and staff. However, we need to ensure that we enhance our capability to carry out meaningful analysis so that any adverse impact is removed or mitigated.

We recognise the crucial role that equality impact analysis plays in ensuring that we are fair and transparent in all our work as a regulator, service provider and employer and will endeavour to strengthen our capabilities in this area.

Having established an approach for new initiatives, we will embark on a programme looking at existing functions that focuses on our obligations under the Act in relation to our external activities in performing our statutory functions listed in ‘What we do’ above. This means that we will begin to review priority standards, policies and guidance relating to the exercise of these functions with due regard to the Public Sector Equality Duty (see page X), through the carrying out of equality impact analysis. To that end we have developed a priority list of areas of our regulatory work which will include:

- the registration process
- the pre-registration assessment
- impact of any consideration of change of fees
- case progress of fitness to practise procedures
- engagement strategy

We have sought feedback through questionnaires and focus groups from all staff taking part in our training. For example, from individuals directly at the end of training; through externally facilitated focussed sessions with randomised groups of staff. We have used this feedback to develop a new training course which will be rolled out before the end of 2014.

EDI has been introduced into the corporate planning function and will be embedded through directorate business plans. We will continue to monitor this approach.

Our priorities going forward are reflected in our action plan attached to this scheme at Annex 1. In the coming year we will:

- continue to expand our data collection and analysis capabilities particularly around fitness to practise processes and the pre-registration application, assessment and outcomes
• develop a programme to begin carrying out equality impact analysis on a priority list (outlined above) of our standards, policies and guidance in relation to our external EDI obligations
• roll out the new EDI training course to staff, associates and council members
• carry out a self-assessment of disability awareness and launch staff support tools for managers
• monitor and report on the applications for reasonable adjustments during the pre-registration assessment
• support the development of a vulnerability protocol to include how we treat unrepresented registrants, vulnerable complainants, other service users and staff
• develop a programme to attract more diverse candidates to council, associates and staff recruitment

Our Objectives 2015
• Continue to build on effective equality data monitoring and carry out analysis in a meaningful way
• Improve access to all GPhC services for our service users and stakeholders
• Provide all staff, council members and associates with up-to-date equality training
• Ensure equality impact analysis is carried out to support effective policy and guidance development
• Progress towards becoming a disability champion through continued promotion and awareness
• Embed equality action planning across all areas of the GPhC
• Continue to engage widely with all sections of the community through our equality activities
## Equality Strategy Action Plan:

November 2014 to October 2015 (mid-year review June 2015)

### Objective 1: Carry out effective equality data monitoring

**Aim:** Ensure that no one is indirectly discriminated against

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Outcomes</th>
<th>Link to Corporate Objective</th>
<th>Protected Characteristics</th>
<th>Lead Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop our data collection and analysis capabilities and feed into EIAs (see 3)</td>
<td>We better understand the equality profiles of our stakeholders and interpret all of the EDI information we possess</td>
<td>Understanding our regulated community’s and patients’ needs</td>
<td>All</td>
<td>Head of Knowledge and Insight</td>
<td>On-going. Review June 2015</td>
</tr>
<tr>
<td>Improve consistency and robustness of data collection methods</td>
<td>We deliver better and tailored services to our stakeholders</td>
<td>An efficient and effect organisation</td>
<td>EDI Manager</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Being accessible</td>
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</tbody>
</table>
## Objective 2: Provide up-to-date equality training

**Aim:** Treat our stakeholders with dignity, respect and fairness and support staff adherence to the behavioural framework

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Outcomes</th>
<th>Link to Corporate Objectives</th>
<th>Protected Characteristics</th>
<th>Lead Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver new EDI staff training course</td>
<td>Staff, associates and council are EDI trained</td>
<td>Providing proactive, proportionate and good quality regulation</td>
<td>Disability</td>
<td>Learning &amp; Dev Partner EDI Manager</td>
<td>Commence November 2014. Review June 2015 Managers’ support training to commence December 2014</td>
</tr>
<tr>
<td>Support development of vulnerability strategy and associated training needs</td>
<td>Relevant managers and staff treat vulnerable people appropriately</td>
<td>An efficient and effect organisation</td>
<td>All</td>
<td>EDI Manager</td>
<td></td>
</tr>
<tr>
<td>Support staff training needs focussed on disability awareness</td>
<td>Managers recognise disability needs</td>
<td>Being accessible</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Objective 3: Ensure equality impact analysis (EIA) is carried out across the organisation

**Aim:** Safeguard against discrimination and disadvantage by the development of appropriate policies and guidance

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Outcomes</th>
<th>Link to Corporate Objectives</th>
<th>Protected Characteristics</th>
<th>Lead Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue programme of EIA development and strengthen our capabilities in this area</td>
<td>GPhC produces fair and transparent policies and guidance which enhance our efficiency and effectiveness</td>
<td>Providing proactive, proportionate and quality regulation</td>
<td>All</td>
<td>EDI Manager</td>
<td>On-going. Commence in all priority areas listed by January 2015. Review June 2015</td>
</tr>
<tr>
<td>Carry out EIAs of identified priority areas: the registration process the pre-registration assessment any consideration of fees delays in fitness to practise engagement strategy</td>
<td>GPhC fulfils its external obligations with regard to the Public Sector Equality Duty</td>
<td>An efficient and effect organisation</td>
<td></td>
<td>Head of Functions</td>
<td></td>
</tr>
<tr>
<td>Feed EIA outcomes into corporate planning</td>
<td>EDI is further embedded in our directorate business plans</td>
<td></td>
<td></td>
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</tbody>
</table>
**Objective 4: Progress towards becoming a ‘disability champion’**

**Aim:** Encourage difference and support the needs of the individual

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Outcomes</th>
<th>Link to Corporate Objectives</th>
<th>Protected Characteristics</th>
<th>Lead Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry out internal assessment of disability awareness and monitor effectiveness</td>
<td>GPhC staff are increasingly aware of the impact of disability</td>
<td>People/patient focussed</td>
<td>Disability</td>
<td>EDI Manager, Head of Functions</td>
<td>Identify directorate sponsors – January 2015</td>
</tr>
<tr>
<td>Launch staff disability support tools</td>
<td>Managers are able to deal with situations involving staff and stakeholders with disabilities</td>
<td>Being accessible</td>
<td></td>
<td></td>
<td>Review progress March 2015</td>
</tr>
<tr>
<td>Monitor and report on adjustment applications from pre-regs and staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Launch disability guides 3 December 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Review adjustment applications June 2015</td>
</tr>
</tbody>
</table>
### Objective 5: Improve access to all GPhC services

**Aim:** Treat our registrants, members of the public and staff fairly in all our dealings with them

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Outcomes</th>
<th>Link to Corporate Objectives</th>
<th>Protected Characteristics</th>
<th>Lead Officer</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that we maintain our World Wide Web Consortium’s (W3C) Web Content Accessibility Guidelines excellent rating</td>
<td>All sections of the community and registrants are able to access our services in all suitable formats</td>
<td>Being accessible</td>
<td>All</td>
<td>EDI Manager Head of Comms.</td>
<td>W3C review due 2015</td>
</tr>
<tr>
<td>Maintain and upgrade our ability to provide publications and information in all requested formats</td>
<td>Develop alternate methods of access across all GPhC functions</td>
<td>An efficient and effect organisation</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Objective 6: Embed equality action planning across the GPhC**

**Aim:** Promote equality, diversity and inclusion and ensure no one suffers discrimination

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Outcomes</th>
<th>Link to Corporate Objectives</th>
<th>Protected Characteristics</th>
<th>Lead Officer</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate EDI into corporate planning mechanisms</td>
<td>EDI becomes an intrinsic part of the overall GPhC planning process and is given due consideration in the delivery of regulatory services</td>
<td>Providing proactive, proportionate and good quality regulation</td>
<td>All</td>
<td>EDI Manager</td>
<td>On-going. Review as part of the Corporate Planning cycle</td>
</tr>
<tr>
<td>Each directorate considers EIA issues and plans actions</td>
<td>People/patient focussed</td>
<td></td>
<td></td>
<td>Corporate planning team</td>
<td></td>
</tr>
</tbody>
</table>
## Objective 7: Continue to engage widely with diverse communities

**Aim:** Ensure that EDI is intrinsic to everything that we do

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Outcomes</th>
<th>Link to Corporate Objectives</th>
<th>Protected Characteristics</th>
<th>Lead Officer</th>
<th>Target Date/Updates</th>
</tr>
</thead>
</table>
| Refresh and retain links with diverse communities through the EDI strategy consultation | GPhC gains insight first hand of the needs of the community it serves | People/patient focussed | All | EDI Manager | On-going  
Review alongside the strategic communication plan. |
| Develop a programme to attract more diverse candidates to council, associates and staff recruitment | GPhC staff, council and associates reflect the profile of the local and registrant populations | Being accessible  
Providing proactive, proportionate and good quality regulation | | Head of Comms. Recruitment Manager | Ongoing – review March 2015 |
How to respond to this consultation

We welcome your views and comments on all aspects of the proposals set out in this consultation. It could be that you agree or disagree with the proposals or it may be that you think there are better ways of achieving the stated aims and objectives. Finally, you may wish to identify new or different areas of concern.

To complete the consultation response form online, go to our website

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

email consultationresponses@pharmacyregulation.org

address Equality Strategy Consultation, Consultation Response, General Pharmaceutical Council, 25 Canada Square, London E14 5LQ

Responses must be received by XXX 2014

Confidentiality of information

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Further information

For further information on the role and work of the General Pharmaceutical Council please visit

www.pharmacyregulation.org

Comments on the consultation process itself

If you have any concerns or comments which you would like to make relating specifically to the consultation process itself please contact

email info@pharmacyregulation.org

address Equality Strategy Consultation, Consultation Response, General Pharmaceutical Council, 25 Canada Square, London E14 5LQ
Report of this consultation

A summary of the responses to this consultation will be made available within three months of the end of the live consultation and will be placed on our website.

