Meeting of the Council
Thursday, 11 June 2015
10:30am to 4:00pm
Council Room, 25 Canada Square, London E14 5LQ

Agenda

Public business
1. Attendance and introductory remarks
   Nigel Clarke
2. Declarations of interest
   Public items
   All
3. Minutes of last meetings
   Public sessions 16 April and 07 May 2015
   Nigel Clarke
4. Actions and matters arising
   Nigel Clarke
5. 2015 fees rules and consultation analysis
   For decision
   15.06.C.01
   Duncan Rudkin
6. Health and Social Care (Safety and Quality) Act 2015
   For discussion
   15.06.C.02
   Hugh Simpson
7. Review of current CPD framework
   For discussion
   15.06.C.03
   Osama Ammar
8. Corporate plan and performance monitoring report
   For noting
   15.06.C.04
   Duncan Rudkin
9. Chief Executive and Registrar’s report
   For noting
   15.06.C.05
   Duncan Rudkin
10. Remuneration Committee
    a. unconfirmed minutes of meeting (23 April 2015)
    b. committee’s annual report to Council
    For noting
    15.06.C.06
    Liz Kay
11. Audit and Risk Committee
    a. unconfirmed minutes of meeting (28 May 2015)
    b. committee’s annual report to Council
    For noting
    15.06.C.07
    David Prince
12. Annual report and accounts 2014-15
    For decision
    15.06.C.08
    Duncan Rudkin
13. Appointment of external auditors
    For decision
    15.06.C.09
    David Prince
14. Any other public business
    Nigel Clarke

NB The following items are not included in this PDF.
- Item 5 - 2015 fees rules and consultation analysis
  (published on 11 June 2015)
- Item 12 – Annual report and accounts 2015
  (published after the report is laid in UK and Scottish parliaments)
Confidential business

15. Declarations of interest
   Confidential items
   All

16. Minutes of last meeting
    Confidential session 16 April
    Nigel Clarke

17. Minutes of Audit and Risk Committee, 28 May 2015,
    confidential session
    15.06.C.10
    David Prince

18. Confidential actions and matters arising
    Nigel Clarke

19. Any other confidential business
    Nigel Clarke

Date of next meeting
Thursday, 09 July 2015
Minutes of the Council meeting held on Thursday, 16 April 2015 at 25 Canada Square, London, at 1:55pm

Minutes of the public session

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

Apologies
Evelyn McPhail
Hugh Simpson, Director of Policy and Communications (non-member)
Bernard Kelly, Director of Resources and Customer Services (non-member)

In attendance
Duncan Rudkin (Chief Executive and Registrar)
Claire Bryce Smith (Director of Inspection and Fitness to Practise)
Vivienne Murch (Head of Organisational Development & People Strategy)
Lyn Wibberley (Head of Executive Office)
Matthew Hayday (Head of Governance)
Paula Woodward (Council Secretary)
Elizabeth Filkin (Chair, Appointments Committee)
Damian Day (Head of Education)
Priya Warner (Head of Standards & Fitness to Practise)
Mark Voce (Head of Inspection Team)
Chris Alder (Head of Professionals Regulation)
Terry Orford (Head of Customer Services)

1. ATTENDANCE AND INTRODUCTORY REMARKS
1.1. The Chair welcomed members, staff and observers to the meeting.
1.2. Apologies were received from Evelyn McPhail, Hugh Simpson (non-member) and Bernard Kelly (non-member).
1.3. The Chair led members in congratulating Prof Rose Marie Parr on her appointment as chief pharmaceutical officer for Scotland.
1.4. **ACTION:** The chair reported that Prof Parr would be stepping down as chair of the GPhC’s Board of Assessors and that a new chair would be appointed in due course.

1.5. The Chair also reported that he and the Chief Executive had been invited to meet with the Scottish health minister in the coming weeks.

