Meeting of the Council
Thursday, 05 February 2015
11:00 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
   Public items
   All
3. Minutes of last meeting
   Public session 13 November 2014
   Nigel Clarke
4. Actions and matters arising
   Nigel Clarke
5. Corporate Plan 2015-16
   For decision
   15.02.C.01
   Lynsey Cleland
6. Budget and Fee proposals 2015-16
   For decision
   15.02.C.02
   Bernard Kelly
7. Fees rules consultation
   For decision
   15.02.C.03
   Matthew Hayday
8. Chief Executive and Registrar’s Report
   For noting
   15.02.C.04
   Duncan Rudkin
9. Pharmacy team work programme: an update
   For discussion
   15.02.C.05
   Lynsey Cleland
10. Review of the GPhC Indicative Sanctions Guidance
    For decision
    15.02.C.06
    Priya Warner
11. Performance monitoring report
    For discussion
    15.02.C.07
    Duncan Rudkin
12. Audit and Risk Committee minutes (22 January)
    For noting
    15.02.C.08
    David Prince
13. Council appointments progress report
    For decision
    15.02.C.09
    Judy Worthington
14. Policy and procedure reviews
    For decision
    15.02.C.10
    Matthew Hayday
15. Deputising arrangements for Chair of Council
    For noting
    15.02.C.11
    Matthew Hayday
16. Any other public business
    Nigel Clarke
Confidential business

17. Declarations of interest
   Confidential items
   All

18. Minutes of last meeting
   Confidential session 13 November 2014
   Nigel Clarke

19. Confidential actions and matters arising
    Nigel Clarke

20. Audit and Risk Committee minutes (22 January)
    Confidential session, for noting
    15.02.C.12
    David Prince

21. Review of strategic risks
    15.02.C.13
    For discussion
    Matthew Hayday

22. Any other confidential business
    Nigel Clarke

Date of next meeting
Thursday, 16 April 2015
Minutes of the public session of the Council meeting held on 13 November 2014 at 25 Canada Square, London E14 5LQ, at 10:30am

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

Apologies
None

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)
Hugh Simpson (Director of Policy and Communications)
Vivienne Murch (Head of Organisational Development & People Strategy)
Lyn Wibberley (Head of Executive Office)
Matthew Hayday (Head of Governance)
Paula Woodward (Council Secretary)
Prof Rose Marie Parr (Chair of the Board of Assessors), item 54 only
Chris Alder (Head of Professionals Regulation)
Mark Voce (Head of Inspection Team)
Damian Day (Head of Education)
Priya Warner (Head of Standards & Fitness to Practise Policy)
Vanda Thomas (Equality, Diversity and Inclusion Manager)

Public business

50. Attendance and introductory remarks
50.1. The Chair welcomed members, staff and observers to the meeting.
50.2. There were no apologies.
51. DECLARATIONS OF INTEREST

51.1. The following declarations of interest were made:

- **Item 5: September 2014 registration assessment**
  Soraya Dhillon, Liz Kay, Digby Emson and Mary Elford declared an interest because of their roles in training and education.

- **Item 9: review of indicative sanctions guidance and item 10: Review of standards of conduct, ethics and performance**
  All registrant members declared an interest.

- **Item 13: policies and procedures review**
  All members and staff present declared an interest in the expenses policy.

- **Item 14: Council appointments working group**
  All Council members, except members of the working group, declared an interest.

52. MINUTES OF LAST MEETING

52.1. The Council agreed the minutes of the public session of the meeting held on 11 September 2014.

53. ACTIONS AND MATTERS ARISING

53.1. The Chair summarised the actions that had been completed since the last meeting. The Council noted that the inspection feedback event (minute 38.5) had been well received.

53.2. With regard to shared care records (minute 43.2), Hugh Simpson reported that a statement had been issued setting out the application of standards with regard to the use of shared records by pharmacists.

53.3. The Chair reported that the GPhC’s Strategic Plan 2015-18 (minute 33) had been laid before the UK and Scottish Parliaments on 28 October and circulated to the Welsh Assembly. The plan had also been published on the GPhC’s website in English and Welsh.

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

54. REPORTING ON THE SEPTEMBER 2014 REGISTRATION ASSESSMENT

54.1. Prof Rose Marie Parr, Chair of the Board of Assessors, summarised the work carried out by the board to produce the report. She informed the Council that the board was modernising the registration examination in order to better reflect the developments in pharmacy. The aim was to focus less on the technicalities of pharmacy such as drug tariffs and more on issues that impacted on patients.

54.2. Damian Day (DD) drew members’ attention to the key points in the report.
54.3. During the discussion, members noted that the more discerning and clinical approach used to frame the examination was proving to be challenging for some students.

54.4. Members also noted that the support provided to students and trainers during the placement stage was key to ensuring that those who took the examination were fully prepared. DD reported that the move towards a five year integrated MPharm degree was likely to provide that support.

54.5. With regard to the difference in pass rates, DD reported that an analysis of a previous year’s cohort had revealed that those with lower A level grades or non-standard entry qualifications were more likely to fail the registration examination that those with higher A level grades. The results of this analysis had been fed back to the schools of pharmacy.

54.6. With regards to the pass rates of students of various ethnicities, DD reported that analysis was being carried out and that a seminar to help all parties involved to discuss and better understand the results would be held in spring 2015.

54.7. With regards to the composition of the board of assessors, Prof Parr informed the Council that the board’s members included practising pharmacists and technicians as well as education specialists.

54.8. The Council thanked Prof Parr and DD and noted the report from the Board of Assessors and associated actions by the executive.

55. **CORPORATE PLAN UPDATE AND PERFORMANCE MONITORING REPORT**

55.1. Duncan Rudkin introduced the report, informing members that the work to align the two parts of the report continued.

55.2. With regards to fitness to practise and inspection, DR reported that as more and better information was now being gathered, it could be analysed using a range of metrics. Members commented that the move to an evidence based target was welcome and noted that using a range of measures of the progression of cases would provide more insight than a single blunt measure.

55.3. During the discussion, members commented that the reporting format of the corporate plan update provided a useful summary of progress and made a number of suggestions to aid clarity.

55.4. The Council noted that objective 5 (ensure that registered pharmacies meet our standards) had received a red rating because the legal framework for the inspection of pharmacies had not yet been amended.

55.5. With regard to the increase in concerns, the Chair reported that at a recent meeting of the chairs of health regulators, all had experienced an increase. He had proposed that they work together to carry out research as to why this increase had occurred and whether it was likely to be sustained.

55.6. In relation to FtP, Chris Alder informed the Council that significant progress had been made with the handling of new cases and that these were now
being dealt with in line with expectations. Work on the older cases was making progress, with more of these cases moving through to committee stages.

55.7. With regard to premises inspection delays, Mark Voce reported that the current data did not take into account the 700-800 visits to premises carried out by inspectors following the reporting of concerns. He reported that work was being carried out to ensure that this data was captured and used as part of the overall inspections process.

55.8. ACTION: During the discussion, it was agreed that members should be provided with clarification of the time taken to formally report the outcome of FtP hearings to registrants both verbally and by letter, including reporting to the PSA.

55.9. ACTION: The Council also asked that the following be considered when the next corporate plan and performance report was prepared:

- an 18 month stretch target for the closure of FtP cases;
- sources of complaints;
- further breakdown of the category ‘misconduct’;
- further detail of FtP cases including the 50% of older FtP cases that were still at investigation stage;
- information about feedback following the FtP process.

55.10. The Council noted the report.

56. CHIEF EXECUTIVE AND REGISTRAR’S REPORT

56.1. Duncan Rudkin (DR) reported that the Welsh Language Commissioner was undertaking a review of the work and role of health regulators, including the GPhC, with a view to developing standards for the use of the Welsh language.

56.2. In relation to the regulation of investigatory powers act 2000 (RIPA), members commented that the legislative omission was an important issue for the work of the GPhC as an effective regulator and should be resolved as soon as possible.

56.3. The Council noted the report.

57. DRAFT EQUALITY STRATEGY 2014-2017 CONSULTATION

57.1. Vanda Thomas (VT) outlined the proposed consultation on the strategy and drew members’ attention to the planned actions.

57.2. During the discussion, members noted that the strategy needed to be clear about the distinction between illegal acts of discrimination and where there was unfairness. Members also noted that it was important to be clear about what the outputs and measures were.
57.3. Members also commented that the many of the aims and actions set out in the document would be better placed within the organisation’s overall work, and integrated into its strategic and corporate plans.

57.4. DR commented that the strategy was not simply about being compliant with legislation but how we use our regulatory levers and influence to improve access and fairness. However, DR said that it was clear that although the aims and activities set out in the document broadly reflected what was required, the Executive would reconsider the need for such a detailed stand-alone strategy.

57.5. ACTION: During a discussion about the terminology that should be used to describe various groups, it was agreed that the corporate style guide would be updated to improve consistency across the GPhC's work and publications.

57.6. The Council agreed that the organisation's approach to equality and diversity should be reconsidered by the executive to ensure that the work is integrated with and not separate from either strategic or day to day activities. A further paper to be presented to Council in due course.

58. REVIEW OF THE GPhC INDICATIVE SANCTIONS GUIDANCE

58.1. Priya Warner (PW) introduced the paper by reminding members that the review would focus on the move towards principles based regulation.

58.2. The Council noted the paper.

59. REVIEW OF STANDARDS OF CONDUCT, ETHICS AND PERFORMANCE

59.1. Priya Warner (PW) introduced the paper and informed the Council that the student code of conduct would be reviewed alongside the standards for registrants. The review would look closely at the depth and breadth of the work of pharmacy professionals, across the full range of settings and patient groups.

59.2. During the discussion, members commented that there was a need for a debate on the role of pharmacy as a clinical profession while understanding that not all pharmacists worked in clinical roles. Members noted that while a sounding board was a tried and tested model of consultation, a range of approaches should be used to elicit the views of as wide a range of registrants as possible.

59.3. DR commented that standards are at the heart of the role of the GPhC and that the review aimed to ensure that those standards formed a fundamental part of what it means to be a pharmacy technician or pharmacist.

59.4. The Council noted the paper.

60. DEPARTMENT OF HEALTH PROPOSALS FOR LANGUAGE CONTROLS

60.1. The Council noted the paper.
61. **RAISING CONCERNS POLICY**

61.1. Matthew Hayday introduced the paper by reporting that the revised policy reflected the recommendations made by the charity Public Concern at Work.

61.2. During the discussion, MH informed members that the aim had been to provide staff and others with a clear process that provided a framework for anyone with a concern to follow while avoiding too much detailed legal information.

61.3. In terms of the wording of the policy, members suggested that the role of the chair of the Audit and Risk Committee chair in the process should be explained more fully, as should the role of the PSA as the organisation’s oversight body. Members also suggested that the policy should be monitored by the Audit and Risk Committee, with a periodic external review.

61.4. Members noted that staff understanding of the policy was key and suggested that the process should be fully explained during staff induction.

61.5. **The Council agreed the changes to the policy subject to amendments to the wording to reflect the points raised by members (ACTION: amendments to be made with final approval by the Chair).**

62. **POLICIES AND PROCEDURES REVIEW**

62.1. Matthew Hayday drew members’ attention to the changes to the policies set out in the paper.

62.2. **The Council agreed the proposed amendments to the Criminal Prosecution Policy, the Anti Bribery Statement, the Expenses Policy and the Terms of Reference of the Remuneration Committee.**

62.3. **The Council also agreed to rescind the Just Disposal of Legacy Cases Policy.**

63. **COUNCIL APPOINTMENTS WORKING GROUP PROGRESS REPORT**

63.1. Judy Worthington introduced the paper by reporting that the aim of the working group had been to ensure a fair selection process that encourages a wide range of applicants.

63.2. During the discussion, members noted that it may be helpful to review the composition of the Council and its needs before any recruitment round in order to encourage the recruitment of individuals with particular knowledge and expertise.

63.3. On the matter of the appraisal process, JW proposed that some changes suggested by David Prince would make a useful addition to the process. Members also noted that while a 360 degree appraisal process was a useful method of evaluation of the Chair, it was not time or cost effective to introduce that approach for all Council members.

63.4. **The Council noted the report of the appointments working group and agreed:**
i. The adjustments to the application form and process;

ii. The process for Council reappointments, subject to the inclusion of some wording setting out the Council's intention to seek as diverse a membership as possible (ACTION: amendments to be made with final approval by the Chair);

iii. the appraisal process for Council members and Chair, subject to the addition of suggestions provided via email by David Prince.

64. MINUTES OF THE AUDIT AND RISK COMMITTEE, 15 OCTOBER 2014

64.1. David Prince drew members' attention to the main points discussed at the meeting.

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


65.1. Liz Kay drew members' attention to the main points discussed at the meeting.

65.2. ACTION: During the discussion, the Council asked that the issue of diversity of applicants for Council member roles should be considered by the Executive and brought to Council for further discussion.

65.3. The Council noted the minutes of the Remuneration Committee.

66. ANY OTHER PUBLIC BUSINESS

66.1. There being no further public business, the part of the meeting that was held in public closed at 2:25pm.
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<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>
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<tbody>
<tr>
<td>13 November 2014</td>
<td>55.8</td>
<td>Performance monitoring report: clarification of the time taken to formally report the outcome of FtP hearings to registrants both verbally and by letter, including reporting to the PSA.</td>
<td>Claire Bryce Smith</td>
<td></td>
<td>Closed</td>
<td>2015-02 - Registrants who are not present at the hearing will receive the outcome in writing within 5 working days of the end of the hearing. Registrants present will hear the outcome at the end of hearing and then receive the outcome in writing before.</td>
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</table>
| 1 November 2014    | 55.9| Performance monitoring report: The Council also asked that the following be considered when the next corporate plan and performance report was prepared:  
• an 18 month stretch target for the closure of FtP cases  
• sources of complaints  
• further breakdown of the category ‘misconduct’  
• further detail of FtP cases the 50% of older FtP cases that were still at investigation stage.  
• information about feedback following the FtP process | Claire Bryce Smith|          | Open    | 2015-02 - work continues on the development of the performance monitoring data and as elements are developed they will be added to the report |
| 1 November 2014    | 57.5| Draft equality strategy consultation: During a discussion about the terminology that should be used to describe various groups, it was agreed that the corporate style guide would be updated to improve consistency across the GPhC's work and publications. | Vanda Thomas       |          | Open    | 2015-02 - This will be covered as part of an update to the corporate style guide. |
| 1 November 2014    | 61.5| Raising Concerns policy: amendments to be made with final approval by the Chair.                                                                                                                                                      | Nigel Clarke      |          | Closed | 2015-02 - Chair has approved final changes as outlined in the minutes.           |
| 1 November 2014    | 63.4| Appointments working group: amendments to the process for Council reappointments to be made with final approval by the Chair.                                                                                                                                 | Nigel Clarke      |          | Closed | 2015-02 - Chair has approved final changes as outlined in the minutes.           |
| 1 November 2014    | 65.2| RemCom minutes: Issue of diversity of applicants for Council member roles should be considered by the Executive and brought to Council for further discussion.                                                                                           | Vanda Thomas      |          | Closed | 2015-02 - This will be considered during the planning for forthcoming Associate and Council member recruitment rounds. |
Corporate Plan 2015-2016

Purpose
To discuss and agree the organisation’s Corporate Plan for April 2015 to March 2016

Recommendations
The Council is asked to approve the corporate plan 2015-2016.

1. Introduction
1.1 A corporate plan has been developed for 2015-16 to outline the priorities that the GPhC will undertake towards the achievement of the 2015-18 strategic plan.

1.2 A planning group, made up of heads of function, has been established to write the corporate plan 2015-2016 and work with the Executive to agree a the final draft for approval by the Council.

2. The Corporate Plan 2015-2016
2.1 The structure of the corporate plan has been revised to align it more closely to the strategic themes and to reflect the activities that will have most impact on our external stakeholders.

2.2 The corporate plan makes clear the organisational priorities:
- Embed and continue to refine our new approach to inspection
- Improve the quality and timeliness of our fitness to practise cases
- Develop a model for continuing fitness to practise
- Review education and standards within pharmacy
- Review the standards of conduct, ethics and performance
- Improve efficiency and effectiveness
2.3 Operational plans are being implemented which describe a number of other activities that are important to the development of the GPhC as an efficient and effective regulator across the same time period but may not have a visible impact on our stakeholders. These will be monitored as part of the assurance to the Executive on operational delivery.

2.4 A review of the previous corporate plan covering the 2014-2015 financial year will be presented to Council at its meeting in June. Council will receive regular updates on progress against the 2015-16 corporate plan throughout the year.

3. **Equality and diversity implications**

3.1 Each item in the corporate plan outlines the relevant equality, diversity and inclusion (EDI) issues directly and the supporting directorate and team plans addresses EDI work streams in more detail.

4. **Communications**

4.1 The corporate plan will be sent to relevant government departments, including those in the devolved administrations and will be made available on the GPhC website.

5. **Resource implications**

5.1 All items in the corporate plan are reflected in the budget and will be delivered within the resources identified. This is subject to approval of the budget by Council.

6. **Risk implications**

6.1 Failing to deliver items in the plan will diminish the organisation’s ability to deliver its strategic plan.

**Recommendations**

The Council is asked to approve the corporate plan 2015-2016.

_Damian Day, Head of Education, on behalf of the Planning Group  
General Pharmaceutical Council  
damian.day@pharmacyregulation.org  
19 January 2015_
Corporate Plan 2015-2016

Introduction
This is the Corporate Plan 2015-2016 for the General Pharmaceutical Council (GPhC), the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain. It sets out priorities for the next year which will help the GPhC achieve its overarching aims set out in a companion document, the Strategic Plan 2015-2018.

The purpose of the Corporate Plan 2015-2016 is to:

- set out the GPhC’s operational priorities to our stakeholders
- give the GPhC’s executive management team and staff a clear focus on the key priorities which will help the organisation deliver the Strategic Plan 2015-2018
- provide a framework in which to monitor these activities so that the organisation can assess its progress and performance in implementing the Strategic Plan 2015-2018

How the GPhC works
The GPhC will ensure that its work reflects our core purpose of public protection. We will work to achieve our ambitions set out in the strategic plan and in particular to:

- make patient safety a key part of our approach to pharmacy regulation, especially in the application of findings of key reports into failings in care such as Francis, Berwick, Andrews and Vale of Leven Hospital
- apply a three-country approach to planning and policy, taking account of the differences in the delivery of pharmaceutical care across Great Britain
- align our approach to pharmacy regulation with the changes in the national health services of Great Britain
- embed equality and diversity in everything we do
- involve pharmacists, pharmacy technicians, patients, the public and other stakeholders in our work
- embed partnership working and intelligence sharing across our work as a means of minimising risks to patients and the public
- work with governments to ensure that legislation relevant to our work is implemented as soon as possible
**Priority: Embedding and continuing to refine our new approach to inspection**

**Supports strategic theme:** *Providing proactive good-quality regulatory services*

### What does success look like?
- A final inspection model which takes account of the views of patients and the public, pharmacy professionals, owners and the GPhC's own experience of running the prototype inspection model
- Published inspection reports which are easy to find and use by patients and the public and pharmacy professionals
- A proportionate inspection model informed by risk

### Initiatives in 2015-16 to deliver success
- Consultation on the final inspection model, including the use of sounding boards to gather views
- Project to develop and implement the publication of inspection reports
- Introduction of a formal review mechanism for superintendents and owners who disagree with the indicative inspection judgement given to one of their pharmacies
- Developing risk indicators to inform inspection
- Agree a “logic model” for the regulation of pharmacies and carry out external evaluation of our regulation of pharmacies

### Key links and assumptions
- The timetable for our consultation and publishing inspection reports is subject to legislation

### Equality, diversity & inclusion strands
- Ensuring the consultation on the final inspection model is accessible to anyone wanting to contribute to it
- Ensuring that published inspection reports are accessible to anyone who wants to read them

### Outline timetable

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<tr>
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<tbody>
<tr>
<td>• Assessing the results of our evaluation research</td>
<td>• Prepare draft inspection rules and GPhC consultation on standards and inspection</td>
<td>• Consultation on key elements of our pharmacies regulation model</td>
<td>• Finalise preparations and communications for roll out of the full statutory inspection process</td>
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<td>• Introduction of review mechanism for disputed inspection judgements</td>
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<td>• Sounding Boards to discuss publication of inspection reports</td>
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## Priority: Improving the quality and timeliness of our fitness to practise cases

**Supports strategic theme:** Providing proactive, good-quality regulatory services

### What does success look like?
- Cases are progressed in line with our performance standards
- Accurate and proportionate decisions are made throughout the FtP process
- We respond quickly to address risks to patient safety

### Initiatives in 2015-16 to deliver success
- Updating our end-to-end fitness to practise process
- Reviewing the way interim orders are issued to speed up the process for dealing with potentially urgent issues
- Enhancing the collaborative working between the Inspection and Fitness to Practise teams

### Key links and assumptions
- Indications are that the number of concerns received is continuing to rise.
- Links to improvements in data quality

### Equality, diversity & inclusion strands
- We are using enhanced analytics to better understand the EDI characteristics of our FtP caseload

### Outline timetable

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<tr>
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<tr>
<td>• Develop revised criteria for issuing interim orders</td>
<td>• Consultation on interim orders criteria and guidance for employers</td>
<td>• Issue revised criteria for issuing interim orders</td>
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<tr>
<td>• Develop guidance for employers on handling concerns</td>
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<td>• Issue guidance for employers on handling concerns</td>
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Priority: Developing a model for continuing fitness to practise (CFTP)

Supports strategic theme: *Putting people at the heart of what we do as a regulator*

<table>
<thead>
<tr>
<th>What does success look like?</th>
<th>Initiatives in 2015-16 to deliver success</th>
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<tbody>
<tr>
<td>• Additional reassurance for patients and the public that registrants are fit to practise from the introduction of an additional quality assurance process - a model for CFTP</td>
<td>• Review of Continuing Professional Development (CPD) scheme</td>
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<tr>
<td>• The CFTP model addresses public expectations of our role in assuring the fitness to practise of registrants</td>
<td>• Develop and test CFTP peer review processes with partner organisations*</td>
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<tr>
<td>• High level of awareness and understanding of the CFTP model by registrants</td>
<td>• Develop and test performance indicators for the CFTP scheme*</td>
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<td>*Prior to a later pilot phase in 2016-2017.</td>
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Key links and assumptions

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<tbody>
<tr>
<td>• Linked to the review of <em>Conduct, ethics and performance</em>, which will be the core standard for CFTP</td>
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<td>• Collaborative working with partner organisations</td>
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Equality, diversity & inclusion strands

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<tbody>
<tr>
<td>• Model must reflect the needs of diverse registrant populations</td>
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<tr>
<td>• Must reflect the needs of the countries of GB by being adaptable to the different practice settings in those countries</td>
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<td>• Inclusive approach to engagement and consultation in the policy development phase</td>
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Outline timetable

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<tr>
<td>April-June 2015</td>
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<tr>
<td>• Review CPD scheme and report to Council in June</td>
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<tr>
<td>• Develop and test CFTP peer review processes and performance indicators</td>
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<td>July-September 2015</td>
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<tr>
<td>• Develop and test CFTP peer review processes and performance indicators</td>
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<tr>
<td>October-December 2015</td>
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<tr>
<td>• Evaluate and propose options for piloting for Council</td>
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<tr>
<td>January-March 2016</td>
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<td>• Prepare piloting</td>
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Priority: Review of education and standards within pharmacy

Supports strategic theme: Promoting a culture of patient-centred professionalism

<table>
<thead>
<tr>
<th>What does success look like?</th>
<th>Initiatives in 2015-16 to deliver success</th>
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<tbody>
<tr>
<td>• A set of core regulatory standards for the education and training of pharmacists</td>
<td>• Initial ‘green paper’ outlining new standards for pharmacists in summary form (a stage before developing the standards themselves)</td>
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<tr>
<td>• A set of core regulatory standards for the education and training of pharmacy technicians</td>
<td>• Commission ‘perceptions of education and training standards’ study among pharmacy technicians</td>
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<tr>
<td>• Standards reflect public expectations and professional values</td>
<td>• Programme of iterative engagement consultation on the education and training of members of the pharmacy team and associated quality assurance processes</td>
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<tr>
<td>• High level of awareness and understanding of the standards</td>
<td>• Strategic communications approach to launch and implementation</td>
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<tr>
<td>• An agreed position on regulating the education and training of non-registrants in the pharmacy team</td>
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<tr>
<td>• A revised quality assurance process for education which is fit for purpose, in light of the changes made to education and training standards</td>
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Key links and assumptions

<table>
<thead>
<tr>
<th>Equality, diversity &amp; inclusion strands</th>
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<tbody>
<tr>
<td>• Links with review of Standards of conduct, ethics and performance</td>
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<tr>
<td>• Links with education reform programmes in the countries of GB, especially implementation timelines</td>
</tr>
<tr>
<td>• Links with the review of National Occupational Standards (NOS) for Pharmacy Services led by Skills for Health (March 2015-March 2016)</td>
</tr>
<tr>
<td>• Discuss adoption of new standards for pharmacists with the Pharmaceutical Society of Northern Ireland so that they are implemented across the UK (not just GB)</td>
</tr>
<tr>
<td>• Content of standards to address relevant issues including e.g. professional duties with respect to equality, diversity and inclusion</td>
</tr>
<tr>
<td>• Must reflect the needs of the countries of GB</td>
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<tr>
<td>• Inclusive approach to engagement and consultation in the policy development phase</td>
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<tr>
<td>• Assess impact on students with protected characteristics</td>
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### Outline timetable

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<tbody>
<tr>
<td>• Publication of ‘green paper’ outlining new pharmacy standards in summary form, call for feedback and analysis of feedback</td>
<td>• Drafting of new standards in detail</td>
<td>• Drafting of new standards in detail</td>
<td>• Consultation on new standards for pharmacists begins</td>
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<tr>
<td>• Establishment of standards drafting group</td>
<td></td>
<td></td>
<td>• Drafting of new standards for pharmacy technicians in detail</td>
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<tr>
<td>• Commission and take delivery of ‘perceptions of education and training’ study</td>
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<td></td>
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<tr>
<td>• Work with Skills for Health to develop new NOS (to March 2016)</td>
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</table>
**Priority: Review the standards of conduct, ethics and performance**

**Supports strategic theme:** Promoting a culture of patient-centred professionalism

<table>
<thead>
<tr>
<th>What does success look like?</th>
<th>Initiatives in 2015-16 to deliver success</th>
</tr>
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<tbody>
<tr>
<td>• A suite of core regulatory standards for the profession supported by any necessary guidance</td>
<td>• Programme of iterative engagement and consultation</td>
</tr>
<tr>
<td>• Standards reflect public expectations and professional values</td>
<td>• Policy-development informed by relevant evidence</td>
</tr>
<tr>
<td>• High level of professional awareness and understanding of the standards</td>
<td>• Strategic communications approach to launch and implementation</td>
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**Key links and assumptions**

<table>
<thead>
<tr>
<th>Equality, diversity &amp; inclusion strands</th>
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<tbody>
<tr>
<td>• Content of standards to address relevant issues including e.g. professional duties with respect to equality, diversity and inclusion</td>
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<td>• Inclusive approach to engagement and consultation in the policy development phase</td>
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<th>Equality, diversity &amp; inclusion strands</th>
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**Outline timetable**

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<tbody>
<tr>
<td>• Engagement and initial policy development</td>
<td>• Consultation on first draft</td>
<td>• Review consultation responses and produce final draft</td>
<td>• Review consultation responses and produce final draft. New standards to be approved March 2016</td>
</tr>
</tbody>
</table>
priority: continuing to improve our efficiency and effectiveness

supports strategic theme: providing proactive, good-quality regulatory services

What does success look like?  
- Measurable efficiency gains within the year leading to specific savings in the longer term  
- Improved productivity data informing resource planning and management decisions

Initiatives in 2015-16 to deliver success  
- Efficiency and Effectiveness review  
- Further refinement of the cost allocation model  
- Continue to build our capacity to interrogate and use our data

Key links and assumptions  
- Links to all other priorities  
- Links to developments in our IT infrastructure

Equality, diversity & inclusion strands  
- We will undertake an equality impact assessment of any changes/developments recommended through the efficiency and effectiveness review

Outline timetable

|----------------|---------------------|-----------------------|--------------------|
| • Efficiency and effectiveness review  
  • Further refinement of cost allocation principles | • Efficiency and effectiveness review  
  • Further refinement of cost allocation principles | • Develop efficiency programme to inform 2015/16 budget and fees setting | • Budget incorporating ongoing efficiency gains for 2015/16 |
Public business

Budget and Fee proposals 2015-16

Purpose
To approve the budget for 2015-16 and consider the fee setting strategy through to 2017-18

Recommendations
The Council is asked to note and to comment on our proposal that:

- the GPHC’s finances will be returned to breakeven or a modest surplus within the period of the current strategic plan 2015-18;
- the Executive will return to Council during the year should the budgets for fitness to practise or inspections prove to be insufficient in the light of increasing external pressures or future policy decisions taken by Council;
- authorisation will be sought from Council at a future date for any additional funds required from reserves;
- a further review of future fee levels will be undertaken this time next year.

The Council is asked to agree the budget for 2015-16 and to consult on the proposed fee increases detailed below.

i. To consult on a proposed fee increase for pharmacists of £10 to £250.
ii. To consult on a proposed fee increase for pharmacy technicians of £10 to £118.
iii. To consult on a proposed fee increase for pharmacy premises of £20 to £241.
iv. To consult on a proposal to adjust all related application and restoration fees by up to 4% as detailed in the fees consultation paper on today’s agenda.
v. To agree that subject to any changes that may result from the consultation that these changes are to be implemented with effect from 15 October 2015.
vi. To agree that fees for the pre-registration year and the pre-registration exam are frozen for the foreseeable future. A reduction in these fees will be considered in February 2016.
1. **Introduction**

1.1 The budget for 2015/16 attached as appendix 1

1.2 We have developed the proposals for the 2015/16 budget and fee setting with the following key considerations in mind:

i. the allocation of resources required for the first year of the new Corporate Plan, which is dealt with elsewhere on today’s agenda;

ii. the budget required for 2015/16 and necessary fee changes to enable us to deliver on our three year rolling strategy (2015-18);

iii. the principle that we wish to ensure a fair and proportionate allocation of fees to registrant groups, taking into account the burden of costs of regulation;

iv. our ongoing desire to avoid significant fluctuations in fee levels in future years to any single, or all, registrant groups;

v. our commitment to improve our efficiency and effectiveness across all areas of the GPhC.

1.3 The Strategic Plan (2015-18) sets out clearly our view for how regulation can best protect patients and contribute to the improvement of pharmacy services. The plan recognised both our own proposals to continue to modernise pharmacy regulation, but also the changing and increasing role of pharmacy required by governments across Great Britain which requires us to develop our professional regulation work as well as our systems regulatory work.

1.4 To ensure we do this in a transparent way which maintains confidence of each of our registrant groups our aim is to adjust fees to reflect as far as possible the underlying costs of regulating each registrant group. This approach has been informed through the fees and cost allocation review we have undertaken, the assumptions and methodology of which are detailed in appendix 2.

1.5 However attempting to allocate costs in such a way requires detailed and in depth understanding of what drives our activities. We have made significant progress in this regard, but we also recognise that we need to build on the improvements in the data we record in all of our statutory functions, but particularly the operational areas of registration, fitness to practise and inspections.

1.6 The objective to achieve breakeven by 2017/18 will not just be pursued through fee increases but also by a drive to reduce or restrain costs. To help identify where efficiencies could be improved we will undertake a comprehensive efficiency and effectiveness review in 2015.
1.7 Additionally we will continue to work with other regulators to identify where we can reduce or share costs in the delivery of our operational work, but also in other areas such as policy development and engagement.

1.8 The full impact of any proposed fee increases will not be felt until the budget year 2016/17 as the majority of registrants will not renew their registration until January 2016. The full year effect of the fee increases proposed (excluding any growth in the register) would amount to approximately £1m. Only a fraction of this would be recognised in 2015/16.

1.9 The Council is therefore faced with the dilemma of trying to anticipate expenditure and any necessary fee changes, two to three years ahead. Given the deficit budget forecast for 2014/15 and the proposed deficit for 2015/16 it is prudent that Council looks to increase fees to ensure the GPhC can continue to protect patients and deliver on its strategic plan.

2. Budget Proposed

2.1 The budget approved by Council for 2014/15 authorised a deficit of £2.6m, that would be funded out of existing reserves on the understanding that:

- A deficit was acceptable transitonally, provided that a plan for returning to break-even/surplus was put in place
- The existing level of reserves was above that needed on an ongoing basis and could accommodate the deficit budgeted without impacting on the Council’s longer term financial stability
- An analysis of the impact on resources of the new inspection model and our aim to handle all fitness to practise cases in a timely manner would be carried out in 2014 and would inform the fee setting strategy for the 2015/16 budget.