After the close of the consultation, we will review the outcome and ensure that any necessary amendments are made to the Strategy prior to its final publication.
Equality Strategy consultation response

Your details
Name
Contact address
Postcode
Contact telephone
Email

Where do you live?
☐ England
☐ Scotland
☐ Wales
☐ Northern Ireland
☐ Other (please give details)

Are you responding…
As an individual…
☐ as a member of the public
☐ as a pharmacy professional (please complete section A)
☐ as an allied health professional (please give details)

On behalf of an organisation?
☐ on behalf of a pharmacy organisation (please complete section B)
☐ on behalf of a non-pharmacy organisation (please complete section C)

A. Pharmacy professionals
If you are responding as a pharmacy professional, please supply the following details
☐ Pharmacist
☐ Pharmacy technician

Area of work
☐ Academia
☐ Community pharmacy
☐ Hospital pharmacy
☐ Primary care
☐ Pharmacy education and training
☐ Pharmaceutical industry
☐ More than one area / Other (please give details)

B. Pharmacy organisations
If you are responding on behalf of a pharmacy organisation, please supply the following details

Type of organisation
☐ Professional body
☐ Regulatory body
☐ Education & training body
☐ Employer
☐ Union
☐ Trade body
☐ Other (please give details)

Area of work
☐ Academia
☐ Community pharmacy
☐ Hospital pharmacy
☐ Primary care
☐ Pharmacy education and training
☐ Pharmaceutical industry
☐ More than one area / Other (please give details)
C. Non-pharmacy organisations

If you are responding on behalf of a non-pharmacy organisation, please supply the following details

**Type of organisation**

- [ ] Professional body
- [ ] Representative body
- [ ] Regulatory body
- [ ] University
- [ ] Education and training provider
- [ ] Employer
- [ ] Union
- [ ] Trade body
- [ ] Community and/or Voluntary sector organisation
- [ ] Local Involvement Network
- [ ] Other (please give details)

**Consultation Questions**

**Our Aims**

This is the 4th General Pharmaceutical Council Equality Strategy. The new aims are outlined on page 6 of the strategy. Given our achievements during the first three years do you agree with the stated aims: through the promotion of equality, diversity and inclusion ensure that EDI is intrinsic to everything that we do; treat our registrants, members of the public and staff with dignity, respect and fairness in all our dealings with them; ensure that no one is discriminated against or disadvantaged by the development and implementation of our policies and guidance, and support the needs of individuals and capitalise on the diversity of others?

1. **Do you agree with the aims of the equality strategy?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

**Our objectives for 2015**

2. **Do you agree with the objectives for 2015 outlined on page 11 of the Strategy?**

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continue to build on effective equality data monitoring and carry out analysis in a meaningful way</td>
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<td></td>
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<tr>
<td>2. Improve access to all GPhC services for our service users and stakeholders</td>
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<tr>
<td>3. Provide all staff, council members and associates with up-to-date equality training</td>
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<td></td>
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<tr>
<td>4. Ensure equality impact analysis is carried out to support effective policy and guidance development</td>
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<tr>
<td>5. Progress towards becoming a disability champion through continued promotion and awareness</td>
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<tr>
<td>6. Embed equality action planning across all areas of the GPhC</td>
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</tr>
<tr>
<td>7. Continue to engage widely with all sections of the community through our equality activities</td>
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</tbody>
</table>
3. Please use this box to tell us if there are any other objectives or any other areas of priority that should be included in the Strategy.

…

4. Can you identify any approaches to accessing independent equality and diversity advice?

…

5. Would you be interested in becoming a member of an external reference group? Please give details.
Name:…Contact Details:…

Our Equality Strategy

6. Do you think that overall this Strategy is a clear framework for the continued development of equality and diversity at the General Pharmaceutical Council?
Yes No Don’t know

7. Please use this box to tell us about any other issues which you think should be included in the Strategy.

…

Our approach to engagement and communication

8. Are we taking the right approach to engagement and communication?
Yes No Don’t know

9. Please use this box to tell us about any other approach or ideas we could consider to demonstrate our commitment to fulfilling our duties.

…

Please return your completed response form by XXX to:
Vanda Thomas, Equality, Diversity and Inclusion Manager
General Pharmaceutical Council, 25 Canada Square, London E14 5LQ
Vanda.thomas@pharmacyregulation.org 020 3713 7814
Public business

Review of the GPhC Indicative Sanctions Guidance

Purpose
To update Council on the review of the GPhC Indicative Sanctions Guidance and the proposed approach to consulting on revised guidance.

Recommendation
The Council is asked to note the proposed approach to reviewing our Indicative Sanctions Guidance.

1. Introduction

1.1 As a result of the coming into force of the Amendment of Miscellaneous Provisions Rules responsibility for agreeing the content of the Indicative Sanctions Guidance transferred to the GPhC Council in Feb 2013.

1.2 The Indicative Sanctions Guidance is used by the Fitness to Practise Committee when establishing what sanction to apply to a specific case. Fitness to practise committees are independently appointed and make their decisions independently of the GPhC.

1.3 The committees must consider guidance produced by the GPhC, but can in any given case diverge from the guidance produced. In such circumstances, the Committees must provide full reasons for doing so. The guidance the GPhC produces is not intended to comprise the independent decisions that committees must quite rightly make. Its purpose is to ensure decisions are proportionate and to ensure transparency and consistency across committees and decision making.

1.4 Work was initiated last year to review our sanctions guidance. Since then we have undertaken a range of engagement activities with stakeholders, including fitness to practise committees, other regulators and pharmacy organisations and patient representatives to inform the development of the draft guidance.
1.5 Directly informed by feedback from these groups and individuals we are proposing to develop the guidance with a wider scope and different structure from previous versions.

1.6 We have also taken into account helpful feedback provided by Council in on related policy issues, such as our response to the Francis Report, as well as informal feedback about this review.

1.7 Our aim is that a revised document can provide a more useful resource for all those involved in fitness to practise hearings, and includes guidance to assist in proportionate, consistent and transparent decision making, specifically on sanctions, by committees. Given the broad scope of the document we will be proposing it be titled *Hearings & Sanctions Guidance* when we undertake further engagement and consultation.

2. Key Considerations

2.1 This guidance is fundamental to decision making by committees and it is those decisions which in turn often have the biggest impact on the perception and reputation of the Council. It is right that, as the decision making board, the guidance provides absolute clarity about what Council’s views are on those matters that strike to the core of what it means to be a professional and what the public and patients perceive to be core values.

2.2 Given that we are proposing to change the guidance in such a significant way, we have considered what further engagement is needed before we are in a position to consult on a draft document. We will undertake a further six week engagement period before asking Council to agree draft hearings and sanctions guidance for formal consultation.

2.3 This further engagement that will test our wider approach to the review, assessing the scope and format of the guidance and ensuring we develop a new and more accessible guidance document.

2.4 It will also specifically test the principles and approach on areas that Council raised in recent discussions, including:

   i. Sexual misconduct

   Exploring the circumstances when a removal from the register is the expected outcome.

   ii. Dishonesty

   Testing the presumption that there is no blanket rule on removal for dishonest acts.

   iii. Being open, honest and candid

   Testing the expectation that GPhC committees should consider more serious sanctions where cases involve a failure to raise concerns and, in
the most serious cases, to remove or suspend registrants from the register to maintain public confidence

iv. Aggravating and mitigating factors

The role these factors play in the above areas and the nature of these factors given the unique role of pharmacy, pharmacy technicians. We will specifically seek views on whether these factors strike the right balance.

2.5 We believe that a further period of engagement prior to finalising draft guidance, which tests specific issues and themes raised at through the initial stages of development by both stakeholders and Council, will mitigate risks. We also believe it will improve significantly the chance of high quality and informed feedback when the public consultation is undertaken which will provide greater assurance to Council.

2.6 The timetable for the hearings and sanctions guidance is as follows:

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement exercise</td>
<td>Nov – Dec</td>
</tr>
<tr>
<td>Council asked to agree draft Hearings and Sanctions Guidance</td>
<td>Feb</td>
</tr>
<tr>
<td>Consultation</td>
<td>Feb – 20 March</td>
</tr>
<tr>
<td>Council asked to agree Hearings and Sanctions Guidance</td>
<td>April</td>
</tr>
</tbody>
</table>

3. **Equality and diversity implications**

3.1 We will need to develop an equalities impact assessment, in advance of the formal consultation, consistent with our responsibilities as set out in the Equalities Act 2010.

4. **Communications**

4.1 We are committed to beginning a process of engagement with committee members, key external stakeholders, other professional regulators as well as patients and the users of pharmacy services to seek views on these key areas of the guidance.

4.2 The consultation will be published on the GPhC website, trailed in Regulate and targeted emails will be circulated to key stakeholders. It will run for a period of 6 weeks.
4.3 We will present draft guidance, which takes account of the consultation responses, to Council for approval to formally consult on in early 2015.

5. Resource implications

5.1 There will be resource requirements for holding an engagement exercise in this area which will be managed from within existing budgets.

6. Risk implications

6.1 It is important that the guidance is fit for purpose to ensure consistent and proportionate decisions are taken across committees. It is also important to ensure the document is accessible to a range of stakeholders so they are fully informed of the process and potential outcomes. This will protect the GPhC from any challenge to decision making and reinforce our approach to ensuring public protection.

7. Monitoring and review

7.1 The performance of committees is regularly reviewed and decisions are scrutinised by the PSA. We will monitor the performance reviews by PSA, the consistency of our decisions to ensure the document remains fit for purpose.

7.2 The guidance will be regularly reviewed on a cycle of five years. However, given its importance and the expanse of issues it covers it may be partially reviewed if there is a significant change to regulatory practise, approach or to the legislation.

Recommendation

The Council is asked to note the proposed approach to reviewing our Indicative Sanctions Guidance.

Priya Warner, Head of Standards and Fitness to Practise policy
General Pharmaceutical Council
Priya.warner@pharmacyregulation.org
Tel 020 3713 7958
24 October 2014
Public business

Review of standards of conduct, ethics and performance

Purpose
To provide the Council with an overview of the review of the standards of conduct, ethics and performance.

Recommendations
The Council is asked to note this paper.

1. Introduction
1.1 The standards of conduct, ethics and performance were agreed by Council in June 2010. The standards have been in use for four years and in that time the regulatory and healthcare landscape has evolved at great pace and continues to do so.

1.2 Whilst the current standards continue to be fit for purpose, all regulatory standards and guidance should be reviewed on a cyclical basis in line with good governance process, and this review is necessary for that reason.

1.3 This work contributes to the delivery of the GPhC strategic plan. The planned review of conduct, ethics and performance will ensure that the organisations commitment to ensuring a culture of patient-centred professionalism in pharmacy is met, and that the standards are used to promote continuous improvement. The GPhC Corporate Plan 2014-15 also makes clear the organisation’s commitment to review the standards of conduct, ethics and performance in 2014-15.

1.4 On the 5 October 2014, the GPhC announced the launch of the review of its standards of conduct, ethics and performance. This paper provides the Council with information about the timetable and approach to the review of the core professional standards.
2. **Key Considerations**

2.1 The standards of conduct, ethics and performance are the core professional standards that pharmacists and pharmacy technicians must apply and meet whatever their scope of practice.