2. **DECLARATIONS OF INTEREST**

2.1. The following declarations of interest were made.

- **Item 6: publishing education assessment data**
  Soraya Dhillon, Digby Emson, Liz Kay, Mary Elford, Berwyn Owen

- **Item 10: Committee membership update**
  Chairs and members of the Remuneration and Audit & Risk Committees

- **Item 11: Council member appointments**
  Members eligible for reappointment in 2016:
  David Prince, Mohammed Hussain, Mary Elford, Sam Quaye, Berwyn Owen

- **Item 12: Policy and procedures review**
  Digby Emson

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

3.1. The minutes of the public session of the meeting held on Thursday, 05 February 2015 were agreed as a true record.

4. **ACTIONS AND MATTERS ARISING**

4.1. In relation to the reserves levels (minute 79.4, February 2015), Duncan Rudkin (DR) confirmed that the matter would be considered in the context of the fee setting discussions.

5. **APPOINTMENTS COMMITTEE ANNUAL REPORT**

5.1. Elizabeth Filkin (EK), Chair of the Appointments Committee, reported that a pharmacy technician had recently been recruited as a new member of the committee. An announcement would be made followed receipt of satisfactory references.

5.2. EK also reported that since the report had been prepared, she had been notified of an additional resignation from the reserve pool of panel members. In response to a member’s question, EK reported that the reasons for resignation were normally provided but not in all cases. In future, this information would be collected routinely and analysed.

5.3. In relation to the makeup of the committees and hearings panels, EK reported that while the pharmacy order had a requirement for the number of registrants, it did not specify whether they should be pharmacists or
pharmacy technicians. However, staff arranging hearings made every effort to ensure that, where possible, there was a pharmacy professional sitting on the panel that matched the registrant’s profession. EK also reported that the various hearings panels heard 209 complete cases over the year.

5.4. EK reported that the associates had received diversity training which had been very well received. Training was also being developed with other regulators to ensure that associates received the full breadth of training required to be effective. An addendum to the report was tabled setting out the results of a survey of the diversity of the associates on the committees.

5.5. In conclusion, EK gave the Council assurance on the work of the committee in respect of its role to recruit and oversee the membership of the various statutory committees. However, she reminded members that monitoring the outcomes of the statutory committees was not within the appointment committee’s remit.

5.6. The Council noted the report.

6. PUBLISHING REGISTRATION ASSESSMENT DATA

6.1. Damian Day (DD) informed members that the proposal had been discussed with the Board of Assessors and the pharmacy schools. He also confirmed that the initial publication would only concern the results of the June sittings.

6.2. In response to a member’s question about the impact of publication on improving results, Duncan Rudkin (DR) commented that the pass rates at individual schools were dependent on a number of variables. Publishing these figures would contribute to the understanding of those variables.

6.3. Members noted that the GPhC would set out the factual context of the results but that it was up to individual schools to provide the full, detailed context of their own results.

6.4. The Council note the intention to publish Registration Assessment first sitting pass rates by school of pharmacy for June sittings from 2011, and publication of all sittings from 2015/16.

7. REBALANCING MEDICINES LEGISLATION AND PHARMACY REGULATION CONSULTATION

7.1. Priya Warner (PW) introduced the paper to members, drawing their attention to the main points.

7.2. Members noted that the issues outlined in the paper formed only part of the work relating to the rebalancing programme.

7.3. The Council noted the update on the government’s consultation and the executive’s approach to, and participation in, the consultation.
8. **PERFORMANCE MONITORING REPORT**

8.1. In relation to inspections, Mark Voce (MV) drew members’ attention to the figures setting out the completion of action plans following inspections. MV reported that the action plans were much more explicit which had helped both pharmacies and inspectors assess how and when the actions had been achieved.

8.2. Members noted that while the number of inspections carried out was increasing, it was still below target. MV reported that the inspectors were becoming more familiar with the new inspections model, resulting in improved productivity within the inspections teams.