2.2 The forecast deficit for 2014/15 is £1.7m. This is an improvement of £0.9m from that budgeted. Of this £0.2m arises from higher revenues and £0.7m of savings in employee costs mostly arising from recruitment (anticipated budgets in place earlier than staff joining dates and therefore salary cost not being incurred) in the early part of the year. This will result in a forecast reserves level of £14.1m by the end of March 2015.

2.3 Our experience over the course of this year leads us to believe that the investments made across the organisation are having a direct impact on the quality of policy development, operational work and infrastructure support, allowing us to increase impact with no immediate requirements for additional resources. However a rising level of complaints and the fact that the inspection model is still in prototype mode means that we cannot be complacent that additional resources will not be needed.
2.4 It is appropriate that we continue with the objective outlined in the 2014/15 budget to return us to a breakeven or small surplus over the course of the current strategic plan period.

2.5 The budget proposed is expected to deliver a deficit of £1.9m in 2015/16, at the end of the period reserves are forecast to have declined to £12.2m.

2.6 As a result of implementing the fee increases proposed, further growth in the register and progression towards adjusting fees to reflect as far as possible the underlying costs of regulating each registrant group, it is projected that the deficit will reduce to £0.4m in 2016/17 and will produce a small surplus of £0.8m in 2017/18.

2.7 Transformational change has taken place. Despite increasing volumes of complaints, we continue to make efficiency gains within fitness to practise. Our ambitious programme of work for the regulation of registered pharmacies continues to receive widespread support. We continue to update and improve our inspection prototype in light of our own data and learning and feedback from others. We will continue this analysis, with the support of external opinion research and evaluation to ensure we continue to achieve what we set out in the strategic and corporate plans.

2.8 A step change in the effectiveness of our fitness to practise process has taken place and the efforts of staff are delivering results. Despite an increasing number of complaints being received, the number of cases being closed is rising proportionately and the average age of cases being closed is falling. The table below is illustrative of the progress we have made and the challenges that remain in handling fitness to practise cases in a timely manner.

<table>
<thead>
<tr>
<th></th>
<th>12 Months to Dec-12</th>
<th>12 Months to Dec-13</th>
<th>12 Months to Dec 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases</td>
<td>845</td>
<td>993</td>
<td>1423</td>
</tr>
<tr>
<td>Total closed</td>
<td>880</td>
<td>859</td>
<td>1329</td>
</tr>
<tr>
<td>Open c/f</td>
<td>429</td>
<td>563</td>
<td>652</td>
</tr>
<tr>
<td>Average age of cases</td>
<td>7.15</td>
<td>5.3</td>
<td>5.5</td>
</tr>
<tr>
<td>closed (months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average age of open cases</td>
<td>9.7</td>
<td>9.6</td>
<td>8.9</td>
</tr>
<tr>
<td>cases (months)</td>
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</table>

2.9 The greatly increased number of complaints being received is, so far, being handled successfully with an increasing percentage of cases being closed earlier in the cycle and, in particular, the numbers that are classified as out of jurisdiction. If, however, the number of complaints rises even further then there are resource implications for both the inspection and fitness to practise areas. We are confident that we have budgeted on the best information
available but note that we have had to make a number of assumptions. This will be kept under review as the financial year progresses and as a result we have asked Council to note, as set out in the recommendations, the possibility that future in-year resources may be required.

2.10 Subject to the above caveats, now is an appropriate time for us to enter into a period of consolidation. This will enable us to embed the improvements made into our culture and ways of working while also focussing on cost control by carrying out a comprehensive efficiency and effectiveness review in 2015.

2.11 The dilemma is that it is also a time of significant demand and development in many areas. We also need to continue to invest in IT to help us deliver more efficient ways of working and enable us to become a more informed regulator.

2.12 Having held fees steady for a number of years following a reduction in 2012, an increase in investment in our capacity and capability, and against a background of rising numbers of complaints, an increase in fees is inevitable for all registrant groups.

2.13 We think it important to highlight that should Council approve the proposed fee increases, the fees for pharmacists and pharmacy technicians will be lower in March 2016 than they were in March 2011 which we see as reflecting sensible financial planning and sustainable growth in the organisation. A summary of our historical and proposed fees is shown below.

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<tbody>
<tr>
<td>pharmacists</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
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</tr>
<tr>
<td>pharmacy technicians</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
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<tr>
<td>premises</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
<td>£'s</td>
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2.14 As set out earlier in this paper and with further details provided in the appendices, the figures above have been informed by the financial modelling undertaken.

2.15 This work has highlighted that in order to reflect and allocate the costs of regulation more accurately, this would lead to small increases in fees to both pharmacists and pharmacy technicians.

2.16 Although the actual numbers are small we think it important to highlight for transparency that that the percentage increase for pharmacy technicians, at 9%, is higher than the increase for pharmacists which is just over 4%.

2.17 We believe that this is appropriate given the principles we have set out for establishing fees. We do not think it appropriate or sensible to artificially keep fee levels for one registrant group rather than another, if we are to avoid disproportionately high increases in future years.

2.18 Likewise, we think it appropriate, taking into account the fees and cost allocation exercise, that the highest fee increases are for pharmacy premises.
3. **Equality and diversity implications**

3.1 There are not considered to be any substantive equality and diversity implications arising from the implementation of the recommendations of this paper. However an equality impact assessment will be undertaken as part of the consultation on the proposed fee proposals. The results of that assessment will be shared with Council when the formal decisions about any changes to the fee structure are considered in the Council’s June 2015 meeting.

4. **Communication**

4.1 It is a fundamental assumption of our planning and budgeting that we must engage and communicate with all our stakeholders. In this budget we are recommending fee increases and we must explain why this is necessary so that we can build on the work of the GPhC and maintain high quality regulation which is in the interests of the profession and the protection of the public.

4.2 A key objective in our communications will be ensuring that our stakeholders, particularly those required to pay registrant fees, understand:

   i. the reasons why we are recommending fee changes;
   
   ii. the work undertaken to ensure those fees are set at an appropriate level;
   
   iii. that there is clarity about the importance of our work in protecting patients and upholding confidence in the profession and how we carry that out through the full range of our functions;
   
   iv. our focus on maintaining both efficiency and effectiveness in our work.

5. **Resource implications**

5.1 The resource implications for 2015/16 are fully laid out in the attached paper. As a result of these planned deficits our reserves level will fall, but will still be sufficiently robust for it not to present a threat to the GPhC’s financial sustainability.

6. **Risk implications**

6.1 Failure to budget appropriately for the immediate year ahead could compromise the GPhC’s ability to deal with the immediate pressures on its resources and its ability to continue to regulate effectively for the benefit of patients, the public and registrants.

6.2 We believe there is sufficient rigour in the assumptions underlying this budget and in particular the recommendation on fees and the projected level of
reserves that the Council can be reassured that the necessary resources will be available for it to be able to discharge its regulatory responsibilities.

6.3 The pressure of operational demands on resources will need to be kept under review and any further review of fees should be considered closely in a years’ time.

**Recommendations**

The Council is asked to note and to comment on our proposal that:

- the GPHC’s finances will be returned to breakeven or a modest surplus within the period of the current strategic plan 2015-18;
- the Executive will return to Council during the year should the budgets for fitness to practise or inspections prove to be insufficient in the light of increasing external pressures or future policy decisions taken by Council
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vi. To agree that fees for the pre-registration year and the pre-registration exam are frozen for the foreseeable future. A reduction in these fees will be considered in February 2016.

*Bernard Kelly*

*Director of Resources and Customer Services*

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*Duncan Rudkin*

*Chief Executive & Registrar*

*020 3713 3502*

*duncan.rudkin@pharmacyregulation.org*

*19 January 2015*
Budget 2015/16

1. Background and assumptions

1.1 The budget for 2015/16 reflects the detailed resource implications of the first year of the current three year corporate plan which is also on today’s agenda and which reflects the Council’s strategic plan. It also reflects the proposed fee increases detailed above.

1.2 The budget assumes that the Rules relating to standards for registered pharmacies will not be operational in the financial year 2015/16 due to pressure on legislative resources. However, we will press ahead with refining the current prototype inspection model based on the lessons learned and feedback from stakeholders which will include a consultation process later in the year.

1.3 The attached appendices detail the income and expenditure account for the year, a projected balance sheet as at March 2016 and the supporting detail (including graphical representations) of income by class of registrants and expenditure both by cost type and by regulatory activity.

1.4 The expenditure budgets reflect the full year effect of the additional investments made in the current year, together with modest additional investments in inspections, fitness to practise and our IT capacity which will ensure that we have both the resilience and capability to progress the Council’s ambitious strategic plan.

1.5 Reflective of the current deflationary environment, a small allowance has been built in to salary budgets from June 2015 onwards. This is a budgeting assumption only and does not in any way prejudge the deliberations of the Remuneration Committee. A further efficiency allowance has been built into our assumptions such that the employment costs budget for 2015/16 is marginally below the original budget for 2014/15.

1.6 The budget and projections for the years ahead indicate that after implementing the fee increases proposed, and allowing for a gradually growing register, modest fee and salary inflation offset by additional efficiency gains will result in a budget surplus in 2017/18 of £0.8m.

2. Income

2.1 Our income assumptions reflect our best estimates for numbers of registered pharmacists, pharmacy technicians and pharmacies as informed by the current numbers on the register, a conservative assumption on the numbers of registrants retiring or removing themselves from the register and our
understanding of future numbers of students graduating from the schools of pharmacy.

2.2 Overall income for the budget year of £21.1m is £0.6m higher than the forecast for the current year. The effect of the proposed fee increases is limited as the new fees affect 66% of registrants in January 2016 and the balance later in 2016.

3. **Expenditure**

3.1 Total expenditure is budgeted to increase by just £0.8m over the current year.

3.2 £0.5m of the increase is from employee costs mostly as a result of the full year effect of the increase in staff numbers in the current year.

3.3 The only other significant levels of variance are in financial costs and IT costs, which reflect higher depreciation on the investment made in our new office space, and in MIS costs, which reflect investment in our IT capability so that we can continue to develop and improve as a modern and effective regulator.

3.4 Professional fees include an allowance of £300,000 in respect of the Professional Standards Authority imposing its levy for the first time.

3.5 These are offset by lower occupancy costs as we will not be incurring the project and dual running costs associated with our move to Canary Wharf.

4. **Efficiency**

4.1 The holding of our budget expenditure within the parameters of the original budget for 2014/15 while managing a continually expanding register and higher than ever levels of complaints is a significant indicator of our current successes and our intent to continue to demonstrate our efficiency as a regulator.

4.2 However, we do not intend to rest on our laurels but will during 2015 undertake an efficiency and effectiveness review which will seek to identify further opportunities for efficiency gains and costs savings. Any cost savings identified as a result will be added to our reserves with a view to offsetting any future possible fee increases.

5. **Balance Sheet and Reserves**

5.1 The GPhC’s reserves are forecast to reach £14.1m by March 2015 and £12.2m by March 2016. The current target for reserves is £12.5m. The Council can therefore continue to have confidence that the GPhC finances are sufficiently robust to maintain our ability to discharge our regulatory responsibilities.

5.2 Reserves are projected to reach £13.0m by March 2018. However, if the reserves target were to be recalibrated to our current level of expenditure on
the same basis as the original reserves were set, the new target would be £16.5m.

5.3 Fixed assets will by the end of the budget year have reached £6.0m and current assets will be £9.2m. Cash of £24m offset by deferred income of £14m will be the largest component of net current assets.
Appendix 2

Fees and Costs Allocation

1. Background

1.1 Our approach to fees and costs allocation has been in development from some time but has been further enhanced by a review undertaken by Professor Barry McCormack, the founding director of the Centre for Health Services Economics and Organisation (CHSEO) based at the University of Oxford. CHSEO under Professor McCormick leadership was previously commissioned to carry out an efficiency and effectiveness review for the Professional Standards Authority. As such Professor McCormick was familiar both with the economics of regulation and with the GPhC.

1.2 The initial feedback from Professor McCormack verified the approach taken by the GPhC but advocated the greater collection of hard data to put the fees and cost allocations on a less subjective and therefore more transparent basis. That feedback was extremely useful and has led to further developments which are the basis for the allocation methodology, detailed below. We will submit the revised fees and costs allocations and its assumption to Professor McCormack for his further scrutiny and will share his observations with Council before the June 2015 meeting when any decision on fees is confirmed following the consultation exercise.

1.3 Undertaking such a fees and cost allocation exercise is an imprecise science relying as it does upon measurable data where it exists and upon judgements by the relevant teams where it does not. The outcome of any such exercise will vary with changes in regulatory activity, changes to the cost base and changes in the numbers within each registrant group.

1.4 At any point of time any organisation has a certain fixed costs which are not linearly related to registrant numbers. There are therefore a number of different ways of allocating such overheads; for instance, a third to each registrant group. Any chosen allocation methodology is therefore, to a degree, arbitrary. The GPhC has chosen to allocate such costs evenly across all entries on the register regardless of their categorisation.

1.5 To improve the accuracy of the fees and cost allocation exercise we will develop more activity based costing measures such as time recording and continue to refine and update activity related data.

1.6 In setting the direction of fees over a period of time the GPhC wishes to avoid dramatic changes in the fee structure in any one year and to be able to give each registrant group a degree of foresight of what the fee burden might be in the years ahead. The GPhC does not intend to adjust fees immediately to reflect the results of the fees and cost allocation exercise but to allow the fee strategy to evolve and thus reflect the developing GPhC’s activities.
2. Fees and cost allocation data

2.1 Direct front line regulatory activities are allocated to the relevant registrant group based on data related to levels of activity where available or, if no data is available, on assumed splits of time spent by the relevant staff teams.

2.2 The costs of the inspection team were allocated between premises and registrants based on a time study analysis carried out over a six week period at the end of 2014. This analysis revealed that, of an inspector's time directly attributable to inspection or investigation, 77% was spent on premises inspection and 23% on investigations. These costs were allocated accordingly. Investigation activity was split between pharmacists and pharmacy technicians pro rata to these two groups involvement in the fitness to practise processes. This is not a perfect measure of effort or of costs but in the absence of a more sophisticated analysis it is the measure we will use for this purpose at this time.

2.3 Fitness to practise costs were allocated to pharmacists and pharmacy technicians based upon data related to their involvement in the fitness to practise processes (FTP). The metric used to measure the relative involvement of these groups was the number of cases closed in the 12 months to December 2014. Of the 1329 cases closed in this period which are capable of being allocated to an individual, 682 involved pharmacists and 71 involved pharmacy technicians. The balances of cases closed were either out of jurisdiction, or were not attributable to an individual. These costs were therefore allocated 90.5% to pharmacists and 9.5% to pharmacy technicians.

2.4 Customer services activities were allocated between each registrant group pro rata to the numbers on the register, thus 57% to pharmacists, 26% to pharmacy technicians and 17% to premises.

2.5 CPD costs were allocated only to pharmacists and pharmacy technicians pro rata to their numbers on the register.

2.6 The costs of the staff involved in the pre-registration and assessment exam together with all direct costs, e.g. exam venues and invigilators and other associated costs, were allocated to those entering the pre-registration year and to those sitting the assessment exam as appropriate. It is our policy to allocate only the direct costs involved in these two activities on the basis that the burden on students should be as light as possible and to ensure that, if the nature of these activities either changes or disappears, the financial impact on the GPhC will be minimised. The cost of the Board of Assessors and the accreditation of the MPharm degree, are considered parts of the quality control process applicable to pharmacists entering the register and as such are allocated to pharmacists.

2.7 Relevant educational and accreditation costs were allocated between the registrant groups based on an assessment of relative time spent, based on
either a measurable metric such as assessment visits or on the judgement of their time spent by the relevant teams.

2.8 All other overhead costs were allocated to front line regulatory activity based upon either headcount in the relevant department or in the case of occupancy costs on space occupied. Thus the inspection team bore no allocation of occupancy costs as they are all home based. Whereas the costs of the hearing centre were allocated entirely to fitness to practice activities.

2.9 All other costs not capable of being allocated along the above lines were allocated prorate to the numbers on the register.
## Consolidation

<table>
<thead>
<tr>
<th></th>
<th>2015/2016 BUDGET £000’s</th>
<th>2014/2015 FORECAST £000’s</th>
<th>2014/2015 BUDGET £000’s</th>
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<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pharmacist Income</td>
<td>13,244.0</td>
<td>12,655.3</td>
<td>12,613.5</td>
</tr>
<tr>
<td>Pharmacies Income</td>
<td>3,456.8</td>
<td>3,386.6</td>
<td>3,391.5</td>
</tr>
<tr>
<td>Technician Income</td>
<td>2,633.4</td>
<td>2,604.4</td>
<td>2,531.3</td>
</tr>
<tr>
<td>Pre-Registration Income</td>
<td>1,035.7</td>
<td>1,018.2</td>
<td>1,021.6</td>
</tr>
<tr>
<td>Other Fee Income</td>
<td>114.9</td>
<td>108.8</td>
<td>149.1</td>
</tr>
<tr>
<td>DH Grant Income</td>
<td>221.6</td>
<td>337.8</td>
<td>234.9</td>
</tr>
<tr>
<td>Other Income</td>
<td>375.4</td>
<td>325.5</td>
<td>274.2</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>21,081.9</td>
<td>20,436.5</td>
<td>20,216.1</td>
</tr>
</tbody>
</table>

|                      |                        |                           |                        |
| **Expenditure**      |                        |                           |                        |
| - Chief Executive Office, Associates & Council | (2,493.3) | (1,997.4) | (3,085.6) |
| - Policy & Communications | (3,327.5) | (3,214.4) | (3,313.3) |
| - Inspections & Fitness to Practise | (6,779.7) | (6,542.0) | (6,496.3) |
| - Resources & Customer Services | (8,513.6) | (8,039.5) | (7,313.0) |
| **Total Directorate Costs** | (21,114.1) | (19,793.2) | (20,208.2) |
| - Service Level Cost | (39.0) | (86.3) | (60.0) |
| - Rent | (1,231.0) | (1,381.7) | (1,482.1) |
| - Rent Contributions | 440.3 | 260.2 | 0.0 |
| - Service Charge | (454.8) | (540.1) | (650.3) |
| - Rates | (508.8) | (567.0) | (393.4) |
| - Utilities | (120.0) | (133.9) | (129.8) |
| - Insurance | (74.8) | (75.5) | (85.5) |
| **Total Occupancy and Service Costs** | (1,988.1) | (2,524.2) | (2,801.1) |

| **Total Expenditure** | (23,102.2) | (22,317.5) | (23,009.3) |
| - Interest Receivable | 168.0 | 184.2 | 207.4 |

| **Net Operating Surplus/(Deficit) before tax** | (1,852.3) | (1,696.7) | (2,585.7) |
| - Corporation Tax Payable | (31.0) | (37.0) | (43.8) |

| **Net Operating Surplus/(Deficit) after tax** | (1,883.3) | (1,733.8) | (2,629.6) |
### Budgeted Balance Sheet as at 31st March 2015

<table>
<thead>
<tr>
<th></th>
<th>Mar-14 £000</th>
<th>Mar-15 £000</th>
<th>Mar-16 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>1,138</td>
<td>7,366</td>
<td>8,216</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(411)</td>
<td>(1,067)</td>
<td>(2,195)</td>
</tr>
<tr>
<td><strong>Net Fixed Assets</strong></td>
<td>727</td>
<td>6,298</td>
<td>6,020</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Debtors</td>
<td>3</td>
<td>56</td>
<td>58</td>
</tr>
<tr>
<td>Other Debtors</td>
<td>267</td>
<td>283</td>
<td>299</td>
</tr>
<tr>
<td>Prepayments</td>
<td>718</td>
<td>625</td>
<td>625</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>124</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Escrow Account</td>
<td>0</td>
<td>112</td>
<td>0</td>
</tr>
<tr>
<td>Bank &amp; Cash</td>
<td>29,667</td>
<td>26,717</td>
<td>23,995</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>30,780</td>
<td>27,835</td>
<td>25,019</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>822</td>
<td>842</td>
<td>842</td>
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<tr>
<td>Corporation Tax</td>
<td>75</td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Taxes &amp; Social Security</td>
<td>200</td>
<td>244</td>
<td>244</td>
</tr>
<tr>
<td>Deferred Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grants</td>
<td>1,295</td>
<td>972</td>
<td>635</td>
</tr>
<tr>
<td>- Ring Fenced Grant</td>
<td>76</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>- DH Grants</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>- Fee Income</td>
<td>12,483</td>
<td>13,413</td>
<td>14,177</td>
</tr>
<tr>
<td>- Other Income</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Accruals</td>
<td>746</td>
<td>963</td>
<td>963</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>15,713</td>
<td>16,539</td>
<td>15,782</td>
</tr>
<tr>
<td><strong>Net Current Assets / (Liabilities)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15,068</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord Incentive</td>
<td>0</td>
<td>3,792</td>
<td>3,792</td>
</tr>
<tr>
<td>less: Rent Contributions</td>
<td>0</td>
<td>(260)</td>
<td>(714)</td>
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<tr>
<td><strong>Total Long Term Liabilities</strong></td>
<td>0</td>
<td>3,532</td>
<td>3,078</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>15,795</td>
<td>14,062</td>
<td>12,179</td>
</tr>
<tr>
<td><strong>Funds Employed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Fund b/fwds.</td>
<td>14,642</td>
<td>15,795</td>
<td>14,062</td>
</tr>
<tr>
<td>Surplus/(Deficit) in Year</td>
<td>1,153</td>
<td>(1,733)</td>
<td>(1,883)</td>
</tr>
<tr>
<td>Prior Year Adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>15,795</td>
<td>14,062</td>
<td>12,179</td>
</tr>
</tbody>
</table>
Consolidation by income and expenditure type

<table>
<thead>
<tr>
<th></th>
<th>2015/2016 BUDGET £000's</th>
<th>2014/2015 REFORECAST £000's</th>
<th>2014/2015 BUDGET £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pharmacist</td>
<td>13,244.0</td>
<td>12,655.3</td>
<td>12,613.5</td>
</tr>
<tr>
<td>- Premises</td>
<td>3,456.8</td>
<td>3,386.6</td>
<td>3,391.5</td>
</tr>
<tr>
<td>- Technicians</td>
<td>2,633.4</td>
<td>2,604.4</td>
<td>2,531.3</td>
</tr>
<tr>
<td>- Pre-Registration</td>
<td>1,035.7</td>
<td>1,018.2</td>
<td>1,021.6</td>
</tr>
<tr>
<td>- Other</td>
<td>712.0</td>
<td>772.1</td>
<td>658.2</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>21,081.9</strong></td>
<td><strong>20,436.5</strong></td>
<td><strong>20,216.1</strong></td>
</tr>
</tbody>
</table>

| **Costs**            |                          |                            |                          |
| - Employee Costs     | (13,482.0)               | (13,005.9)                 | (13,679.0)               |
| - Property Costs     | (251.0)                  | (348.7)                    | (331.4)                  |
| - Office Costs       | (539.5)                  | (572.4)                    | (513.4)                  |
| - Professional Costs | (2,799.9)                | (2,660.9)                  | (2,674.8)                |
| - Event Costs        | (539.9)                  | (467.4)                    | (460.2)                  |
| - Marketing Costs    | (143.3)                  | (118.3)                    | (170.0)                  |
| - Financial Costs    | (1,220.0)                | (859.2)                    | (1,125.4)                |
| - Research Costs     | (120.0)                  | (49.4)                     | (228.0)                  |
| - MIS Costs          | (1,804.9)                | (1,583.1)                  | (504.1)                  |
| - Other Costs        | (213.7)                  | (127.8)                    | (522.1)                  |
| - SLA & Building Costs | (1,988.1)               | (2,524.5)                  | (2,801.1)                |
| **Total Costs**      | **(23,102.2)**           | **(22,317.5)**             | **(23,009.3)**           |

**Net Operating Surplus/(Deficit) before Interest & Tax**

- (2,020.3)  
- (1,880.9)  
- (2,793.2)

**Net Operating Surplus/(Deficit) before Tax**

- (1,852.3)  
- (1,696.7)  
- (2,585.7)

**Net Operating Surplus/(Deficit) After Tax**

- (1,883.3)  
- (1,733.8)  
- (2,629.6)
## Income breakdown

<table>
<thead>
<tr>
<th></th>
<th>2015/2016 BUDGET £'000</th>
<th>2014/2015 REFORECAST £'000</th>
<th>2014/2015 BUDGET £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacist Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practising Registrant Fees</td>
<td>12,577.1</td>
<td>11,999.3</td>
<td>12,052.0</td>
</tr>
<tr>
<td>Application &amp; Upgrade Fees</td>
<td>326.0</td>
<td>324.1</td>
<td>304.0</td>
</tr>
<tr>
<td>Independent Prescriber Fees</td>
<td>19.3</td>
<td>22.2</td>
<td>14.0</td>
</tr>
<tr>
<td>Registrant Administration Fee</td>
<td>46.4</td>
<td>44.5</td>
<td>43.0</td>
</tr>
<tr>
<td>Scrutiny Fee - Pharmacist</td>
<td>42.4</td>
<td>45.6</td>
<td>41.0</td>
</tr>
<tr>
<td>Pharmacist Restoration Fee</td>
<td>176.9</td>
<td>165.4</td>
<td>104.0</td>
</tr>
<tr>
<td>Adjudicating Committee Fee</td>
<td>55.9</td>
<td>54.3</td>
<td>55.0</td>
</tr>
<tr>
<td><strong>Total Pharmacist Income</strong></td>
<td>13,244.0</td>
<td>12,655.3</td>
<td>12,613.0</td>
</tr>
<tr>
<td><strong>Pharmacies Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacies Retention Fee</td>
<td>3,293.4</td>
<td>3,175.7</td>
<td>3,202.0</td>
</tr>
<tr>
<td>Pharmacies Registration Fee</td>
<td>127.1</td>
<td>171.5</td>
<td>162.0</td>
</tr>
<tr>
<td>Pharmacies Administration Fee</td>
<td>31.9</td>
<td>35.9</td>
<td>24.0</td>
</tr>
<tr>
<td>Pharmacies Restoration Fee</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacies Internet Pharmacy Logo</td>
<td>4.4</td>
<td>3.6</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total Pharmacies Income</strong></td>
<td>3,456.8</td>
<td>3,386.6</td>
<td>3,392.0</td>
</tr>
<tr>
<td><strong>Technician Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practising Technician</td>
<td>2,503.2</td>
<td>2,434.1</td>
<td>2,396.0</td>
</tr>
<tr>
<td>Application Fees</td>
<td>58.4</td>
<td>102.8</td>
<td>70.0</td>
</tr>
<tr>
<td>Scrutiny Fee Technician</td>
<td>-</td>
<td>3.3</td>
<td>3.0</td>
</tr>
<tr>
<td>Technician Overseas</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Technician Restoration Fee</td>
<td>71.8</td>
<td>64.1</td>
<td>62.0</td>
</tr>
<tr>
<td><strong>Total Technician Income</strong></td>
<td>2,633.4</td>
<td>2,604.4</td>
<td>2,531.0</td>
</tr>
<tr>
<td><strong>Pre-Registration Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Registration Training Fee</td>
<td>426.0</td>
<td>415.2</td>
<td>430.0</td>
</tr>
<tr>
<td>Pre-Registration Exam Fee</td>
<td>609.7</td>
<td>603.0</td>
<td>592.0</td>
</tr>
<tr>
<td><strong>Total Pre-Registration Income</strong></td>
<td>1,035.7</td>
<td>1,018.2</td>
<td>1,022.0</td>
</tr>
<tr>
<td><strong>Other Fee Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>114.9</td>
<td>108.8</td>
<td>149.0</td>
</tr>
<tr>
<td><strong>Total Fee Income</strong></td>
<td>20,484.8</td>
<td>19,773.3</td>
<td>19,707.0</td>
</tr>
<tr>
<td>Accreditation Income</td>
<td>234.6</td>
<td>275.2</td>
<td>233.0</td>
</tr>
<tr>
<td>Inspection Income</td>
<td>30.0</td>
<td>39.1</td>
<td>30.0</td>
</tr>
<tr>
<td>Subscription Income</td>
<td>10.8</td>
<td>11.2</td>
<td>11.0</td>
</tr>
<tr>
<td>Room Booking Income</td>
<td>100.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DH Grant Income</td>
<td>221.6</td>
<td>337.8</td>
<td>235.0</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>21,081.9</td>
<td>20,436.5</td>
<td>20,216.0</td>
</tr>
</tbody>
</table>
Average No. Of Registrants 2015/2016

No. Of Pharmacists 51,842
No. Of Technicians 22,794
No. Of Premises 14,506
No. of Pre Reg Students 3,350
No. of Students taking Pre reg Exam 3,250
## Annual Expenditure By Cost Type 2015/2016

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>£000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Employee Costs</td>
<td>£ 11,806</td>
</tr>
<tr>
<td>- Travel Costs</td>
<td>£ 199</td>
</tr>
<tr>
<td>- Council &amp; Committee Costs</td>
<td>£ 1,477</td>
</tr>
<tr>
<td>- Property Costs</td>
<td>£ 251</td>
</tr>
<tr>
<td>- Office Costs</td>
<td>£ 540</td>
</tr>
<tr>
<td>- Professional Costs</td>
<td>£ 2,800</td>
</tr>
<tr>
<td>- Event Costs</td>
<td>£ 540</td>
</tr>
<tr>
<td>- Marketing Costs</td>
<td>£ 143</td>
</tr>
<tr>
<td>- Financial Costs</td>
<td>£ 1,220</td>
</tr>
<tr>
<td>- Research Costs</td>
<td>£ 120</td>
</tr>
<tr>
<td>- MIS Costs</td>
<td>£ 1,805</td>
</tr>
<tr>
<td>- Other Costs</td>
<td>£ 214</td>
</tr>
<tr>
<td>- SLA &amp; Building Costs</td>
<td>£ 1,988</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>£ 23,102</strong></td>
</tr>
</tbody>
</table>

**Pie Chart**

- Employee Costs 51%
- Travel Costs 9%
- Council & Committee Costs 8%
- Property Costs 12%
- Office Costs 2%
- Professional Costs 1%
- Event Costs 1%
- Marketing Costs 2%
- Financial Costs 6%
- Research Costs 1%
- MIS Costs 2%
- Other Costs 1%
- SLA & Building Costs 1%
## Breakdown of Income 2015/2016

<table>
<thead>
<tr>
<th>Income Type</th>
<th>£000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist Income</td>
<td>£ 13,244</td>
</tr>
<tr>
<td>Pharmacies Income</td>
<td>£ 3,457</td>
</tr>
<tr>
<td>Technician Income</td>
<td>£ 2,633</td>
</tr>
<tr>
<td>Pre-Registration Income</td>
<td>£ 1,036</td>
</tr>
<tr>
<td>Other Fee Income</td>
<td>£ 115</td>
</tr>
<tr>
<td>DH Grant Income</td>
<td>£ 222</td>
</tr>
<tr>
<td>Other Income</td>
<td>£ 375</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>£ 21,082</td>
</tr>
</tbody>
</table>

**Percentage Breakdown:**

- Pharmacist Income: 62.82%
- Pharmacies Income: 16.40%
- Technician Income: 12.49%
- Pre-Registration Income: 4.91%
- Other Fee Income: 0.55%
- DH Grant Income: 1.05%
- Other Income: 1.78%
Council meeting 05 February 2015  15.02.C.03

Public business

Fees Rules consultation 2015

Purpose
To provide the Council with the proposed consultation on the fees rules to take effect from 15 October 2015

Recommendation
The Council is asked to approve the consultation on the draft 2015 fees rules.

1. Introduction
1.1 The Council has the responsibility, under the Pharmacy Order 2010 (‘the Order’), to make rules in a number of areas, including fees. The current fees rules came into force on 15 October 2012.

1.2 The draft consultation paper should be read in conjunction with the Budget and Fee proposals 2015-16 paper (15.02.C.02) which outlines the proposed budget for 2015-16 and the recommended fee setting strategy through to 2017-18.

2. Fees Rules Consultation
2.1 It is intended that, following a 12-week consultation, the Council will consider the draft consultation report and the 2015 fees rules in June 2015.

2.2 In setting fees, the Council must ensure that the GPhC has sufficient funds to protect the public through effective regulation.

2.3 The need to set fees well in advance makes financial planning challenging but the proposed fees aim to take account of both potential impacts on our costs and our aim to increase the efficiency of our regulatory processes.

2.4 The draft consultation document 2015 fees rules is at Appendix 1.

2.5 The consultation document reflects the content of the budget paper that Council will also be considering at its February meeting. However, the consultation is primarily aimed at registrants (pharmacist, pharmacy
technicians and pharmacy premises) and sets the context of the proposed fee increases against:

- the cost projections for our annual Corporate Plan for 2015/16;
- the resources required to enable us to deliver on our three year rolling strategy (2015-18);
- the principle that we wish to ensure a fair and proportionate allocation of fees to registrant groups, taking into account the burden of costs of regulation;
- our ongoing desire to avoid significant fluctuations in fee levels in future years to any single, or all, registrant groups; and,
- our commitment to improve our efficiency and effectiveness across all areas of the GPhC.