2.2 The standards set out the behaviours, attitudes, qualities and attributes that are expected of pharmacy professionals by patients, the public, the regulator, and by pharmacy professionals themselves.

2.3 The Scottish Government's vision and action plan for pharmacy, Prescription for Excellence, NHS England’s Pharmacy Call to Action, and the Welsh Pharmaceutical Committee ‘Your Care, Your Medicines’ all make clear the three Governments ambitions and vision for pharmacy. Furthermore, the increasingly diverse range of pharmacy services requires the GPhC to focus on the professional standards that inform the practice of individual registrants as it is the individual decisions of pharmacy staff which make the most significant and positive contribution to quality improvements in pharmacy and managing risks to patients.

2.4 The events at Mid-Staffordshire Foundation Trust in England, the Vale of Leven in Scotland and the hospitals in Port Talbot and Bridgend in Wales showed a failure in governance and regulation. They showed what happens when clinicians and those providing care forget what it means to be a professional; when they fail to show professionalism. It is crucial that we learn from these, and other key reports such work of the Leadership Alliance for the care of dying people and ensure that the GPhC’s professional standards reflect support and empower patient-centred professionalism.

3. **Extensive Engagement, Consultation and Sounding Boards**

3.1 A wide ranging programme of engagement with all our stakeholders to ask some fundamental questions of the pharmacy professions, about what they see as professionalism in action; and how they think our standards can best reflect this.

3.2 The GPhC will ask questions of patients and the public about what they see as professionalism of pharmacists and pharmacy technicians and what their expectations are.

3.3 The GPhC will speak to professional bodies, key stakeholder organisations, employers and commissioners to seek their views on professionalism and what can stand in the way of individuals demonstrating professionalism.

3.4 The standards must take account of the increasingly diverse fields in which pharmacy professional’s work. The GPhC must understand the individuals it regulates, the challenges they face and the principles that sit at the heart of what they do to inform the standards of conduct, ethics and performance.
3.5 Alongside wide scale engagement and consultation, the GPhC will set up three sounding boards during Phase 1 of the work.

3.6 The sounding boards will comprise:
- Patients and users of pharmacy services
- Pharmacists and pharmacy technicians from a range of pharmacy practice sectors
- Employers

3.7 Sounding board participants will be nominated by stakeholder organisations and through existing GPhC networks.

3.8 The GPhC will engage and consult in a different way to previously, taking the opportunity to hold events and meetings with a cross section of registrants, patients and stakeholders instead of separate meetings for each group.

3.9 The review of the standards of conduct, ethics and performance will be informed by both qualitative and quantitative research, and will include reflecting on the learning of other regulators, not limited to healthcare, and also considering what can be learnt from international regulators.

3.10 Review of standard 3.4, commonly described as ‘the conscience clause’ will form part of the review of the standards of conduct, ethics and performance. This reflects the Council’s recommendation in April 2012.

4. Timetable

4.1 The timetable for the work is set out below.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Task</th>
<th>Approximate Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Engage on standards discussion paper</td>
<td>Nov 14 – Jan 15</td>
</tr>
<tr>
<td></td>
<td>Review feedback</td>
<td>Nov 14 – March 15</td>
</tr>
<tr>
<td>Two</td>
<td>Engage on principles and direction of travel</td>
<td>April – May 2015</td>
</tr>
<tr>
<td></td>
<td>Review feedback, draft standards</td>
<td>April – June 2015</td>
</tr>
<tr>
<td></td>
<td>Council agree draft standards for consultation</td>
<td>July 2015</td>
</tr>
<tr>
<td>Three</td>
<td>Formal consultation</td>
<td>July – October 2015</td>
</tr>
<tr>
<td></td>
<td>Review comments</td>
<td>July – Dec 2015</td>
</tr>
<tr>
<td></td>
<td>Council to receive summary of feedback</td>
<td>Feb 2016</td>
</tr>
<tr>
<td></td>
<td>Council asked to agree standards</td>
<td>March 2016</td>
</tr>
</tbody>
</table>
5. **Equality and diversity implications**

5.1 We will engage and consult with a wide range of audiences including hard to reach groups.

5.2 The GPhC will develop an equality and impact assessment consistent with our responsibilities as set out in the Equalities Act 2010.

6. **Communications**

6.1 The GPhC has committed to engage and consult on the professional standards on a wider scale than for the standards for registered pharmacies.

6.2 Communication and engagement with patients, users of pharmacy services, pharmacists, pharmacy technicians, employers and stakeholder organisations will be crucial to the development of standards that articulate what professionalism looks like in the 21st century.

6.3 The GPhC will use a variety of communication tools, both traditional and innovative to enable all individuals and organisations to contribute to this work.

7. **Resource implications**

7.1 The resource requirements for this piece of work have been budgeted.

8. **Risk implications**

8.1 Failure to develop professional standards that enable and empower registrants to deliver patient centred care will impact on patient safety and the ability for pharmacy professionals to play the role that ministers across Great Britain have set out to unlock the full potential of pharmacy as a whole, and the capacity of pharmacy professionals.

**Recommendations**

The Council is asked to note this paper.

*Priya Warner, Head of Standards and Fitness to Practise policy*
*General Pharmaceutical Council*
*priya.warner@pharmacyregulation.org*
*Tel 020 3713 7958*
*24 October 2014*
Public business

Department of Health’s proposals for language controls

Purpose
To update Council on the Department of Health’s (DH’s) proposals to introduce language controls for European Economic Area (EEA) pharmacy professionals by means of a Section 60 Language Order.

Recommendations
The Council is asked to note the paper.

1. Introduction
1.1 The proposed Section 60 (s60) Language Order will amend the Pharmacy Order 2010 to ensure that pharmacy professionals on our register have a sufficient knowledge of the English language to enable them to practise safely. The s60 Language Order will also amend legislation to enable the Nursing and Midwifery Council, the General Dental Council and the Pharmaceutical Society of Northern Ireland to apply language controls for EEA nurses, midwives, dentists and dental care professionals.

1.2 DH launched a six week consultation on Monday 3 November 2014 (see https://www.gov.uk/government/consultations/language-controls-for-healthcare-and-associated-professions). The aim is for the Order to be laid before both Houses of Parliament in draft in February 2015 and to come into force (subject to Parliamentary procedures and Privy Council approval) in April or May 2015.

1.3 Currently we can only require evidence of language competency from internationally qualified applicants. This is because the Pharmacy Order 2010 prevents language checks from being carried out on European pharmacy professionals. The prohibition on language controls was based on the language provisions in the Recognition of Professional Qualification Directive 2005/36/EC (the RPQ Directive).
1.4 The RPQ Directive has recently been revised by Directive 2013/55/EU. This revision has clarified that language controls can be applied to European applicants, provided checks take place after recognition of the applicants’ professional qualifications, and are fair and proportionate.

1.5 DH has therefore been working on policy proposals to put legislation in place to introduce proportionate language controls in respect of nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians. Language controls have already been introduced for European qualified doctors.

2. **DH Proposals**

2.1 In the European context registration with the GPhC performs the dual function of recognising the professional’s pharmacy qualification and providing them with access to the profession.

2.2 DH are proposing to separate registration into two distinct steps. Step 1 would be the recognition of the pharmacy qualification stage. In Step 1 we would check the applicant’s identity and determine whether the European pharmacy qualification they held meant that they were ‘appropriately qualified’ for registration purposes. Step 2 would be the registration stage where we would check the applicant’s fitness to practise prior to entering them onto the register. Separating the process into these two administrative steps would enable us to carry out language controls after the recognition of professional qualification stage but before we granted access to the register. In this way language controls would be compliant with the revised RPQ Directive.

2.3 Under the proposed s60 Order we would be able to ask for evidence of English language ability including ultimately requiring applicants to pass a test, but we would only be able to do this after we had first recognised the applicant’s European pharmacy qualification as being appropriate and notified them of this recognition. However applicants would not be eligible to register until they had provided evidence of having the necessary knowledge of English.

2.4 Additionally the s60 Order proposes that not having the necessary knowledge of English would be a new ground of fitness to practise impairment. This would enable fitness to practise action to be taken where we received complaints that a registered pharmacy professional lacked the necessary knowledge of English to provide safe care to patients but where this had not yet given rise to deficient performance in practice.
3. **Equality and diversity implications**

3.1 We have not identified any equality and diversity implications. The requirement to have the necessary knowledge of English will apply to all applicants and registrants.

3.2 Once the s60 Order comes into force we will be consulting on any necessary changes to our rules and also on guidance about the evidence, information and documents that the Registrar would accept as likely to demonstrate that an applicant would have the necessary knowledge of English. An equality assessment of the draft rules and guidance will be published on the GPhC website during the consultation.

4. **Communications**

4.1 Our response to the DH s60 Order consultation will be made available on the GPhC’s website.

4.2 Once the s60 Order has been made Council will be asked to agree the content of the consultation on the draft amendments to our rules and guidance. The consultation on rule changes and guidance will then be published on the website. It will also be sent to a wide range of stakeholders and communicated to the pharmacy media. We anticipate this consultation will run for 12 weeks and respondents will be able to respond online, by email or by post.

5. **Resource implications**

5.1 The response to the DH s60 Order will be covered within existing resources.

5.2 Likewise the launch and conduct of the consultation on the draft amendments to our rules and guidance will be covered within existing resources.

6. **Risk implications**

6.1 The DH is working to a tight time scale. There is a risk of delay if the Order is not passed before the election.

**Recommendations**

The Council is asked to note the paper.

*Martha Pawluczyk, Policy Manager (International)*  
*General Pharmaceutical Council*  
*martha.pawluczyk@pharmacyregulation.org*  
*Tel 020 3713 7991*  
*04 November 2014*
Public business

Raising Concerns Policy

Purpose
To propose a revised policy covering whistleblowing for Council's approval

Recommendations
The Council is asked to approve the revised Raising Concerns Policy.

1. Introduction
1.1 In September 2014 the Council agreed to defer the review of the Raising Concerns Policy as an external review was going to be undertaken by the charity Public Concern at Work.
1.2 That review has been undertaken and Council is asked to approve the revised policy.

2. Policy Review
2.1 Public Concern at Work undertook the review of the current Raising Concerns Policy and found that:
   i. there was a degree of complexity in distinguishing between staff, associates and Council Members and the corresponding flowcharts for each, that could be simplified.
   ii. There were also key sections missing when compared to current best practice, such as setting out the process for raising concerns, assurances and the procedure the GPhC will follow.
2.2 On that basis Public Concern at Work have drafted a policy which has been tailored to the GPhC.
2.3 This includes:
   • introduction containing a clear statement to staff that those at the top of the organisation support and encourage staff to speak up and also address the difficulties some staff can face when considering whether or not to raise a concern
• A section outlining the assurances the organisation offers to those who raise a concern has been included and put at the forefront of the policy. This will encourage confidence in the process and makes a number of strong statements about zero tolerance of victimisation of whistleblowers and where an individual can go for support if they experience any difficulties.