8.3. Claire Bryce Smith (CBS) reported that the aim was to increasingly provide more information and feedback to pharmacies to help encourage best practise and improvements both within individual pharmacies and across pharmacy business as a whole.

8.4. In relation to fitness to practise, Chris Alder (CA) reported that while the throughput of cases was improving overall, the age profile was likely to increase over the coming months as the older cases were brought to a conclusion. In response to a member’s question, CA informed members that these older cases were reviewed on a regular basis, and that new information received would be taken as an opportunity to see if a case could be taken forward or closed more quickly. He also reported that the resourcing and capacity model was being reviewed and updated.

8.5. CBS informed the Council that the case management teams were balancing the need to deal with older cases with the need to manage an increasing number of new complaints. In response to a question about panel capacity for fitness to practise hearings, CBS replied that it was not an issue at present. She reported that two additional hearings per month combined with improved forecasting of hearings meant that hearings could be planned and panel members booked.

8.6. In relation to registrations and CPD, Terry Orford informed members that the number of complaints tended to peak around the time of renewals. He reported that renewal and, if necessary, restoration, was a very emotive time for registrants which often resulted in an increase in complaints.

8.7. **ACTION:** Members suggested that the figure for inspections could be shown as a proportion of inspections carried out during the period, and the number of inspections that were the result of a concern being reported compared to planned inspections.

8.8. **The Council noted the report.**

9. **CHIEF EXECUTIVE AND REGISTRAR’S REPORT**

9.1. DR drew members’ attention to the Professional Standards Authority (PSA)’s review of its process for assessing the performance of regulators. He
reported that the executive had submitted comments and that a report of the review would be published by the PSA in due course.

9.2. **The Council noted the report.**

10. **COMMITTEE MEMBERSHIP UPDATE**

10.1. The Chair reminded members that in April 2014, the Council approved the membership of the Remuneration Committee and the Audit and Risk Committee. In June 2014, the period of appointment for members of those committees was increased from one to two years.

10.2. The Chair informed members that, bringing these two decisions together, the current membership of the two committees would therefore continue to April 2016. The Chair of Council and the committee chairs would discuss how future appointments were to be staggered to avoid significant membership turnover.

10.3. **The Council noted the update.**

11. **COUNCIL MEMBER APPOINTMENTS 2016**

11.1. David Prince, Mohammed Hussain, Sam Quaye and Mary Elford declared an interest in this item and left the room to allow the remaining members to have an open discussion.

11.2. Matthew Hayday (MH) reminded members of the decisions the Council had made previously and the requirement to make a specific decision regarding open competition and reappointments for each recruitment round.

11.3. **The Council agreed that a combination of open competition and a reappointments process will be used for the recruitment for Council vacancies commencing in April 2016.**

11.4. David Prince, Mohammed Hussain, Sam Quaye and Mary Elford re-joined the meeting.

12. **POLICY AND PROCEDURE REVIEWS**

12.1. Members discussed the policy (minimum training requirements for dispensing/pharmacy assistants and medicines counter assistants).

12.2. DD reported that that while the GPhC was responsible for setting the standards of training expected by the GPhC, it was prudent, where practical and convenient, to develop this policy in the light of other work being carried out, such as the National Occupational Standards Review.

12.3. **The Council agreed to defer the review of the minimum training requirements for dispensing / pharmacy assistants and medicines counter assistants for twelve months.**
13. ANY OTHER PUBLIC BUSINESS
13.1. The Council noted the publication of the discussion document on patient centred professionalism.
13.2. There being no further public business, the part of the meeting that was held in public closed at 3:25pm.

DATE OF NEXT MEETING
Thursday 7 May 2015
Minutes of the Council meeting held on Thursday, 07 May 2015 at 25 Canada Square, London, at 10:10am

Minutes of the public session

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

Apologies

Tina Funnell
Bernard Kelly, Director of Resources and Customer Services (non-member)

In attendance

Duncan Rudkin (Chief Executive and Registrar)
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)
Priya Warner (Head of Standards & Fitness to Practise)
Jerome Mallon (FtP Policy Manager)

18. ATTENDANCE AND INTRODUCTORY REMARKS

18.1 The Chair welcomed members, staff and observers to the meeting.
18.2 The Chair reported that the minutes of both the April and May meetings would be presented at the Council’s June meeting.
18.3 Apologies were received from Tina Funnell and Bernard Kelly (non-member).