3. **Equality and diversity implications**

3.1 We recognise that any change in fees will have an impact on registrants. This impact will be different depending on personal circumstance, whilst recognising that the proposed increases are small in cash terms.

3.2 We also need to consider the impact on registrants not only in this year, but the impact of any change this year, might have in relation to future recommendations.

3.3 An equality assessment of the draft rules will be published on the GPhC website during the consultation and the consultation itself will need to consider impact on different groups.

4. **Communications**

4.1 The fees rules will affect registrants, prospective registrants and pharmacy owners. It is important that we communicate our proposals in a transparent and open way, seeking views from all who may be affected by the proposed fees.

4.2 The consultation will be published on the GPhC’s website. It will also be sent to a wide range of stakeholders and communicated to the pharmacy media. The 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 setting of fees is integral to the management of the GPhC’s resources.

5.2 The resource implications for 2015/16 are fully laid out in the budget paper that Council will be considering at the same meeting.
6. **Risk implications**

6.1 The most significant risk for patients and the public is if the GPhC does not have sufficient resources to carry out its regulatory functions appropriately.

6.2 As described within the fees consultation and earlier in this paper, there are additional risks if we are unable to achieve our strategic aims successfully.

6.3 We recognise the responsibility that the GPhC has to maintain the confidence in us by all our stakeholders, including registrants.

6.4 Failure to set fees in an appropriate way, or communicating any recommended changes in an open and transparent way, could create reputational risks for the GPhC.

6.5 Failure to consult appropriately on the fees rules would mean that the GPhC would not be complying with its statutory duties.

7. **Monitoring and review**

7.1 The consultation responses will be analysed and a draft consultation report prepared for Council’s meeting in June. The final draft of the Fees Rules 2015 following any amendments as a result of the consultation will be presented at the same meeting.

8. **Recommendation**

The Council is asked to approve the consultation on the draft 2015 fees rules.

*Matthew Hayday, Head of Governance*

*General Pharmaceutical Council*

*matthew.hayday@pharmacyregulation.org*

*Tel 020 3713 7809*

*30 January 2015*
Consultation on the draft 2015 fees rules

xx February to xx May 2015
Consultation on the draft 2015 fees rules for the General Pharmaceutical Council

1. Overview

1.1 The GPhC is consulting until xx May 2015 on changes we are proposing to our fees. These proposals primarily cover the renewal fees paid by pharmacists, pharmacy technicians and pharmacy owners, but will also affect other fees paid by smaller numbers of people such as first time applications for registration.

1.2 In summary:
   a. We propose to increase the annual renewal fee for pharmacists by £10, from £240 to £250. This represents an increase of 4.17% above current levels, although the proposed fee remains lower than the 2011 registration fee of £267.
   b. We propose to increase the annual renewal fee for pharmacy technicians by £10, from £108 to £118. This an increase of 9.26% above current levels, although the proposed fee remains lower than the 2011 registration fee of £120.
   c. We propose to increase the annual renewal fee for pharmacy premises by £20, from £221 to £241. This represents an increase of 9.05% above current levels. This is the first increase in fees for premises since the GPhC took on responsibility for regulating registered pharmacies.
   d. We propose to increase other fees by various amounts, at rates slightly above inflation, in order to better reflect the costs of regulation.

1.3 Our statutory purpose is to protect patients by setting and upholding standards in pharmacy. Effective regulation benefits not only patients and the public, but also registrants. Being a registered professional, or providing services from a registered pharmacy, enables patients to have confidence in pharmacy professional, and that the pharmacies from which pharmacy services are provided must meet certain standards.

1.4 Our income comes from fees must be sufficient to meet the costs of regulation. We take seriously our obligation to continuously challenge our cost base to ensure that we work as efficiently and effectively as possible.

1.5 As a result, even taking into account the small cash increases, the new fees for pharmacists and pharmacy technicians will be lower than those charged in March 2011.

1.6 Over that period, as a result of sound financial planning and effective management, we have kept changes in fees within the levels of both inflation and wage growth. The table below sets out the fees we have charged since March 2011 and how we have managed to keep the levels low and avoid large fluctuations.
In 2012 we consulted on reducing our fees from their initial levels, and since March 2013 fees have remained unchanged. Since then, we have spent from our reserves in order to achieve our ambitious strategic plan. Last year, Council approved a deficit budget (i.e. spending more in that particular year than the projected income) on the basis that our reserves were sufficient for that financial year, enabling us to continue the freeze in fees for a further year.

We have now been established for just over four years and have made considerable progress as the pharmacy regulator. In that time, there have been increasing demands on the role of pharmacy and corresponding duties of the pharmacy regulator.

We have developed the proposals for the 2015/16 budget and fee setting with the following key considerations in mind:

1. the costs projections for our annual Corporate Plan for 2015/16
2. the resources required to enable us to deliver on our three year rolling strategy 2015-18;
3. the principle that we wish to ensure a fair and proportionate allocation of fees to registrant groups, taking into account the burden of costs of regulation;
4. our ongoing desire to avoid significant fluctuations in fee levels in future years to any single, or all, registrant groups;
5. our commitment to improve our efficiency and effectiveness across all areas of the GPhC.

To ensure we can continue to meet the increasing costs of effective pharmacy regulation, our new proposed fees would come into force from October 2015.

The fees we propose are set out in full in section 7.
2. **The consultation process**

2.1 The Council wants to make the best possible decisions about fees when it meets on 11 June 2015. We need help from those with information and views, to test our thinking and to make sure we understand the impact as well as the benefits of any particular fee levels. Please let us know what you think about any or all of the proposals described in this document.

2.2 The consultation will run for a 12 week period and will close on **xx May 2015**. During this time we would welcome feedback from individuals and organisations. We will send this document to a range of stakeholder organisations, including professional representative bodies and employers.

2.3 Further copies of this document are available to download from our website ([http://www.pharmacyregulation.org/fees-consultation-2015](http://www.pharmacyregulation.org/fees-consultation-2015)) or you can contact us if you would like us to send you a copy of the document in an alternative format (for example in a larger font or in an alternative language).

**How to respond**

2.4 You can respond to this consultation in a number of different ways.

2.5 You can download the consultation document and respond online at:  

2.6 By email by completing the form at the end of the document and sending it with the subject ‘Fees consultation’ to:  
[consultations@pharmacyregulation.org](mailto:consultations@pharmacyregulation.org)

2.7 By post, sending it to:  
Draft 2015 Fees Rules consultation response,  
Governance Team,  
General Pharmaceutical Council,  
25 Canada Square,  
London E14 5LQ

**Comments on the consultation process itself**

2.8 If you have concerns or comments which you would like to make relating specifically to the consultation process itself, please send them to:  

- Email  
  [feedback@pharmacyregulation.org](mailto:feedback@pharmacyregulation.org)

- Address  
  Draft 2015 Fees Rules consultation process,  
  Governance team,  
  General Pharmaceutical Council,  
  25 Canada Square,  
  London E14 5LQ  
  Please do not send consultation responses to this address.
Report of this consultation

2.9 Once the consultation period is completed, we will analyse the responses we receive and the Council will take these into account when making its decisions. We will also publish a summary of the responses received and an explanation of the decisions taken. This will be available on our website www.pharmacyregulation.org

2.10 The Council will consider making the 2015 Fees Rules at its meeting in June 2015 and the rules will come into force from 15 October 2015.
3. **Background**

3.1 The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public and, in particular, those members of the public who use or need the services of pharmacy professionals or services provided at a registered pharmacy.

3.2 Our remit encompasses not only patient-facing pharmacy practice in community and hospital settings, but also practice within academia, research, public health, commissioning, management, industry, and other settings where the public rely indirectly, but no less significantly, on the professionalism and competence of pharmacy professionals in a wide range of non-clinical roles.

3.3 Our principal functions include:

- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises
- setting standards for conduct, ethics, proficiency, education and training and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- establishing fitness to practise requirements and monitoring pharmacy professionals' fitness to practise; and
- dealing fairly and proportionately with complaints and concerns.

3.4 We aim to ensure that regulation is fair and proportionate – in line with the level of risk posed to public health, safety and wellbeing – and not over-burdensome. We want it to be flexible enough to respond to the changing demands made of the profession and to allow for innovation at the same time as maintaining high-quality practice.

3.5 The key elements of the timetable for renewing registration are set for us by rules made under the Pharmacy Order 2010. The GPhC’s registration rules set out that we must send renewal notices to registrants and pharmacy owners at least three months before the expiry date for their registration. Applications for renewal, including paying the relevant fee and making the required declarations, must be made at least two months before the expiry date.

3.6 This timetable has significance for the Council’s judgements. In making decisions now, in February 2015, about fee levels to consult on, the Council has had to bear in mind all the variables and unknowns which may affect the GPhC’s income and expenditure throughout the period to which these fees will relate.

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1 The General Pharmaceutical Council (Registration Rules) Order of Council 2010
4. Our approach to fees

4.1 As set out in the overview, our approach to setting fees takes in a number of different factors. In particular:

- the cost projections for our annual Corporate Plan for 2015/16
- the resources required to enable us to deliver on our three year rolling strategy 2015-18;
- the principle that we wish to ensure a fair and proportionate allocation of fees to registrant groups, taking into account the burden of costs of regulation;
- our ongoing desire to avoid significant fluctuations in fee levels in future years to any single, or all, registrant groups; and,
- our commitment to improve our efficiency and effectiveness across all areas of the GPhC.

4.2 The fees we set must cover the costs of delivering our regulatory functions and ensure the financial resilience of the organisation. We have further developed our approach to fee setting by attempting to better reflect the fee levels with the cost of regulating each registrant group.

4.3 We have, for the first time, undertaken a fees and cost allocation review to ensure that our fees reflect, as far as possible, the underlying costs of regulating both individual registrant groups and premises. Given the complexity of these issues, there is no ‘perfect’ formula for decision making, but we are confident that the data used to inform the recommendations is robust.

4.4 Attempting to allocate costs in such a way requires a detailed and in depth understanding of what drives our activities and we recognise that in addition to the progress we have made we need to continue to improve our recording of data across our statutory functions.
5. Where fees will be spent

5.1 It is an important principle that we are transparent about how we have used the income generated from our fees and the activities we are planning in future to meet our statutory purpose of public protection.

5.2 All of our income is spent in carrying out or directly supporting our core functions (as set out in paragraph 3.3 above). How it is spent and the allocations between functions will vary depending on a range of factors and more detailed information is published in our annual report and accounts.

5.3 Our Strategic Plan (2015-18) sets out clearly our view for how regulation can best protect patients and contribute to the improvement of pharmacy services. The plan recognised both our own proposals to continue to modernise pharmacy regulation, but also the changing and increasing role of pharmacy proposed by governments across Great Britain which requires us to develop our professional regulation work as well as our systems regulation work. It is this strategy which sets the direction for the organisation and frames our approach to policy development across each of our functions, from standard setting, to inspection and fitness to practise.

5.4 Key areas we expect to prioritise in the next twelve to eighteen months include:

- Review the standards of conduct, ethics and performance and update our standards for registered pharmacies
- Review education standards for pharmacists and pharmacy technicians
- Develop a model which will, in a proportionate way, enable us to assess the continuing fitness to practise of registrants
- Embed and continue to refine our new approach to inspection
- Improve the quality and timeliness of our fitness to practise cases
- Improve efficiency and effectiveness across the GPhC

5.5 Our Council makes its decisions about the organisation’s budget in open session, and detailed financial information is available on the GPhC’s website. However, these summary charts illustrate how the total income of the GPhC is made up, with the contributions from different groups, and how the organisation spends this income, on different regulatory and support functions.
Breakdown of Income 2015-2016

- Pharmacist Income: 62.82%
- Pharmacies Income: 16.40%
- Technician Income: 12.49%
- Pre-Registration Income: 4.91%
- Other Fee Income: 0.55%
- DH Grant Income: 1.05%
- Other Income: 1.78%

Breakdown of Budget Expenditure 2015-16

- Chief Exec & Registrar’s Dept, HR: 35%
- Policy & Communications: 13%
- Education & Continuing Professional Development: 10%
- Investigation and Case Management: 9%
- Inspection: 7%
- Hearings: 7%
- Customer Services (including registration): 6%
- Resources and Corporate Development: 5%
- Council and Governance: 8%

Council 5 February 2015
6. **How we set our fee proposals**

6.1 Taking into account the work needed to meet our objectives and to manage our work load, we believe fee increases are necessary.

6.2 We have proposed the fees level taking account of the challenges facing the organisation, our planned and anticipated work, the need for continued investment in developing our systems and services, and managing our financial reserves in line with our policy.

6.3 In setting fees, we have considered how the costs of regulation should be met proportionately by pharmacists, pharmacy technicians and pharmacy owners, to ensure that the levels of fees reflect as closely as possible the costs of regulating each of those groups.

6.4 To support this goal, we have undertaken a fees and cost allocation review with the support of an external expert, Professor Barry McCormack, the founding director of the Centre for Health Services Economics and Organisation (CHSEO) based at the University of Oxford.

6.5 However attempting to allocate costs in such a way requires detailed and in depth understanding of what drives our activities. We have made significant progress in this regard, but we also recognise that we need to build on the improvements in the data we record in all of our statutory functions, but particularly the operational areas of registration, fitness to practise and inspections.

6.6 The variation in proposed fee increases across the registrant groups and premises is a result of this initial work. The balance between these fees may change in future and we will continue to track trends as this work progresses.

6.7 We have set an objective to achieve breakeven by 2017/18 and we are committed to driving down costs where possible. To help identify where further efficiencies could be made we will undertake a comprehensive efficiency and effectiveness review in 2015.

6.8 We will continue to work with other regulators to identify where we can reduce or share costs in the delivery of our operational work, but also in other areas such as policy development and engagement. We have already made progress in this regard by renting our fitness to practise hearing space which will generate income in the next financial year.

6.9 Although the actual increases are small in cash terms, we think it important to highlight for transparency that that the percentage increase for pharmacy technicians, at just over 9%, is higher than the increase for pharmacists which is just over 4%. We believe that this is appropriate given the principles we have set out for establishing fees including our work to ensure the fees reflect the underlying cost of regulating each registrant group, as well as our commitment to avoiding if possible, significant future fluctuations in fees.

6.10 We think it is appropriate, having considered the fees and cost allocation exercise, that the highest fee increases are for pharmacy premises.
6.11 Fees are charged for the following activities:

a. **scrutiny:**
   This is the fee for determining the qualifications and experience of persons applying to register

b. **application:**
   This is the fee for processing an application. It will cover a range of costs depending on whether the application is for a pharmacy professional or a registered pharmacy

c. **annotating the register:**
   This is the fee to annotate a register entry for the first time to denote a specialisation, for example a qualification as an independent prescriber

d. **restoring an entry to the register:**
   This is the fee to re-enter a name, an annotation or a registered pharmacy in the register following its removal

e. **making an initial entry to the register:**
   This is the fee to enter a name or a registered pharmacy in the register for the first time; it covers the initial period of registration and contributes to the costs of regulation

f. **renewing an entry to the register:**
   This is the fee to maintain a name or a registered pharmacy on the register for a further 12 months and contributes to the costs of regulation.

6.12 The draft 2015 fees rules can be found in Appendix 2. The proposed fees are shown in full in section 7.
7. **Our proposed fees in full**

*Part 1 of the Register (Pharmacists)*

<table>
<thead>
<tr>
<th>Fee</th>
<th>Fee from 15 Oct 2012</th>
<th>Fee from Oct 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for initial entry in register</td>
<td>£102</td>
<td>£106</td>
</tr>
<tr>
<td>Application for initial entry for a person previously removed from the RPSGB’s register by a disciplinary committee</td>
<td>£413</td>
<td>£429</td>
</tr>
<tr>
<td>Initial entry in register</td>
<td>£240</td>
<td>£250</td>
</tr>
<tr>
<td>Initial entry for a person previously removed from the RPSGB’s register by a disciplinary committee</td>
<td>£240</td>
<td>£250</td>
</tr>
<tr>
<td>Application for initial entry of an annotation in the register</td>
<td>£55</td>
<td>£57</td>
</tr>
<tr>
<td>Renewal of entry</td>
<td>£240</td>
<td>£250</td>
</tr>
<tr>
<td>Application for voluntary removal from register</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Application for voluntary removal of an annotation</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Application for restoration to register (ie. within a year of leaving the register)</td>
<td>£138</td>
<td>£144</td>
</tr>
</tbody>
</table>
### Part 1 of the Register (Pharmacists)

<table>
<thead>
<tr>
<th>Fee</th>
<th>Fee from 15 Oct 2012</th>
<th>Fee from Oct 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Or, if application is within 1 month of the date of voluntary removal</td>
<td>£384</td>
<td>£399</td>
</tr>
<tr>
<td>Following removal:</td>
<td></td>
<td>£573</td>
</tr>
<tr>
<td>• for failure to meet CPD requirements (art 37(1)(g));</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for failure to have appropriate indemnity arrangements (art 37(1)(f));</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for fraudulent or incorrect entry (art 37(1)(c)), other than incorrect entries removed due to failure to pay all or part of a fee; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for fitness to practise matters before registration or renewal (art 37(1)(d)):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£551</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following removal for any other reason (eg non-renewal of registration/ non-payment of fees (art 37(1)(a)); incorrect entries removed due to failure to pay all or part of a fee (art 37(1)(c)), or not keeping us notified of their address (art 37(1)(b)):</td>
<td>£384</td>
<td>£399</td>
</tr>
<tr>
<td>Application for restoration to register following removal by the Fitness to Practise Committee (art 57)</td>
<td>£551</td>
<td>£573</td>
</tr>
<tr>
<td>Restoration of entry in register</td>
<td>£102</td>
<td>£106</td>
</tr>
</tbody>
</table>
### Part 1 of the Register (Pharmacists)

<table>
<thead>
<tr>
<th>Fee</th>
<th>Fee from 15 Oct 2012</th>
<th>Fee from Oct 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for re-entry to the register (after an absence of more than one year for any reason other than removal by the Fitness to Practise Committee)</td>
<td>Following voluntary removal £138</td>
<td>£144</td>
</tr>
<tr>
<td></td>
<td>Following removal:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• for failure to meet CPD requirements (art 37(1)(g));</td>
<td>£573</td>
</tr>
<tr>
<td></td>
<td>• for failure to have appropriate indemnity arrangements (art 37(1)(f));</td>
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<tr>
<td></td>
<td>• for fraudulent or incorrect entry (art 37(1)(c)), other than incorrect entries removed due to failure to pay all or part of a fee; or</td>
<td></td>
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<tr>
<td></td>
<td>• for fitness to practise matters before registration or renewal (art 37(1)(d)):</td>
<td>£551</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Following removal for any other reason (eg non-renewal of registration/ non-payment of fees (art 37(1)(a)); incorrect entries removed due to failure to pay all or part of a fee (art 37(1)(c)), or not keeping us notified of their address (art 37(1)(b)):</td>
<td>£399</td>
</tr>
<tr>
<td>Re-entry in the register</td>
<td>£102</td>
<td>£106</td>
</tr>
<tr>
<td>Application for restoration or re-entry of an annotation</td>
<td>Following voluntary removal £55</td>
<td>£57</td>
</tr>
<tr>
<td></td>
<td>Following removal for failure to meet CPD requirements (art 27(1)(c))</td>
<td>£191</td>
</tr>
<tr>
<td>Part 1 of the Register (Pharmacists)</td>
<td>Fee from 15 Oct 2012</td>
<td>Fee from Oct 2015</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Following removal for any other reason eg. non-renewal</td>
<td>£184</td>
<td>£191</td>
</tr>
<tr>
<td>Replacement of notice of entry in Register</td>
<td>£15</td>
<td>£15</td>
</tr>
<tr>
<td>Certificate of good standing/current professional status</td>
<td>£78</td>
<td>£81</td>
</tr>
<tr>
<td>Re-processing failed payment</td>
<td>£20</td>
<td>£20</td>
</tr>
<tr>
<td>Processing an application for entry in the Register which has been returned more than once for additional info</td>
<td>£47</td>
<td>£48</td>
</tr>
<tr>
<td>Fee for quarterly direct debit</td>
<td>£15</td>
<td>£15</td>
</tr>
<tr>
<td>Fee for credit card payment (of any fee)</td>
<td>2% of relevant fee</td>
<td>2% of relevant fee</td>
</tr>
<tr>
<td>Initial scrutiny of application for entry in the Register to determine if an exempt person is appropriately qualified under art 21(1)(b)</td>
<td>£105</td>
<td>£109</td>
</tr>
<tr>
<td>Assessing whether an exempt person is appropriately qualified under art 21(1)(c) or 21(1)(d)(ii)(aa)</td>
<td>£376</td>
<td>£391</td>
</tr>
</tbody>
</table>
### Part 2 of the Register (Pharmacy technicians)

<table>
<thead>
<tr>
<th>Fee</th>
<th>Fee from 15 Oct 12</th>
<th>Fee from Oct 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for initial entry in register</td>
<td>£102</td>
<td>£106</td>
</tr>
<tr>
<td>Application for initial entry for a person previously removed from the RPSGB’s register by a disciplinary committee.</td>
<td>£283</td>
<td>£294</td>
</tr>
<tr>
<td>Initial entry in register</td>
<td>£108</td>
<td>£118</td>
</tr>
<tr>
<td>Initial entry for a person previously removed from the RPSGB’s register by a disciplinary committee</td>
<td>£108</td>
<td>£118</td>
</tr>
<tr>
<td>Renewal of entry</td>
<td>£108</td>
<td>£118</td>
</tr>
<tr>
<td>Application for voluntary removal from register</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Application for restoration to register (ie. within a year of leaving the register)</td>
<td>Following voluntary removal £6</td>
<td>£12</td>
</tr>
<tr>
<td>Application for restoration to register (ie. within a year of leaving the register)</td>
<td>Or, if application is within 1 month of date of voluntary removal £195</td>
<td>£202</td>
</tr>
<tr>
<td>Application for restoration to register (ie. within a year of leaving the register)</td>
<td>Following removal:  • for failure to meet CPD requirements (art 37(1)(g));  • for failure to have appropriate indemnity arrangements (art 37(1)(f));  • for fraudulent or incorrect entry (art 37(1)(c)), other than incorrect entries removed due to failure to pay all or part of a</td>
<td>£301</td>
</tr>
<tr>
<td>Part 2 of the Register (Pharmacy technicians)</td>
<td>Fee from 15 Oct 12</td>
<td>Fee from Oct 2015</td>
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<tr>
<td>---------------------------------------------</td>
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<td>------------------</td>
</tr>
<tr>
<td>Fee from 15 Oct 12</td>
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<tr>
<td>fee; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for fitness to practise matters before registration or renewal (art 37(1)(d)):</td>
<td>£290</td>
<td></td>
</tr>
<tr>
<td>Following removal for any other reason (eg non-renewal of registration/ non-payment of fees (art 37(1)(a)); incorrect entries removed due to failure to pay all or part of a fee (art 37(1)c)), or not keeping us notified of their address (art 37(1)(b)):</td>
<td>£202</td>
<td></td>
</tr>
<tr>
<td>Application for restoration to the register following removal by the Fitness to Practise Committee (art 57)</td>
<td>£290</td>
<td>£301</td>
</tr>
<tr>
<td>Restoration of entry in register</td>
<td>£102</td>
<td>£106</td>
</tr>
<tr>
<td>Application for re-entry in the register (after an absence of more than one year, for any reason other than removal by the Fitness to Practise Committee)</td>
<td>Following voluntary removal £6</td>
<td>£12</td>
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<tr>
<td>Following removal:</td>
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<td>Fee from Oct 2015</td>
</tr>
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<tr>
<td>Re-entry in the register</td>
<td>£102</td>
<td>£106</td>
</tr>
<tr>
<td>Replacement of notice of entry in Register</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Certificate of good standing/ current</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>professional status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-processing failed payment</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Processing an application for entry in the</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Register which has been returned more than</td>
<td></td>
<td></td>
</tr>
<tr>
<td>once for additional info</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fee for quarterly direct debit</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Fee for credit card payment of any fee</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Initial scrutiny of an exempt/EEA application</td>
<td>£194</td>
<td>£201</td>
</tr>
<tr>
<td>Initial scrutiny of a non-exempt overseas</td>
<td>£44</td>
<td>£45</td>
</tr>
<tr>
<td>application</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part 3 of the Register (Premises)**

<table>
<thead>
<tr>
<th>Fee</th>
<th>Fee from 15 Oct 12</th>
<th>Fee from Oct 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for entry in register</td>
<td>£568</td>
<td>£590</td>
</tr>
<tr>
<td>Application for re-entry in the register (after an absence of more than one year) where the previous entry was removed from the register and the applicant was the owner of the premises at the time of removal:</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Following voluntary removal (s74G)</td>
<td>£119</td>
<td>£135</td>
</tr>
<tr>
<td>Following removal under s74A(7) (entry ceasing to be valid)</td>
<td>£687</td>
<td>£714</td>
</tr>
<tr>
<td>Following removal by Fitness to Practise Committee (s80)</td>
<td>£687</td>
<td>£714</td>
</tr>
<tr>
<td>Following removal for failure to comply with improvement notice (art 14(4)(a))</td>
<td>£687</td>
<td>£714</td>
</tr>
<tr>
<td>Following removal of fraudulent or incorrect entry (art 29(3)(b))</td>
<td>£687</td>
<td>£714</td>
</tr>
<tr>
<td>Following removal for any other reason eg. non-payment of fee</td>
<td>£568</td>
<td>£590</td>
</tr>
<tr>
<td>Initial entry in register</td>
<td>£221</td>
<td>£241</td>
</tr>
<tr>
<td>Application for an annotation in the register (NB: no annotations available yet)</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Renewal of entry</td>
<td>£221</td>
<td>£241</td>
</tr>
</tbody>
</table>
### Part 3 of the Register (Premises)

<table>
<thead>
<tr>
<th>Fee</th>
<th>Fee from 15 Oct 12</th>
<th>Fee from Oct 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for voluntary removal from register</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Application for voluntary removal of an annotation</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Application for restoration to register</td>
<td>Following voluntary removal (s74G) £119</td>
<td>£135</td>
</tr>
<tr>
<td></td>
<td>Under art 37(2)(a) of Order (failure to comply with improvement notice) or s74C(1) (entry ceasing to be valid) or 74I(1) (entry ceasing to be valid following change of ownership) of the Act £687</td>
<td>£714</td>
</tr>
<tr>
<td>Restoration of entry in register</td>
<td>£102</td>
<td>£106</td>
</tr>
<tr>
<td>Application for restoration of an annotation following voluntary removal (NB: no annotations available yet)</td>
<td>As for Part 1 (restoration after voluntary removal)</td>
<td>As for Part 1 (restoration after voluntary removal)</td>
</tr>
<tr>
<td>Re-processing failed payment</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Processing an application for entry in the Register which has been returned more than once for additional info</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Fee for credit card payment of any fee</td>
<td>As for Part 1</td>
<td>As for Part 1</td>
</tr>
<tr>
<td>Change of ownership</td>
<td>£76</td>
<td>£79</td>
</tr>
</tbody>
</table>
8. **How our proposed renewal fees compare with other regulators**

8.1 The table below shows the renewal fees charged by the other eight UK health professions regulators (based on the most up to date information available in December 2014).

<table>
<thead>
<tr>
<th>Regulator</th>
<th>Profession/s</th>
<th>Approximate number of registrants</th>
<th>Standard Renewal Fee (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Chiropractic Council</td>
<td>Chiropractors</td>
<td>2,808</td>
<td>800 (practising)</td>
</tr>
<tr>
<td>General Osteopathic Council</td>
<td>Osteopaths</td>
<td>4,816</td>
<td>320-570 (varies with years of practice)</td>
</tr>
<tr>
<td>General Dental Council</td>
<td>Dentists</td>
<td>40,423</td>
<td>890</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>116 Specialist (per speciality)</td>
</tr>
<tr>
<td></td>
<td>Dental Care Professionals</td>
<td>63,027</td>
<td>120</td>
</tr>
<tr>
<td>General Medical Council</td>
<td>Medical practitioners</td>
<td>270,000</td>
<td>390</td>
</tr>
<tr>
<td>Pharmaceutical Society of Northern Ireland</td>
<td>Pharmacists</td>
<td>2,155</td>
<td>372 (combined professional and regulatory fee)</td>
</tr>
<tr>
<td>General Optical Council</td>
<td>Optometrists &amp; Dispensing Opticians</td>
<td>12,761</td>
<td>310</td>
</tr>
<tr>
<td>General Pharmaceutical Council (proposed fees)</td>
<td>Pharmacists</td>
<td>48,814</td>
<td>250</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Technicians</td>
<td>22,406</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Premises</td>
<td>14,306</td>
<td>241</td>
</tr>
<tr>
<td>Health Professions Council</td>
<td>All HPC registrant groups</td>
<td>320,552</td>
<td>80</td>
</tr>
<tr>
<td>Nursing and Midwifery Council</td>
<td>Nurses and midwives</td>
<td>673,567</td>
<td>100</td>
</tr>
<tr>
<td>CQC</td>
<td>NHS</td>
<td>4,398 (premises)</td>
<td>e.g. 600 per dental chair</td>
</tr>
</tbody>
</table>
9. **Changes to application for entry and annotation fee categories**

*Application for entry in Part 1 or Part 2 of the register*

9.1 Our current fees rules (2012) only show two application fees for entry in the register as a pharmacist: the standard fee and the fee payable by a ‘relevant person’ i.e. someone who was removed from the register of pharmacists by a fitness to practise committee of the former regulator and has never been on the GPhC register.

9.2 The proposed 2015 fees rules include the following categories of application fee:

- Standard fee
- Fee for a ‘relevant person’
- Fee for applying following voluntary removal from the register
- Fee for application following removal from the register due to: fraudulent or incorrect entry; fitness to practise matters before entry or renewal; failure to comply with indemnity requirements; failure to comply with CPD requirements
- Fee for application following removal for any other reason e.g. failure to apply for renewal, failure to pay the required fee, failure to notify the Registrar of a change of address.

9.3 It is not proposed to set different amounts for the fees in each of these categories at this time but the structure would allow for this in the future, should it be required.

9.4 This has been proposed to align the approach to fees for ‘re-entry’ to the register with the approach previously agreed by the Council for restoration. ‘Restoration’ is the term used when a person or premises returns to the register after an absence of up to a year; ‘re-entry’ relates to an application for a person or premises to return to the register after a longer period. The 2012 fees rules include a range of fees for application for restoration, to reflect the general position that some categories of application take more resources to assess. It would appear logical that the same approach should apply to applications for re-entry, hence the proposed change in the 2015 fees rules.

9.5 The Council has previously agreed that the increased costs should be reflected in the application fee, rather than in the fee for restoration/re-entry, as the work to assess the application has to be done regardless of whether the application is successful.

9.6 A similar approach has been taken for applications for re-entry to the register as a pharmacy technician.
Application for an annotation to an entry in Part 1 of the register

9.7 The 2012 fees rules included a single fee for application for an annotation to a pharmacist’s entry in the register. In the draft 2015 fees rules, we have proposed a separate fee for application for an annotation which was previously removed from the register under rules made by virtue of art 27(1)(c) of the Pharmacy Order, i.e. when an annotation has been removed for non-compliance with CPD requirements. Again, this reflects the approach taken in the 2012 fees rules to fees for application for restoration of an annotation.

Application for entry in Part 3 of the register (premises)

9.8 Again, the 2012 fees rules included only one fee for application for entry of premises in the register. The 2015 fees rules propose different categories of fees for application for entry in Part 3 of the register where the premises was previously removed from the register for the reason specified and the person making the application is the person who was the pharmacy owner at the time of the previous removal:

- Following removal because the entry ceased to be valid e.g. due to non-renewal
- Following voluntary removal
- Following removal by the Fitness to Practise Committee
- Following removal for non-compliance with an improvement notice
- Following removal of a fraudulent or incorrect entry.

9.9 Again, it is not proposed to set different amounts for the fees in each of these categories at this time but the structure would allow for this in the future, should it be required.
10. Consultation questions

Question 1
In calculating fees, the GPhC has undertaken a review to ensure that the costs of regulation are more proportionately met by pharmacists, pharmacy technicians and pharmacy premises. Do you agree with this approach?

Question 2
Do you agree with our proposal to increase in the renewal fee for pharmacists by £10, from £240 to £250?

Question 3
Do you agree with our proposal to increase the renewal fee for pharmacy technicians by £10, from £108 to £118?

Question 4
Do you agree with our proposal to increase the renewal fee for pharmacy premises by £20, from £221 to £241?

Question 5
Do you agree with our proposals to change the application for entry and annotations fee categories?

Question 6
Do you have any other comments you wish to make?
Consultation Response Form

Response to the consultation on the draft 2015 fees rules for the General Pharmaceutical Council

The consultation asks a series of questions, which are set out here.

You can fill in this questionnaire or go to our website and fill in an online version there.