2.4 The core of this simpler and more understandable policy is the difference between a concern and a complaint. The policy describes concerns in a whistle blowing context and makes it clear that this is not the process for raising a complaint, which is left to routes including line management, grievance procedures and the organisation’s formal complaint mechanism.

3. Equality and diversity implications

3.1 The policy describes the support available to whistleblowers who may need or want additional support. The policy itself is based on a template by the charity Raising Concern at Work and is in an easy to read format.

4. Communications

4.1 The policy will be placed on the policy library and will be made available to associates and partners who do not have access to the intranet. A proactive approach will be taken to ensure that all staff and associates are aware of policy and how to access it. A review of guidance offered to registrants is also planned and will form part of the review of standards of conduct, ethics and performance.

5. Resource implications

5.1 Any resource implications are covered by existing budgets.

6. Risk implications

6.1 Failure to comply with the policy or have a suitable policy in place could mean that the GPhC faces legal action under the Public Interest Disclosure Act 1998.

Recommendations

The Council is asked to approve the revised Raising Concerns Policy.

Matthew Hayday, Head of Governance
General Pharmaceutical Council
matthew.hayday@pharmacyregulation.org
Tel 020 3713 7809
22 October 2014
Raising Concerns

1. Introduction

1.1. All of us at one time or another have a concern about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible fraud, health and safety, or malpractice that might affect others or the organisation itself, it can be difficult to know what to do.

1.2. You may be worried about raising such a concern and may think it best to keep it to yourself, perhaps feeling it’s none of your business or that it’s only a suspicion. You may feel that raising the matter would be disloyal to colleagues, managers or to the organisation. You may decide to say something but find that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

1.3. The Council and Chief Executive are committed to running the organisation in the best way possible and to do so we need your help. We have introduced this policy to reassure you that it is safe and acceptable to speak up and to enable you to raise any concern you may have about malpractice at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern.

If in doubt - raise it!

2. Scope of the Policy

2.1. This policy applies to all those who work for us; GPhC Council members, staff, associates and partners whether full-time or part-time, employed through an agency or as a volunteer. If you have a whistleblowing concern, please let us know.

2.2. If something is troubling you which you think we should know about or look into, please use this policy. If, however, you wish to make a complaint about your employment or how you have been treated, please use the grievance procedure which can be found in the staff handbook. This Whistleblowing Policy is primarily for concerns where the public interest is at risk, which includes a risk to the wider public, staff or the organisation itself.

3. Our assurances to you

3.1. Your safety

3.1.1. The Council and Chief Executive are committed to this policy. Provided you are raising a genuine concern, it does not matter if you are mistaken. Of course we do not extend this assurance to someone who maliciously raises a matter they know is untrue.
3.1.2. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a genuine concern and we consider it a disciplinary matter to victimise anyone who has raised a genuine concern.

3.2. Your confidence

3.2.1. With these assurances, we hope you will raise your concern openly. However, we recognise that there may be circumstances when you would prefer to speak to someone confidentially first. If this is the case, please say so at the outset. If you ask us not to disclose your identity, we will not do so without your consent unless required by law. You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

3.2.2. Please remember that if you do not tell us who you are (and therefore you are raising a concern anonymously) it will be much more difficult for us to look into the matter. We will not be able to protect your position or to give you feedback. Accordingly you should not assume we can provide the assurances we offer in the same way if you report a concern anonymously.

4. How to raise a concern internally

4.1. Please remember that you do not need to have firm evidence of malpractice before raising a concern. However we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

Step one:
4.2. If you have a concern about malpractice, we hope you will feel able to raise it first with the person who carries out your performance review. This may be done verbally or in writing.

Step two:
4.3. If you feel unable to raise the matter with your manager, for whatever reason, please raise the matter with:

<table>
<thead>
<tr>
<th>Director of Inspection &amp; Fitness to Practice</th>
<th>Claire Bryce-Smith</th>
<th><a href="mailto:Claire.Bryce-Smith@pharmacyregulation.org">Claire.Bryce-Smith@pharmacyregulation.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Resources &amp; Customer Services</td>
<td>Bernard Kelly</td>
<td><a href="mailto:Bernard.Kelly@pharmacyregulation.org">Bernard.Kelly@pharmacyregulation.org</a></td>
</tr>
<tr>
<td>Director of Policy &amp; Communications</td>
<td>Hugh Simpson</td>
<td><a href="mailto:Hugh.Simpson@pharmacyregulation.org">Hugh.Simpson@pharmacyregulation.org</a></td>
</tr>
</tbody>
</table>
4.4. These people have been given special responsibility and training in dealing with whistleblowing concerns.

4.5. If you want to raise the matter confidentially, please say so at the outset so that appropriate arrangements can be made.

**Step three**

4.6. If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact (this may be the point at which Council members raise a concern given their position within the organisation):

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive &amp; Registrar &amp; Registrar</td>
<td>Duncan Rudkin</td>
<td><a href="mailto:Duncan.rudkin@pharmacyregulation.org">Duncan.rudkin@pharmacyregulation.org</a></td>
</tr>
<tr>
<td>Chair of the Council</td>
<td>Nigel Clarke</td>
<td><a href="mailto:Nigel.clarke@pharmacyregulation.org">Nigel.clarke@pharmacyregulation.org</a></td>
</tr>
<tr>
<td>Chair of the Audit &amp; Risk Committee</td>
<td>David Prince</td>
<td><a href="mailto:David.prince@pharmacyregulation.org">David.prince@pharmacyregulation.org</a></td>
</tr>
</tbody>
</table>

5. **How we will handle the matter**

5.1. We will acknowledge receipt of your concern within two working days. We will assess it and consider what action may be appropriate. This may involve an informal review, an internal inquiry or a more formal investigation. We will tell you who will be handling the matter, how you can contact them, and what further assistance we may need from you. If you ask, we will write to you summarising your concern and setting out how we propose to handle it and provide a timetable for feedback. If we have misunderstood the concern or there is any information missing please let us know.

5.2. When you raise the concern it will be helpful to know how you think the matter might best be resolved. If you have any personal interest in the matter, we do ask that you tell us at the outset. If we think your concern falls more properly within our grievance, bullying and harassment or other relevant procedure, we will let you know.
5.3. Whenever possible, we will give you feedback on the outcome of any investigation. Please note, however, that we may not be able to tell you about the precise actions we take where this would infringe a duty of confidence we owe to another person.

5.4. While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly and properly. By using this policy you will help us to achieve this.

5.5. If at any stage you experience reprisal, harassment or victimisation for raising a genuine concern please contact:

| Head of People Strategy & Organisational Development | Viv Murch | Vivienne.Murch@pharmacyregulation.org |

6. Independent Advice

6.1. If you are unsure whether to use this policy or you want confidential advice at any stage, you may contact the independent charity Public Concern at Work on 020 3117 2520 or by email at helpline@pcaw.org.uk. Their expert staff can talk you through your options and help you raise a concern about malpractice at work.

7. External contacts

7.1. Staff, Council members and associates are encouraged to raise, and attempt to resolve concerns internally. It is nevertheless recognised that there could be circumstances in which it was appropriate to raise a concern externally. In fact, we would rather you raised a matter with the appropriate regulator – such as the Health and Safety Executive, the National Audit Office or your MP - than not at all. Public Concern at Work will be able to advise you on such an option if you wish.

8. Monitoring/Oversight

8.1. The Council is responsible for this policy and will review it annually. The Governance Team will monitor the daily operation of the policy and if you have any comments or questions, please do not hesitate to let one of their team know.

Matthew Hayday, Head of Governance
Reference:
Effective date:
Review date:
Agreed by: Council on
Public business

Policy and Procedure Reviews

Purpose
To seek Council’s approval for the policies within its remit that have been recently reviewed.

Recommendations
The Council is asked to:

i. Approve the proposed amendments to the GPhC Criminal Prosecution Policy, the Anti-Bribery Statement, the Terms of Reference of the Remuneration Committee and the Expenses Policy

ii. Rescind the Just Disposal of Legacy Cases Policy

1. Introduction
1.1 Authority in a number of policy areas is reserved to Council within the Scheme of Delegation. This paper presents the review of some of those policies and asks for Council’s approval for either any amendments or for the deletion of a policy where it is no longer valid.

2. GPhC Criminal Prosecution Policy
2.1 There are two proposed amendments to this policy (see Appendix 1).
2.2 The amendments have been made in the covering paper to the policy to improve the accuracy of the wording. These changes do not affect the policy intent.

3. Anti-Bribery Statement
3.1 There are a number of proposed amendments to the statement highlighted in appendix 2. These amendments do not affect the policy intent and mainly deal with consequential changes from Council decisions and other policies.
4. **Terms of Reference of the Remuneration Committee**

4.1 The terms of reference have been updated to reflect the changes made to the scheme of delegation following Council’s last review. The Remuneration Committee agreed these changes at its meeting in September and they can be seen in appendix 3.

5. **Expenses Policy**

5.1 There is one proposed amendment to the expenses policy which was agreed by the Remuneration Committee at its meeting in September.

5.2 The committee agreed to add a note indicating that the GPhC would not reimburse railcards as it could not be certain that the expense was directly and solely related to GPhC business.

5.3 The proposed wording is as follows:

- Rail cards (16-25, Senior, or any other type) will not be reimbursed.

6. **Just Disposal of Legacy Cases**

6.1 Following the closure of the final legacy cases earlier in 2014 it is now proposed to rescind the just disposal of legacy cases policy. This will be archived and retained in line with the document retention schedule.