19. DECLARATIONS OF INTEREST

19.1 The following declarations of interest were made.

- Item 3: Hearings and Sanctions Guidance and
- Item 4: Reviewing our Investigating Committee Guidance

All registrant members
20. **HEARINGS AND SANCTIONS GUIDANCE**

20.1 Priya Warner (PW) outlined the consultation and engagement process and drew members’ attention to the key points set out in the papers.

20.2 During the discussion on the consultation report, the Council noted that, while the number of responses was small, this reflected the nature of the guidance. The Council also noted that formal feedback had been enhanced by the wider engagement work undertaken in the first stage of the review process.

20.3 Responding to a member’s question, PW reported that patients had been involved during the first stage of the engagement process as part of focus groups in the three nations. She reported that they had been asked to provide their views on issues such as dishonesty rather than the more technical or procedural parts of the guidance.

20.4 **ACTION:** The Chair asked for an item on the organisation’s approach to consultation and public engagement to be added to the Council’s forward plan.

20.5 During the discussion on the proposed guidance, Jerome Mallon (JM) reported that the main aim of the review had been to set out the guidance more clearly, ensuring that committees and others were provided with more comprehensive guidance on the range of issues they consider. He reported that similar guidance prepared by other regulators had been included in the review. With regard to candour, Duncan Rudkin (DR) reported that the guidance reflected the regulators’ joint statement issued in October 2014.

20.6 In response to a member’s question, JM reported that the guidance would not come into effect until 20 July to give committee members, pharmacy bodies, lawyers and those subject to FtP proceedings time to become fully familiar with the guidance. DR reported that the new guidance would be brought to the attention of committees to ensure that they could consider any potential issues in cases heard ahead of the implementation date.

20.7 Members noted that the guidance would now be updated periodically to reflect factual and legal changes. Members commented that committees and other users of the guidance should be made aware of this change to ensure that they use the most up to date version.

20.8 The Council noted the consultation report and:

i. agreed the fitness to practise hearings and sanctions guidance, subject to a number of minor changes to the wording and presentation to improve clarity.

ii. agreed that the guidance would come in to effect on 20 July 2015

iii. agreed to delegate authority to the Chief Executive and Registrar to make any future factual and legal amendments to the document.
21. **REVIEWING OUR INVESTIGATING COMMITTEE (IC) GUIDANCE**

21.1 Priya Warner (PW) drew members’ attention to the key points of the proposed review which would use a format and approach similar to that of the hearings and sanctions guidance (HSG). JM reported that the review of IC guidance would be highlighted during the implementation of the HSG.

21.2 In response to a member’s question, DR reported that the proposed approach would involve considerable engagement with Council but that the proposal would allow the consultation to be started without delay.

21.3 During the discussion PW reminded members that the IC committee sat in private and there would always be a certain limit on the level of transparency due to the nature of its work. However, the principle of transparency would be applied to ensure that there were explanations about the process.

21.4 The Council noted the proposal to carry out a review of the Investigating Committee guidance.

21.5 The Council agreed to delegate authority to the Chief Executive and Registrar to approve a consultation document and revised guidance for consultation.