If you fill in this questionnaire, please send your completed form to:

e-mail  consultations@pharmacyregulation.org with the subject ‘Fees consultation’

draft 2015 Fees Rules consultation response,
  Governance Team,
  General Pharmaceutical Council,
  25 Canada Square,
  London E14 5LQ

If your answer/s take up more than the space allotted, you can attach extra pages if you wish. Please indicate which question/s any extra pages relate to.

Responses must be received by xx May 2015.

Background questions

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and/or organisations and enables us to better respond to those views.

Are you responding:

□ As an individual – Please go to section A
□ On behalf of an organisation – Please go to section B
Section A - Responding as an individual

Please supply the following details:
− Your name:
− Address:
− Email:

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

Are you responding as:
☐ A pharmacy professional – Please go to section A1
☐ A member of the public
☐ Other (please give details)

Section A1 - Pharmacy professionals

Are you:
☐ A pharmacist
☐ A pharmacy technician

Please select the option below which best describes the area in which you primarily work:
☐ Community pharmacy
☐ Hospital pharmacy
☐ Primary care organisation
☐ Pharmacy education and training
☐ Pharmaceutical industry
☐ Other (please give details)

If you work in community pharmacy, are you:
☐ A pharmacy owner
☐ An employee
☐ A self-employed locum
Section B: Responding on behalf of an organisation

Please supply the following details:

- Your name:
- Job title:
- Organisation:
- Address:
- Email:
- Contact
- Tel:

Is your organisation a:

- [ ] Pharmacy organisation
- [ ] Non-pharmacy organisation

Please choose an option below which best describes your organisation:

- [ ] Body/organisation representing professionals
- [ ] Body/organisation representing patients/the public
- [ ] Body/organisation representing trade/industry
- [ ] Community pharmacy
- [ ] Corporate multiple
- [ ] Independent
- [ ] NHS organisation/group
- [ ] Research, education and/or training organisation
- [ ] Government department/organisation
- [ ] Regulatory body
- [ ] Other (please give details)
How we will use your responses

All information in responses, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes (primarily the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004).

If you want your response to remain confidential, you should explain why you regard the information you have provided as confidential. However, we cannot give an assurance that confidentiality can be maintained in all circumstances.

An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the GPhC.

Your response to this consultation may be published in full or in a summary of responses. Responses to the consultation will be anonymised if they are quoted. Individual contributions will not be acknowledged unless specifically requested.

The GPhC is a data controller registered with the Information Commissioner’s Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and retail pharmacy premises in Great Britain. Data may be shared with third parties in pursuance of the GPhC’s statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the Order and other legislation. Personal data may be processed for purposes including (but not limited to) updating the register, administering and maintaining registration, processing complaints, compiling statistics and keeping stakeholders updated with information about the GPhC. Information may be passed to organisations with a legitimate interest including (but not limited to) other regulatory and enforcement authorities, NHS trusts, employers, Department of Health, universities and research institutions. Please note that the GPhC will not share your personal data on a commercial basis with any third party.
Consultation Questions

We are particularly interested in your views on the following points, although we welcome comments on any issues that you wish to raise in the relation to the draft fees rules.

Question 1

In calculating fees, the GPhC has undertaken a review to ensure that fee levels more accurately reflect the costs of regulation for each of the major registrant groups: pharmacists; pharmacy technicians; and, pharmacy premises. Do you agree with this approach?

(see sections 3 to 8 of the consultation document)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

Comments

Question 2

Do you agree with our proposal to increase in the renewal fee for pharmacists by £10, from £240 to £250?

(see sections 3 to 8 of the consultation document)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

Comments
**Question 3**

Do you agree with our proposal to increase the renewal fee for pharmacy technicians by £10, from £108 to £118?  
(see sections 3 to 8 of the consultation document)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

Comments

**Question 4**

Do you agree with our proposal to increase the renewal fee for pharmacy premises by £20, from £221 to £241?  
(see sections 3 to 8 of the consultation document)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

Comments
Question 5
Do you agree with our proposals to change the application for entry and annotations fee categories?
(see section 8 of the consultation document)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

Comments

Question 6
Do you have any other comments you wish to make?

Comments
The General Pharmaceutical Council (Registration and Renewal Fees) Rules 2015

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5. Entry in Part 1 of the Register following grant of an application
6. Determining certain qualifications and experience
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8. Voluntary removal of an entry or an annotation from Part 1 of the Register

PART 3
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9. Renewal of an entry in Part 1 of the Register

PART 4
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11. Restoring an entry to Part 1 of the Register following grant of an application
12. Restoring an annotation to an entry in Part 1 of the Register

13. Notices and certificates
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16. Entry in Part 2 of the Register following grant of an application
17. Determining certain qualifications and experience
18. Voluntary removal of an entry from Part 2 of the Register

19. Renewal of an entry in Part 2 of the Register

20. Application to restore an entry to Part 2 of the Register
21. Restoring an entry to Part 2 of the Register following grant of an application

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24. Application for entry in Part 3 of the Register
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Fees in respect of renewal of Register entries

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Fees in respect of restoration of Register entries or annotations

30. Application to restore an entry to Part 3 of the Register
31. Restoring an entry to Part 3 of the Register following grant of an application
32. Restoring an annotation to an entry in Part 3 of the Register

Other fees

33. Administration

The General Pharmaceutical Council has made these Rules in exercise of the powers conferred by articles 36(1) and 66(1) of the Pharmacy Order 2010(1).

In accordance with article 66(3) of that Order, the General Pharmaceutical Council has consulted such persons and organisations as it considered appropriate including the persons and organisations listed in sub-paragraphs (a) to (d) of article 36(6) and in sub-paragraphs (a) to (h) of article 66(3) of that Order(2).

PART 1

General

Citation and commencement

1.—(1) These Rules may be cited as the General Pharmaceutical Council (Registration and Renewal Fees) Rules 2015.

(2) These Rules come into force on [date].

Interpretation

2.—(1) In these Rules—

“the Act” means the Medicines Act 1968;

“certificate” means a certificate of good standing or current professional status which is issued by the Council in respect of a person and which contains the information referred to in rule 10(6)(a) to (f) of the Registration Rules;

“credit card” means a card—

(a) which is a credit-token falling within section 14(1)(b) of the Consumer Credit Act 1974(3); or

(b) which would be a credit-token falling within that enactment were that card to be given to an individual;

“former registrant” has the meaning given in paragraph (2);

(1) S.I. 2010/231.
(2) Article 66(3)(a) was amended by S.I. 2013/235.
(3) 1974 c.39.
“the Order” means the Pharmacy Order 2010;
“Registration Rules” means the rules contained in the Schedule to the General Pharmaceutical Council (Registration Rules) Order of Council 2010(4);
“relevant person” has the meaning given in paragraph (3).

(2) For the purposes of these Rules, a person is a “former registrant” if—
(a) the person is no longer entered in Part 1 or 2 of the Register; and
(b) the person’s name was removed from that Part of the Register otherwise than by virtue of a direction given by the Council’s Fitness to Practise Committee under article 54(2)(c) or (3)(a)(i) or (b)(iv) of the Order (consideration by the Fitness to Practise Committee); and
(c) the person is not, or is no longer, capable of being restored to the Register on an application for restoration pursuant to article 37(1) of the Order (restoration to the Register of persons or premises removed from the Register).

(3) For the purposes of these Rules, a person is a “relevant person” if—
(a) the person’s name was—
   (i) by virtue of a direction under section 8 of the Pharmacy Act 1954(5) (direction of unfitness by Statutory Committee) removed from the register maintained under section 2(1) of that Act; or
   (ii) by virtue of a direction under article 52 of the Pharmacists and Pharmacy Technicians Order 2007(6) (determination as to fitness to practise by Disciplinary Committee) removed from the register of pharmacists maintained under article 10(1) of that Order or from the register of pharmacy technicians maintained under article 21(1) of that Order; and
(b) immediately before 27th September 2010, the person was not registered in either of the registers referred to in sub-paragraph (a)(ii); and
(c) the person has not been entered in Part 1 or 2 of the Register.

Revocation

3. The General Pharmaceutical Council (Registration and Renewal Fees) Rules 2012 are revoked.

PART 2

Registered Pharmacists

Fees in respect of Register entries or annotations

Application for entry in Part 1 of the Register

4.—(1) The fees specified in this rule are payable in respect of an application for the entry of a person in Part 1 of the Register.
(2) Except as mentioned in paragraph (3) or (4), the fee is £106.
(3) Where the application is made in respect of a relevant person the fee is £429.
(4) Where the application is made in respect of a former registrant—
   (a) the fee is £106 if the removal of the former registrant’s entry from the Register was voluntary;
   (b) the fee is £573 if the removal of that entry was done under or by virtue of any provision listed in paragraph (5);
   (c) the fee is £399 in any case not within sub-paragraph (a) or (b).
(5) For the purposes of paragraph (4)(b), the listed provisions are—

---

(4) These Rules are contained in the Schedule to S.I. 2010/1617.
(5) 1954 c.61. The Act was repealed by paragraph 1 of Schedule 1 to the Pharmacists and Pharmacy Technicians Order 2007 (S.I. 2007/289).
(6) S.I. 2007/289. The Order was revoked by paragraph 58 of Schedule 4 to the Pharmacy Order 2010 (S.I. 2010/231).
(a) article 37(1)(c) of the Order (fraudulent or incorrect entries);
(b) article 37(1)(d) of the Order (fitness to practise matters before entry or renewal of an entry);
(c) article 37(1)(f) of the Order (failure to comply with requirements as to indemnity arrangements); or
(d) article 37(1)(g) of the Order (failure to comply with continuing professional development framework or the making of a false declaration as to compliance).

(6) Paragraph (4)(b) does not apply to the removal of an incorrect entry for non-payment of the whole or any part of any fee required by article 20(1)(b) or (2)(b) of the Order (entitlement to entry in Part 1 or 2 of the Register).

(7) The whole of the fee specified in any of paragraphs (2) to (4) is payable irrespective of whether the application for registration is granted.

Entry in Part 1 of the Register following grant of an application

5. Where an application is granted in respect of which a fee specified in rule 4 is payable, the fee for making an entry in Part 1 of the Register in respect of the person to whom the application relates is £250.

Determining certain qualifications and experience

6.—(1) The fee in respect of the initial scrutiny of an application for entry in Part 1 of the Register to determine whether an exempt person is appropriately qualified pursuant to article 21(1)(b) of the Order (pre-entry requirements in respect of qualifications and additional education, training or experience: pharmacists) is £109.

(2) The fee in respect of assessing whether an exempt person is appropriately qualified pursuant to article 21(1)(c) or article 21(1)(d)(ii)(aa) of the Order is £391.

(3) Where a determination described in paragraph (1) is made to the effect that a person is not appropriately qualified and it is followed by the making of an assessment described in paragraph (2), the fee specified in each of those paragraphs is payable.

(4) The fees specified in this rule are payable in addition to the fees specified in rules 4 and 5.

Application for an annotation to an entry in Part 1 of the Register

7.—(1) The fees specified in this rule are payable in respect of an application to have an annotation to an entry in Part 1 of the Register in respect of a specialisation.

(2) Except as mentioned in paragraph (3), the fee is £57.

(3) The fee is £191 where—
(a) the application is made by a registrant or former registrant who has previously had an annotation in respect of the same specialisation, and
(b) that annotation was removed under rules made by virtue of article 27(1)(c) of the Order (which includes provision for rules to be made as to the circumstances in which annotations to an entry may be removed).

(4) The whole of the fee specified in paragraph (2) or (3), as the case may be, is payable irrespective of whether the application to have the annotation is granted.

Voluntary removal of an entry or an annotation from Part 1 of the Register

8. No fee is payable in respect of an application for the voluntary removal from Part 1 of the Register of—

(a) an entry in that Part; or
(b) an annotation to an entry in that Part in respect of a specialisation.
Renewal of an entry in Part 1 of the Register

9.—(1) The fee for renewal of an entry in Part 1 of the Register is £250.
(2) A person (“P”) may enter into an arrangement with the Registrar to delay payment of part of the renewal fee under paragraph (1).
(3) Where such an arrangement is entered into—
   (a) the renewal fee is to be paid by P in instalments by way of direct debit; but
   (b) the outstanding balance of an amount equal to the aggregate of the renewal fee and any additional fee due under rule 14 becomes payable immediately if the Registrar gives P a notice under paragraph (4).
(4) The Registrar may give P a notice under this paragraph in any case where P—
   (a) fails to make a payment which has fallen due under the arrangement referred to in paragraph (2); or
   (b) fails to comply in any other respect with the terms and conditions referred to in rule 4(2) of the Registration Rules (payment of fees by instalments); or
   (c) makes an application for the voluntary removal of P’s entry from Part 1 of the Register.
(5) Nothing in paragraphs (2) to (4) affects P’s liability to pay the whole of the renewal fee and any additional fee due under rule 14.

Fees in respect of restoration of Register entries or annotations

Application to restore an entry to Part 1 of the Register

10.—(1) The fees specified in this rule are payable in respect of an application for restoration of an entry to Part 1 of the Register.
(2) Where the application is made following the voluntary removal of an entry—
   (a) the fee is £399 if the application is made before the end of the period of 1 month starting with the date of the voluntary removal; and
   (b) the fee is £143 in any other case.
(3) The fee is £399 where the application is made following the removal of an entry under or by virtue of a provision specified in—
   (a) article 37(1)(a) of the Order (the Registrar’s refusal to renew an entry); or
   (b) article 37(1)(b) of the Order (failure to discharge duties with regard to the registrant’s entry).
(4) Where the application is made following the removal of an entry under or by virtue of a provision specified in article 37(1)(c) of the Order (fraudulent or incorrect entries)—
   (a) the fee is £399 if an incorrect entry was removed because of non-payment of the whole or any part of a fee required by article 20(1)(b) or (2)(b) of the Order (entitlement to entry in Part 1 or 2 of the Register); and
   (b) the fee is £573 in any other case.
(5) The fee is £573 where the application is made—
   (a) following the removal of an entry under or by virtue of a provision specified in—
      (i) article 37(1)(d) of the Order (fitness to practise matters before entry or renewal of an entry);
      (ii) article 37(1)(f) of the Order (failure to comply with requirements as to indemnity arrangements); or
      (iii) article 37(1)(g) of the Order (failure to comply with continuing professional development framework or the making of a false declaration as to compliance); or
(b) following the grant of an application by the Council’s Fitness to Practise Committee under article 57 of the Order (restoration of names to the Register: fitness to practise).

(6) The whole of the fee specified in any of paragraphs (2) to (5) is payable irrespective of whether the application for restoration of an entry is granted.

Restoring an entry to Part 1 of the Register following grant of an application

11.—(1) Where an application is granted in respect of which a fee specified in rule 10 is payable, the fee for restoring an entry to Part 1 of the Register in respect of the person to whom the application relates is £106.

(2) The whole of the restoration fee is payable irrespective of the date on which the entry is restored to Part 1 of the Register.

Restoring an annotation to an entry in Part 1 of the Register

12.—(1) The fees specified in this rule are payable in respect of an application for restoration of an annotation made to an entry in Part 1 of the Register.

(2) The fee is £57 if the application is made following the voluntary removal of the annotation.

(3) The fee is £191 if the application is made following the removal of the annotation under rules made by virtue of article 27(1)(c) of the Order (which includes provision for rules to be made as to the circumstances in which annotations to an entry may be removed).

(4) The whole of the fee specified in paragraph (2) or (3), as the case may be, is payable irrespective of whether the application for restoration of an annotation is granted.

Other fees

Notices and certificates

13.—(1) The fee for the replacement of a notice of entry in Part 1 of the Register is £15.

(2) The fee for issuing a certificate in respect of a person entered in Part 1 of the Register is £81.

Administration

14.—(1) The fee for re-processing a payment which has not been honoured by the bank or card-issuer of a person paying a fee specified in any of the preceding provisions of this Part is £20.

(2) The fee for processing an application for entry in Part 1 of the Register where the application has been returned to the applicant for additional information more than once is £48 and that fee is payable in addition to the fee payable under rule 4.

(3) Where an arrangement to delay payment of part of the renewal fee is entered into under rule 9, an additional fee of £15 for the administration of the arrangement shall be added to the first payment to be made in respect of the renewal fee.

(4) Where a credit card is used to pay a fee (“the primary fee”) specified in any of the preceding provisions of this Part—

(a) an additional fee for processing the payment shall be added to the primary fee; and

(b) the amount to be added is to be determined as 2 per cent. of the amount of the primary fee.
PART 3
Registered Pharmacy Technicians

Fees in respect of Register entries

Application for entry in Part 2 of the Register

15.—(1) The fees specified in this rule are payable in respect of an application for the entry of a person in Part 2 of the Register.

(2) Except as mentioned in paragraph (3) or (4), the fee is £106.

(3) Where the application is made in respect of a relevant person, the fee is £294.

(4) Where the application is made in respect of a former registrant—

(a) the fee is £6 if the removal of the former registrant’s entry from the Register was voluntary;

(b) the fee is £301 if the removal of that entry was done under or by virtue of any provision listed in rule 4(5);

(c) the fee is £202 in any case not within sub-paragraph (a) or (b).

(5) Paragraph (4)(b) does not apply to the removal of an incorrect entry for non-payment of the whole or any part of any fee required by article 20(1)(b) or (2)(b) of the Order (entitlement to entry in Part 1 or 2 of the Register).

(6) The whole of the fee specified in any of paragraphs (2) to (4) is payable irrespective of whether the application for registration is granted.

Entry in Part 2 of the Register following grant of an application

16. Where an application is granted in respect of which a fee specified in rule 15 is payable, the fee for making an entry in Part 2 of the Register in respect of the person to whom the application relates is £118.

Determining certain qualifications and experience

17.—(1) The fee in respect of the initial scrutiny of an application for entry in Part 2 of the Register to determine whether an exempt person has a right to practise as a pharmacy technician pursuant to article 22(1)(b) or (1)(c)(ii)(aa) of the Order (pre-entry requirements in respect of qualifications and additional education, training or experience: pharmacy technicians) is £201.

(2) The fee in respect of the initial scrutiny of an application for entry in Part 2 of the Register made by a person (“T”) to determine whether T—

(a) has completed elsewhere than in the United Kingdom education and training as a pharmacist or pharmacy technician which leads to a qualification entitling T to practise as a pharmacy professional in a country other than the United Kingdom; and

(b) meets Conditions 1 and 2,

is £45.

(3) Condition 1 is that, for the purposes of article 20(1)(a) of the Order, T is appropriately qualified pursuant to article 22(1)(c)(i) or (1)(c)(ii)(bb) of the Order.

(4) Condition 2 is that T has undertaken in the United Kingdom a minimum amount of relevant work experience of not less than 14 hours a week either whilst T was training to be qualified as described in Condition 1 or post-qualification.

(5) No fee is payable in respect of the initial scrutiny of an application for entry in Part 2 of the Register where, for the purposes of article 20(1)(a) of the Order, the person is appropriately qualified pursuant to article 22(1)(a) of the Order (approved qualification awarded in Great Britain).

(6) The fees specified in this rule are payable in addition to the fees specified in rules 15 and 16.
Voluntary removal of an entry from Part 2 of the Register

18. No fee is payable in respect of an application for the voluntary removal of an entry from Part 2 of the Register.

Fees in respect of renewal of Register entries

Renewal of an entry in Part 2 of the Register

19.—(1) The fee for renewal of an entry in Part 2 of the Register is £118.

(2) A person (“T”) may enter into an arrangement with the Registrar to delay payment of part of the renewal fee under paragraph (1).

(3) Where such an arrangement is entered into—
   (a) the renewal fee is to be paid by T in instalments by way of direct debit; but
   (b) the outstanding balance of an amount equal to the aggregate of the renewal fee and any additional fee due under rule 23 becomes payable immediately if the Registrar gives T a notice under paragraph (4).

(4) The Registrar may give T a notice under this paragraph in any case where T—
   (a) fails to make any payment which has fallen due under the arrangement referred to in paragraph (2); or
   (b) fails to comply in any other respect with the terms and conditions referred to in rule 4(2) of the Registration Rules (payment of fees by instalments); or
   (c) makes an application for the voluntary removal of T’s entry from Part 2 of the Register.

(5) Nothing in paragraphs (2) to (4) affects T’s liability to pay the whole of the renewal fee and any additional fee due under rule 23.

Fees in respect of restoration of Register entries

Application to restore an entry to Part 2 of the Register

20.—(1) The fees specified in this rule are payable in respect of an application for restoration of an entry to Part 2 of the Register.

(2) Where the application is made following the voluntary removal of an entry—
   (a) the fee is £202 if the application is made before the end of the period of 1 month starting with the date of the voluntary removal; and
   (b) the fee is £6 in any other case.

(3) The fee is £202 where the application is made following the removal of an entry under or by virtue of a provision specified in—
   (a) article 37(1)(a) of the Order (the Registrar’s refusal to renew an entry); or
   (b) article 37(1)(b) of the Order (failure to discharge duties with regard to the registrant’s entry).

(4) Where the application is made following the removal of an entry under or by virtue of a provision specified in article 37(1)(c) of the Order (fraudulent or incorrect entries)—
   (a) the fee is £202 if an incorrect entry was removed because of non-payment of the whole or any part of a fee required by article 20(1)(b) or (2)(b) of the Order (entitlement to entry in Part 1 or 2 of the Register); and
   (b) the fee is £301 in any other case.

(5) The fee is £301 where the application is made—
   (a) following the removal of an entry under or by virtue of a provision specified in—
      (i) article 37(1)(d) of the Order (fitness to practise matters before entry or renewal of an entry);
Consultation on the draft 2015 fees rules  Council 5 February 2015

(ii) article 37(1)(f) of the Order (failure to comply with requirements as to indemnity arrangements); or

(iii) article 37(1)(g) of the Order (failure to comply with continuing professional development framework or the making of a false declaration as to compliance); or

(b) following the grant of an application by the Council’s Fitness to Practise Committee under article 57 of the Order (restoration of names to the Register: fitness to practise).

(6) The whole of the fee specified in any of paragraphs (2) to (5) is payable irrespective of whether the application for restoration of an entry is granted.

Restoring an entry to Part 2 of the Register following grant of an application

21.—(1) Where an application is granted in respect of which a fee specified in rule 20 is payable, the fee for restoring an entry to Part 2 of the Register in respect of the person to whom the application relates is £106.

(2) The whole of the restoration fee is payable irrespective of the date on which the entry is restored to Part 2 of the Register.

Other fees

Notices and certificates

22.—(1) The fee for the replacement of a notice of entry in Part 2 of the Register is £15.

(2) The fee for issuing a certificate in respect of a person entered in Part 2 of the Register is £81.

Administration

23.—(1) The fee for re-processing a payment which has not been honoured by the bank or card-issuer of a person paying a fee specified in any of the preceding provisions of this Part is £20.

(2) The fee for processing an application for entry in Part 2 of the Register where the application has been returned to the applicant for additional information more than once is £48 and that fee is payable in addition to the fee payable under rule 15.

(3) Where an arrangement to delay payment of part of the renewal fee is entered into under rule 19, an additional fee of £15 for the administration of the arrangement shall be added to the first payment to be made in respect of the renewal fee.

(4) Where a credit card is used to pay a fee (“the primary fee”) specified in any of the preceding provisions of this Part—

(a) an additional fee for processing the payment shall be added to the primary fee; and

(b) the amount to be added is to be determined as 2 per cent. of the amount of the primary fee.

PART 4

Premises

Fees in respect of Register entries or annotations

Application for entry in Part 3 of the Register

24.—(1) Except as mentioned in rule 25, the fee in respect of an application for the entry of premises in Part 3 of the Register is £590.

(2) The whole of the fee specified in paragraph (1) is payable irrespective of whether the application for registration is granted.
Application for entry in Part 3 of the Register following removal of previous entry

25.—(1) The fees specified in this rule are payable in respect of an application for the entry of premises in Part 3 of the Register which is made in the following circumstances—

(a) the previous entry in respect of the premises was removed from the Register; and

(b) the person making the application is the person who was carrying on the retail pharmacy business at the premises immediately before the entry was removed.

(2) The fee is £714 where the previous entry was removed under section 74A(7) of the Act (registration of premises: Great Britain) and is no longer capable of being restored to the Register on an application for restoration under section 74C of the Act (supplementary provision in respect of registration of premises: Great Britain).

(3) The fee is £135 where the previous entry was removed by virtue of an application under section 74G of the Act (voluntary removal from the Register: Great Britain) and is no longer capable of being restored to the Register on an application for restoration pursuant to article 37(2) of the Order.

(4) The fee is £714 where—

(a) the previous entry was removed by virtue of a direction under section 80 of the Act (power to disqualify and direct removal from Register); and

(b) that direction is revoked under section 83 of the Act.

(5) The fee is £714 where the previous entry was removed under article 14(4)(a) of the Order and is no longer capable of being restored to the Register on an application for restoration pursuant to article 37(2) of the Order.

(6) Where the previous entry was removed pursuant to article 29(3)(b) of the Order (fraudulent or incorrect entries)—

(a) the fee is £590 if an incorrect entry was removed because of non-payment of the whole or any part of a fee required by section 74B(3) of the Act (conditions for registration: Great Britain); and

(b) the fee is £714 in any other case.

(7) The whole of the fee specified in any of paragraphs (2) to (6) is payable irrespective of whether the application for registration is granted.

Entry in Part 3 of the Register following the grant of an application

26. Where an application is granted in respect of which a fee specified in rule 24 or 25 is payable, the fee for making an entry in Part 3 of the Register in respect of the premises to which the application relates is £241.

Application for an annotation to an entry in Part 3 of the Register

27. The fee in respect of an application to have an annotation to an entry in Part 3 of the Register in respect of a specialisation is £57.

Voluntary removal of an entry or an annotation from Part 3 of the Register

28. No fee is payable in respect of an application for the voluntary removal from Part 3 of the Register of—

(a) an entry in that Part; or

(b) an annotation to an entry in that Part in respect of a specialisation.

(7) 1968 c.67. Sections 74A to 74L were inserted by paragraph 1(1) and (8) of Schedule 4 to the Pharmacy Order 2010 (S.I. 2010/231).
Renewal of an entry in Part 3 of the Register

29.—(1) The fee for renewal of an entry in Part 3 of the Register is £241 if the renewal is for a period of one year beginning with the date on which the entry would otherwise have ceased to be valid.

(2) If the Registrar renews an entry in Part 3 of the Register for a period exceeding one year, the fee for renewal of the entry is to be increased proportionately.

Fees in respect of restoration of Register entries or annotations

Application to restore an entry to Part 3 of the Register

30.—(1) The fees specified in this rule are payable in respect of an application for restoration of an entry of premises to Part 3 of the Register.

(2) The fee is £123 where the application is made following the voluntary removal of an entry.

(3) The fee is £714 where the application is made following the removal of an entry under or by virtue of a provision specified in—

(a) article 37(2)(a) of the Order (failure to comply with improvement notice);
(b) section 74C(1) of the Act (non-renewal of an entry); or
(c) section 74I(1) of the Act (non-notification of change of ownership of retail pharmacy premises).

(4) The whole of the fee specified in paragraph (2) or (3), as the case may be, is payable irrespective of whether the application for restoration of an entry is granted.

Restoring an entry to Part 3 of the Register following grant of an application

31.—(1) Where an application is granted in respect of which a fee specified in rule 30 is payable, the fee for restoring an entry to Part 3 of the Register in respect of the premises to which the application relates is £106.

(2) The whole of the restoration fee is payable irrespective of the date on which the entry is restored to Part 3 of the Register.

Restoring an annotation to an entry in Part 3 of the Register

32.—(1) The fee in respect of an application for restoration of an annotation to an entry in Part 3 of the Register is £57.

(2) The whole of the fee specified in paragraph (1) is payable irrespective of whether the application for restoration of an annotation is granted.

Other fees

Administration

33.—(1) The fee for re-processing a payment which has not been honoured by the bank or card-issuer of a person paying a fee specified in any of the preceding provisions of this Part is £20.

(2) The fee for processing an application for the entry of premises in Part 3 of the Register where the application has been returned to the applicant for additional information more than once is £48 and that fee is payable in addition to the application fee payable under rule 24.

(8) The Registrar’s power to renew an entry for a period exceeding one year is conferred by section 74A(6) of the Medicines Act 1968 and rule 24(8) of the Rules contained in the Schedule to the General Pharmaceutical Council (Registration Rules) Order of Council 2010 (S.I. 2010/1617).
(3) The fee for making an alteration to an entry in Part 3 of the Register to record a change of ownership of a retail pharmacy business carried on at premises entered in that Part of the Register is £79.

(4) Where a credit card is used to pay a fee (“the primary fee”) specified in any of the preceding provisions of this Part—

(a) an additional fee for processing the payment shall be added to the primary fee; and

(b) the amount to be added is to be determined as 2 per cent. of the amount of the primary fee.


Chair

Registrar
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. Vale of Leven Hospital Inquiry

2.1 The report of the Vale of Leven Hospital Inquiry was published on 24 November 2014. The Inquiry investigated the occurrence of and deaths associated with C. difficile infection (CDI) at the Vale of Leven Hospital in West Dunbartonshire from 1 January 2007 onwards.

2.2 The report concludes that serious personal and systemic failures resulted in unacceptable levels of patient care which contributed to 34 deaths from CDI at the Vale of Leven Hospital between January 2007 and December 2008.

2.3 It makes clear that while there were individual failings, overall responsibility has to rest with the Health Board. It also states that Scottish Ministers bear ultimate responsibility for NHS Scotland and that Scottish Government systems were not adequate to tackle healthcare associated infections such as CDI. The Scottish Government is criticised for not
having a rigorous national inspection system of infection prevention and control prior to June 2008.

2.4 None of the report’s recommendations make specific reference to pharmacy or to health professional regulation. However, a number of the recommendations will touch on the work of pharmacy professionals as the underlying themes of robust governance arrangements, strong effective leadership and management, compassionate patient centred care, transparency, candour, good communication and effective team working are of relevance to all health professionals and regulators.

2.5 The GPhC has responded to a request from Scottish Government for our comments on the report’s recommendations. The Cabinet Secretary for Health and Wellbeing has stated that the Scottish Government will accept all the report’s recommendations and that its full response to the report will be published in spring 2015.

2.6 The GPhC Director for Scotland will continue to liaise with Scottish Government officials and other relevant stakeholders to identify any specific considerations for the GPhC as Scottish Government begins to take forward its work to implement the Inquiry’s recommendations. Work will also continue on agreeing memoranda of understanding to establish effective information sharing and collaborative working arrangements with Healthcare Improvement Scotland and regional NHS Health Boards.

2.7 The Inquiry’s recommendations are available [here](#).

3. **Smith Commission**

3.1 The Smith Commission, led by Lord Smith of Kelvin, was set up by the Prime Minister following the vote against Scottish Independence on 18 September 2014.

3.2 The Commission was formed to convene cross party talks and facilitate engagement with stakeholder organisations and members of the public across Scotland to produce a compromise agreement of recommendations on further powers for the Scottish Parliament. On 27 November 2014 the Commission published its [report](#) detailing the agreement reached between all five of Scotland’s main political parties on further devolution of powers to the Scottish Parliament.

3.3 The agreement makes no mention of changes to existing arrangements for health professions regulation. However, the Scottish Government’s proposal for the devolution of abortion was supported by the Commission. It has also been agreed that the devolution of xenotransplantation; embryology, surrogacy and genetics; medicines, medical supplies and
poisons; and welfare food should be the subject of further discussions between the UK and Scottish Governments.

3.4 Legislation will not be passed before the General Election in May 2015. We will continue to monitor the debate and engage with Scottish Government Officials on this matter, particularly in regard to further discussions on devolution of medicines, medical devices and poisons.

4. **Duty of Candour**

4.1 In March 2014 the Secretary of State for Health asked the PSA to work with the nine regulators to support progress in introducing a consistent approach to a professional duty of candour.

4.2 The PSA published its report considering the regulators' progress up until November 2014 and their plans for further relevant work in 2015 and 2016. The Authority has said it will review the regulators' progress against their plans through its 2015/16 performance review process.

5. **Rebalancing Update**

5.1 The Chief Executive and Chair attended the latest meeting of the Rebalancing Programme Board on 25 November. The minutes from this meeting, when published, will be available at: https://www.gov.uk/government/policy-advisory-groups/pharmacy-regulation-programme-board

6. **Welsh Language Standards Investigation**

6.1 The Welsh Language Commissioner is undertaking a statutory standards investigation in accordance with the Welsh Language (Wales) Measure 2011. The investigation applies to all public bodies including health and social care regulators. The purpose of the investigation is for the Commissioner to determine which standards the GPhC, and other public bodies, should be required to comply with. The standards set out what organisations are required to do through the medium of Welsh.

6.2 The Commissioner has requested a range of information to enable her to understand better what the GPhC does, assess the implications of us meeting each of the proposed standards and set out, in a standards report, which standards should apply to us. The standards report will then be presented to Welsh Ministers to produce draft regulations for consideration by the Welsh Assembly.

7. **Registration Assessment**

7.1 The GPhC is taking forward changes to the registration assessment, as agreed following detailed consideration by the independent board of
assessors, from 2016 onwards. The changes, which were announced on 19 December, reflect the significant developments that have taken place in pharmacy practice since the assessment was introduced in 1993.