7. **Equality and diversity implications**

7.1 Equality and diversity implications are considered in the development of individual policies.

8. **Communications**

8.1 The revised policies will be placed on the GPhC's intranet and, if they are external facing, on the website.

9. **Resource implications**

9.1 There are no resource implications arising from this paper.

10. **Risk implications**

10.1 Without clearly defined policies and procedures decisions taken by the GPhC may be subject to challenge.

11. **Monitoring and review**

11.1 Each policy has a review date at which point the effectiveness of the policy is reviewed as well as its currency with relevant guidance and best practice. Policies are reviewed earlier if there are changes in legislation which need to be reflected.
Recommendations

The Council is asked to:

i. Approve the proposed amendments to the GPhC Criminal Prosecution Policy, the Anti-Bribery Statement, the Terms of Reference of the Remuneration Committee and the Expenses Policy

ii. Rescind the Just Disposal of Legacy Cases Policy

Matthew Hayday, Head of Governance
General Pharmaceutical Council
matthew.hayday@pharmacyregulation.org
Tel 020 3713 7809

20 August 2014
Appendix 1

GPhC Criminal Prosecution Policy

1. Introduction
1.1 The Pharmacy Order 2010 creates a number of criminal offences, most of which relate to the register, with the remainder relating to the inspection of premises. In addition, there are other pharmacy related offences within the GPhC’s enforcement remit in medicines and poisons legislation.

2. Purpose of policy
2.1 The GPhC is a public authority with express statutory powers to institute criminal proceedings for offences under the Pharmacy Order 2010 and other legislation (and has a duty of enforcement under medicines legislation). A prosecution policy is required for the purposes of:

- informing affected parties of the GPhC’s approach
- guiding decision-makers as to the approach which the governing Council wishes them to take
- enabling prosecution decisions to be taken in a consistent, fair and accountable way.

…
Anti-bribery statement

1. Purpose of policy
1.1 As an independent regulator, it is our role to protect, promote and maintain the health, safety and wellbeing of patients and of those who use pharmaceutical services. The GPhC is committed to carrying out its regulatory functions and statutory requirements in an honest and ethical way. As such, taking steps to avoid bribery and corruption is essential to conducting our duties.

2. Policy statement
2.1 The Bribery Act 2010 came into force in the U.K. on 1st in July 2011. The offences under the Act can be summarised as:

1. Bribing
2. Receiving a bribe
3. Bribing a foreign public official; and
4. Failing to prevent bribery.

2.2 Directors and officers of a company may be guilty of offences if they are implicated either actively or passively. A glossary of terms and definitions of relating to bribery can be found at annex 1.

2.3 There is a strict liability offence of failure of a commercial organisation to prevent bribery (section 7) but there is also a defence under the Act if an organisation can show that it had ‘adequate procedures’ in place to prevent bribery. The statutory ‘adequate procedures’ defence encourages such bodies to put procedures in place to prevent bribery, or acceptance of bribes, by persons associated with them. The Act is not intended to penalise ethically run companies that encounter an isolated incident of bribery, committed in contravention of company policies and procedures. Section 7 and, to a degree, section 6 (bribery of foreign public officials) are designed to balance corporate responsibility for ensuring ethical conduct in the modern international business environment with the public interest in prosecuting where appropriate.

2.4 ‘[The GPhC] aim[s] to be trusted by patients and respected by registrants, regulating effectively in a way which delivers value for money.

2.5 In all our work, [the GPhC] aim[s] to

• put patients’ safety and health first
- be focused on improvement
- be responsive to change
- develop policies which are inclusive
- be independent and fair
- demonstrate respect for others
- ensure that regulation is proportionate.

2.6 Our council has adopted the Nolan principles of public life and has undertaken to apply these principles in exercising its role as our governing body.

2.7 The following procedures and policies are currently in place at the GPhC to uphold the values listed above and to prevent bribery within the GPhC and can be found in the GPhC policy and procedure library:

a. Procurement policy
b.-c. Code of Conduct for Council members and GPhC associates
b.-c. Behavioural framework for Council members
c.-d. Standing Financial Instructions
d.-e. Raising concerns policy
e.-f. Register of Gifts and Hospitality
f.-g. Register of Interests
g.-h. Council values
h.-i. Expenses and Remuneration policy
i.-j. Whistleblowing policy.

3. Top level commitment

3.1 Anti-bribery procedures are committed to from the top level of the organisation with Council and Committee members, Chief Executive & Registrar, and Executive Team completing a register of interests which is published and updated regularly.

3.2 The GPhC Council applies the Nolan Principles of Public Life (namely: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, and Leadership) to all its work and decision making.

3.3 All GPhC Council members, committee members, associates and employees are required to uphold a code of conduct based upon the Nolan principles. In addition there is a behavioural framework for Council members to adhere to.
3.4 All Council members and staff are required to complete a gifts and hospitality form if they receive any form of gift or hospitality over the amount of £20.

4. Inclusion in risk management
4.1 As part of its regular risk management processes, the organisation assesses the nature and extent of its exposure to risks of bribery, and the measures taken to mitigate those risks. The corporate-strategic risk register is updated every quarter regularly by the Executive Team and is reviewed at every meeting of the Audit & Risk Committee with oversight by the Council.

5. Communication
5.1 The anti-bribery policy will be shared with all staff via the Policy and Procedure Library on the intranet. It will also be published on the GPhC’s website as part of the organisation’s governance and assurance framework. The register of interests is published via the GPhC website as well as the register of gifts and hospitality for Council members, external committee members and members of the Executive Team and the Head of Governance.

6. Due diligence
6.1 In addition to the values, codes of conduct, register of interests and register of gifts & hospitality mentioned above, the GPhC exercises due diligence through its HR, whistleblowing, financial and procurement policies and procedures.

6.2 Fair and transparent recruitment procedures are in place for Council members, employees and associates. Performance review processes are in place for Council members, and employees and are being introduced for all associate groups.

6.3 Standing Financial Instructions (SFIs) are a key mechanism for managing financial risks. The SFIs act as a control against inappropriate expenditure and a protection against fraud, establishing a framework within which the internal financial control systems are built.

6.4 Due diligence is taken in procurement and supporting the business functions of the GPhC by ‘…ensuring that all purchases of goods and services are made in a professional, transparent manner, employing best practice and achieving the most economically advantageous terms for the GPhC without compromising quality, ethics, safety or security.’1 The Procurement policy is available to all staff in the Policy and Procedure Library and states that staff entering into third party contracts must not:

1 GPhC Procurement Policy
1. Use their position of authority for personal gain
2. Accept gifts unless of a token value (e.g. pens, diaries, calendars)
3. Accept hospitality which may be deemed by others to influence a business decision.

7. **Monitoring**

7.1 Registers of interests and gifts & hospitality are monitored and updated at least every 6 months. The Raising Concerns and Whistleblowing policies are in place to enable staff to report suspicions and remain protected. The GPhC has an **single** Expenses Policy which details what expenses may be reimbursed and stipulates that all expenses, except tube and bus fares and parking must be evidenced by a receipt. Council Member expenses are published in the annual report.

8. **Proportionality**

8.1 The anti-bribery statement aims to be proportionate to the risk of bribery it addresses and the benefit the statement brings. The GPhC’s anti-bribery statement is not intended to cause unnecessary burden or bureaucracy. The policies and procedures have been put in place in order to provide robust protection against possible incidences of bribery.

A training and refresher course module is currently in development which will cover anti-bribery measures in place at the GPhC, together with other legal compliance requirements and it is envisaged that this will be compulsory for staff, Council members and associate groups.

9. **Application of policy**

9.1 As is outlined in the policy statement, the HR and governance procedures in place should be applied by Council members, associates, contractors and employees across the organisation, as appropriate.

9.2 If an instance of bribery is suspected or detected amongst or about staff they can refer to the Whistleblowing Policy section of the staff handbook, which explains that for serious concerns they can speak to the Chief Executive and Registrar directly so that the matter can be resolved confidentially and effectively. Such issues of concern can be:

- A criminal offence has been, is being or is likely to be committed
- A person has failed, is failing or is likely to fail to comply with legal obligation
- A miscarriage of justice has occurred, is occurring or is likely to occur
• The health or safety of any individual has been, is being or is likely to be endangered

• The environment has been is being or is likely to be damaged

• There is information tending to show any of the above has been, is being or is likely to be deliberately concealed.

9.3 Disciplinary procedures for employees can be found in the Employee Staff Handbook under resolving problems – grievance and disciplinary procedures.

9.4 If an instance of bribery is suspected or detected amongst or about Council Members then staff and Council members alike should refer to the ‘Raising Concerns’ policy. The external organisation to which the complainant (whether employee or Council member) would go would depend on the nature of the complaint. If it is felt that the concern indicates the need for suspension or removal of a Council member for any of the reasons prescribed in the GPhC Constitution Order, then the Privy Council er-its agent (e.g. the Appointments Commission) is likely to be the appropriate destination.

9.5 The detail of these ‘adequate procedures’ (Whistleblowing, Raising Concerns, Procurement policy, SFIs) can be found in the policy and procedure library.

10. Measurement and evaluation

10.1 When a training and refresher course-module is developed then ensure that staff, Council members and associates undertake this training/refresher regularly.

10.2 Ensure that Council members, Committee members, and the Executive team review their entries in the register of interests and register of gifts and hospitality every 6 months.

10.3 Review and evaluate how successful these measures are after one year in the first instance, then every second year thereafter.

Matthew Hayday, Head of Governance
Reference:
Effective date:
Review date:
Agreed by:
Annex 1

**Glossary of terms**

**Bribery:** ‘Giving or receiving something of value to influence a transaction’\(^2\). Examples include gifting those in a position to influence decisions through monies, ‘free’ entertainment, ‘free’ holidays, or ‘free’ services.

**Fraud:** The Chartered Institute of Public Finance and Accountancy (CIPFA) defines Fraud as the ‘intentional distortion of financial statements or other records by persons internal or external to the organisation, which is carried out to conceal the misappropriation of assets or otherwise for gain.’

**Corruption:** CIPFA defines corruption as: “The offering, giving or soliciting or acceptance of an inducement or reward, which may influence a person to act against the interests of the organisation.” Examples of areas where corruption can occur include failing to follow procurement processes and making appointments outside of due process.

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\(^2\) [www.sfo.gov.uk](http://www.sfo.gov.uk)
Terms of reference of the Remuneration Committee

The Council has established a Remuneration Committee with the remit set out below.

1. Under delegated powers from the Council and within the Council’s policies:
   • to approve or reject (not amend) the remuneration packages, including the basis on which performance would be assessed and any bonuses awarded, for the Chief Executive & Registrar and those directors who report directly to the Chief Executive & Registrar;
   • to approve or reject the overall remuneration framework for the remainder of the GPhC’s employees (the responsibility to make recommendations on remuneration packages for directors and the overall remuneration framework falls to the Chief Executive & Registrar alone, as does the decision-making on remuneration for the GPhC’s employees other than the Chief Executive & Registrar and those directors who report directly to the Chief Executive & Registrar).
   • to advise the Council on remuneration policy for Council members
   • to determine the remuneration and expenses policy for non-statutory committee members, and those associate groups established under legislation (statutory committee members, legal and clinical advisers to statutory committees, assessors and visitors), including advising on appropriate remuneration for any recipients of honoraria;
   • to advise the Council on the expenses policy for the GPhC, remuneration policy for Council members, non-statutory committee members, and those associate groups established under legislation (statutory committee members, legal and clinical advisers to statutory committees, assessors and visitors), including advising on appropriate remuneration for any recipients of honoraria; and
   • the single expenses policy for the GPhC.