22. **ANY OTHER PUBLIC BUSINESS**

22.1 There being no further public business, the meeting closed at 10:45am.

**DATE OF NEXT MEETING**

Thursday 11 June 2015
<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Ref</th>
<th>Action</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
<th>Comments/ Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 April 2015</td>
<td></td>
<td>The chair reported that Prof Parr would be stepping down as chair of the GPhC’s Board of Assessors and that a new chair would be appointed in due course.</td>
<td>DR</td>
<td></td>
<td>Closed</td>
<td>2015-06 - Prof Parr stepped down from her role as Chair of the Board of Assessors with effect from 30 April.</td>
</tr>
<tr>
<td>16 April 2015</td>
<td>8.7</td>
<td>(Performance monitoring report) Members suggested that the figure for inspections could be shown as a proportion of inspections carried out during the period, and the number of inspections that were the result of a concern being reported compared to planned inspections.</td>
<td>DR</td>
<td></td>
<td>Closed</td>
<td>2015-06 - This will be considered as part of the next review of performance information presented to Council.</td>
</tr>
<tr>
<td>07 May 2015</td>
<td>20.4</td>
<td>(Hearings and Sanctions Guidance) The Chair asked for an item on the organisation’s approach to consultation and public engagement to be added to the Council’s forward plan.</td>
<td>DR</td>
<td></td>
<td>Closed</td>
<td>2015-06 - This has been added to Council's forward plan.</td>
</tr>
</tbody>
</table>
2015 fees rules and consultation analysis cover paper

This paper will be published on 11 June
Public business

Health and Social Care (Safety and Quality) Act 2015

Purpose
To advise the Council of the passing of the Health and Social Care (Safety and Quality) Act 2015 and the implications for GPhC.

Recommendations
The Council/Committee is asked to note the paper.

1. Introduction
1.1 This Act started as a private members' Bill presented to Parliament by Jeremy Lefroy, MP for Stafford. It received Government drafting support and received Royal Assent on 26 March 2015. It has not yet been brought into force by a commencement order.

2. Contents of Act
2.1 The Act contains measures intended to improve the safety and quality of health services and social care, specifically giving healthcare regulators (including the GPhC) an overarching objective of public protection. This will require committees to have regard to the new objective when determining whether a practitioner is fit to practise and when determining what sanctions might be appropriate.

2.2 Section 1 imposes a duty on the Secretary of State to make regulations imposing requirements on those health and social care service providers required to register with the CQC to help secure that the services are provided in a way that causes no avoidable harm.

2.3 Section 2 imposes a duty on the Secretary of State to make regulations specifying a description of “consistent identifier” for patients eg the patient’s NHS number where the patient has one. Once these regulations have been made providers of services (including pharmacies) would, in specified circumstances, be under a duty to use that identifier when processing information about the patient, subject to a number of exceptions.
2.4 **Sections 3 and 4** impose a duty on providers (including pharmacies) to ensure that where there is a communication with another provider about a patient then specified information about that patient is shared, subject to a number of exceptions.

2.5 **Section 5 and the Schedule** impose new objectives on regulators. The Pharmacy Order is amended so as to substitute a provision which makes the over-arching objective of the Council in exercising its functions the protection of the public, including in particular maintaining public confidence in the professions regulated. The Act also provides that the Investigating Committee and the Fitness to Practise Committees, when exercising their functions, must have regard to the over-arching objective, in determining FtP cases.

2.6 The new overarching objectives are the following:

“(1) The over-arching objective of the Council in exercising its functions is the protection of the public.

(1A) The pursuit by the Council of its over-arching objective involves the pursuit of the following objectives—

a) to protect, promote and maintain the health, safety and well-being of the public;

b) to promote and maintain public confidence in the professions regulated under this Order;

c) to promote and maintain proper professional standards and conduct for members of those professions; and

d) to promote and maintain proper standards in relation to the carrying on of retail pharmacy businesses at registered premises”

3. **Implications for GPhC**

3.1 Sections 1 to 4 are about matters outside professional regulation. When the regulations under section 2 to 4 above have been made and there is more information available about the extent of the duties we shall consider whether any further guidance needs to be issued to inspectors about information sharing.

3.2 The stated aim of the government in supporting section 5 is to bring greater consistency to the statutory purpose and general objectives of the health professional regulators.