7.2 We will be holding seminars in February and March with key stakeholders to explain the changes in further detail.

8. Public perceptions of pharmacy

8.1 The GPhC commissioned Ipsos Mori to carry out a survey into public perception of the pharmacy profession and pharmacy services, including how the public trust advice they may receive from pharmacy staff.

8.2 The report was published on 14 January 2014. Key findings include:

The vast majority of respondents say they trust health advice from a pharmacist. However, the proportion who trust advice of pharmacists is significantly lower than for other professions.

Pharmacists are seen as a key source of information for advice on medicines and for advice about stopping smoking.

The main reasons for not seeking information from a pharmacist appear to centre on habit.

Only a small proportion of respondents last visited a pharmacy for advice about a health problem.

Perceptions of pharmacy staff are generally positive, with the majority of respondents stating they were treated with respect and were provided the required information and advice.

Respondents in England are more likely than those in Scotland to report a more positive recent pharmacy experience.

8.3 The report will support our on-going work around a range of policy initiatives; in particular the development of our regulatory and pharmacy standards, our prototype inspection model and our guidance.

8.4 It is our intention to discuss the issues raised by the report with key stakeholders.

9. Consultations

9.1 A list of consultations which the organisation has considered 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

20 January 2015
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):

- Public Policy Project discussion dinner – ‘Transforming Community Care - the charter for reform’
- Chair, English Pharmacy Board and Director for England, Royal Pharmaceutical Society (RPS) – meeting (with DR)
- Opening of ‘Pharmacy Professional Development Suite’, School of Pharmacy, University of Nottingham
- London Central Local Practice Forum, ‘Can Sharing Care Records with Pharmacists Improve Patient Safety?’ - meeting
- King’s Fund, Annual Reception
- President and Vice President, Association of Pharmacy Technicians UK (APTUK) – meeting (with DR)
- Minister for Health and Social Services, Welsh Assembly – meeting (with DR)
- President and Chief Executive, Royal Pharmaceutical Society (RPS) – update meeting (with DR)
- Chair and Chief Executive, Professional Standards Agency (PSA) – meeting (with DR)
- School of Pharmacy, University College London, Annual Lecture (with DR)
- Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board – meeting (with DR)
- Pharmacy and Public Health Forum – meeting
- Chair and Chief Executive, Pharmaceutical Services Negotiating Committee (PSNC) – update meeting (with DR)
- Chair, National Pharmacy Association (NPA) – meeting

Staff

- Healthcare Regulators Chief Executives’ Steering Group (DR)
- Medicines and Healthcare products regulatory agency (MHRA), Falsified Medicines Directive Meeting – (DR with HS)
• Chair, English Pharmacy Board and Director for England, Royal Pharmaceutical Society (RPS) – meeting (DR with NC)
• Deputy Chief Pharmacist, NHS England – meeting (DR, HS and CBS)
• Chair, Welsh Pharmacy Board, Royal Pharmaceutical Society (RPS) – meeting (DR)
• Chief Pharmaceutical Officer, Welsh Assembly Government – meeting (DR with CBS)
• All Wales Chief Pharmacist’s Committee – meeting (DR with CBS)
• Chief Pharmaceutical Officer for England – update meeting (DR)
• Chief Pharmaceutical Officer and Deputy Chief Pharmaceutical Officer, Scotland – meeting (DR)
• Chief Executive, Community Pharmacy Scotland – meeting (DR)
• President and Vice President, Association of Pharmacy Technicians UK (APTXTUK) – meeting (DR with NC)
• Health Education England (HEE) Pharmacy Advisory Group (DR)
• Minister for Health and Social Services, Welsh Assembly – meeting (DR with NC)
• Chief Executive, Royal Pharmaceutical Society (RPS) – update meeting (DR)
• Director, South West Medicines Information and Training, University Hospitals Bristol NHS Foundation Trust – meeting (DR)
• Chair and Chief Executive, Professional Standards Agency (PSA) – meeting (DR with NC)
• School of Pharmacy, University College London, Annual Lecture (DR with NC)
• General Secretary and Assistant General Secretary, Pharmacists’ Defence Association (PDA) – meeting (DR with CBS)
• Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board – meeting (DR with NC)
• Avicenna Media Awards Ceremony (DR)
• Chair and Chief Executive, Pharmaceutical Services Negotiating Committee (PSNC) – update meeting (DR with NC)
• Chief Executive, Health Education England (HEE) – meeting (DR with HS)
• Not for Profit Interchange Forum, ‘Gold or silver? How leaders can ensure their organisations are winners and not runners up in a challenging environment’ – seminar (DR)
• Inter-regulator Forum – meeting (HS)
• Healthcare Regulators, Directors of Resources– meeting (BK)
• General Secretary, Pharmacists’ Defence Association (PDA) – meeting (CBS)
• Directors of Pharmacy, Scotland (CBS)
## Active and new consultations

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<th>Title</th>
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<tr>
<td><strong>Health Standards Framework</strong></td>
<td>Welsh Government <a href="http://wales.gov.uk/consultations/healthsocialcare/health-standards-framework/?lang=en">http://wales.gov.uk/consultations/healthsocialcare/health-standards-framework/?lang=en</a></td>
<td>In July 2013 the Welsh Government made a commitment to review and update the Standards for Health Services in Wales and the Fundamentals of Care Standards. They are now consulting on integrating the 26 Standards for Health Services in Wales and the 12 Fundamentals of Care Standards into 7 Quality Themes and 24 Health Standards.</td>
<td>26/01/15</td>
<td>Reviewed by Darren Hughes  <strong>Decision not to respond</strong></td>
<td>This consultation does not have a direct impact upon our strategic or corporate plans and priorities  However, it would be useful for us to be aware of and keep up to date with developments in this area.</td>
</tr>
<tr>
<td><strong>Consultation on guidance for disabled people wanting to become health and care professionals</strong></td>
<td>HCPC <a href="http://www.hpc-uk.org/aboutus/consultations/index.asp?id=175">http://www.hpc-uk.org/aboutus/consultations/index.asp?id=175</a></td>
<td>The HCPC is seeking the views of stakeholders on draft guidance for disabled people about becoming a health and care professional regulated by the HCPC. This was produced following a review of the existing guidance (‘A disabled person’s guide to becoming a health professional’) which was published in 2006.</td>
<td>16/01/15</td>
<td>Reviewed by Sarah Jennings and Vanda Thomas  <strong>Decision not to respond</strong></td>
<td>It is not usually appropriate/necessary for the GPhC to respond to a consultation from another independent statutory health professional regulator.  However, it will be useful to find out what other regulators are doing around disability equality.</td>
</tr>
</tbody>
</table>
| Call for evidence: NHS complaints and clinical failure | PASC  
http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-administration-select-committee/inquiries/parliament-2010/nhs-complaints-and-clinical-failure/ | The Public Administration Select Committee (PASC) has launched an inquiry into how incidents of clinical failure in the NHS are investigated – and how subsequent complaints are handled. The Committee is considering ways that untoward clinical incidents could be investigated immediately at a local level, so that facts and evidence are established early, without the need to find blame, and regardless of whether a complaint has been raised. | 16/01/15 | Reviewed by Hugh Simpson and Riina Heinonen  
Decision not to respond | Having discussed the inquiry's terms of reference, with a PASC clerk, the focus of the inquiry does not currently relate to our regulatory role or core functions. The committee will contact us if the focus of the inquiry changes to include professional regulation. |
| Consultation on Proposals to Introduce a Statutory Duty of Candour for Health and Social Care Services | Scottish Government  
http://www.scotland.gov.uk/Publications/2014/10/9897 | This consultation document invites views on the Scottish Government's proposals to introduce legislation that will require organisations providing health and social care to tell people if there has been an event involving them where physical or psychological harm has occurred as a result of care or treatment. | 14/01/15 | Reviewed by Lynsey Cleland  
Response available [here](#) | |
| Introducing mandatory reporting for FGM | Home Office  
https://www.gov.uk/government/consultations/introducing-mandatory-reporting-for-fgm | The government has launched a consultation asking for views on how best to introduce mandatory reporting of female genital mutilation (FGM). The government believes mandatory reporting should help increase the number of reports of FGM. | 12/01/15 | Reviewed by Sarah Jennings and the Standards Advisory Team | The topic of this consultation does not relate to our regulatory role or core functions. It does not have a direct impact upon our strategic or corporate plans. |
## FGM to the police from professionals

FGM to the police from professionals. It is hoped this will lead to further prosecutions that will deter perpetrators and protect victims. The consultation seeks views on how to introduce mandatory reporting and which agencies it will cover.

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<tr>
<td>Changes are being proposed to the current Regulations and Establishment Order for CHCs in Wales.</td>
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**Decision not to respond**

However, we need to be aware of this consultation as it includes sanctions for professionals who fail to report cases of FGM.

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<tr>
<th>Decision not to respond</th>
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<tr>
<td>Reviewed by Darren Hughes</td>
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<td>09/01/15</td>
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## Consultation on the General Dental Council (Indemnity Arrangements) (Dentists and Dental Care Professionals) Rules Order of Council

The General Dental Council (GDC) is consulting on draft new statutory rules regarding registrants' indemnity arrangements.

|---|

**Decision not to respond**

It is not usually appropriate/necessary for the GPhC to respond to a consultation from another independent statutory health professional regulator.

<table>
<thead>
<tr>
<th>Decision not to respond</th>
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<tr>
<td>Reviewed by Martha Pawluczyk</td>
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<tr>
<td>09/01/15</td>
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<tr>
<td><strong>MHRA: triennial review</strong></td>
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<tr>
<th><strong>Openness and honesty when things go wrong: the professional duty of candour (A draft guidance consultation)</strong></th>
<th>NMC, GMC</th>
<th>The NMC and the GMC have launched a consultation on new joint guidance to help doctors, nurses and midwives comply with their professional duty to be open and honest with patients about their care. The draft guidance covers the need to learn from ‘near misses’ as well as when something goes wrong and a patient is harmed. It also advises on apologising to patients and those close to them. Clinical leaders and employers are called on to create workplace cultures that are honest and open.</th>
<th>05/01/15</th>
<th>Reviewed by Priya Warner</th>
<th>Decision not to respond</th>
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This consultation does not have a direct impact upon our strategic or corporate priorities. However, we need to be aware of developments relating to this consultation, as the MHRA’s functions are similar to ours and there might be some potential implications / learning for the GPhC.

We did not respond formally to this consultation but have engaged with the NMC and GMC, along with the other health and care professional regulators, on the professional duty of candour.

We will keep up to date with developments and continue to work with the other regulators on this issue.
<table>
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<tr>
<th><strong>Consultation on Proposals for an Offence of Wilful Neglect or Ill-Treatment in Health and Social Care Settings</strong></th>
<th><strong>Scottish Government</strong></th>
<th><a href="http://www.scotland.gov.uk/Publications/2014/10/6637">http://www.scotland.gov.uk/Publications/2014/10/6637</a></th>
<th>This consultation document outlines and invites views on the Scottish Government’s proposals for a new criminal offence of wilful neglect or ill-treatment in health and social care settings.</th>
<th>02/01/15</th>
<th>Reviewed by Lynsey Cleland</th>
<th>Response available <a href="http://www.scotland.gov.uk/Publications/2014/10/6637">here</a></th>
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<tr>
<td><strong>Right-touch regulation - Call for Views</strong></td>
<td><strong>PSA</strong></td>
<td><a href="http://www.professionalstandards.org.uk/library/document-detail?id=ecc3599e-2ce2-6f4b-9ceb-ff0000b2236b">http://www.professionalstandards.org.uk/library/document-detail?id=ecc3599e-2ce2-6f4b-9ceb-ff0000b2236b</a></td>
<td>The Professional Standards Authority is calling for views on its &quot;Right-touch regulation&quot; publication. This is part of a wider project to assess its impact, bring it up-to-date, and clarify and expand on some of the key concepts</td>
<td>31/12/14</td>
<td>Reviewed by Hugh Simpson, Mariya Stamenova and Riina Heinonen</td>
<td>Response available <a href="http://www.professionalstandards.org.uk/library/document-detail?id=ecc3599e-2ce2-6f4b-9ceb-ff0000b2236b">here</a></td>
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<tr>
<td><strong>Consultation on the Liaison agreement between Care Quality Commission (CQC), Health and Safety Executive (HSE) and Local</strong></td>
<td><strong>HSC, CQC</strong></td>
<td><a href="http://webcommunities.hse.gov.uk/connect.ti/CQCagreement/">http://webcommunities.hse.gov.uk/connect.ti/CQCagreement/</a></td>
<td>The Health and Safety Executive (HSE), the regulator for work place health and safety, is seeking views together with the CQC on how various bodies should take action when staff and people who are receiving health and care services experience avoidable harm in these environments.</td>
<td>31/12/14</td>
<td>Reviewed by Riina Heinonen</td>
<td>Decision not to respond</td>
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<td></td>
<td>Having considered the consultation’s terms of reference, it does not relate directly to our regulatory role or core functions</td>
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<tr>
<td>Authorities (LA) in England</td>
<td>Language controls for nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians - proposed changes to the Dentists Act 1984, the Nursing and Midwifery Order 2001, the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order 1976</td>
<td>Proposed changes will allow the Nursing and Midwifery Council, General Dental Council, General Pharmaceutical Council and Pharmaceutical Society of Northern Ireland to put in place systems for carrying out proportionate language controls on European applicants and for taking for taking fitness to practise action where there are concerns about the English language skills of professionals who are already in practice. The changes will apply to nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians.</td>
<td>15/12/14</td>
<td>Reviewed by Martha Pawluczyk</td>
<td>Response available <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/369754/Cons_-language_control.pdf">here</a></td>
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<tr>
<td>Health Committee inquiry into End of life</td>
<td>Health Committee</td>
<td>In June 2014 the Department of Health announced a new approach for those caring for dying people in England during the last days of their</td>
<td>15/12/14</td>
<td>Reviewed by the Standards Advisory</td>
<td>The GPhC is part of the LACDP and was involved in publishing guidance on how health and care</td>
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<tr>
<td>Committee</td>
<td>Title</td>
<td>Description</td>
<td>Team Decision</td>
<td>Date</td>
<td>Reviewed by</td>
<td>Notes</td>
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<td></td>
<td>care</td>
<td>This inquiry takes a broader look at the issue of Palliative and End of Life Care for children, young people, adults and the frail elderly, examining the way that health and social care services, and the voluntary and community sector, support people who are likely to die within 12 months, and the experience of those caring for people at the end of life.</td>
<td>Team Decision not to respond</td>
<td></td>
<td></td>
<td>organisations should care for people in the last days of their life. However, having considered the terms of the inquiry, we do not feel we have evidence to submit to the specific areas the HSC are looking at. What is more, the topic of this consultation does not relate to our regulatory role or core functions. It does not have a direct impact upon our strategic or corporate plans either.</td>
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<td></td>
<td>Insurance and Indemnity: a consultation on changes to the Licence to Practise and Revalidation Regulations 2012</td>
<td>The GMC has launched a consultation on changes to their regulations that will give them new powers to check doctors have appropriate indemnity or insurance cover in place for their practice. These changes will build on the duty that already exists in Good medical practice.</td>
<td></td>
<td>10/12/14</td>
<td>Martha Pawluczyk</td>
<td>It is not usually appropriate/necessary for the GPhC to respond to a consultation from another independent statutory health professional regulator.</td>
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<td></td>
<td>Online trade in counterfeit medicines</td>
<td>MHRA are supporting a European Commission-sponsored project being run to research the online trade in fake medicines across</td>
<td></td>
<td>Nov 2014</td>
<td>Martha Pawluczyk</td>
<td>The survey was completed and submitted online.</td>
</tr>
</tbody>
</table>
| 2015-18 Strategic delivery plan for medicines: consultation | Healthcare Improvement Scotland  
Responded to informally | An informal response has been made to HIS. |
| Professional Standards Authority for Health and Social Care – Draft Fees Regulations | Department of Health  
Citizen Space - Professional Standards Authority for Health and Social Care, Draft Fee Regulations | 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. | 28/11/14 | Reviewed by Bernard Kelly and Matthew Hayday  
Response available here | | |
| The General Dental Council – proposed amendments to enhance the effectiveness | Department of Health  
Citizen Space - The General Dental Council - proposed amendments to enhance the | 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 | 21/11/14 | Reviewed by Jerome Mallon.  
Decision not to respond | It is not usually appropriate/necessary for the GPhC to respond to a consultation from another independent statutory health professional regulator. |
and efficiency of its fitness to practise processes | **effectiveness and efficiency of its fitness to practise processes** |  | However, we will keep up to date with further developments and need for on-going engagement with the GDC relating to the learning from / experience of these changes.  

**Reviewing how we deal with concerns about doctors: A public consultation on changes to our sanctions guidance and on the role of apologies and warnings** | **GMC**  
http://www.gmc-uk.org/Reviewing_how_we_deal_with_concerns_about_doctors_interactive_web_version.pdf_57489422.pdf | 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 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 |  
14/11/14 | Reviewed by Jerome Mallon and Andy Jaeger. **Decision not to respond**  
It is not usually appropriate/necessary for the GPhC to respond to a consultation from another independent statutory health professional regulator.  
We will keep up to date with further developments and need for on-going engagement with the GMC about what they learn from this new approach  

**The Health and Care Professions (Public Health Specialists and Miscellaneous Amendments)** | **Department of Health**  
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362507/Public_Health_Specialist_Con.pdf | 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 |  
14/11/14 | Reviewed by Andy Jaeger and Sarah Jennings. **Response available here**
| Order 2015: A consultation | inc_additional_Questions.pdf | practice |  |  |  |
|---------------------------|-------------------------------|---------|  |  |  |
| Acute medical emergencies in adults and young people, service guidance: scope consultation | NICE http://www.nice.org.uk/guidance/indevelopment/GID-CGWAVE0734 | NICE is developing service guidance on acute medical emergencies for use in the NHS in England, Wales and Northern Ireland. The draft scope defines what the guideline will cover and to whom it will apply. | Reviewed by Priya Warner. **Decision not to respond** | Not appropriate for the GPhC to respond as it does not relate directly to our role and core functions, nor does it have a direct impact upon our strategic or corporate plans. | 12/11/14 |
| Branded medicines: controlling prices consultation | Department of Health http://consultations.dh.gov.uk/statscheme/on-medicine-prices/ | The DH seeks views on proposals to improve the arrangements for limiting the amount of money the health service pays for branded medicines. | Reviewed by Priya Warner. **Decision not to respond** | Not appropriate for the GPhC to respond to this consultation. | 07/11/14 |
| Managing medicines in care homes: quality standard consultation | NICE http://www.nice.org.uk/guidance/indevelopment/gid-gsd88/consultation | NICE is consulting on their draft quality standard for Managing Medicines in Care Homes. Based on NICE guidance, it advises care homes to put individuals at the heart of decisions about any medicines they may need and to support them wherever possible to administer medication themselves | Reviewed by Sarah Jennings **Responded to informally** | We continue to respond in an informal way, through engagement with NICE on these issues, particularly in relation to our developing policy work on pharmacy in care homes. This includes a roundtable seminar on 9 December on pharmacy in care homes, which NICE participated in. | 07/11/14 |
| Medicines optimisation: | NICE | A clinical practice guideline on medicines optimisation is being | Reviewed by | We did not respond to the consultation formally. | 07/11/14 |
### Guideline Consultation

<table>
<thead>
<tr>
<th><strong>Guideline Consultation</strong></th>
<th><strong>Development</strong></th>
<th><strong>Response</strong></th>
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### Mutual Recognition of Professional Qualifications: Revised Directive

<table>
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<tr>
<th><strong>Mutual Recognition of Professional Qualifications: Revised Directive</strong></th>
<th><strong>Development</strong></th>
<th><strong>Response</strong></th>
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<tr>
<td>Department of Business, Innovation and Skills (BIS) <a href="https://bisgovuk.citizenspace.com/lm/whistleblowing">https://bisgovuk.citizenspace.com/lm/whistleblowing</a></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>Reviewed by Martha Pawluczyk. Response available <a href="https://bisgovuk.citizenspace.com/lm/whistleblowing">here</a></td>
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**06/11/14**
Council meeting 05 February 2015

Public business

Pharmacy team work programme: an update

Purpose

To advise Council on a co-ordinated programme of work to progress issues relating to the pharmacy team.

Recommendations

The Council is asked to:

i. note the programme of work in relation to:
   a. education and training requirements for non-registered support staff,
   b. prescribing guidance for pharmacists, and
   c. annotations to the register.

ii. consider the proposed guiding principles for annotations to the register

1. Introduction

1.1 Council’s approach, informed by the GPhC Strategic Plan, to matters relating to education and training in pharmacy has been driven by the needs of patients and the need to reflect public policy across Great Britain about the role pharmacy is required to play. In particular the need for pharmacy services in community, hospital and primary care to change to reflect public health challenges and financial pressures within our National Health Services.

1.2 This strategic approach has led to the development of new draft learning outcomes for pharmacist education and training, has informed our registered pharmacy standards and is reflected in our work programme to develop new education standards for both pharmacists and pharmacy technicians in the period up to 2016.

1.3 In addition, Council has previously considered wider issues in relation to the pharmacy team (in particular, consideration of Council Paper 09.12/C/05, Enhancing our understanding of issues within the pharmacy team).
1.4 That paper committed us to developing a strategic response which reflected the need to identify those which are matters for us as the regulator, to highlight to others those issues which sit outside the remit of the regulator, and to respond to emerging issues when required, particularly on the basis of learning from GPhC commissioned research or intelligence gathered.

1.5 The external context, particularly the initiatives led by the Modernising Pharmacy Careers Board in England and equivalent discussions in Scotland and Wales on education and training needs, and the Rebalancing Programme Board’s consideration of issues such as supervision, has influenced the approach and pace at which we have been able to take forward our work.

1.6 There are however three particular issues concerning the pharmacy team where we feel progress can be made. These are: education and training regulatory requirements for non-registered support staff; prescribing guidance for pharmacists; and, annotations to the register.

1.7 Although they are distinct and separate issues, each link to wider issues of education and training and the role of the pharmacy team. We are therefore proposing they should be taken forward as part of a co-ordinated programme of work which, in turn, links to our education standards development work and external initiatives on pharmacy workforce and the Rebalancing Programme.

1.8 This paper sets out some of the context to each of these issues and how we plan to take the work programme forward.

2. Education and training requirements for non-registered pharmacy support staff

2.1 A comprehensive programme of work is underway to review the standards for initial education and training of pharmacists and pharmacy technicians and the associated quality assurance methodologies.

2.2 These are being reviewed in parallel to enable us to take a holistic view of initial education and training requirements.

2.3 In taking this holistic approach, and taking into account wider discussions around the pharmacy team arising from the Rebalancing Programme and other policy initiatives, it is clear that we also need to consider education and training requirements for non-registered pharmacy support staff.

2.4 The Pharmacy Order 2010 contains provision for the Council to publish guidance in respect to standards for the education, training, supervision and performance of non-registered pharmacy support staff.

2.5 The GPhC currently has a policy on the minimum training requirements for dispensing/pharmacy assistants and medicines counter assistants and we
accredit relevant training providers. GPhC inspectors also consider the training and qualifications of non-registered support staff when assessing whether our standards for registered pharmacies are being met.

2.6 There is a fundamental question about how the governance and supervision of these roles are overseen in general and specifically the role that all those involved, including employers, professional bodies, education and training providers and the GPhC should play.

2.7 This includes consideration of our future role in standard setting and accreditation and how we assure ourselves that patients are protected and pharmacies are employing teams with the appropriate mix of skills and qualifications. In short, we need further consideration about what is a matter for employers in relation to non-registered staff and what is a matter for the GPhC.

2.8 There are also important questions about the existing education and training standards for support staff in relation to changing ways of working and changing workforce requirements in community and hospital settings, and how these relate to our review of pharmacist and pharmacy technician education and training.

2.9 Work will be taken forward with relevant stakeholders to fully consider these issues and explore the potential implications and any changes to existing arrangements.

2.10 This work will take place in parallel with the established programme of work to review the initial education and training of pharmacy technicians. Timelines will mirror the timetable for revising the relevant set of national occupational standards that external agencies are leading on.

3. Guidance on prescribing

3.1 The Governments across Great Britain have set out their ambitions and visions for pharmacy which include proposals for a greater clinical contribution to the health and wellbeing of patients by pharmacist prescribers.

3.2 As pharmacist prescribers increase in numbers and the range of settings they prescribe in, and therapeutic areas they prescribe for, grows and diversifies, consideration should be given to whether there is a need for the GPhC to produce guidance for pharmacist prescribers.

3.3 We continue to work closely with the other health professional regulators who register professionals who have prescribing qualifications, including the General Medical Council, General Dental Council, Nursing and Midwifery Council, Health and Care Professions Council and the Pharmaceutical Society of Northern Ireland. We also continue to work closely with pharmacy professional organisations on this matter.
3.4 Our early consideration and engagement will look at the content and nature of guidance already provided by other organisations.

3.5 We also intend to seek the views of stakeholders, including but not limited to pharmacist prescribers, and review the types of enquiries the GPhC commonly receives about pharmacists prescribers to identify where any gaps may be.

3.6 This will build upon the registrant survey which included particular focus on pharmacist independent prescribers.

3.7 The work will begin in first quarter of 2015 and Council will be kept advised of its progress.

4. Annotations

4.1 The GPhC has powers to annotate the register. The Pharmacy Order 2010 states that ‘The Council may make provisions in Rules as it considers appropriate in connection with annotations to entries in the Register to denote specialisations…’. This power extends to both registrants and registered pharmacies.

4.2 Council may make provision in Rules with regard to the type of specialisation that are to be subject to annotations and the circumstances in which annotations are to be entered, renewed, restored or removed from the register. In the case of registrants, Council may also make provision with regard to the standards of proficiency for the safe and effective practise that is necessary for a registrant to achieve in order for an annotation, in respect of a specialisation, to be made. In the case of registered pharmacies, Council may make provision for the standards that must be met in connection with the carrying on of a retail pharmacy business at that premises, in order for an annotation to be made.

4.3 One group of registrants is currently annotated on our register - independent pharmacist prescribers.

4.4 The annotation of independent pharmacist prescribers was already in place when the GPhC assumed responsibility for pharmacy regulation and there has been no consideration of, or representation for, further annotations since then.

4.5 However, the question of annotations has recently been raised both as part of proposals for the regulation of ‘non-medical’ public health specialists and as part of the Rebalancing Programme of work in respect of responsibilities of pharmacy technicians.

4.6 We think it is important that before consideration by the Executive, or any decisions by Council following consultation, thought should be given to the principles which would underpin those considerations and decisions.
4.7 Set out below are some initial thoughts on relevant guiding principles for Council’s consideration. In developing these draft principles we have taken account of the proposals set out in the draft Law Commission Bill for circumstances in which regulatory bodies can and cannot make rules about annotations. We have also considered criteria published by the HCPC on post-registration qualifications and taken account of a CHRE (as PSA then was) report to Ministers on ‘Advanced Practice’.

4.8 As a regulatory body it is right that we approach any decisions relating to annotation of the register as a matter relating to public assurance and as completely distinct from professional status. Therefore, it is proposed that any considerations about whether to annotate groups of registrants or registered pharmacies are based on:

i. the potential risk(s) to the public if the register is not annotated to include information about qualifications or specialisms;

ii. whether the risk(s) could be mitigated through other means; and

iii. whether annotation to the register to show professional qualifications or specialisms is a proportionate and cost effective response to the risk(s).

4.9 Once fully developed and agreed, it is intended that the guiding principles will act as a framework for any future case by case discussions, scoping work and recommendations to Council around annotations to the register.

5. Equality and diversity implications

5.1 Each of the work streams will take full account of relevant equality and diversity issues at all stages.

6. Communications

6.1 Each piece of work will involve communication and engagement with relevant stakeholders, including patients and users of pharmacy services, registrants, employers, professional organisations and education and training providers.

7. Resource implications

7.1 Resource requirements for each piece of work will be met within existing budgets.

8. Risk implications

8.1 Failure to consider the education and training requirements of non-registered support staff and the GPhC’s role in this alongside the reviews of initial education and training for registrants and wider discussions around the
pharmacy team and workforce requirements could result in current policies no longer being fit for purpose.

8.2 Failure to fully consider the need for guidance for pharmacist prescribers could either result in unnecessary duplication or gaps in guidance for this registrant group.

8.3 Failure to consider the case for annotations to the register in a consistent manner, or to focus on the potential risks to patients and the public could undermine public confidence in our work.

Recommendations

The Council is asked to:

i. **note** the programme of work in relation to:
   a. education and training requirements for non-registered support staff,
   b. prescribing guidance for pharmacists, and
   c. annotations to the register.

ii. **consider** the proposed guiding principles for annotations to the register

*Lynsey Cleland, Workstream co-ordinator*

*Director for Scotland*

*General Pharmaceutical Council*

*Lynsey.cleland@pharmacyregulation.org*

*Tel 020 3713 7963*

1T
Council meeting 05 February 2015

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.

Recommendations
The Council is asked to agree the attached guidance for consultation.

1. Introduction
1.1 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.

1.2 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.

1.3 Responsibility for producing this guidance previously sat with the FtP committee itself. However, the introduction of the Amendment of Miscellaneous Provisions Rules in December 2012 meant that responsibility for agreeing the content of ‘decision-making guidance’ used at an FtP hearing was transferred to the GPhC.

1.4 This review will contribute to the following objectives set out in the Strategic Plan:
   - Proactive good quality regulatory services
   - Putting people at the heart of what we do as a regulator
2. **The review so far**

2.1 Our aim is that the revised document will provide a more useful resource for all those involved in fitness to practise hearings, and will include guidance to assist in proportionate, consistent and transparent decision making, specifically on sanctions, by committees.

2.2 Since this review commenced 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. It also takes into account feedback provided by Council on related policy issues, such as our response to the Francis Report.

2.3 We published a discussion paper on 20 November 2014 entitled ‘Supporting decision-making in hearings’. The discussion paper sought views on a range of issues that our fitness to practise committees consider including sexual misconduct, dishonesty, raising concerns and the duty of candour. The paper also set out a new approach to considering mitigating and aggravating factors at a hearing.

2.4 This further engagement ensured we developed a new and more accessible guidance document. It specifically tested the principles and our approach on areas that Council raised in recent discussions and key findings are set out in appendix A.

3. **The Hearing and Sanctions Guidance**

3.1 We propose replacing the current Indicative Sanctions Guidance with Hearings and Sanctions Guidance. This better reflects the content and structure of the new guidance.

3.2 The guidance must be accessible to all audiences, not only the Fitness to Practise committees. Therefore the draft guidance differs significantly in language and structure.

3.3 This consultation forms the second stage in our review of the Indicative Sanctions Guidance. The feedback received from stakeholders following publication of the discussion paper has proved invaluable in informing the content of the draft guidance. This consultation is broader and seeks views on the entire guidance, including its structure, tone and content.

3.4 The guidance is set out in two parts. The first covers the fitness to practise hearings process and sets out the key considerations and actions at each stage of the decision making process. The second part sets out guidance on sanctions and includes some specific guidance on particular areas identified by the Council where it believes this is required.

3.5 Key changes include:
• A significantly revised structure and tone to ensure it is more accessible to a wider audience particularly all those involved in the hearings process
• More context for each section to ensure ease of understanding for stakeholders
• Greater clarity on the process of reaching decisions, as well as principles guiding the decisions, including relevant case law
• The Council’s view on sexual misconduct, dishonesty, duty of candour and raising concerns to assist committee decision making
• It will not provide an exhaustive list of aggravating and mitigating factors for committees to consider, but will instead provide a framework for decision making which is focused on the overarching objective to protect the public

4. **Timetable**

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

<table>
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<tr>
<th>Action</th>
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<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 final Hearings and Sanctions Guidance</td>
<td>May</td>
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5. **Equality and diversity implications**

5.1 We have developed an equalities impact assessment, in advance of the formal consultation, consistent with our responsibilities as set out in the Equalities Act 2010.

6. **Communications**

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

6.2 The consultation will be published on the GPhC website, in Regulate and targeted emails will be circulated to key stakeholders. It will run for a period of 6 weeks.
7. **Resource implications**

7.1 There will be resource requirements for holding a consultation exercise in this area which will be managed from within existing budgets.

8. **Risk implications**

8.1 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.

9. **Monitoring and review**

9.1 The performance of committees is regularly reviewed and decisions are scrutinised by the Professional Standards Authority. We will monitor the performance reviews by PSA and the consistency of Committee decisions to ensure the document is used appropriately by all involved in hearings, remains fit for purpose and is accessible to a wide range of stakeholders.

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

**Recommendations**

The Council is asked to approve the draft guidance for consultation.