32. The Council members on the Remuneration Committee will have a conflict of interest and so the Committee should rely heavily on independent advice to
inform its recommendations. The monitoring methodology should ensure compliance with policy in this area.

43. Other than as specified above, the Committee has no executive responsibilities or powers; its role is to advise the Council.

4. The Committee may operate in an informal workshop mode to enable it to discuss a wider range of topics in order to set the context for its responsibilities as outlined above.

Accountability and Reporting

5. The Committee is accountable to the Council. The Committee should report its decisions to the Council without disclosing the remuneration of any individual other than the Chief Executive & Registrar.

6. The minutes of each Remuneration Committee meeting shall be circulated to the Council except where the Committee considers that all or part of its minutes should remain confidential to the Committee and its secretariat. The Committee may submit advice separately to the Council on issues where it considered that the Council should be taking action.

Authority

7. The Committee has delegated authority from the Council as detailed in the remit above.

8. The Committee is authorised by the Council to seek such information as it may reasonably require from any employee or member of the Council in order to fulfil its remit.

9. The Committee is authorised by the Council, when the fulfilment of its remit requires, to obtain external professional advice including the advice of independent remuneration consultants and to secure the attendance of external advisers at its meetings, if it considers this necessary, within the budget approved by the Council.

Composition

10. The Committee, including its Chair, is appointed through arrangements agreed by the Council. The Committee has five members comprising:
   - Up to four Council members, including the Chair of the Council, at least one lay member and one registrant member; and
   - Up to two external members with appropriate experience.
11. Where possible, one of the Council members serving on the Committee shall be designated as Chair, based on relevant background and skills, as this should facilitate the process of reporting to the Council. If this is not the case at any time, the Council should give serious consideration to the appointment of an independent chair. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

12. The Chief Executive & Registrar and the Director of Resources & Corporate Development shall have the right to attend and speak at meetings of the Committee, except that they shall not be present during discussions relating directly to their own positions. Others may be called upon to attend and speak at the invitation of the Chair of the Committee.

Quorum

13. A quorum shall be three members of the Committee.

Frequency of Meetings

14. The Committee shall meet not less than once a year.

Alison Readman, Matthew Hayday, Interim Head of Governance
Reference: GG/2013/43
Effective date: 11 April 2013
Review date: 11 April 2015
Agreed by: Council 11 April 2013
Public business

Council Appointments Working Group Progress Report

Purpose
To update the Council on the work of the Council appointments working group and seek approval of its proposals.

Recommendations
The Council is asked to:

i. note the report of the Council appointments working group;

and agree:

ii. that the application form and process for Council appointments be adjusted as outlined in section 3 of the paper

iii. the process at appendix 1 for Council reappointments

iv. the appraisal process for Council members and Chair as outlined in appendix 2.

2. Introduction

2.1 The Council agreed a first set of proposals from the Council appointments working group in September 2014. This paper provides an update and includes proposals on further matters within the group’s remit.

2.2 As noted previously, aspects of the group’s work have relevance to GPhC associates as well as Council members, although the recruitment of Council members is overseen by the Professional Standards Authority (PSA) while the recruitment of associates is not. The group will not look at processes for associates in any detail but intends to draw out overarching conclusions applying to Council and associate recruitment. The group plans to make its final report to the Council in February 2015.
3. **Communications with stakeholders**

2.1 The Council agreed in September that an appointments element should be incorporated into the GPhC's communications work. This is being taken forward initially by means of a focus group and by producing material for use at events and conferences etc. The aim is to raise awareness of, and promote interest in, upcoming vacancies and also to better understand stakeholders' perceptions of the role of Council member and what would encourage or discourage potential applicants.

4. **Application form and process for Council appointments**

3.1 The group has reviewed the process and application form for Council appointments, aiming to make the process easier for candidates while ensuring that applications can continue to be assessed reliably and consistently against the criteria for Council members. The group also sought to ensure, as far as possible, that the process did not deter applicants who had not had experience of similar processes or organisations.

3.2 Given the large numbers of applications received in previous campaigns, the group proposes retaining an initial sift of applications against the criteria, followed by longlisting and preliminary interviews, conducted face-to-face wherever possible. The preliminary interview would however be adjusted to focus more on candidates’ potential, using hypothetical scenarios as well as examples of where they have demonstrated the criteria previously. A preliminary interview could also be used to test the quality of candidates with desirable skills and experience who met the requirements in the initial sift but whose evidence against the criteria was not quite as good as that provided by others. To promote diversity, the group proposes an interview access scheme whereby any disabled candidate who met the essential criteria would be assured of an offer of preliminary interview.

3.3 The next stages would remain shortlisting and final interview. It is proposed that a ‘real life’ exercise eg. based on a past Council paper, should again be used as part of the interview so as to allow candidates to demonstrate their potential.

3.4 An application form requiring evidence against each of the criteria would still be used but the wording would be reviewed with the aim of making it more engaging and easier to understand. Guidance notes for candidates would also be provided. It is proposed that candidates would be asked to submit a CV as well as an application form. Duplication between the two documents would be minimised. Guidance would give a limit on the overall length of the CV and state what it should include as a minimum data set. The CV would be used to provide context on candidates at preliminary and final interview, to help inform questioning and discussion, but would not form part of the initial sift. Other aspects of the process would be considered as part of the
tendering exercise for recruitment support eg. ease of use of an online portal for applications and the content of a microsite for candidates.

5. **Reappointments process for Council members and Chair**

5.1 To date, GPhC Council appointments have been made through an open competition process. In April 2014, the Council agreed that future vacancies should generally be filled using a combination of open competition and a reappointments process. The Council would still be asked to confirm in advance of each recruitment round whether there would be a reappointments process as there could be circumstances where it would be appropriate to use open competition only eg. if there were no eligible Council members who wished to seek reappointment.

5.2 The group has therefore developed a draft process for reappointments to the Council, attached at appendix 1 for the Council’s consideration. This has been informed by the PSA’s guidance and by other regulators’ processes.

6. **Appraisal process for Council members and Chair**

6.1 The group has reviewed the appraisal process for Council members and the Chair of Council to ensure that it is sufficiently meaningful and robust to support a reappointments process. Again, this has been informed by the PSA’s guidance and by other regulators’ processes.

6.2 Overall, the current appraisal processes seemed appropriate. A strength of Council member appraisal is that the appraiser, ie. the Council Chair, has good first-hand knowledge of members’ performance in the role. A weakness is the degree of reliance placed on the preparedness of both appraiser and appraisee to review the member’s performance in a way that is robust, objective and constructive. This is difficult to avoid but can be mitigated eg. with appropriate training and guidance.

6.3 Some adjustments to the process are proposed. For Council members, this would mean some broader input to their appraisal from fellow Council members and from staff, via the Chief Executive & Registrar. New Council members would have a mid-year review in their first term of office.

6.4 For the Chair of Council, the group proposes that the current 360° review followed by appraisal with an external reviewer with expertise in management development should be alternated with a somewhat less demanding process which would still provide a 360° review but with fewer reviewers and an appraisal meeting with the chairs of the Audit & Risk and Remuneration Committees and an external facilitator. The years when the fuller 360° review took place would be chosen so as to inform any decision on reappointment of the Chair.

6.5 A summary of the proposed appraisal process is at appendix 2 for the Council’s consideration.
7. **Equality and diversity implications**

7.1 The processes used in Council appointments, reappointments and appraisal should promote equality and be free from discrimination, harassment and victimisation. The working group will continue to keep these principles in mind as it completes its work.

8. **Communications implications**

8.1 The Council recruitment and selection process is overseen by the PSA, which is being kept informed of the group’s work and Council decisions. The PSA has indicated that there appears to be nothing in the work to date which would cause concern in terms of the four principles against which Council appointments processes are assessed: merit; fairness; transparency and openness, and inspiring confidence. The PSA will receive a report of the process and will review it against these principles when the process is completed.

9. **Resource implications**

9.1 Resources required for the working group will be met from existing budgets.

10. **Risk implications**

10.1 Appropriate and robust processes for Council appointments, reappointments and appraisal are essential to maintaining good governance and public confidence in the GPhC.

**Recommendations**

The Council is asked to:

i. note the report of the Council appointments working group;

and agree:

ii. that the application form and process for Council appointments be adjusted as outlined in section 3 of the paper

iii. the process at appendix 1 for Council reappointments

iv. the appraisal process for Council members and Chair as outlined in appendix 2.

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

Christine Gray, Registered Pharmacies Rules Lead
christine.gray@pharmacyregulation.org
Tel 020 3713 7816

22 October 2014
Appendix 1

DRAFT

Reappointment process for Council members and Chair of Council

1. This process takes account of the guidance on Good practice in making Council appointments, issued by the Professional Standards Authority (PSA). The process for Council reappointments must adhere to the four principles of a good appointments process set out by the PSA: merit; fairness; transparency and openness, and inspiring confidence in regulation.

2. The Head of Governance will advise the Chair of Council and the Chief Executive & Registrar of any Council members whose terms are coming to an end and of the timetable required for making timely appointments or reappointments.

3. The Head of Governance will establish which of those members whose terms are ending would be eligible for reappointment and which of the eligible members would wish to be considered for a further term.

4. The Council will be asked to confirm whether Council vacancies will be filled using a combination of open competition and a reappointments process\(^1\), by open competition only, or by reappointment only.

5. In deciding whether open competition, reappointment or a combination of these should be used in a particular recruitment round, the Council should:
   - assess and consider the current and future needs of the Council for particular skills and expertise
   - consider the balance between continuity and refreshment of the Council’s membership. The aim should be to produce a degree of change which minimises the risks of stagnation, on the one hand, and instability and delays, on the other
   - take account of any relevant external factors eg. anticipated changes to the constitution of the Council.

6. This process applies when the Council decides that some or all of the vacancies should be filled by reappointment.

7. The governance team will confirm the planned timing of the reappointment recommendation/s with the Privy Council and the PSA. Reappointments

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\(^1\) The Council agreed in April 2014 that Council vacancies would generally be filled using a combination of open competition and a reappointments process.
should not be made more than six months before they are due, so as to ensure that evidence of the member’s performance is current and relevant.