3.3 We have considered whether there are any direct implications to the changes in the statute underpinning the Council. It is our view that each of the three core objectives ((1A a) to d) above) reflect both our current legislation, Rules and case law. The changes to Council’s objectives and consequential changes for Committees will not, in our opinion, require any changes in our operations or approach though some of our guidance will need to be
updated. We shall also liaise with other regulators to ensure a consistent approach to interpretation and implementation.

3.4 Likewise we do not see the introduction of 1A (d) relating to registered pharmacies requires any change to the way in which we regulate registered pharmacies.

4. **Equality and diversity implications**

4.1 We will take full account of relevant equality and diversity matters at all stages of implementation.

5. **Communications**

Although we do not see any significant impact on GPhC from these changes, staff and committees will need to be made aware and guidance will need to be updated should the commencement order for the legislation be made.

6. **Resource implications**

6.1 We do not consider the amendment to the GPhC’s objectives to require significant changes to our operations or approach, except in relation to the specific instances where Committees are required by the legislation to have regard to the objectives.

7. **Risk implications**

7.1 Some guidance will need to be amended to avoid decisions being made in FtP cases that do not specifically have regard to the new objectives thereby mitigating the risk of judicial review.

8. **Monitoring and review**

8.1 We shall continue to monitor the progress of the Act and its implementation including how we respond to, and communicate, the changes.

**Recommendations**

The Council is asked to note the paper.

*Robert Humm*

*Head of Regulation Development*

*Robert.humm@pharmacyregulation.org*

*Tel 020 3713 7842*
Public business

CPD Review Report

Purpose
To present a CPD review report to the Council and outline the key findings and action points.

Recommendations
The Council is asked note the content of the report in advance of a further paper in September 2015 outlining recommendations and timings for changes to the current CPD requirements and systems.

1. Introduction
1.1 GPhC has been operating a mandatory CPD requirement for its registrants for five years. By the end of June 2015, every eligible registrant will have had their CPD records called.
1.2 The Council, at its meeting on 14 November 2013, agreed to review the current CPD ‘Call and Review’ process.
1.3 At its meeting on 11 September 2014, the Council agreed a revised plan which indicated the review findings would be used to inform testing and piloting and be ready for Council’s scrutiny by June 2015.
1.4 This paper presents a summary of the main findings of the review and presents a copy of the report in appendix one.

2. Undertaking the review
2.1 The review of our arrangements for CPD is made up of two linked but different strands of work:
   i. a policy review of how well the process achieves its intended outcomes (which is the subject of this paper)
   ii. an operational review of efficiency and effectiveness of the processes for managing CPD (the outcomes of which will inform
recommendations for improvements to be presented to Council in September 2015)

2.2 Both strands of work have required collaborative working across policy and communications and resources and customer services directorates. Both data collection and the emerging findings from the reviews have influenced one another.

2.3 For the policy review, we entered into competitive tendering and appointed IFF Research Ltd. to undertake the research activities. IFF commenced work in December 2014 by developing a discussion guide and analysis framework in collaboration with the policy leads for CPD. Interviews, data collection and analysis took place from February to May 2015.

2.4 It is relatively easy access to a wealth of quantitative data on the numbers of registrants undertaking and progressing through the CPD processes. Therefore, the policy review was focused on examining two sources of qualitative data.

i. Interviews with pharmacists, pharmacy technicians and CPD assessors

ii. the entries registrants have made in the online CPD recording tool and submitted to us

2.5 This qualitative data, though not representative of the views or practices of the entire population of registrants, provides rich information about how some people engage with the current CPD requirements and the impact they feel those requirements have.