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*General Pharmaceutical Council*

*Priya.warner@pharmacyregulation.org*

*Tel 020 3713 7958*

*05 February 2015*
Appendix A: Engagement & discussion paper outcomes: summary

We undertook a range of engagement exercises to inform the draft guidance. In addition to the formal responses to the discussion paper we met with the Pharmacy Law and Ethics Association (PLEA) and had conversations with the National Pharmacy Association (NPA) and Royal Pharmaceutical Society (RPS) as well as engaging with GPhC Advocates and committee chairs. Consistent views were raised across all engagement and are incorporated below.

The discussion paper responses in summary:

- We received a total of 26 responses
- 14 from England, three each from Wales and Scotland
- There were four responses from UK-wide bodies (Association of Pharmacy Technicians UK, Pharmacist Defence Association, Action against medical accidents (AVmA), Pharmacy Voice) and one law firm (BLM)\(^1\)
- 20 responded as individuals and six on behalf of an organisation
- Seven responses were received from Fitness to Practise Committee members
- There were 13 responses from pharmacy professionals and one from a member of the public

Further detail from responses is set out below.

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<th>Area</th>
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<td>Sexual misconduct</td>
<td>Although there was support for the Council’s views on dealing with cases that involve sexual misconduct some confusion, and concern, remained over what exactly constituted sexual misconduct. It was also highlighted that this approach raised the risk that some outcomes may in fact be disproportionate and that committees, as with cases of dishonesty, should have regard to the full facts of the case. It was strongly argued by the PDA, Pharmacy Voice and others that, similarly with dishonesty cases, context is important and that there is a danger of some disproportionate outcomes if the Council’s policy is</td>
<td>On balance, we have amended the view on sexual misconduct to be consistent with that approach on dealing with cases of dishonesty. There will be certain case types that are of such a serious nature that removal will be the only appropriate outcome while in other, less clear cut cases, the committee will have full</td>
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\(^1\) Detail of all responses are available on request
### Dishonesty

There was significant support for the Council's views on dealing with cases that involve dishonesty. Respondents understood the difficulty in dealing with these cases and that there are varying degrees that should be viewed in context and on a case by case basis. There was support for dishonesty in a professional context to be treated more severely. The argument was consistent across the majority of respondents that no blanket policy of removal should exist.

Based on the evidence received we propose to retain the Council's thinking on cases of dishonesty and reflect this in the draft guidance.

### Duty of candour

There was strong support for the Council’s views on dealing with cases that involve duty of candour with some uncertainty around our proposals. Those that were unsure were mentioned human error and the use of this document by Council as a tool to respond to the Francis report. Context and committee discretion were highlighted but it was clear that this is viewed as serious and sanctions at the upper end were appropriate.

Strong themes that came through included emphasis on developing the appropriate culture and the role played by non-pharmacists in both candour and raising concerns.

We propose to retain our approach as set out in the discussion paper and reflect this in draft guidance. Similarly with duty of candour there may be further to be taken forward separately.

### Raising concerns

There was strong support for the Council’s views on dealing with cases that involve raising concerns. However, some respondents were unsure citing the vulnerability of junior staff and the role of senior managers in preventing concerns being raised. It was acknowledged that this is a difficult area but that healthcare professionals need to raise concerns when necessary and strong action is required when there is a failure to do so. The culture of fear

We propose to retain our approach as set out in the discussion paper and reflect this in draft guidance.
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<td>Mitigating and aggravating factors</td>
<td>and disciplinary proceedings was a theme in those responses that highlighted uncertainty with the proposals.</td>
<td>This was probably the most balanced section that has raised some interesting points to support both sides of the argument. There was a high level of support for removing the lists of factors as it was prescriptive and ‘tick box’ and moving to a more general approach. However, respondents were keen to see what the general approach would look like. Some wanted to retain both or at least retain the lists as an aide for committee members or provide more training on the area. Others, including the PDA and APTUK, believed the lists were of significant benefit to registrants and not only committee members and therefore should be retained and indeed improved on.</td>
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Focus Groups

The GPhC held three patient focus groups in England, Scotland and Wales. In total 30 patients attended the focus groups across the three countries. The purpose of the focus groups was to test Council’s thinking with patients and the public in each area set out in the discussion paper. They were held in London, Wales and Scotland. The outputs were consistent across each event held. The key points raised by participants included the following:

- agreed that instances of failure to raise concerns or be candid should attract sanctions at the upper end of the scale
- felt strongly that context is very important when considering cases of dishonesty
- held a range of views on sexual misconduct regarding the actual act involved and a indicated a varying scale of activities that can present a risk to patient safety
- had some difficulty in deciding sanction on occasions as a gap between warnings to suspension was evident and in certain circumstances conditions are not applicable
- highlighted the importance of mitigating/aggravating factors such as remorse, concealment, persistent offending
- felt that small instances of dishonesty, if not addressed, can lead to more significant events
- felt that in general, issues that occur in private life should not impact professional life
About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. 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.

Our principal functions include:

- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns.

We are committed to protecting, promoting and improving the health and safety of people who use pharmacy services in England, Scotland and Wales. An important part of that role is dealing with those small numbers of pharmacists and pharmacy technicians who fall short of the standards that the public can reasonably expect from healthcare professionals.
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1. Introduction

What this guidance is about

1.1 This guidance provides information about GPhC fitness to practise hearings and how decisions are made and the sanctions available to Committees. Legislative responsibility\(^1\) for agreeing the content of decision-making guidance used at a fitness to practise hearing is the responsibility of the GPhC. Therefore, this document provides guidance for Committees to use when deciding what sanction is appropriate in any given case.

1.2 This guidance is in two parts:
   A. Hearings and the decision-making process
   B. Sanctions guidance

Who this guidance is for

1.3 This guidance is aimed at everyone who is involved in a fitness to practise hearing, including GPhC staff, Committee members, registrants (appearing/not appearing at a hearing) and their representatives. It will also be of interest to anyone who is interested in a fitness to practise hearing, including:
   - those considering making a complaint to the GPhC about a registrant,
   - Patients and their representatives,
   - Defence organisations,
   - other regulatory bodies, including the Professional Standards Authority,
   - the courts.

1.4 This guidance will be regularly reviewed to take account of changes to case law and ensure it remains fit for purpose and accessible to all stakeholders.

Equality and diversity

1.5 The GPhC is committed to promoting equality, diversity and inclusion in carrying out all of its functions. We value diversity and individuality in our staff, the profession and Council. Our aim is to ensure that our processes are fair, objective, transparent and free from discrimination and that all stakeholders receive a high level of service. We adhere to the principles set out in the Equality Act 2010 and have developed an equality, diversity and inclusion scheme.

1.6 All GPhC staff are expected to demonstrate these values and to work towards these aims at all times during the fitness to practise process. The GPhC will uphold and promote the principles of the European Convention on Human Rights (ECHR) in accordance with the Human Rights Act 1998.

\(^1\) http://www.legislation.gov.uk/uksi/2012/3171/made
Part A: Hearings and the decision-making process

This part includes information on fitness to practise hearings, how they fit into the wider fitness to practise decision-making process and how a Committee reaches a decision on sanction.

2. Hearings

2.1 A fitness to practise hearing is one part of a detailed process that begins once a complaint has been received by the GPhC. This process can end at several key stages either:
   - after investigation takes place,
   - at an Investigating Committee or
   - Fitness to Practise Committee.

2.2 Decision-making guidance is used at each stage to decide what action to take. Our threshold criteria are applicable at the investigation stage, referral criteria is used by the Investigating Committee to assist decision-making on any case it makes a decision on. This guidance relates to a fitness to practise hearing and the decisions made by the Fitness to Practise Committee during a hearing.

2.3 If a case is referred to the Fitness to Practise Committee, a hearing will usually be held. The hearing is held by a Committee of three (a Chair, a registrant member and a lay member). Other individuals may also be present including a legal adviser, medical adviser, GPhC staff and registrant representatives. Committees hear evidence and decide whether a registrant’s fitness to practise is impaired.

2.4 Fitness to Practise committees are independent of the GPhC. They are accountable for the decisions they make and are required to take account of guidance produced by the GPhC.

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2 Those allegations that are within the GPhC’s jurisdiction
3 http://www.pharmacyregulation.org/sites/default/files/The%20threshold%20criteria%20po.pdf
5 The meaning of impairment is set out in para. 2.9
6 Rule 31(14)(a) - General Pharmaceutical Council Fitness to Practise Rules Order of Council 2010
2.5 A Committee normally holds hearings in public. Hearings that relate to the health of the registrant, or are bound by confidentiality measures\(^7\), can be held in private. A hearing may also be held wholly or partly in private if the Committee believes it is important that anyone making representations should have their privacy protected.

**Reaching a decision**

2.6 During a hearing the Committee follows a three-stage process before it reaches a decision on sanction\(^8\). Once the Committee has heard the evidence, it must decide:

- whether the **facts** alleged have been found proved,
- whether the Registrant’s fitness to practise is **impaired**, and
- whether any **action** should be taken, by way of sanction, against the Registrant’s registration. This is dealt with in detail in Part B, ‘Guidance on sanction’, of this document.

**Facts proved**

2.7 It is for the GPhC to prove the facts against a Registrant in a hearing. The standard of proof which applies is the ‘balance of probabilities’. This means that the Committee will find an alleged fact proved if it decides, after hearing the evidence that it is more likely than not to have occurred. It is distinct from the criminal standard which is ‘beyond a reasonable doubt’.

2.8 When the facts alleged against the Registrant have been proved it does not necessarily mean there will be a finding of impairment. A Committee’s decision on impairment must be separate from the decision on the facts of the case. For example, despite a finding of misconduct, a Committee may decide that a Registrant’s fitness to practise is not impaired and therefore no further action is required.

**Impairment**

2.9 A pharmacy professional is ‘fit to practise’ when they can demonstrate the skills, knowledge, character, behaviours and health required to do their job safely and effectively. In practical terms, this means maintaining appropriate standards of

\(^7\) Registrants that are on a barred list  
\(^8\) Rule 31 - General Pharmaceutical Council Fitness to Practise Rules Order of Council 2010
proficiency, ensuring good character, and also adhering to principles of good practice set out in our various, standards, guidance and advice.

2.10 Fitness to practise can be impaired for a number of reasons including misconduct, lack of competence, ill-health and a conviction for a criminal offence.

2.11 The Committee will have regard to issues that occur in both personal and professional life and must decide whether the Registrant’s fitness to practise is currently impaired not whether it was at the time the incident occurred. The Committee must take into account relevant factors, which include whether or not the conduct or behaviour:

- presents an actual or potential risk to patients or to the public;
- has brought, or might bring, the profession of pharmacy into disrepute;
- has breached one of the fundamental principles of the profession of pharmacy; or,
- shows that the integrity of the Registrant can no longer be relied upon.

2.12 The Committee should also consider whether:

- the conduct which led to the complaint is able to be addressed,
- it has been addressed,
- it is likely to be repeated,
- the Registrant declares and uphold proper standards of behavior,
- the Registrant will maintain public confidence in the profession.

2.13 The decision on impairment is a matter for the judgment of the Committee, therefore the Committee has to make its own decision about impairment even when it is admitted by the registrant. A Committee must make clear what factors have been taken into account when deciding on impairment.

Action taken

2.14 If a Committee decides a registrant’s fitness to practise is impaired it can issue a warning, suspend the registrant from practising or remove them from the register for the most serious cases. These outcomes are intended to protect the public, not to punish the registrant. More detail on these outcomes are and what a Committee considers when reaching a decision on sanction is dealt with in Part B of this document.

The determination

2.15 Once a Committee has made a decision on a sanction it will give its determination. The determination is the formal, written statement of the decisions taken by the
Committee and it is produced by the Committee. The amount of detail a Committee gives in a determination depends on the nature and complexity of the case. In every case the reasons must be adequate, and be easily understood by both the registrant and the GPhC, and any other interested party, so that it is clear why a particular decision has been reached.

2.16 When drafting a determination the Committee should refer to and follow the relevant published guidance on drafting fitness to practise determinations\textsuperscript{12}. If a Committee decides not to follow the guidance, it should clearly explain why it has done so in its reasons.

2.17 The Committee's determination must explain why it has decided the sanction chosen is fair, reasonable and proportionate. It should set out how the Committee considered the possible sanctions, starting with the least severe sanction and moving upwards. The determination should say why the Committee has decided upon the sanction and explain why the lesser sanctions are not appropriate and why the next available, more serious sanction, is not appropriate. The determination must also explain how the sanction chosen will adequately protect the public\textsuperscript{13}.

2.18 It is also important that the registrant is given proper reasons, so they can decide whether or not to appeal against a decision. The GPhC, the complainant, the public, PSA and other pharmacy professionals must also be able to understand the reasoning behind the Committee's decisions. Any Committee which has to consider the case later (for example, at a review hearing) must be able to understand properly the reasoning behind the original decision.

\textsuperscript{12}http://www.pharmacyregulation.org/sites/default/files/Guidance%20on%20drafting%20fitness%20to%20practise%20determinationsMay%202013.pdf

\textsuperscript{13}CHRE v GDC (Marshall) [2006] EWHC 1870
3. **After a decision has been made**

3.1 Once a Committee has made a decision on a sanction it may also impose interim measures. Once the hearing has ended, further hearings may take place on another date. This depends on the sanction and circumstances of the case.

**Interim measures**

3.2 The Committee may impose ‘interim measures’ if it has made a direction for:

- removal from the register, or
- suspension, or
- conditional entry.\(^{14}\)

3.3 Before considering whether to impose interim measures, the Committee should invite representations from both parties. When announcing whether it is to impose interim measures, the Committee should give its reasons for that decision.

3.4 The Committee must give proper, adequate and clear reasons for imposing interim measures. The reasons must explain why the Committee is satisfied that imposing interim measures is:

- necessary for the protection of the public,
- otherwise in the public interest, or
- in the interests of the registrant.

3.5 Even if it decides not to impose interim measures, the Committee should make clear in its determination that it has considered them, what it has decided and why. The interim measures will take effect immediately and can cover the 28-day ‘appeal period’. If the registrant appeals against the decision, they will stay in force until that appeal is decided. A Committee may impose interim measures\(^ {15}\) if it is satisfied that they are needed to protect the public, or are otherwise in the public interest or in the interests of the registrant.

3.6 Interim measures, in the form of a suspension, may be imposed only if substantive direction for suspension or removal is given, and interim conditions may only be imposed if substantive conditions have been imposed.

**Review hearings**

3.7 When a registrant is suspended from the register or made subject to a conditions of practice direction following a hearing, a Committee may direct that a review hearing takes place before the period of suspension or conditional registration ends.

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\(^{14}\) Pharmacy Order 2010 Article 60(3) and (4)

\(^{15}\) Pharmacy Order 2010 Article 60
3.8 Review hearings\(^{16}\) should usually take place towards the end of the period of suspension or conditions unless there is a good reason for the Committee to review the matter earlier. For example: the GPhC may have evidence that the registrant has practised while suspended or has failed to comply with the conditions imposed upon their practice, and so on.

3.9 At a review hearing, the registrant must provide evidence or demonstrate how any past impairment has been addressed\(^ {17}\).

3.10 If, before a review hearing, the GPhC becomes aware of new evidence\(^ {\ast}\) that it wants to bring to the attention of the Committee:
- the Council may request case management directions,
- the Committee chair may direct that the new evidence be considered at the review hearing, and that these rules are modified to take into account the particular circumstances of the case.\(^ {18}\)

\(^{\ast}\)For example, evidence of a failure to comply with conditions, or inclusion on any of the barred lists.

3.11 At a review hearing any finding of impairment made by the Committee must be based on the original allegation. The Committee Chair should reiterate the grounds of impairment for clarity.

3.12 When the registrant’s registration is to be, or remains, subject to conditions, or is suspended, there will normally be a further review hearing. If, in a particular case, the Committee decides that a further review hearing is not necessary, it must explain its reasons. If there is to be a further review hearing, the Committee should explain in its determination the sort of evidence the registrant would be expected to provide at that hearing.

### Review of a Suspension

3.13 The Committee has a range of sanctions available at the review hearing. If the Committee has suspended a registrant, it may following a review, decide that\(^ {19}\):
- their entry be removed from the register,
- the suspension be extended for another period of up to 12 months, to start from the time when the original suspension would have ended,
- their registration be suspended indefinitely, if the suspension has already been in force for at least two years\(^ {20}\).

\(^{16}\) See Rule 34 for the procedure followed at a Review Hearing
\(^{17}\) Abrahaem v GMC [2008] EWHC 183 (Admin)
\(^{18}\) Rule 30 - General Pharmaceutical Council Fitness to Practise Rules Order of Council 2010
\(^{19}\) Pharmacy Order 2010 Article 54(3)(a)
\(^{20}\) This direction must be reviewed if requested by the Registrant and at least two years have elapsed since the direction took effect or was reviewed: Article 54(4).
• in the case an indefinite suspension already exists, that the suspension is ended, or
• has conditions imposed.

3.14 In some cases it may be obvious that, following a short period of suspension, there will be no value in a review hearing. However, in most cases where a suspension is imposed the Committee will need to be reassured that the registrant is fit to resume practice either unrestricted or with conditions.

3.15 The Committee will also need to satisfy itself that the registrant:
• has fully appreciated the seriousness of the relevant breach or breaches,
• has not committed any further breaches of the GPhC’s standards of conduct, ethics and performance.

3.16 If it was not confirmed at the original hearing the Committee (at a Review Hearing) should, particularly in cases of a sexual nature, or that involve children or vulnerable adults, check whether the registrant is on any of the barred lists. If they are, the Committee should consider the implications of this on the review hearing (e.g. confidentiality of information).

3.17 When the Committee is removing a suspension order and imposing conditions on the registrant’s registration instead, or allowing the registrant to return to unrestricted practice, the determination should explain why the public will not be placed at risk by this decision.

Review of conditions

3.18 If the Committee is reviewing a Registrant’s conditions, the determination should deal with whether, and how, the registrant has complied with the conditions. If the Committee decides that there has been a failure to comply, it must make specific findings. These must explain which conditions have not been complied with, in what way, and on what evidence the Committee has based that decision.

3.19 When a registrant’s entry in the register is conditional upon that person complying with requirements the Committee may:\n• extend the period for complying with the requirements for up to 3 years, starting from the time when the earlier period would have ended,
• add to, remove or vary the requirements,
• suspend the entry, for up to 12 months,
• remove the entry from the register.

3.20 In most cases when conditions have been imposed the Committee will need to be reassured that the registrant is fit to resume unrestricted practice, or to practise with other conditions or further conditions.

21 Pharmacy Order 2010 Article 54(3)(b)
3.21 The GPhC will monitor any conditions imposed on registration. This may mean the Committee does not need to ask for an early review of the case. If the GPhC then discovers any breach of or failure to keep to the conditions a review hearing should take place. This is so that the Committee can decide whether to continue, modify or end the conditions and impose a different sanction.
Part B: Guidance on sanction

This part sets out the GPhC’s guidance on what sanctions are and what issues or factors a Committee should consider before deciding on what sanction to apply. This guidance is not intended to interfere with the Committee’s powers to impose whatever sanctions it decides in individual cases. Committee members must use their own judgment when deciding on the sanctions to impose. They must also make sure that any sanction is appropriate, based on the individual facts of the case. In deciding on the appropriate sanction the Committee must have regard to this guidance. If a Committee chooses not to follow the guidance, it should explain why it has done this in its reasons for choosing the sanction.

4. Available sanctions

4.1 The Committee has powers to impose a sanction whether it decides that a registrant’s fitness to practise is impaired or not. Some sanctions are, however, only available once a finding of impairment of fitness to practise is made. The tables below set out the available sanctions.

4.2 Fitness to practise sanctions are used to protect patients and the wider public interest. They are not used to punish registrants. Whilst the effect some sanctions have, for example a suspension or removal, could be punitive, a sanction must not be imposed to punish a registrant.

4.3 Committees must ensure that the decision on sanction is fully understood. The Committee chair should carefully explain, in clear and direct language which leaves no room for misunderstanding or ambiguity:
   - what sanction, if any, the Committee has imposed,
   - the reasons for the sanction, and
   - the consequences for the registrant.

Registrants

4.4 A Committee may apply any of the sanctions set out below.

<table>
<thead>
<tr>
<th>Sanction</th>
<th>Impact on registration</th>
<th>Applicable circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take no action</td>
<td>No action will be taken, the case will be closed and no record of the case will be</td>
<td>May apply even when impairment is found but there is no risk or need for a sanction to be imposed.</td>
</tr>
<tr>
<td></td>
<td>recorded on the Register.</td>
<td></td>
</tr>
<tr>
<td>Warning[23]</td>
<td>The Committee gives a warning to the registrant. The details of this warning.</td>
<td>There is a need to demonstrate to a registrant, and more widely to the profession and the public, that the</td>
</tr>
</tbody>
</table>

[22] CRHP -v- (1) GMC (2) Leeper [2004]

[23] See the Publication & Disclosure policy for details of recording sanctions on the register.
### Conditions

Conditions place certain restrictions on registrant’s registration for the period specified by the Committee (up to three years). The details of these conditions will be recorded in the Register.

When there is evidence of poor performance, or significant shortcomings in a registrant’s practice, but the Committee is satisfied that the registrant may respond positively to retraining and supervision. There is not a significant risk posed to the public, and it is safe for them to return to practice but with restrictions.

### Suspension

A suspension prevents a registrant from practising for a specific period specified by the Committee (up to 12 months). The details of the suspension will be recorded in the Register.

Applicable if the Committee considers that a warning or conditions are insufficient to deal with any risk to patient safety or to protect the public, or would undermine public confidence. Required when public confidence in the profession demands no lesser sanction.

### Removal

The registrant’s entry in the GPhC register will be removed and they will no longer be able to work as a pharmacy professional in Great Britain.

Removing a registrant’s registration is reserved for the most serious conduct. The Committee cannot impose this sanction in cases which relate solely to the registrant’s health. The Committee should consider this sanction when the registrant’s behaviour is fundamentally incompatible with being a registered professional.

### Warning or advice

To the registrant about any matter it considers necessary or desirable, taking into account the Committee’s findings, and

Applicable when the concerns do not amount to an impairment of fitness to practise but are serious enough to need a formal response. The Committee should explain why a

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24 Sanctions are placed on the register for a period of time as set out in our Publication & Disclosure policy http://www.pharmacyregulation.org/sites/default/files/gphc_publication_and_disclosure_policy_vseptember_2014.pdf

25 Drawn from the published conditions bank

26 no application for restoration may be made for 5 years

27 when there is no finding of impairment
4.5 The Committee may also give advice to any other person or other body involved in the investigation of the allegation on any issue arising from, or related to, the allegation.

4.6 If the registrant is entered in more than one part of the register, the Committee must produce a separate, written determination for each part of the register. The Committee may impose one sanction for all parts of the register, or different sanctions for different parts of the register.

Health cases

4.7 If the Committee decides that a registrant’s fitness to practise is impaired solely because of physical or mental ill-health, it cannot direct that the registrant be removed from the register.

Corporate bodies

4.8 The Committee also has the power, under section 80 of the Medicines Act 1968, to deal with ‘disqualification allegations’ made against a corporate body that carries on a retail pharmacy business. The Committee may direct that:
- a corporate body should be disqualified for the purposes of Part IV of the Medicines Act 1968,
- a ‘representative’ of the corporate body should be disqualified as being a representative for the purposes of Part IV of the Medicines Act 1968,
- the registrar should remove from the register of premises some or all of the premises at which the corporate body carries on retail pharmacy,
- the registrar should remove from the register of premises, for a limited period, some or all of the premises at which the corporate body carries on retail pharmacy.

Bringing a prosecution

4.9 If the Committee believes that the GPhC should consider using its powers to bring criminal proceedings it must notify the registrar of this.

5. Deciding on sanction

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28 Whether or not impairment is found
29 Pharmacy Order 2010 Article 54(5)
30 Pharmacy Order 2010 Article 54(7)
31 Under section 80 Medicines Act 1968
32 See section 80(3) of the Medicines Act 1968
33 http://www.pharmacyregulation.org/sites/default/files/Prosecution%20Policy%2C%2010-11-2011_0.pdf
5.1 When making its decision, the Committee should consider the full range of sanctions it can impose. It should use its discretion and decide on a sanction that is proportionate, fair and reasonable. By ‘proportionate’ we mean that a sanction should be no more severe than it needs to be to achieve its aims\(^{34}\).

**Key factors to consider**

5.2 Arriving at the appropriate outcome is important for public confidence and fairness to the registrant. In deciding on the most appropriate sanction, if any, to impose, the Committee should consider:

- the extent to which the registrant has breached the standards of conduct, ethics and performance published by the GPhC,
- the interests of the registrant, weighed against the public interest,
- the personal circumstances of the registrant and any mitigation they have offered,
- any testimonials and character references given in support of the registrant,
- any relevant factors that may aggravate the registrant’s conduct in the case,
- any statement of views provided to the Committee by a patient or any person affected by the conduct of the registrant,
- any submissions made to the Committee by both the GPhC’s representative and the registrant or his/her representative,
- the contents of this guidance.

5.3 To make sure that the sanction is proportionate, the Committee should normally consider each available sanction starting at the lowest and assess if it is appropriate to the case. If it is not, the Committee should consider the next sanction, and so on, until it decides that a particular sanction is appropriate\(^{35}\).

5.4 The Committee should also consider the sanction immediately above the one it has decided to impose and give reasons why the more severe sanction is not appropriate and proportionate.

5.5 The term of a suspension can be up to 12 months. The specific period should be considered against the facts of the case, and be proportionate and is a matter for the Committee’s discretion, depending on the gravity of the particular case. However, a Committee must provide reasons for the period of suspension chosen, including the factors that led them to conclude that the particular period of suspension, whether the maximum available or a shorter period, was appropriate.

**The public interest**

\(^{34}\) Chaudhury v General Medical Council [2002] UKPC 41 – at paragraph 21
\(^{35}\) Chaudhury v General Medical Council [2002] UKPC 41 – at paragraph 21
5.6 In reaching a decision on sanction, the Committee must give appropriate weight to the wider public interest, which in the context of a fitness to practise hearing is threefold:

- protection of the public;
- the maintenance of public confidence in the profession; and
- the maintenance of proper standards of behaviour.

5.7 The Committee, although it should consider the effect any sanction has on a registrant, is entitled to give greater weight to the public interest, and the need to maintain public confidence in the profession, than to the consequences for the registrant.

5.8 Even if a sanction will have a punitive effect, it may still be appropriate if its purpose is to achieve one or more of the three outcomes listed in 4.2.

5.9 Mr. Justice Newman, in R v GMC, described indicative sanctions guidance and the public interest in the following terms: “Those are very useful guidelines and they form a framework which enables any tribunal, including this court, to focus its attention on the relevant issues. But one has to come back to the essential exercise which the law now requires in what lies behind the purpose of sanctions, which, as I have already pointed out, is not to be punitive but to protect the public interest; public interest is a label which gives rise to separate areas of consideration.”

Relevant mitigating and aggravating factors

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36 CHRE v Nursing and Midwifery Council (Grant)
37 Mairnovich v General Medical Council [2002] UKPC36
38 Bolton v The Law Society [1994] 2 All ER 286
39 Laws LJ in Rashid and Fatnani v GMC [2007] 1 WLR 1460
40 R (on the application of Abrahaem) v GMC [2004]
5.10 When Committees make decisions about a pharmacist or pharmacy technician’s fitness to practise and the appropriate sanction, they must assure themselves that they have been presented with the evidence that is needed to make a fair and proportionate decision. They must take into account the context of a case, by which we mean the circumstances in which the incident took place and what has happened since the allegation. This includes considering any aggravating and mitigating factors, depending on the individual circumstances of each case while bearing in mind the primary principle of public protection.

5.11 Aggravating factors are the circumstances of the case that make what happened more serious. Mitigating factors are the opposite of this. Both are illustrated through circumstances, behaviours, attitudes and actions. Whether a factor is a mitigating or aggravating is entirely a matter for the Committee to determine. In each case, the Committee must consider both mitigating and aggravating features as set out in the evidence they have considered.

Circumstances

5.12 The circumstances in which the allegation in question took place may include important factors. The Committee may want to consider, for example whether the incident was a one off or repeated incident, the location the incident took place in and if there is relevant history of fitness to practise concerns. They should consider if it involved an abuse or breach of trust, whether it involved an abuse by the registrant of his or her professional position or if there was any financial gain on the part of the registrant. Other factors might include if the registrant was under the influence of alcohol or drugs or there was harm or risk of harm to a patient or another may also be considered if present.

Behaviour and attitude

5.13 Evidence of the registrant’s behaviour and attitude before, during and after the incident in question and before, during and after proceedings are also important. The Committee may want to consider whether the registrant has shown any remorse, has demonstrated insight or set out to remedy the incident, including by offering an apology. Their conduct following the incident in question might also be considered (including during the hearing and general proceedings) as it could have a bearing on the outcome.

Actions

5.14 The registrant’s actions are important elements for the Committee to consider when deciding on sanction. Factors the Committee may want to consider include whether the conduct was pre-meditated or spontaneous.
6. Further guidance on particular areas

6.1 There are certain case types that occur frequently in fitness to practise that are not straightforward when deciding what sanction to apply. We believe further guidance that includes relevant case law, legal principles and the GPhC view on particular areas will help to ensure proportionate and consistent decision-making. This is intended as an aid to Committee decision-making.

Sexual misconduct

6.2 Sexual misconduct, in whatever circumstances it may occur, undermines public trust in the profession, has a significant impact on the reputation of pharmacy professionals and in certain circumstances can present a significant and immediate risk to patient safety. It covers a wide range of behaviours, including sexual harassment, sexual assault, unnecessary or non-consensual physical examination of patients and serious sexual offences which lead to criminal convictions.

6.3 The GPhC believes that some acts of sexual misconduct will be incompatible with continued registration as a pharmacist or pharmacy technician. Removal is the most appropriate sanction in such circumstances unless there are clear, evidenced mitigating factors that indicate that such a sanction is not appropriate. The misconduct is particularly serious where:

- there is a conviction for a serious sexual offence,
- there is an abuse of the special position of trust that a Registrant occupies,
- it involves a child (including accessing, viewing, or other involvement in images of child sexual abuse) or vulnerable adult, or
- the Registrant has been required to register as a sex offender or has been included on a barred list.

6.4 This is not an exhaustive list but its purpose is to illustrate that in cases of this nature, given the risk to patients, removal from the register is likely to be the most proportionate and most appropriate sanction. If Committees decide to impose a sanction other than removal they should explain fully the reasons why they made such a determination so that it can be understood by those who have not heard all of the evidence in the case.

6.5 The misconduct can take place in many settings, both in a private setting with family members or in a social context and in the course of one’s profession with patients and colleagues. It is therefore important the Committee carefully considers each case on its merits, and take decisions in the light of the particular circumstances of the case and the risk posed to patients and the public. To further inform decision-

41 CHRP v (1) GDC and (2) Mr Fleischmann
42 Disclosure & Barring Service or Disclosure Scotland scheme
43 Dr Haikel v GMC (Privy Council Appeal No. 69 of 2001)
making with regard to issues with patients the Committee should refer to the GPhC’s guidance on *maintaining clear sexual boundaries*.

6.6 If a registrant has committed an offence but is not included on a barred list, and the Committee is in any doubt over whether the registrant should return to work without any provisions to ensure public protection, the registrant should not be granted unrestricted registration. Committees do not need to make recommendations on whether a registrant should be referred to a barring authority as this will be considered by the GPhC.

6.7 Given the role of pharmacists and pharmacy technicians, and their proximity and regular contact with patients (including children and vulnerable adults), there is also the potential for inappropriate, but not sexual, relationships. The GPhC is of the view that Committees should take seriously predatory behaviour, or abuse of position, that results in inappropriate relationships with vulnerable patients, or colleagues. Committees should carefully consider the context of the relationship and vulnerability of those involved when deciding on a sanction.

**Dishonesty**

6.8 Regulators ensure that public confidence in the profession is maintained. This principle is long established and set out in law. There are some acts which, while not presenting a direct risk to the public, are so serious they undermine the confidence in the profession as a whole. The GPhC believes that dishonesty damages public confidence, and undermines the integrity of pharmacists and pharmacy technicians. However the GPhC is of the view that cases of dishonesty can be complex and Committees should carefully consider the context and circumstances in which the dishonesty occurred. Therefore, although serious, there should not be a presumption of removal in all cases involving dishonesty.

6.9 Some acts of dishonesty remain so serious that the Committee should consider removal as the only proportionate and appropriate sanction. This includes if the dishonesty happened when a registrant was carrying out their role as a pharmacy professional, intentionally defrauding the NHS or an employer, falsifying records, and dishonesty in clinical drug trials.

6.10 When deciding on the appropriate sanction in a case involving dishonesty the Committee must balance all the relevant issues, including any aggravating and mitigating factors, and put proper emphasis on the effect a finding of dishonesty has on public confidence in the profession.

6.11 The Committee should also have regard to the Ghosh Test. It is a two-part test. The first part is whether the Committee thinks what the Registrant did was dishonest in

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45 *R v Ghosh* [1982] 3 WLR 110
the eyes of ordinary people. If not then no dishonesty occurred. If the Committee believe the answer is yes, it was a dishonest act, they have to apply the second part of the test. Did the Registrant realise ordinary people would regard what he or she did as dishonest? The second part of the test is not what the defendant personally thought, according to his own criteria, but whether he or she realised what ordinary people thought.