8. It should be made clear at appointment and again when terms are due to end that there is no automatic right to reappointment. Each case will be considered on merit, bearing in mind the current and future needs of the Council.

9. Factors to be considered in relation to potential reappointment are:
   - merit, as evidenced by the member’s performance assessment throughout their time in office
   - the current and assessed future needs of the Council for particular skills and expertise
   - any potential conflict of interest
   - the member’s attendance record and ability to continue to commit the time required to the role
   - anything in the member’s professional or personal background which could cause embarrassment to the GPhC or the Privy Council
   - continuing to satisfy the eligibility criteria set out in the GPhC Constitution Order\(^2\) eg. relating to bankruptcy or criminal convictions
   - the requirement that a member may not hold office for more than an aggregate of eight years within any twenty year period
   - the requirement to have at least one Council member living or working in each of England, Scotland and Wales.

10. A member wishing to seek a further term will be asked to provide a brief statement of their case for reappointment, including confirmation that they continue to meet the eligibility criteria and would be able to commit the time required to the role. The member will also be asked to state whether there is anything in their professional or personal background which could cause embarrassment to the GPhC or the Privy Council.

11. The governance team will collate the following information relating to the member concerned for consideration by the Chair of Council, with the member’s statement:
   - records of appraisals since the member’s last appointment
   - attendance records at meetings of the Council and, where relevant, committees and working groups

\(^2\) The General Pharmaceutical Council (Constitution) Order 2010 (S.I. 2010/300)
• the member’s current statement of declared interests
• the total period for which the member will have held office when the current term ends
• confirmation that relevant legislative provisions will be satisfied if the member is reappointed, including eligibility criteria, provisions relating to members from Scotland and Wales, and provisions relating to lay and registrant membership.

12. The Chair of Council will decide whether to recommend a member for reappointment and, if so, the recommended term of the reappointment. In doing so, the Chair should assess whether the member seeking reappointment continues to meet the Council’s requirements and is likely to continue to do so during a further term, bearing in mind the current context of the Council’s work and any anticipated changes.

13. In determining the term of office to be recommended, factors to be considered include:
• the perceived likelihood of change in the Council’s need for particular skills and expertise during the term being contemplated
• the balance between continuity and change within the Council’s membership
• the wishes of the member concerned
• the desirability of holding recruitment &/or reappointment processes no more often than every two years\(^3\).

14. The Chair will provide the Notice of Reappointment Recommendation to the PSA with the following information (with the name of the member redacted):
• statement of case for reappointment from the Council member concerned
• recommendation from the Chair, including discussion of whether the competencies required of Council members have changed since the member was first appointed and, if so, how the member has demonstrated that they meet the revised competencies
• summary of the member’s most recent appraisal, including the outcome of the appraisal and any areas of concern
• up-to-date profile of other Council members
• recommendation for term of reappointment and explanation
• any other information relevant to the reappointment.

\(^3\) The Council agreed in May 2012 that terms of office should be staggered to allow an appointments process to run every other year.
15. The governance team will notify the Privy Council Office of the recommendation/s for reappointment.

16. The process for reappointment of a Chair of Council will be the same as for a Council member except that:

- the Chief Executive & Registrar will discuss with the Chair whether they intend to seek a further term
- if so, the Council will assess the current and future needs of the regulator
- the Council will also nominate two Council members (one lay, one registrant) to oversee the collation and assessment of evidence in the same way that the Chair of Council does for a member seeking reappointment, and to submit the recommendation of reappointment to the PSA. The Council should select members with appropriate skills and experience who are impartial and will be perceived to be so. These members would be expected to provide a written declaration that they do not intend to seek a further term of office
- the Chair will be asked to provide a broader statement in support of their potential reappointment, including their ideas and approach to a further term
- the Council will decide whether to recommend a Chair for reappointment and, if so, the recommended term of office
- In doing so, the Council will take account of the current and future needs of the regulator, as assessed. The Council should also reflect on other relevant information including: the GPhC’s annual report, accounts and strategic plan; media and reports in the public domain, and proposed changes in the regulatory environment.
Summary of proposed appraisal process
for Council members and Chair of Council

1. Appraisal focuses on performance against the corporate and personal behaviours required in the role, taken from the Council behavioural framework. Appraisal is both summative and formative, encouraging self-reflection and development and reinforcing accountability.

For Council members:
2. The member completes a self-assessment section of the appraisal form, which is accompanied by guidance on its use. This is sent to the Chair at least one week before the appraisal meeting to allow the Chair to review the member’s comments. The Chair also seeks written input from the chair of any committee or working group that the member has served on during the relevant period. If the member has not had involvement of this kind, the Chair seeks written input from the Council member currently designated to act as Deputy Chair of the Council. The Chair also seeks written input from the Chief Executive & Registrar.

3. The member has an appraisal meeting with the Chair, including constructive specific feedback from the Chair to the member and from the member to the Chair. Objectives and learning and development needs are reviewed, identified and recorded through the self-assessment and the appraisal meeting.

4. The Chair completes the remainder of the appraisal form with an overall assessment of the member’s performance and sends it to the member asking them to sign it as a fair reflection of their discussion.

5. New Council members also have a mid-year review with the Chair during their first year of office. This is documented but does not follow the full appraisal process.

For the Chair:
6. The Chair has a 360° appraisal which is facilitated by an external provider. The process would be conducted in greater depth on alternate years, such that the more in-depth appraisal could inform a decision on reappointment of the Chair.

7. In those years where a more in-depth appraisal is conducted, up to 15 people are selected to provide feedback on the Chair’s performance. The reviewers would include the chair of the Audit & Risk Committee, the chair of the Remuneration Committee and the Chief Executive & Registrar. Others would be selected randomly from among the following groups: Council members, the executive team and external stakeholders who have had relevant contact with the Chair during
the period under review. Each person providing feedback receives a form for completion, accompanied by guidance. Responses are sent to the external provider for collation into a feedback report to inform an appraisal meeting of the Chair and the external provider. The Chair also completes a self-assessment form. Objectives and learning and development needs are reviewed, identified and recorded through the self-assessment and appraisal meeting. Following the appraisal meeting, the external provider produces a report comprising the collated feedback on the Chair, the Chair’s self-assessment and a summary of the appraisal meeting itself. This is sent to the Chair for sign-off.

8. In the intervening years, up to 8 people are selected to provide feedback on the Chair’s performance. The reviewers would include the Chief Executive & Registrar. Others would be selected randomly from among the following groups: Council members, the executive team and external stakeholders who have had relevant contact with the Chair during the period under review. Each person providing feedback receives a form for completion, accompanied by guidance. Responses are collated by the governance team. The Chair also completes a self-assessment form. The collated responses and Chair’s self-assessment are used to inform an appraisal meeting of the Chair with the chair of the Audit & Risk Committee and the chair of the Remuneration Committee, facilitated by an external provider. Objectives and learning and development needs are reviewed, identified and recorded through the self-assessment and appraisal meeting. Following the appraisal meeting, the two committee chairs produce a report comprising the collated feedback on the Chair, the Chair’s self-assessment and a summary of the appraisal meeting itself. This is sent to the Chair for sign-off.
Public business

Unconfirmed minutes of the Audit and Risk Committee, 15 October 2014

Recommendations
The Council is asked to note the unconfirmed minutes of the Audit and Risk Committee.
Minutes of the Audit and Risk Committee meeting held on 15 October 2014 at 25 Canada Square, London, at 10:00am

Present
David Prince – Chair
Judy Worthington
Soraya Dhillon
Hilary Daniels
Mohammed Hussain

Apologies
Matthew Hayday (Head of Governance)

In attendance
Duncan Rudkin (Chief Executive and Registrar)
Bernard Kelly (Director of Resources and Customer Services)
Paula Woodward (Council Secretary)
John Allsop (Risk & Assurance Manager)
Joe Hall (Head of Finance)
Jenny Brown (Grant Thornton)
Bill Mitchell (Moore Stephens)
Sarah Hillary (Moore Stephens)
Carole Gorman (Governance & Assurance Officer) - minute 39 and 40 only
David Hadjuk (Head of IT) - minute 39 and 40 only

Public business

35. ATTENDANCE AND INTRODUCTORY REMARKS

35.1. The Chair welcomed everyone to the meeting.

35.2. The committee noted the following action from the committee’s earlier workshop session on the new GAAP:

• ACTION: The drafted letter should be sent as soon as possible advising the cabinet office that the organisation would be using the new GAAP for the preparation of its accounts with effect from the mandatory start date of April 2015. The letter should also state the organisation’s intentions regarding the transition period.
36. **DECLARATIONS OF INTEREST**

36.1. There were no declarations of interest.

37. **MINUTES OF THE PREVIOUS MEETING**

37.1. The minutes of the meeting held on 24 July 2014 were agreed as a true record.

37.2. The minutes of the confidential part of the meeting are held separately.

38. **ACTIONS AND MATTERS ARISING**

38.1. The committee noted the actions that had been completed. Those remaining would be covered by items on the agenda or were scheduled for future meetings.

39. **ASSURANCE REVIEW: INFORMATION GOVERNANCE**

39.1. Carole Gorman (CG) summarised the work that had been carried out to overhaul the organisation’s information governance framework. She reported that the next stage of work would focus on training and awareness. CG also reminded members that the IG framework was being developed to align with the standards set by BSI27001.

39.2. During the discussion members asked how the policies would impact on a number of work areas such as CPD records, data protection act requests, handling of complaints and the sharing of information with other bodies.

39.3. CG responded by saying that information governance issues relating to these areas had been considered during the development of the policies. The updated policies and processes would be rolled out to staff through a range of measures, such as induction, team meetings and online training. An information governance working group involving staff from across the organisation had also been formed to help embed the new approach into the organisation’s work.

39.4. Duncan Rudkin (DR) informed the committee that the executive was very aware that developing the organisation’s culture and individual behaviour was key ensuring that the roll-out was successful. By way of example, DR reported that the recent office move had been used as an opportunity to strengthen the organisation’s commitment to best practice through the introduction of a tidy and secure desk policy and new IT security processes.

39.5. **ACTION:** A progress report on the roll-out of the framework to be presented to the committee in January, including an update on the information management strategy.

39.6. The committee noted the report on information governance.
40. **ASSURANCE REVIEW: INFORMATION TECHNOLOGY PROJECTS**

40.1. David Hadjuk (DH) presented a number of slides detailing the range of IT projects to further develop the organisation’s IT security framework that were underway or were planned.

40.2. During the discussion, the committee asked whether the measures taken would be tested to ensure that the changes were effective. DH reported that such tests were included as part of the implementation of the various IT projects. By way of an example, he reported that the CRM data system had been tested with the data losses now restricted to the last 15 minutes worth of entries.