6.12 It is important to understand the context in which the dishonest act took place and make a decision considering the key factors. For example, in Brennan v Health Professions Council the court accepted that the dishonesty had occurred, but that it took place in unusual circumstances - no one was harmed and the actions of the registrant had been on the instructions of a manager.

**Duty of candour**

6.13 Openness and honesty when things go wrong is an essential duty for all pharmacists and pharmacy technicians. The GPhC believes it is important that there is an environment and culture in pharmacy where pharmacy owners, superintendent pharmacists, pharmacists and pharmacy technicians are open and honest with patients and the public when things go wrong (either through one’s own conduct or through the conduct of others) and can raise concerns with employers. Our published standards of conduct, ethics and performance say registrants must respond honestly, openly and politely to complaints and criticism.

6.14 Registrants are expected to be open and honest with everyone involved in patient care. Committees should therefore see registrants’ candid explanations, expressions of empathy and apologies as positive steps before, and during, a hearing. However, these will not amount to an admission of liability by the registrant. So, unless there is evidence to prove otherwise, the Committee should not treat them as such.

6.15 The joint statement on candour clearly sets out the importance of this issue\(^46\). Therefore, the GPhC’s view is that Committees should take very seriously a finding that a pharmacy professional took deliberate steps to avoid being candid with a patient, or with anyone involved in a patient’s care, or to prevent someone else from being candid and must consider sanctions at the upper end of the scale when dealing with cases of this nature.

**Raising concerns**

6.16 The GPhC believes that it is the individual decisions of pharmacy professionals which make the most significant and positive contribution to quality improvements in pharmacy and managing risks to patients. It is evident that failing to raise concerns can lead to failures in healthcare and present significant risk to patients.

\(^46\)http://www.pharmacyregulation.org/sites/default/files/joint_statement_on_the_professional_duty_of_candour.pdf
6.17 Therefore, pharmacists and pharmacy technicians must act to prevent problems occurring in the first place. It is important that an environment and culture exists in pharmacy where individuals are supported in raising concerns about standards of care and risks to patient safety. This is already reflected in the standards of conduct, ethics and performance and standards for registered pharmacies.

6.18 The GPhC believes that Committees should take very seriously a finding that a pharmacist or pharmacy technician did not raise concerns where patient safety is at risk and must consider sanctions at the upper end of the scale when cases involve a failure to raise concerns and, in the most serious cases, remove pharmacists and pharmacy technicians from the register to maintain public confidence.

6.19 Our guidance on raising concerns\(^4^7\) explains the importance of raising concerns and the steps that a pharmacy professional will need to consider taking when raising a concern.

\(^{47}\)http://www.pharmacyregulation.org/sites/default/files/GPHC%20Guidance%20on%20raising%20concerns.pdf
More information

If you would like copies of this document in other formats or in Welsh, please contact our communications team at the address below.

If you have questions or comments about the content of this guidance, please contact our Standards Team:

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ

Phone: 0203 713 8000

Email: standards@pharmacyregulation.org
Hearings and sanctions guidance

A consultation on guidance for use by those involved, or with an interest, in a fitness to practise hearing

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Appendix A: Draft hearings and sanctions guidance

Box:

Please return your responses by ** March 2015. This consultation is available online (insert link)
About this consultation

The General Pharmaceutical Council (GPhC) is consulting on draft *Hearings & Sanctions Guidance* for use by those involved, or with an interest, in a fitness to practise (FtP) hearing. This consultation forms the second stage in our review of our current indicative sanctions guidance - the primary document fitness to practise (FtP) committees use to guide their decision-making.

The indicative sanctions guidance was first produced in May 2011. It is still available on the GPhC’s website here and will remain in force until this consultation is complete and the Hearings and Sanctions Guidance as it will be known as from that point onwards, has been agreed by Council and published.

On 20 November 2014 we published a discussion paper, *Supporting decision-making in hearings*, which sought views on a range of issues that our FtP committees face during hearings, including sexual misconduct, dishonesty, raising concerns and the duty of candour. It also set out a new approach to considering mitigating and aggravating factors at a hearing. The feedback received from stakeholders through this discussion paper has been invaluable in shaping specific parts of this consultation.

We want to use this consultation to gain views on the entire guidance, its structure, tone and content. We have included questions on some of the specific areas on which we seek feedback. Your answers are really important and will help us to develop and inform our final guidance.

More information about how to respond to this consultation can be found on page x.

**The deadline for responding to this consultation is *******.**
About the GPhC

We are the regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It is our role to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmacy services in England, Scotland and Wales. Our principal functions include:

- Approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- Maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
- Setting standards for conduct, ethics and performance, proficiency, education and training, and continuing professional development (CPD);
- Establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- Establishing FtP requirements, monitoring pharmacy professionals' FtP and dealing fairly and proportionately with complaints and concerns.

An important part of our role is dealing with the small numbers of pharmacists and pharmacy technicians who fall short of the standards that the public can reasonably expect from healthcare professionals.
Why are we reviewing the Indicative Sanctions Guidance?

When pharmacists or pharmacy technicians fall short of expected standards, their fitness to practise may be called into question. Answering that question can result in referral to the GPhC, an investigation, and potentially a hearing before an independent FTP committee.

FTP committees reach their own conclusions about the evidence they hear. However, it is important that the decisions they make uphold confidence in the pharmacy profession, protect the public and maintain and uphold professional standards.

The decisions made by the independent committees and the sanctions they impose need to accurately reflect established case law. Crucially, they need to support decision-making which protects the public and ensures the public retain confidence in the professions we regulate.

Guidance exists to support FtP committee members when reaching a decision or determination during an FtP hearing.

Responsibility for producing this guidance previously sat with the FtP committee itself. However, the introduction of the Amendment of Miscellaneous Provisions Rules in December 2012 meant that responsibility for agreeing the content of ‘decision-making guidance’ used at an FtP hearing was transferred to the GPhC.

We are now reviewing the current version of the guidance which was produced in 2011. We want to make sure that it takes account of legal and regulatory changes, as well as being fit for purpose, accessible to all, and is a basis for fair and proportionate decisions at a hearing.

The revised guidance should improve consistency, lead to greater transparency and enhance the quality of committee decisions about sanctions. This will be to the benefit of everyone involved in, and affected by the process, and will lead to enhanced public protection.

It is important to emphasise that the GPhC is independent of its FtP committees. It is also important to stress that although this guidance will be used by the committees, they do not have an obligation to follow it. The guidance is not designed to affect their ability to make independent decisions.

The review so far

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1 http://www.legislation.gov.uk/uksi/2012/3171/made
Since the start of the review we have undertaken a range of engagement activities with stakeholders, including FtP committees, other healthcare regulators, pharmacy organisations and patient representatives, to inform the development of the draft guidance.

Directly informed by feedback from these groups and individuals we launched a discussion paper in November on specific areas including sexual misconduct and dishonesty. Views from this discussion exercise have informed this draft guidance and we have set out the key findings below.

The discussion paper was open for comment for a period of six weeks, from 20 November until 31 December 2014. The purpose of this exercise was to test our governing council’s thinking on specific areas that arose during discussions on the indicative sanctions guidance review. We carried out additional engagement with committee chairs and several stakeholders including GPhC advocates. We considered outcomes from this engagement when establishing the content of the draft guidance. We received a total of 26 responses to the discussion paper. This included three responses from UK-wide pharmacy bodies (APTUK, PDA, Pharmacy Voice), one from a patient representative organisation (AVmA) and one from a law firm (BLM).

The issues raised from these engagement exercises are set out below.

There was strong support from those responding to the discussion paper for the council’s thinking across the key areas of sexual misconduct, dishonesty, duty of candour, raising concerns and a revised approach to mitigating and aggravating factors. However, some uncertainty about the approach to duty of candour and raising concerns was evident as respondents queried the role of non-pharmacists in such events and the wider work required to ensure pharmacy professionals can be confident in being candid and raising concerns.

Challenges to the proposals we put forward in the discussion paper mainly focused on our approach to cases of sexual misconduct and the need to consider the context of cases when deciding on a sanction. We have carried this through to the draft guidance and revised our proposals so that committees will consider carefully the circumstances of each case but recognise that there are certain cases when removal will most likely be appropriate.

There were strong arguments for and against moving away from lists of mitigating and aggravating factors. On balance, we decided to revise our approach and include more detail than originally intended in this section. Therefore, rather than having a general description of mitigation and aggravation, we propose including in the draft guidance examples of generic factors for the committee to consider. This should also assist registrants and defence groups in assessing the relevant factors to highlight in any given case.

2 Detail of all responses are available on request
We held focus groups in England, Scotland and Wales, to test the council’s thinking with patients and the public. The focus groups considered each of the areas set out in the discussion paper. The results of the discussion were consistent across the three events. Participants raised the following points:

- agreed that instances of failure to raise concerns or be candid should attract sanctions at the upper end of the scale
- felt strongly that context is very important when considering cases of dishonesty
- held a range of views on sexual misconduct regarding the actual act involved and indicated a varying scale of activities that can present a risk to patient safety
- had some difficulty in deciding sanction on occasions as a gap between warnings to suspension was evident and in certain circumstances conditions are not applicable
- highlighted the importance of mitigating/aggravating factors such as remorse, concealment, persistent offending
- felt that small instances of dishonesty, if not addressed, can lead to more significant events
- felt that in general, issues that occur in private life should not impact professional life
Summary of main changes

We are proposing to replace what is currently known as ‘indicative sanctions guidance’ with what will be known as ‘hearings and sanctions guidance’. The name change will better reflect its content and structure.

This revised guidance, included in the appendix, differs significantly in language and structure from the current guidance. However, it retains the key principles and relevant information, included in the current version, which are essential when a committee decides on a sanction. We intend the guidance to be accessible and understandable for all stakeholders and participants that are involved in FtP proceedings.

The guidance provides detail on process and useful context which will help to show how a committee reaches a decision. It also includes specific sanctions guidance for committees to use when making a decision about what sanction to apply.

The draft revised document is set out in three parts to reflect the sequence of a hearing from start to finish and sets out the key considerations and actions at each stage. It also includes some specific guidance on particular areas where the council believes that this is required. Key changes include:

- a significantly revised structure and tone to ensure the guidance is more accessible to a wider audience, particularly all those involved in the hearings process
- more context for each section to make it easier for a wider range of audiences to understand the process
- greater clarity on the process of reaching decisions, including the principles guiding the decisions and relevant case law.
- inclusion of the council’s view on sexual misconduct, dishonesty, duty of candour and raising concerns, to assist committee decision-making.
- Inclusion of a framework for decision-making which is focused on the overarching objective to protect the public, in place of the current exhaustive list of aggravating and mitigating factors for committees to consider, which will not be included
Questions for consultation

In this review, we particularly want to hear from patients and members of the public, pharmacists and pharmacy technicians, as well as representative groups and committee members themselves.

The structure, content and target audience of the proposed guidance have changed significantly from the original version.

1. Do you think the title *Hearings and sanctions guidance* clearly reflects the content and purpose of the document? If not, what would make it clear?

2. Do you think the structure and tone of the document is clear and accessible to a wide range of stakeholders? Please let us know of any area(s) that is/are not accessible, or if there is any area that can be improved.

3. Do you think that the guidance is useful in helping you to understand what sanctions are available and how the FtP committee decides what sanction to apply? Please let us know if there are any improvements that can be made.

Our revised draft is set out in two parts covering the process of a hearing, how a committee reaches a decision, and what a committee will consider when reaching a decision.

4. Do you think Part A: ‘Hearings and the decision-making process’ clearly sets out the process and what we mean by hearings? Do you have any views on how this section could be improved?

5. Do you think the part B: ‘Sanctions guidance’ gives clear guidance to help committees decide which sanction would be appropriate in a given case? Do you have any views on how this section could be improved?

The section called ‘Relevant mitigating and aggravating factors’ replaces the current lists of mitigating and aggravating factors. It is intended to assist the committee in making decisions by encouraging independent and unrestricted thinking when considering the key factors present in each case.

6. Do you think that this is an appropriate approach? Will it ensure the committee applies the appropriate and proportionate sanction?

We have identified certain areas where we believe committees require further guidance when considering particular types of case. The current document only provides specific guidance on sexual misconduct. We propose to strengthen this section, and to add three further areas of specific guidance. The full suite will include:
• dishonesty
• sexual misconduct
• the duty of candour
• raising concerns

7. Do you think each section provides sufficient guidance for committees to make decisions on cases of these types? Is there any additional guidance or information that you think may be required in any of these areas?

8. Do you have any additional comments on the draft guidance?
How to give us your comments

You can respond to the consultation in a number of ways:

- email GPhCconsultations@pharmacyregulation.org
- go to (insert www.pharmacyregulation.org/ xxxxxx) and respond online
- write to:

Hearings sanctions guidance consultation
Standards and Advisory Team
General Pharmaceutical Council
25 Canada Square
London
E14 5LQ

Telephone 0203 713 8000

Other formats

There is a Welsh Language version of this consultation document available at (JR drafting note: insert www.pharmacyregulation.org/ xxxxxx).

This information can be made available in alternative formats or languages. To request an alternative format please email us at consultations@pharmacy.regulation or call 020 XXX XXXX

How to get involved

We will be hosting a number of meetings and events as part of this consultation. If you are holding a meeting or event and would like us to come and talk about these proposals, please contact us at GPhCconsultations@pharmacyregulation.org or call us at 0203 713 XXXX

We will be publishing updates on the consultation on our website, in our registrant bulletin, Regulate and in our e-bulletin. You can also follow the progress of the consultation via Twitter, LinkedIn and Facebook.

(JR drafting note: box)

The consultation ends on ** March 2015.

Next steps
We will reflect on your responses and produce a report based on those responses. We will use the feedback from this consultation to inform the final guidance which will be published in the spring of 2015.
Appendix A: Draft hearings and sanctions guidance

<insert agreed guidance document>
Council meeting 5 February 2015

Public business

Performance Monitoring Report

Purpose
To report to Council on operational and financial performance.

Recommendations
The Council is asked to note and comment on the performance information presented at Appendix 1

1. Introduction
1.1 This paper reports on operational and financial performance to the end of November 2014.
1.2 The sections below provide an executive summary of key areas to note within the report.

2. Registration
2.1 Registrations of new Pharmacists and Pharmacy Technicians remain broadly in line with the budgeted numbers for 2014/15. In November we registered approximately 150 fewer pharmacists than expected due to the lower registration assessment pass mark.
2.2 The service target to answer 80% of calls within 20 seconds was missed in October, annual peak period, with 7,699 calls received. CPD compliance fell just outside of the 95% target, with a score of 94.4%.

3. Fitness to Practise (FtP)
3.1 In this reporting period we have introduced the five performance measures agreed by Council at its previous meeting. Currently, these do not include a performance standard. This reflects the efforts that are being made to close the cases over 12 months old which are skewing the current performance.
3.2 Once the case mix is more representative of the GPhC’s normal operating position, then the expected standards will be applied to the performance measures.

4. Inspection

4.1 The number of inspections undertaken increased in October and stabilised in November.

4.2 The improvement is encouraging but the number of visits remains below target. We continue to monitor and manage the age profile of those pharmacies not inspected within the previous 36 months.

5. Human Resources

5.1 Overall staffing has increased to 210. The net growth has been in Inspection and Fitness to Practise and in Resources and Customer Services.

5.2 The overall stability rate is 75%, up from 67% two months ago. There has been no significant change in turnover.

6. Finance

6.1 The year-end outturn is forecast to show an overall deficit of £1.7K which is an improvement on the budget deficit of £2.6K.

7. Equality and diversity implications

7.1 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.

8. Communications

8.1 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.

9. Resource implications

9.1 Resource implications are addressed within the report.
10. Risk implications

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

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

11. Monitoring and review

Council will receive a performance monitoring report at each meeting providing an update of the delivery of the GPhC’s regulatory functions and finances.

Recommendations

The Council is asked to note and comment on the performance information presented at Appendix 1

_Duncan Rudkin, Chief Executive & Registrar_
_General Pharmaceutical Council_
duncan.rudkin@pharmacyregulation.org
tel 020 3713 7811

29 January 2015
Performance Monitoring Report

end November 2014
1. Customer Services

1.1 Registrations by Month

<table>
<thead>
<tr>
<th>Type</th>
<th>Nov 13</th>
<th>Dec 13</th>
<th>Jan 14</th>
<th>Feb 14</th>
<th>Mar 14</th>
<th>Apr 14</th>
<th>May 14</th>
<th>Jun 14</th>
<th>Jul 14</th>
<th>Aug 14</th>
<th>Sep 14</th>
<th>Oct 14</th>
<th>Nov 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>532</td>
<td>106</td>
<td>109</td>
<td>32</td>
<td>37</td>
<td>26</td>
<td>70</td>
<td>45</td>
<td>25</td>
<td>1758</td>
<td>553</td>
<td>108</td>
<td>367</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>190</td>
<td>104</td>
<td>86</td>
<td>64</td>
<td>50</td>
<td>195</td>
<td>38</td>
<td>77</td>
<td>55</td>
<td>134</td>
<td>193</td>
<td>143</td>
<td>134</td>
</tr>
<tr>
<td>Registered Pharmacies</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>55</td>
<td>0</td>
<td>30</td>
<td>17</td>
<td>34</td>
<td>28</td>
<td>25</td>
<td>31</td>
<td>36</td>
<td>41</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>51,040</td>
<td>51,463</td>
<td>-423</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>22,867</td>
<td>22,372</td>
<td>495</td>
</tr>
<tr>
<td>Registered Pharmacies</td>
<td>14,429</td>
<td>14,519</td>
<td>-90</td>
</tr>
</tbody>
</table>

Commentary 1: Registrations of new pharmacists and pharmacy technicians have been broadly in line with the budgeted numbers for 2014/15. As context, we have registered more pharmacists this year than last (but less than our forecast) and fewer Pharmacy Technicians than last year (but more than our forecast).

In November 2014 we registered about 150 fewer pharmacists than expected due to the lower registration assessment pass mark.

We have seen significant growth in pharmacy premises numbers over the last six months but have still registered fewer than we forecast in our budget.
1.3 Median application processing times for pharmacists - 28 days or less

<table>
<thead>
<tr>
<th>Median application processing times for pharmacists (days) 01/11/13 - 30/11/14</th>
<th>Median application processing times for pharmacy technicians (days) 01/11/13 - 30/11/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application receipt to approval</td>
<td>Application receipt to approval</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Application receipt to entry</td>
<td>Application receipt to entry</td>
</tr>
<tr>
<td>21</td>
<td>3</td>
</tr>
</tbody>
</table>

**Commentary 2:** Approval times for pharmacists have risen slightly during the peak period, but are generally consistent with previous periods. A few long approvals were waiting on additional information as applications had not been completed accurately. Every new pharmacist was registered on the day they were eligible to be registered on.
1.4 Contact Centre

<table>
<thead>
<tr>
<th></th>
<th></th>
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<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>Calls</td>
<td>4837</td>
<td>3102</td>
<td>4530</td>
<td>4347</td>
<td>4747</td>
<td>3896</td>
<td>4719</td>
<td>4476</td>
<td>6506</td>
<td>5792</td>
<td>6626</td>
<td>7699</td>
</tr>
<tr>
<td>%</td>
<td>92.0%</td>
<td>86.2%</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>77.8%</td>
<td>84.8%</td>
</tr>
</tbody>
</table>

<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>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email actioned &lt; 2 Days</td>
<td>Emails</td>
<td>1093</td>
<td>770</td>
<td>1022</td>
<td>1408</td>
<td>1223</td>
<td>1263</td>
<td>1553</td>
<td>1477</td>
<td>1475</td>
<td>1764</td>
<td>2425</td>
<td>2381</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.9%</td>
<td>100%</td>
<td>99.9%</td>
<td>99.8%</td>
<td>100%</td>
<td>91.4%</td>
<td>98.5%</td>
<td>100%</td>
<td>98.0%</td>
<td>97.8%</td>
</tr>
</tbody>
</table>

**Commentary 3:** The service target to answer 80% of calls within 20 seconds was missed in October. October is the annual peak period for calls with 7,699 calls received in October. Performance for written correspondence was well above the 90% target despite the GPhC receiving 2,381 emails in October, 62% more than in the previous October. The increase is ascribed to new contact channels being created, such as the myGPHCPharmacy portal.
1.5 Continuing Professional Development (CPD)

<table>
<thead>
<tr>
<th>CPD Activity</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrants asked to submit CPD</td>
<td>1905</td>
<td></td>
</tr>
<tr>
<td>Registrants were granted extensions</td>
<td>42</td>
<td>2.4%</td>
</tr>
<tr>
<td>Registrants subject to deadline</td>
<td>1863</td>
<td></td>
</tr>
<tr>
<td>Registrants submitted CPD by deadline</td>
<td>1758</td>
<td><strong>94.4%</strong></td>
</tr>
<tr>
<td>Registrants did not submit CPD by deadline</td>
<td>147</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

**Commentary 4:** CPD compliance fell just outside of the 95% target, with a score of 94.4%. All non-compliance generates remedial activities, notices of removal etc.

This CPD cohort was the 5th of a 5-year cycle, covering the remainder of Registrants.
2. **Fitness to Practise (FtP)**

2.1 **Fitness to Practise Performance Standards (activity October – November 2014)**

<table>
<thead>
<tr>
<th>2.11 All cases triaged during this period</th>
<th>255</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of which cases triaged within 3 days</td>
<td>249 (98%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.12 Of all cases opened at any time</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>All stream 1 cases closed</td>
<td>75</td>
</tr>
<tr>
<td>Of which closed within 3 months</td>
<td>74 (99%)</td>
</tr>
<tr>
<td>All stream 2 cases closed</td>
<td>48</td>
</tr>
<tr>
<td>Of which closed within 10 months</td>
<td>30 (63%)</td>
</tr>
<tr>
<td>All cases closed or referred at investigating committee (IC)</td>
<td>69</td>
</tr>
<tr>
<td>Of which reached IC within 12 months</td>
<td>20 (29%)</td>
</tr>
<tr>
<td>All fitness to practise committee cases closed</td>
<td>15</td>
</tr>
<tr>
<td>Of which closed within 24 months</td>
<td>9 (60%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.13 Of those cases opened since 2 June 2014</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>All stream 1 cases closed</td>
<td>74</td>
</tr>
<tr>
<td>Of which closed within 3 months</td>
<td>74 (100%)</td>
</tr>
<tr>
<td>All stream 2 cases closed</td>
<td>17</td>
</tr>
<tr>
<td>Of which closed within 10 months</td>
<td>-*</td>
</tr>
<tr>
<td>All cases closed or referred at investigating committee (IC)</td>
<td>2</td>
</tr>
<tr>
<td>Of which reached IC within 12 months</td>
<td>-*</td>
</tr>
<tr>
<td>All fitness to practise committee cases closed</td>
<td>0</td>
</tr>
<tr>
<td>Of which closed within 24 months</td>
<td>-*</td>
</tr>
</tbody>
</table>

**Commentary 5:** Over the last two months we have seen strong performance in terms of timeliness in both triaging cases and case closures at Stream 1. 63% of all the Stream 2 cases closed during this period were closed within 10 months. The number of cases reaching IC outside of 12 months was reasonably high this period, reflecting the planned focus on moving cases over 12 months old through the fitness to practise process, skewing as expected the normal age mix of cases closed at this stage of the process and for those cases closed at the final fitness to practise committee stage. Our continuing increase in Stream 2 productivity has seen a significant rise in the number of older cases being referred to IC within this reporting period, 63 cases in this report, compared to just 35 cases in the preceding 2 months.

* Performance percentages for these cases will be produced in future reports when the relevant time periods become applicable.
2.2 Case received and closed

Commentary 6: We continue to receive a higher volume of cases since this time last year; we received 120 cases in November.

Whilst this is lower than the average number of cases received in the preceding 6 months (135 cases per month), it is higher than the 12 month average of 113 cases.

We closed almost the same number of cases than we received in November, with a shortfall of 2 cases.
### 2.3 Case load age profile

<table>
<thead>
<tr>
<th>Age Profile</th>
<th>2013 November</th>
<th>January</th>
<th>March</th>
<th>May</th>
<th>July</th>
<th>September</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 6 Months Old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>249</td>
<td>255</td>
<td>274</td>
<td>281</td>
<td>307</td>
<td>300</td>
<td>320</td>
</tr>
<tr>
<td>%</td>
<td>46%</td>
<td>43%</td>
<td>43%</td>
<td>42%</td>
<td>47%</td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>6-12 Months Old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>147</td>
<td>164</td>
<td>180</td>
<td>190</td>
<td>155</td>
<td>134</td>
<td>128</td>
</tr>
<tr>
<td>%</td>
<td>27%</td>
<td>28%</td>
<td>29%</td>
<td>29%</td>
<td>24%</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>12-15 Months Old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>32</td>
<td>57</td>
<td>45</td>
<td>54</td>
<td>66</td>
<td>66</td>
<td>60</td>
</tr>
<tr>
<td>%</td>
<td>6%</td>
<td>10%</td>
<td>7%</td>
<td>8%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>15 Months Old and Over</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>119</td>
<td>120</td>
<td>132</td>
<td>141</td>
<td>129</td>
<td>130</td>
<td>132</td>
</tr>
<tr>
<td>%</td>
<td>22%</td>
<td>20%</td>
<td>21%</td>
<td>21%</td>
<td>20%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>547</td>
<td>596</td>
<td>631</td>
<td>666</td>
<td>657</td>
<td>630</td>
<td>640</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Commentary 7:** This table shows the age profile and total number of open cases and at each stage. Just under half of our cases are under 6 months old. The number of cases over 12 months old has decreased from 208 cases in the last Council report, to 193 cases in this reporting period.

Our continued focus on closing older cases and reducing the backlog has seen a significant drop in the number of over 12 month cases at investigating stage: 77 at the end of November compared to 108 in the last Council report.

The proportion of cases over 12 months represents 30.11% of our total caseload, down from 31.11% in the last report.
### 2.4 Cases over 15 months

<table>
<thead>
<tr>
<th>Age profile of cases</th>
<th>Nov-13</th>
<th></th>
<th></th>
<th>May-14</th>
<th></th>
<th></th>
<th>Nov-14</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of cases</td>
<td>%</td>
<td></td>
<td>Number of cases</td>
<td>%</td>
<td></td>
<td>Number of cases</td>
<td>%</td>
</tr>
<tr>
<td>&gt; 15 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19 months</td>
<td>49</td>
<td>41.18%</td>
<td></td>
<td>64</td>
<td>45.39%</td>
<td></td>
<td>64</td>
<td>48.12%</td>
</tr>
<tr>
<td>20-24 months</td>
<td>35</td>
<td>29.41%</td>
<td></td>
<td>37</td>
<td>26.24%</td>
<td></td>
<td>32</td>
<td>24.06%</td>
</tr>
<tr>
<td>25-29 months</td>
<td>19</td>
<td>15.97%</td>
<td></td>
<td>17</td>
<td>12.06%</td>
<td></td>
<td>16</td>
<td>12.03%</td>
</tr>
<tr>
<td>30-34 months</td>
<td>6</td>
<td>5.04%</td>
<td></td>
<td>13</td>
<td>9.22%</td>
<td></td>
<td>13</td>
<td>9.77%</td>
</tr>
<tr>
<td>35-39 months</td>
<td>5</td>
<td>4.20%</td>
<td></td>
<td>4</td>
<td>2.84%</td>
<td></td>
<td>3</td>
<td>2.26%</td>
</tr>
<tr>
<td>40-42 months</td>
<td>1</td>
<td>0.84%</td>
<td></td>
<td>5</td>
<td>3.55%</td>
<td></td>
<td>1</td>
<td>0.75%</td>
</tr>
<tr>
<td>43-50 months</td>
<td>2</td>
<td>1.68%</td>
<td></td>
<td>0%</td>
<td>0%</td>
<td></td>
<td>4</td>
<td>3.01%</td>
</tr>
<tr>
<td>&gt;50 Months</td>
<td>2</td>
<td>1.68%</td>
<td></td>
<td>1</td>
<td>0.71%</td>
<td></td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Commentary 8:** The total number of cases over 15 months old at the end of November had decreased since May. Despite a rise in the number of these cases, almost half (48%) were under 20 months old, this is an improvement compared to this time last year. Of all cases over 15 months old, the average case age is 22 months, while the median is 20 months. Our oldest case is 49 months old (up from 47 months in the last report).
2.5 Concerns by type

<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>866</td>
<td>61.12%</td>
</tr>
<tr>
<td>Misconduct(Professional Performance)</td>
<td>23</td>
<td>1.62%</td>
</tr>
<tr>
<td>Misconduct(Caution/Conviction)</td>
<td>16</td>
<td>1.13%</td>
</tr>
<tr>
<td>Caution/Conviction</td>
<td>56</td>
<td>3.95%</td>
</tr>
<tr>
<td>Health</td>
<td>25</td>
<td>1.76%</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>1.83%</td>
</tr>
<tr>
<td>Hybrid</td>
<td>15</td>
<td>1.06%</td>
</tr>
<tr>
<td>Misconduct(Health)</td>
<td>6</td>
<td>0.42%</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>381</td>
<td>26.89%</td>
</tr>
</tbody>
</table>

**Commentary 9:** Most of the cases we received continue to fall within the Misconduct category. 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.
2.6 Cases closed by stage

Commentary 10: The graph above shows the number of cases closed at each stage by month. We saw a notable increase in IC closures during the reporting period, 38 closures compared to 19 in the previous 2 months. Although stream 2 closures were lower this month, we closed or referred more cases than were allocated to this stage - this is reflected in the high number of closures at IC as well as the higher number of cases being referred to the FTPC.
2.7 DBS referrals

Commentary 11: One referral was made to the DBS by the GPhC in November 2014. This brings the total for the financial year to five. No referrals were made to Disclosure Scotland.

2.8 Appeals

Commentary 12: There were no appeals lodged in the period Oct 1st 2014 - Nov 30th 2014. Two appeals concluded in the same period with both appeals being dismissed by the High Court. One Judicial Review was concluded in the same period – the JR was dismissed by the Scottish Courts.

2.9 Interim Orders

Commentary 13: The chart below shows the number of interim orders issued per month over the last 12 months. Since November 2013 the GPhC made 39 Interim Order Applications, of these 38 were granted and 1 was declined.
3. Inspection

3.1 Inspections Undertaken October and November 2014

<table>
<thead>
<tr>
<th></th>
<th>Routine Inspections</th>
<th>Follow Up Inspections</th>
<th>Pre-registration visits (pharmacy premises)</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>266</td>
<td>7</td>
<td>37</td>
</tr>
<tr>
<td>November</td>
<td>266</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>Grand Total</td>
<td>532</td>
<td>21</td>
<td>58</td>
</tr>
</tbody>
</table>

Commentary 14: The number of inspections undertaken increased in October and stabilised in November. This followed training for inspectors on context and risks. It also reflects the continued performance management of individual inspectors.

The improvement is encouraging but the number of visits remains below target. We continue to monitor and manage the age profile of those pharmacies not inspected in the last three years. Any complaints received for these are being investigated and where appropriate we are increasing efficiency by carrying out an inspection at the same time. We are also beginning to implement MOUs with other regulators to help identify any pharmacies presenting a risk to patient safety.

3.2 Pharmacy premises not inspected

<table>
<thead>
<tr>
<th>Months since previous inspection</th>
<th>Number of Pharmacy Premises</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul-14</td>
</tr>
<tr>
<td>Between 37 and 39 months</td>
<td>649</td>
</tr>
<tr>
<td>Between 39 and 42 months</td>
<td>618</td>
</tr>
<tr>
<td>Between 42 and 48 months</td>
<td>215</td>
</tr>
<tr>
<td>Over 48 months</td>
<td>13</td>
</tr>
<tr>
<td>Up to 37 months</td>
<td>240</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,735</td>
</tr>
</tbody>
</table>
4. Organisational Complaints

4.1 Complaints by category

Complaints by category

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Staff conduct; complaints handling</th>
<th>MyGPhC Online Renewal</th>
<th>Registration</th>
<th>Accuracy of recorded info</th>
<th>Complaint Handling</th>
<th>Fees</th>
<th>Staff Conduct</th>
<th>Delays</th>
<th>Failure to respond</th>
<th>GPhC Standards</th>
<th>Other</th>
<th>Policy/Process</th>
<th>Quality of comms/info</th>
<th>Loss of information/documentation</th>
<th>Outcome/GPhC decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-Dec 2013</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Jan-Mar 2014</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr-Jun 2014</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Sep 2014</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct-Dec 2014</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Commentary 15: This reporting period includes the peak registration renewals. The majority of the policy/process complaints relate to registrants who have missed the renewal period and are complaining about being receiving notification of removal from the register. Renewal notifications for the peak period are sent out in August with reminders one month, one week and one day before the deadline for renewal, 31 October.
5. Human Resources

5.1 Staff Turnover

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Number of staff</th>
<th>Permanent</th>
<th>Fixed-Term</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Office</td>
<td>19</td>
<td>4</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Inspection and Fitness to Practise</td>
<td>80</td>
<td>2</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Policy &amp; Communications</td>
<td>28</td>
<td>5</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Resources &amp; Customer Services</td>
<td>65</td>
<td>7</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>192</strong></td>
<td><strong>18</strong></td>
<td><strong>210</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total permanent staff</th>
<th>Resignations</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>192</td>
<td>32</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

**Stability Rate:** 77.08%

Commentary 16: Overall staffing has increased to 210, up by 7 from the end of September. The net growth has been in Inspection and Fitness to Practise and in Resources and Customer Services. The overall stability rate is 75%, up from 67% two months ago. There has been no significant change in turnover.
5.2 Staff Sickness

Commentary 17: Sickness in October showed a small increase from October 2013. The reporting of sickness data has a small time lag and the low number for November 2014 is likely to rise which will be visible in the next reporting period.
6. Financial Performance

6.1 GPhC Balance Sheet as at 30 November 2014

<table>
<thead>
<tr>
<th></th>
<th>Nov 2014</th>
<th>Mar 2014</th>
<th>Nov 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>7,024</td>
<td>1,138</td>
<td>632</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(720)</td>
<td>(411)</td>
<td>(341)</td>
</tr>
<tr>
<td>Net Tangible Assets</td>
<td>6,303</td>
<td>727</td>
<td>291</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Debtors</td>
<td>58</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Other Debtors</td>
<td>635</td>
<td>267</td>
<td>773</td>
</tr>
<tr>
<td>Prepayments</td>
<td>558</td>
<td>718</td>
<td>386</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>40</td>
<td>124</td>
<td>268</td>
</tr>
<tr>
<td>Escrow Account</td>
<td>112</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bank &amp; Cash</td>
<td>30,772</td>
<td>29,667</td>
<td>34,189</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>34</td>
<td>822</td>
<td>129</td>
</tr>
<tr>
<td>Corporation Tax</td>
<td>99</td>
<td>75</td>
<td>96</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>241</td>
<td>200</td>
<td>204</td>
</tr>
<tr>
<td>Deferred Income :-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grants</td>
<td>992</td>
<td>1,295</td>
<td>1,210</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>17,430</td>
<td>12,483</td>
<td>17,335</td>
</tr>
<tr>
<td>- Other Income</td>
<td>6</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Accruals</td>
<td>1,001</td>
<td>746</td>
<td>765</td>
</tr>
<tr>
<td><strong>Net Current Assets / (Liabilities)</strong></td>
<td>19,886</td>
<td>15,713</td>
<td>19,826</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td>12,289</td>
<td>15,068</td>
<td>15,801</td>
</tr>
<tr>
<td>Gross</td>
<td>3,792</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: Rent Contributions</td>
<td>(113)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord Incentive</td>
<td>3,678</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>14,914</td>
<td>15,795</td>
<td>16,092</td>
</tr>
<tr>
<td><strong>Funds Employed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>(881)</td>
<td>1,153</td>
<td>1,463</td>
</tr>
<tr>
<td>Prior Year Adjustment</td>
<td></td>
<td>(13)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>14,914</td>
<td>15,795</td>
<td>16,092</td>
</tr>
</tbody>
</table>
## 6.2 Management Accounts November 2014

### Income

<table>
<thead>
<tr>
<th></th>
<th>November 2014</th>
<th>Actual vs Forecast Year to date</th>
<th>Actual vs Budget 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>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Pharmacist Income</td>
<td>1,064,354</td>
<td>1,087,616 (23,262)</td>
<td>8,461,749</td>
<td>8,468,176 (6,427)</td>
<td>8,461,749</td>
</tr>
<tr>
<td>Premises Income</td>
<td>273,774</td>
<td>270,648 3,126 (4,412)</td>
<td>2,272,267</td>
<td>2,262,412 9,855</td>
<td>2,272,267 2,263,022 9,245</td>
</tr>
<tr>
<td>Technician Income</td>
<td>218,940</td>
<td>215,130 3,810 (2,272,267)</td>
<td>1,744,827</td>
<td>1,735,527 9,300</td>
<td>1,744,827 1,699,972 48,855</td>
</tr>
<tr>
<td>Pre-Registration Income</td>
<td>36,978</td>
<td>35,500 1,478 (3,810)</td>
<td>878,224</td>
<td>877,539 685</td>
<td>878,224 874,913 3,311</td>
</tr>
<tr>
<td>Other Fee Income</td>
<td>9,863</td>
<td>14,275 (4,412) (9,854)</td>
<td>83,510</td>
<td>89,946 (6,432)</td>
<td>83,510 116,587 (33,078)</td>
</tr>
<tr>
<td>DH Grant Income</td>
<td>2,047</td>
<td>16,795 (14,742) (2,122,011)</td>
<td>302,278</td>
<td>331,702 61,743</td>
<td>302,278 2,201,689 21,704</td>
</tr>
<tr>
<td>Other Income</td>
<td>20,259</td>
<td>23,534 (3,275) (2,272,267)</td>
<td>194,568</td>
<td>190,872 3,696</td>
<td>194,568 151,779 42,799</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>1,626,214</strong></td>
<td><strong>1,663,497 (37,283)</strong></td>
<td><strong>13,937,422</strong></td>
<td><strong>13,956,169 (18,747)</strong></td>
<td><strong>13,937,422 13,595,248 342,174</strong></td>
</tr>
</tbody>
</table>

### Expenditure

<table>
<thead>
<tr>
<th></th>
<th>November 2014</th>
<th>Actual vs Forecast Year to date</th>
<th>Actual vs Budget 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>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>(100,539)</td>
<td>(154,153) 53,614 (150,539)</td>
<td>(889,921)</td>
<td>(958,536) 68,614</td>
<td>(889,921) (1,446,970) 557,048</td>
</tr>
<tr>
<td>Policy &amp; Communications</td>
<td>(258,042)</td>
<td>(319,626) 61,584 (319,626)</td>
<td>(2,060,269)</td>
<td>(2,122,011) 61,743</td>
<td>(2,060,269) 2,201,689 141,420</td>
</tr>
<tr>
<td>Council &amp; Governance</td>
<td>(62,118)</td>
<td>(64,681) 2,563 (64,681)</td>
<td>(480,850)</td>
<td>(486,882) 6,031</td>
<td>(480,850) 500,894 20,044</td>
</tr>
<tr>
<td><strong>Total Directorate Costs</strong></td>
<td><strong>1,590,811</strong></td>
<td><strong>1,734,570 (143,759)</strong></td>
<td><strong>13,054,578</strong></td>
<td><strong>13,227,917 173,338</strong></td>
<td><strong>13,054,578 13,546,847 492,269</strong></td>
</tr>
<tr>
<td>Rent</td>
<td>(111,060)</td>
<td>(110,084) (976) (110,084)</td>
<td>(974,283)</td>
<td>(974,693) (130)</td>
<td>(974,283) (1,077,711) 102,888</td>
</tr>
<tr>
<td>Contribution from Landlord</td>
<td>(90,752)</td>
<td>(36,191) (126,942) (90,752)</td>
<td>(113,123)</td>
<td>(240,065) (126,942)</td>
<td>(113,123) 0 113,123</td>
</tr>
<tr>
<td>Service Charge</td>
<td>(39,914)</td>
<td>(40,585) 671 (40,585)</td>
<td>(389,284)</td>
<td>(388,678) (606)</td>
<td>(389,284) (475,190) 85,906</td>
</tr>
<tr>
<td>Rates</td>
<td>(53,247)</td>
<td>(41,816) (11,431) (41,816)</td>
<td>(397,320)</td>
<td>(381,452) (15,868)</td>
<td>(397,320) (293,987) (103,334)</td>
</tr>
<tr>
<td>Utilities</td>
<td>(12,923)</td>
<td>(10,000) (2,923) (10,000)</td>
<td>(102,520)</td>
<td>(99,632) (2,888)</td>
<td>(102,520) (98,652) (3,868)</td>
</tr>
<tr>
<td>Insurance</td>
<td>(6,130)</td>
<td>(6,150) 20 (6,150)</td>
<td>(50,884)</td>
<td>(50,720) (85,906)</td>
<td>(50,884) (60,422) 9,537</td>
</tr>
<tr>
<td>Service Level Costs</td>
<td>(2,241)</td>
<td>(7,500) 5,259 (7,500)</td>
<td>(63,253)</td>
<td>(68,780) 5,527</td>
<td>(63,253) (60,000) (3,253)</td>
</tr>
<tr>
<td><strong>Total Occupancy Costs</strong></td>
<td><strong>316,267</strong></td>
<td><strong>179,945 (136,322)</strong></td>
<td><strong>1,864,962</strong></td>
<td><strong>1,723,889 (141,073)</strong></td>
<td><strong>1,864,962 2,065,961 200,999</strong></td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>1,907,078</strong></td>
<td><strong>1,914,515 (7,437)</strong></td>
<td><strong>14,199,541</strong></td>
<td><strong>14,951,806 (32,267)</strong></td>
<td><strong>14,199,541 15,612,808 693,269</strong></td>
</tr>
</tbody>
</table>

### Net Operating Surplus/(Deficit)

<table>
<thead>
<tr>
<th></th>
<th>November 2014</th>
<th>Actual vs Forecast Year to date</th>
<th>Actual vs Budget 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>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Net Operating Surplus</strong></td>
<td><strong>(266,888)</strong></td>
<td><strong>(237,018) (29,866)</strong></td>
<td><strong>881,147</strong></td>
<td><strong>898,566 17,419</strong></td>
<td><strong>881,147 1,909,420 1,028,273</strong></td>
</tr>
</tbody>
</table>

### Notes

- Actual vs Forecast Year to date
- Actual vs Budget Year to date
- Budget to 31/03/15
- Forecast to 31/03/15

---

*Performance monitoring report - end November 2014 Council 5 February 2015*

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Commentary 18:

Finance: November Data

Year to date: Employee costs continue to remain below budget. Expenditure on our IT over the year has been over budget as we seek to improve our IT capability and online facilities for registrants. This has necessitated the recruitment of specialists to drive forward the CRM system which goes live in February 2015, as well as improvements to data security, telephone systems, etc. As a result of these changes there are associated ongoing maintenance/licence costs. In the current year there have been some dual running costs of two sets of premises which have now ceased.

Year-End Forecast: The year-end outturn is forecast to show an overall deficit of £1.7K which is an improvement on the budget deficit of £2.6K. This has arisen as a result of the later than anticipated occupation of Canary Wharf which delivered an underspend on depreciation, rent rates, etc. Staff posts were budgeted for a full year and as a result of later joining dates salaries and other employee costs are £750K below budget. Income to date has been better than forecast and we are expecting to be approximately £200K ahead of budget.

Balance sheet
The value of fixed assets has increased now that we have capitalised the expenditure at Canary Wharf. Annual depreciation costs have also increased to reflect the investment. These are included within our Profit and Loss Statement. Cash levels are high reflecting the current peak in renewals.
7. **Accreditation Data**

7.1 **Accreditation/recognition activity October 2013 – September 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>interim practice</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>3</td>
</tr>
<tr>
<td>MPharm 2+2 degree:</td>
<td>reaccreditation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>accreditation</td>
<td>1</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>
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**Commentary 19**: The profile of activity above is fairly typical, and all accreditation activities have been conducted within the set timescales. A point of interest is that there are four planned OSPAP re-accreditations. Historically only one provider has run this course, so we are expecting competition from these institutions for the 100 non-EEA students, with possible ramifications in terms of sustainability, etc.
Public business

Unconfirmed minutes of the Audit and Risk Committee, 22 January 2015

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 22 January 2015 at 25 Canada Square, London E14 9LQ, at 2:00pm

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

Apologies
   Duncan Rudkin (Chief Executive and Registrar) (non-member)

In attendance
   Bernard Kelly (Director of Resources and Customer Services)
   Matthew Hayday (Head of Governance)
   Paula Woodward (Council Secretary)
   Hugh Simpson (Director of Policy and Communications)
   Jenny Brown (Grant Thornton)
   Luke Sanderson (Grant Thornton)
   Bill Mitchell (Moore Stephens)
   Sarah Hillary (Moore Stephens)

Public business

49. ATTENDANCE AND Introductory REMARKS
49.1. The Chair welcomed everyone to the meeting. Apologies were received from Duncan Rudkin (Chief Executive and Registrar).

50. Declarations of Interest
50.1. There were no declarations of interest.

51. Minutes of previous Meeting
51.1. The minutes of the meeting held on 15 October 2014 were agreed as a true record, subject to correction of the note of apologies.
52. **ACTIONS AND MATTERS ARISING**

52.1. **ACTION:** In relation to the updates on information governance and IT projects, the Committee asked that the following updates be reported to members via email as soon as possible:

   i. confirmation of the completion of the rollout of the VPN client and mobile device management;
   
   ii. confirmation of the assurances provided by third party suppliers as regards security of the systems and processes;
   
   iii. confirmation that the security checks includes online resources such as the website, Twitter account, etc.

52.2. The Committee also suggested that the scope of the organisation’s security checks should be reviewed to ensure that the full range of risks is included, both technological and human (such as via deception).

52.3. In relation to the action to send a letter to the Cabinet Office regarding the accounts direction, Matthew Hayday (MH) reported that the Privy Council Office had acknowledged the need to correct the direction and that the matter would be dealt with as soon as possible.

52.4. The Committee noted that the remaining actions were completed or on the agenda.

53. **ASSURANCE REVIEW: IMPACT OF LEGISLATIVE CHANGE**

53.1. Hugh Simpson introduced the item by drawing members’ attention to the key points set out in the presentation.

53.2. HS informed members that the move to more flexible roles across the organisation would help ensure that the GPhC was in a good position to manage the work stemming from legislative change as and when it arrived. However, it was clear that should the workload become excessive due to coinciding timescales for the work, the use of external resources, including legal advice, would be considered. MH reported that the possibility of such additional costs had been considered during the preparation of the budget for the forthcoming year.

53.3. During the discussion, HS advised that the use of external legal drafting is current GPhC practice for Rules. He also advised that resource planning covered legislation where the organisation can influence timing as well as government legislation which is broadly outside of our control.

53.4. **ACTION:** In relation to the implementation of the Falsified Medicines Directive, HS to email a note about the timings involved.

53.5. **ACTION:** HS to send the presentation to Council members.

53.6. The Committee noted the assurance review.
54. **ASSURANCE REVIEW: STRATEGIC COMMUNICATIONS PLAN**

54.1. HS gave a presentation to the Committee setting out the main points of the strategic communications plan that was in the final stages of development.

54.2. During the discussion, the Committee noted that while pharmacy was a trusted profession, the understanding of the capacity of pharmacy to do more was not well understood by other health and commissioning professionals. The GPhC’s role in developing that understanding would be to provide both public and professionals with assurance about the standards of pharmacy.

54.3. The Committee also noted that one of the main challenges of the organisation’s communications plan was to convey the key messages of the strategic plan, and to link those messages into the individual plans for specific projects and consultations.

54.4. The Committee commented that while the presentation provided a useful overview, it was important to ensure that the final plan incorporated the requirements of the various strategic risks for which communication with stakeholders was a key control.

54.5. The Committee noted that Council members, suitably briefed, may be able to assist with spreading the organisation’s key messages and that a more developed plan would be discussed by Council at a forthcoming workshop session.

54.6. The Committee noted the assurance review.

55. **EXTERNAL AUDIT PROGRAMME 2015**

55.1. Jenny Brown (JB) outlined the main points of the audit programme. Luke Sanderson (LS) summarised the reasoning behind the areas identified as reasonably possible risks which would be investigated during the audit.

55.2. The Committee approved the external audit programme 2015.

56. **INTERNAL AUDIT: Q3 2014/15 PERFORMANCE REPORT**

56.1. John Allsop (JA) summarised the latest updates set out in the paper.

56.2. During the discussion, the Committee noted that much of the work still to be completed had been allocated to quarter four. JA reported that those staff responsible for implementing those actions had assured him that the timings were realistic.

56.3. ACTION: JA to provide the Committee with an update on the actions relating to business continuity, including the reasons for the delay.

56.4. ACTION: Future editions of the report should set out clearly where a target date had been changed and the reasons for that change.

56.5. During the discussion, Bernard Kelly (BK) reported that the different deadline dates for the items relating to the new CRM system were associated with different stages of implementation.
56.6. Regarding the items relating to interim orders, MH reported that the case management tracking system now collected the data required to track and report on the length of time taken to request the orders from the point at which it was considered that an interim order was necessary. It was envisaged that this would be reported to Council in the near future.

56.7. The Committee noted the report.

57. INTERNAL AUDIT: UPDATE REPORT

57.1. Bill Mitchell (BM) drew members’ attention to the key points in the report. The Committee noted that the activities set out were consistent with that provided by the executive in the previous report (Q3 2014/15 performance report).

57.2. The Committee noted the report.

58. INTERNAL AUDIT REPORTS

58.1. The Committee welcomed the format of the reports produced by Moore Stephens.

Assurance map

58.2. During the discussion, the Committee noted that JA was leading a programme of training on risk assessment and management across the organisation as part of the plan to implement an updated and fully embedded approach to risk.

58.3. In relation to the assurance map, MH reported that the findings would inform a discussion on risk appetite at the committee’s May meeting.

58.4. The Committee noted that the assurance map set out the organisation’s risk framework but did not seek to provide assurance in detail on specific topics. That assurance would be provided by both internal audits and assurance reviews, in addition to oversight by the executive team.

Risk management

58.5. The Committee noted that while this was first of a two part audit, the findings provided a good level of assurance as to the development of the management of risk to date. A further audit would take place to review the full implementation of the new processes.

Estates move project

58.6. The Committee noted that the move had gone well overall and that the report provided a useful insight which could help improve the development of future projects, particularly the need to formally record and manage updates so that their impact on deadlines and budgets could be tracked.

58.7. The Committee noted the internal audit reports
59. **INTERNAL AUDIT PLAN 2015-16 UPDATE**

59.1. DP reminded the Committee that the internal audit plan was an updated version of that presented to the Committee in July 2014 when the three year internal audit strategy was approved.

59.2. The Committee approved the internal audit programme 2015/16.

60. **COMMITTEE BUSINESS SCHEDULE**

60.1. The Committee noted the business schedule.

61. **ANY OTHER BUSINESS**

61.1. There being no further business, the meeting moved into a confidential session at 4:20pm.

**DATE OF NEXT MEETING**

Thursday 28 May 2015 (starts at 2:00pm)
Council appointments progress report

Purpose
To provide a final report 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. the summary of common aspects of Council and associate appointments at appendix 1; and
iii. the structure and terms of reference of the selection panel for 2016 Council appointments at appendix 2.

1. Introduction and update
1.1 The Council received previous reports from the Council appointments working group in September and November 2014. This paper provides the final report and proposals from the group.
1.2 In November 2014, the Council agreed a process for Council reappointments. Following that meeting, comments were also received from the Professional Standards Authority (PSA) which resulted in some sections of the procedure being expanded for additional clarity. The procedure has now been signed off by the Chair of Council. The Council also agreed some modifications to the Council appraisal process and this the process has also been signed off by the Chair of Council.

2. Common aspects of Council and associate appointments
2.1 It was clear at an early stage that a number of aspects of the group’s work had relevance to the appointment processes for GPhC associates as well as
those for Council members. The group has not looked at processes for associates in any detail but has sought to draw out conclusions applying to both Council and associate appointments. It should be borne in mind that the recruitment of Council members is overseen by the PSA whereas the recruitment of associates is not.

2.2 A summary of common aspects of Council and associate appointments is at appendix one, for consideration by the Council.

3. Selection panel structure and terms of reference

3.1 It would be helpful to confirm the structure and terms of reference of the selection panel for the 2016 Council appointments at an early stage. This should allow for the panel members to be identified in good time so that the detailed arrangements for the appointments process can be put in place. These appointments would be of Council members but not a Chair of Council. There should be no requirement to appoint members living or working in Scotland or Wales on this occasion, although this would not preclude such appointments.

3.2 It is proposed that, as previously, the structure of the panel is approved by the Council. The names of the panel members would be reported to the Council subsequently, following approval by the Chair of Council.

3.3 In considering the desirable skills and experience for panel members, the group noted that the independent chair and assessor should bring an external perspective and be able to challenge the panel’s thinking as appropriate. An independent panel member should not be a registrant nor hold a position in any stakeholder representative body. Both the independent chair and assessor should have experience of that role and expertise in asking probing questions. They should also have a good understanding of the GPhC’s work and the skills required of a board member of a body with a public interest function. The PSA places significant weight on the report of the independent assessor when advising the Privy Council.

3.4 The proposed structure and terms of reference for the selection panel are at appendix two, for consideration by the Council.

4. Equality and diversity implications

4.1 The processes used in Council appointments should promote equality and be free from discrimination, harassment and victimisation. The working group has had regard for these principles in mind throughout its work.

5. Communications implications

5.1 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 2016 appointments process and will review it against these principles when the process is completed.

6. Resource implications

6.1 Resources for the working group have been met from existing budgets.

7. Risk implications

7.1 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. the summary of common aspects of Council and associate appointments at appendix 1; and

iii. the structure and terms of reference of the selection panel for 2016 Council appointments at 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

14 January 2015
Appendix 1

DRAFT

Common aspects of Council and associate appointments

1. Introduction

1.1 Council members and associates represent the main non-employee groups engaged in the work of the GPhC. This guidance summarises high-level aspects of appointments processes which are common to both Council members and associates. It is not intended to give detailed advice on appointments for either of these groups, nor is it intended to duplicate general HR procedures.

1.2 The appointment process for Council members is overseen by the Professional Standards Authority, whereas the appointment of associates is not. The principles of merit, fairness, transparency and openness, and inspiring confidence in regulation apply to both types of appointments.

1.3 References to appointments processes include reappointments processes, except where the context indicates otherwise.

2. Guidance on common aspects of Council and associate appointments

General

2.1 Appointments processes should meet the requirements of the GPhC’s legal framework.

2.2 Appointments processes should be fair, objective, impartial and consistent.

2.3 Appointments processes should promote equality and be free from discrimination, harassment and victimisation.

2.4 The GPhC’s communications work should include a strand designed to publicise and promote Council and associate roles, and to obtain feedback from stakeholders so as to inform our approach to appointments.

Preparing for a recruitment round

2.5 When appointees’ terms of office are coming to an end, consideration should be given to whether forthcoming vacancies should be filled by open competition, reappointment or a combination of these. This decision should be taken sufficiently in advance to allow an open competition process to be run if required, including the appointment of a selection panel. In making this decision:

- the current and future needs for particular skills and expertise should be assessed
• the desired balance between continuity and refreshment within the group should be considered, so as to mitigate the risks of stagnation, on the one hand, and instability and delays, on the other
• any relevant external factors should be taken into account eg. anticipated changes in legislation.

2.6 Prior to an appointments process, a person specification should be produced, based on the requirements of the role and the GPhC’s current and anticipated future needs. It should be clear who will have authority to sign off the person specification.

Appointment and reappointment processes

2.7 Once published, the selection criteria must remain unchanged throughout the process.

2.8 Candidates should be assessed against the essential criteria in the person specification and, where relevant, any desirable criteria. Desirable criteria may be used to distinguish between appointable candidates and to help ensure a mix of backgrounds, skills and experience that will meet the organisation’s future needs.

2.9 Reappointments should not be made more than six months before they are due, so as to ensure that evidence of performance is current and relevant.

2.10 It should be made clear at appointment and again when terms are due to end that there is no automatic right to reappointment, even when performance has been good. Factors to be considered in relation to potential reappointment are:
• merit, as evidenced by performance assessment
• the GPhC’s current and assessed future needs for particular skills and expertise
• any potential conflict of interest
• attendance records and ability to continue to commit the time required to the role
• maintaining public confidence in regulation eg. whether there is anything in the person’s professional or personal background which could cause embarrassment to the GPhC
• any limit on the time that a person may hold office in a particular role
• any legislative requirements relating to the role eg. eligibility criteria.

2.11 In determining the length of term of an appointment, factors to be considered should include:
• the perceived likelihood of change in the need for particular skills and expertise during the term being contemplated
• the desired balance between continuity and change within the group
• the wishes of the person concerned
• the desired frequency of recruitment rounds.
2.12 Where appointments are to be made through open competition, they should be publicised in a way that is designed to attract a strong and diverse field of candidates.

2.13 If individuals are encouraged to consider applying, whether through direct contact or by external search, care should be taken to ensure they understand that the selection process will be based solely on the content of their application and, if relevant, their performance at interview, not on the basis of prior knowledge that anyone involved might have of their background and career.

2.14 A mixed approach to promoting diversity among candidates may be helpful, using approaches such as: reviewing advertising and publicity; simplifying the application process where possible, and broader community engagement.

2.15 Reasonable adjustments to the process should be offered to candidates with disabilities. Application documents should be made available in alternative formats as required. The offer of reasonable adjustments and availability of alternative formats should be made clear in the material available to candidates.

2.16 To promote diversity, an interview access scheme should be considered whereby any disabled candidate who meets the essential criteria is assured of an offer of preliminary interview, or final interview if preliminary interviews are not used.

2.17 Appointments processes should safeguard the reputation of the GPhC and promote confidence in its work. Candidates should be left with a positive impression of the GPhC, whether or not they are successful.

2.18 The structure of any selection panel should ensure credibility with as wide a range of stakeholders as possible, including candidates.

2.19 Application processes should be as simple as possible, while ensuring that applications can be assessed consistently, reliably and cost-effectively.

2.20 As far as possible, the application process should not deter applicants who have not had experience of similar processes or organisations. Forms and information for candidates should be in plain English, not ‘insider’ language.

2.21 Candidates should not be eliminated on the basis of actual or potential conflict of interest until they have had an opportunity to propose how they would manage or eliminate the conflict.

2.22 Where an agency or other external resource is used to conduct part of the selection process, the selection panel should assure itself that the decisions of the external party are correct.

2.23 If CVs are requested as well as application forms, duplication between these should be minimised. It should be clear to candidates how and when each will be used eg, whether the CV would be used in the initial sift or simply to
provide context on candidates at interview. It may be helpful to give a limit on the overall length of a CV and state what it should include as a minimum data set.

2.24 Where large numbers of applications are anticipated, an initial sift of applications against the criteria should be considered, followed by longlisting and preliminary interview, then shortlisting and final interview.

2.25 A preliminary interview may be used to test candidates' potential, using hypothetical scenarios as well as examples of where they have met the criteria previously. A preliminary interview may 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.

2.26 Due diligence is an important factor in promoting public confidence in regulation. Appropriate due diligence checks on candidates should be carried out eg. to identify potential conflicts which have not been declared, to check for any issues which could affect a candidate’s eligibility or ability to perform the role, or to check for issues which could represent a reputational risk to the GPhC. Due diligence checks may relate to external information, such as internet searches, as well as relevant internal documents eg. if a candidate has previously been a GPhC associate or employee. Details of due diligence checks that will be carried out should be included in the candidate information pack. When checks reveal information that could affect a candidate’s suitability, they should be given an opportunity to discuss this before a course of action is decided upon.

2.27 Incorporating a ‘real life’ exercise in the final interview process, based on an activity that would form part of the role, may help candidates to demonstrate their potential.

2.28 All selection decisions should be documented at each stage of the process, to provide a robust audit trail.

2.29 A reserve list of appointable candidates may be kept, subject to their agreement, in case of a vacancy arising shortly after the appointments are made. However, the list should not be carried forward into the next recruitment round unless the person specification remains unchanged.
Terms of reference
GPhC Council member selection panel

1. Purpose
1.1 To make recommendations to the Privy Council on the appointment of Council members to take office from 1 April 2016.

2. Membership
2.1 The selection panel will comprise: an independent Chair; an independent assessor; the Chair of the Council and a registrant member of the Council. The names of the panel members will be confirmed by the Chair of the Council and will be reported to the Council.

2.2 The independence of the panel Chair and the assessor should be such that they would be regarded as bringing a credible impartial perspective to the panel’s decisions.

2.3 The independent panel Chair will have a casting vote if necessary.

3. Substitute panel members
3.1 It is anticipated that the panel members will be available for all key stages of the selection process. However, there may be an occasion, such as in the event of illness, where a panel member is unable to attend.

3.2 In this instance the panel would continue without a substitution in the short term, sharing notes with the panel member once they were able to continue in the role. However, if a longer term vacancy arose, the Chair of the panel would have authority to approve substitute members. If a new Chair of the panel was required, the Chair of Council would have authority to approve.

4. Duties

The selection panel shall:

4.1 Propose the person specification for the role of Council member for approval by the Council, having regard to the Professional Standards Authority’s Good Practice Guidance and the criteria agreed previously by the Council.

4.2 Approve the equality impact assessment for the appointments process.

4.3 Agree the process to be used to assess applications received and categorise the applications for review by the panel.
4.4 Agree the candidate information pack and other documentation relating to the process.

4.5 Agree the timetable and recruitment and selection process and work within the agreed timescales.

4.6 Agree the advertising/search schedule. The Head of Governance should direct the activities of any external search process.

4.7 Agree candidates to be longlisted for preliminary interviews and candidates to be shortlisted for final interviews.

4.8 Agree preferred candidates and terms of office for each candidate for recommendation to the Privy Council.

4.9 The independent assessor will submit a report to the Professional Standards Authority providing an independent review of the process followed to recommend the appointments, to help inform the Authority's advice to the Privy Council.

5. **Other considerations**

5.1 The panel shall at all times have due regard to the requirements of the GPhC and the decisions of the Council relating to the appointments process.
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 approve the Governance 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 one of those policies and asks for Council’s approval.

2. **Governance Policy**

2.1 There are no proposed amendments to this policy. The policy remains current and is aligned with the Council’s business cycle which includes approval of the strategic and corporate plans and receiving progress reports against them, as well as assurance on the delivery of our regulatory functions. Our accountability to the GB legislatures is delivered through the laying of the annual report and strategic plan.

2.2 The policy is subject to review every two years; the next review will be in February 2017.

3. **Equality and diversity implications**

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

4. **Communications**

4.1 The revised policies will be placed on the GPhC’s intranet and, if they are external facing, on the website.
5. **Resource implications**
5.1 There are no resource implications arising from this paper.

6. **Risk implications**
6.1 Without clearly defined policies and procedures decisions taken by the GPhC may be subject to challenge.

7. **Monitoring and review**
7.1 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 approve the Governance Policy

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

22 January 2015
Appendix 1

GPhC Governance Policy

1 The Council is responsible for deciding on the organisation’s aims, and for making sure that they are achieved. The Council accounts for the organisation’s performance to Parliament and to the Scottish Parliament and the Welsh Assembly, representing the public.

2 The GPhC organisation is headed by the Chief Executive & Registrar (CE&R). The CE&R manages the staff, resources, and business of the organisation.

3 The CE&R is required to assure the Council as to the organisation’s achievement of the aims set out by the Council, and as to the management of the risks facing the organisation.

4 This policy is implemented through the GPhC integrated governance and assurance framework.
Council meeting 05 February 2015

Public business

Deputising arrangements for Chair of Council

Purpose
To note the deputising arrangements for the Chair

Recommendations
The Council is asked to note the arrangements for the deputy Chair.

1. Introduction
1.1 The Council agreed in February 2010 to establish a rota of Council members to deputise for the Chair if required. It was agreed that a rota of volunteers, chosen at random, was more appropriate than a formal election process, given that the need for a deputy would arise only if the Chair was absent or unable to perform his duties. It would also avoid the impression that there was a “Deputy Chair” with a different role and status from other Council Members.

1.2 It was also agreed that a rotation every six months, determined in advance, would allow arrangements to be made quickly, should the Chair be unexpectedly absent.

2. Deputising rota 2015-16
2.1 The deputising arrangements have only been used on one occasion to date, when Sarah Brown chaired the October 2013 Council workshop. This worked well and it is proposed that the arrangements continue.

2.2 The current rota expires at the end of March 2015. The new rota to cover the next twelve months is as follows (the rota to date is included for completeness):
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<tr>
<td>Judy Worthington</td>
<td>01 Apr 2010</td>
<td>30 Sep 2010</td>
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3. **Equality and diversity implications**

3.1 There are no specific equality and diversity implications.

4. **Communications**

4.1 Council members and staff should have a clear understanding of the arrangements for deputising for the Chair, if required.

5. **Resource implications**

5.1 These arrangements aim to provide cover for single events or short periods of time. Other arrangements would need to be put in place to cover any long term absence of the Chair.

6. **Risk implications**

6.1 If the Council does not have a process in place for the advance identification of a deputy, it runs the risk of having no leadership for a short period of time, should the position of Chair become vacant or the Chair be absent without warning for any reason.

7. **Monitoring and review**

7.1 The rota is considered annually.

**Recommendations**

The Council is asked to note the arrangements for the deputy Chair.

*Matthew Hayday, Head of Governance*

*General Pharmaceutical Council*

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*Tel 020 3713 7809*

*16 January 2015*
Confidential items