40.3. The committee noted that a large number of the projects were due for completion early in 2015 and asked whether this deadline was likely to be achieved given the amount of work required. DH responded that in order to meet the deadline, a number of internal policies would need to be in place including ensuring that the organisation’s requirements were met by third party suppliers.

40.4. The committee welcomed the investment in a robust and secure IT infrastructure and noted that it was a necessary part of the GPhC’s development as an efficient and effective regulator.

40.5. **ACTION:** An update on progress to be provided to the committee at its January meeting.

40.6. The committee noted the report on IT projects.

41. **INTERNAL AUDIT UPDATE**

41.1. Bill Mitchell (BM) reported that the internal audit team at Moore Stephens had met with a number of key staff to discuss ways of working and to help ensure that future internal audits ran as smoothly as possible.

41.2. BM informed the committee that the work on the assurance map was nearing completion and that the fieldwork for the audit of the accommodation project had been carried out. He also reported that work to review the detail of the risk management process was being carried out (design) and a full review (implementation) had therefore been moved to quarter four.

41.3. The committee noted the internal audit update.

42. **INTERNAL AUDIT FOLLOW-UP REPORT**

42.1. John Allsop (JA) informed the committee that the format of the report had been changed to provide the committee with a clearer overview of progress.

42.2. During the discussion, the committee noted that internal audit recommendations from previous years were not prioritised, with low level changes logged at the same level as major changes. BM advised that the new internal auditors would help the organisation prioritise any recommendations made during their audits.
42.3. The committee also noted that the production of a communications and engagement strategy had been delayed. DR reported that a review of the organisation’s communications approach was being undertaken and a draft strategy had been discussed by the executive team.

42.4. **ACTION:** An updated version of the follow-ups table on page 7 of the paper to be sent to members with the dates corrected.

42.5. **ACTION:** An assurance review on the progress of the development of the communications and engagement strategy to be presented to the committee in January.

42.6. **ACTION:** The next report to include more explicit management responses to recommendations with regard to specific actions and, where necessary, to include the work being undertaken to address any strategic issues that may be raised.

42.7. **The committee noted the report.**

**43. ANY OTHER BUSINESS**

43.1. BK provided the committee with a brief update on progress for the recruitment of a new head of finance.

43.2. There was no further public business.

**44. CONFIDENTIAL SESSION – CONFIDENTIAL MINUTES OF PREVIOUS MEETING AND REVIEW OF STRATEGIC RISKS**

44.1. The Chair confirmed that the meeting was moving into confidential business. The minutes of this part of the meeting are held separately.

**DATE OF NEXT MEETING**

Thursday 22 January (starts at 2:00pm)
Public business

Unconfirmed minutes of the Remuneration Committee, 25 September 2014

Recommendations
The Council is asked to note the unconfirmed minutes of the Remuneration Committee.
Minutes of the Remuneration Committee meeting held on
25 September 2014 at 25 Canada Square, London E14 5LQ at 10:45am

Present
Liz Kay (Chair)
Sarah Brown
Digby Emson
Paul Hart
Nigel Clarke

Apologies
Bernard Kelly (Director of Resources & Customer Services)

In attendance
Duncan Rudkin (Chief Executive & Registrar)
Viv Murch (Head of Organisational Development & People Strategy)
Matthew Hayday (Head of Governance)
Paula Woodward (Council Secretary)
Fola Tayo (Associates & Partners Manager), minute 20 only
Joe McCarron (L&D Business Partner), minute 25 only

16. Attendance and introductory remarks
16.1 The Chair welcomed everyone to the meeting.
16.2 Apologies were received from Bernard Kelly.

17. Declarations of interest
17.1 The following interests were declared:
- Item 6: Remuneration of Council members
  All Council members present.
- Item 7: Review of expenses policy
  All Council members, external committee member and staff present.
- Items 8: Analysis of 2014 pay awards
  All staff present
- Item 9: Performance Development Review (PDR) process update
  All staff present
- Item 13: Remuneration of the Chief Executive
  Duncan Rudkin
18. Minutes of the previous meeting
18.1 The minutes of the meeting held on 24 April 2014 were agreed as a true record of the meeting.

19. Actions log and matters arising
19.1 The Chair reported that the committee’s annual report to Council (minute 11) had been amended in line with the discussion at the last meeting. The final version of the report was presented to Council at its meeting in June following sign-off by the committee chair.

19.2 With regard to the proposal to increase annual leave (minute 13.5), the Chair reported that she had reviewed the cost impact of the proposal, as agreed by the committee. As this was within the overall 4% pay envelope agreed for the year, the Chair approved the increase for the annual leave allowance.

19.3 ACTION: Following the committee’s earlier workshop on organisational development, committee members were asked to provide feedback on the approach outlined.

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

20. Remuneration of associates - update
20.1 Fola Tayo (FT) outlined the three recommendations set out in the paper.

20.2 The committee noted that these were the final elements of the comprehensive review of associate fees that was carried out over the previous few months.

20.3 The committee noted for its future consideration that the decision regarding the policy to make a payment was a separate matter to any decision about what that payment amount should be.

20.4 The committee agreed that:
   i. the application of the preparatory fee for the FtPC will remain in its current form and be left to the discretion of the Scheduling and Hearings Manager.  
      ACTION: payment of the preparatory fee to be monitored over the coming months and reviewed in April next year. A note specifying the reason why payment is made to be provided for each case.
   
   ii. with effect from 1 January 2015 the Chair of the FtPC will receive an annual payment of £1,000 as compensation for additional duties carried out throughout the year.

   iii. with effect from 1 October 2014 the daily fee for non-legally qualified Chairs and Deputy Chairs will be set at £336.
21. Remuneration of Council members

21.1 Matthew Hayday (MH) drew members’ attention to the three tables setting out comparative remuneration for boards of other health regulators and a range of organisations with a regulatory-type role outside the health sector.

21.2 During the discussion, the committee noted that the recent recruitment of members and chair of Council had not been affected by the current level of remuneration given that there were a good number of suitably experienced applicants.

21.3 The committee noted that while the current level of pay was close to the median level of other regulators, there was no overall strategy or policy in place for the remuneration of council members. There was a strategy for staff pay.

21.4 ACTION: When Council member remuneration is reviewed in 2015, the workload of non-statutory committee chairs should be examined to ensure that their pay uplift is at an appropriate level.

22. The committee recommended to Council that:

   i. there should be no change to the remuneration rates for the Chair and members of the GPhC’s Council;

   ii. there should be no change to the discretionary payments for the chairs of the Audit & Risk and Remuneration Committees. Outputs from EDI focus groups.

23. Expenses Policy

23.1 MH drew members’ attention to changes proposed following feedback from staff responsible for handling expenses claims. He reported that there was no evidence at present to support separate expenses polices but that a closer examination of expenses queries over the next six-month period would be used to inform the next expenses policy review.

23.2 VM reported that the executive team was considering whether the policy should cover travel expenses for interviewees.

23.3 ACTION: a paper setting out whether a separate policy for associates is required to be scheduled for the committee’s meeting in April 2015. This would form part of the preparation for full review of the policy in September 2015.

23.4 The committee agreed the proposed amendments to the expenses policy and recommended them to the Council.

24. Analysis of 2014 pay awards

24.1 VM summarised the paper. In response to a member’s question, she reported that because of the relatively small number of staff in particular categories, it was not yet possible to make firm conclusions or to identify
trends. Over time, it was expected that more in depth analysis would become possible as more data became available.

24.2 VM outlined the various points and issues that were taken into consideration during the pay review process, including individuals’ performance. However, she reported that while the pay policy allowed some flexibility to position people on the scales according to the role and the skills set required, it may be that for some specialist roles further flexibility may be required.

24.3 The committee noted the executive team’s role in reviewing all proposed pay awards, including consideration of the reasons for a low or no pay rise.

24.4 In relation to support and training for managers involved in considering staff pay awards, VM reported that a small number had not received the training due to annual leave and availability. This would be addressed as part of the preparations for the next pay review round.

24.5 The committee noted the report on the June 2014 staff pay review.


25.1 Joe McCarron (JM) summarised the key points in the paper.

25.2 The committee noted that the issues raised in the report were broadly consistent with those encountered by other performance management processes. The committee welcomed the actions that were planned to make improvements to consistency in application and reporting of the PDR process.

25.3 The committee noted that staff engagement, and support and training for managers, were both key to the process being effective as a support for day to day performance management.

25.4 ACTION: The committee asked for a paper for its April meeting setting out progress on the actions outlined in the paper.

25.5 The committee noted the review of the Performance Development Review Process.

26. Committee Terms of Reference review

26.1 The committee discussed the paper.

26.2 ACTION: As part of next year’s review (September 2015), the wording of the terms of reference should be revised so as to state more explicitly that the committee’s remit covers both remuneration and expenses with regard to Associates.

26.3 The committee agreed the revised terms of reference for approval by Council subject to the correction of the typographical errors.
27. **Relocation package update**
27.1 VM provided a verbal update on the impact on staff of the office relocation following the move at the beginning of September. DR reported that the overall impression was that the new offices had been very well received by staff.
27.2 VM reported that staff leaving the organisation in recent weeks had cited career progression rather than office location as the reason for leaving.
27.3 In relation to travel costs, VM reported that the cost of the travel support package for staff was less than expected but that staff had reported that it was working well.
27.4 In relation to the introduction of flexible working and the removal of flexitime, VM reported that this was also working well so far but was being closely monitored to ensure that teams had sufficient cover over the course of the day.
27.5 The committee noted that the relocation had gone well but that the impact, such as level of staff turnover at different scale levels, would continue to be monitored.

28. **Committee business schedule**
28.1 The committee noted the business schedule subject to the addition of items from this meeting.

29. **Any other business**
29.1 This item was dealt with out of turn.
29.2 The committee noted that recruitment of a new head of finance was underway and that careful consideration had been given to remuneration in relation to the role and skill set required.

30. **Remuneration of the Chief Executive**
30.1 Duncan Rudkin left the room for this item.
30.2 Nigel Clarke summarised the review process and outlined the proposal set out in the paper.
30.3 The committee discussed the proposals and noted that, due to a small number of roles at this level, external data was quite variable.
30.4 **The committee agreed the proposed remuneration package for the Chief Executive and Registrar, to be backdated to 1 June 2014 in line with the 2014 staff pay reviews.**
30.5 There being no further business, the meeting closed at 12:30pm.

**DATE OF NEXT MEETING**

26 February 2015, 10:00am to 1:00pm
Confidential items