3. Key findings of the report

3.1 The report highlights the following key findings:

i. Registrants generally expressed satisfaction with the approach we currently take to CPD, but identify a number of areas for improvement which are largely targeted on ease of use of the online recording tool.

ii. Registrants generally value undertaking CPD activities more than recording them for regulatory purposes.

iii. There are elements of our approach that seem to act as discouragements to regular recording of CPD activities and some stakeholders suggest we should make changes to encourage regular recording (which could include moving to a randomly sampled audit rather than 5 year call cycle).

iv. Registrants and CPD assessors reflect mixed views on the effectiveness of our current requirements in encouraging genuine reflection on professional practice. There is a suggestion that the
current assessment criteria are not sensitive enough to differentiate between simply recording activities and recording of reflection.

v. Registrants and CPD assessors expressed that feedback reports could be made more meaningful and there could be greater clarity over how the CPD records are used in the process.

vi. Some registrants expressed a view that they believe GPhC should do more to influence topics undertaken for CPD or encourage diversity in available CPD activities from providers, which may be an area in which we can share examples of good practice and encourage certain types of CPD activity.

4. Action points

4.1 The following action points are suggested by the findings of the report:

i. Upon completion of the CPD calls at the end of June 2015 we will compile summary statistics of the process outcomes and provide a summary to Council in September 2015.

ii. We will explore options to use a sampling approach for auditing in the next cycle to ensure we are taking a proportionate approach in our regulatory activities and make recommendations to Council in September 2015 for how these can be applied.

iii. We have incorporated learning about how registrants interact with our current requirements into the design of tests for the continuing fitness to practise framework, which are shortly to commence.

iv. We will incorporate learning on interaction with the online recording tool with planned development work for new systems for continuing fitness to practise. We will also explore the feasibility of making earlier system improvements to encourage regular recording under the current CPD requirements.

5. Communications

5.1 This report will be public and shared with the continuing fitness to practise advisory group.

5.2 Any changes to requirements for CPD arising from the evidence in the review report require careful communication in advance of implementation to prepare registrants. A summary communications plan will be presented to Council alongside recommendations for changes in September 2015.

6. Equality and diversity implications

6.1 The review fits into the wider piece of work to develop the continuing fitness to practise framework which is subject to periodic equality and diversity impact analysis. Although the report in itself does not raise any equality and
diversity implications, any changes that are made to CPD processes will need to be considered for their impact through appropriate analysis.

7. Resource implications

7.1 The resources (both time and cost) for the review report were budgeted as part of the continuing fitness to practise budget.

7.2 In combination with the operational review of the CPD processes, the action points listed in the report present opportunities to improve operational efficiency.

8. Risk implications

8.1 By reviewing the current approach to CPD, we have an evidence base with which to make meaningful improvements to CPD based on the views of our stakeholders. This activity reduces the risk that any changes we make to our requirements will be rejected by registrants.

9. Monitoring and review

9.1 The findings from this report will be referenced throughout the development of the continuing fitness to practise framework.

9.2 In September 2015 a further report will be brought to Council to summarise recommendations for improvements to our current requirements for CPD.

Recommendations

The Council is asked note the content of the report in advance of a further paper in September 2015 outlining recommendations and timings for changes to the current CPD requirements and systems.

Osama Ammar, Head of Continuing Fitness to Practise
General Pharmaceutical Council
Osama.ammar@pharmacyregulation.org
Tel 0203 713 7962
20 May 2015
GPhC Review of Continuing Professional Development

Prepared for General Pharmaceutical Council
By IFF Research

18 May 2015
Contact details

Mark Speed, Matt Barnes, Erica Garnett and Marc Cranney
IFF Research Ltd
Chart House
16 Chart Street
London N1 6DD
Tel +44(0)20 7250 3035
mark.speed@iffresearch.com
matt.barnes@iffresearch.com
erica.garnett@iffresearch.com
marc.cranney@iffresearch.com
## Contents

1. Executive Summary 5
   - Introduction 5
   - General perceptions of GPhC 5
   - To what extent is the current approach to CPD valued by GPhC’s stakeholders? 5
   - How well do GPhC’s requirements support registrants to reflect on and make improvements to their practice? 5
   - Which elements of the current approach are considered valuable by GPhC’s stakeholders and should be maintained? 5
   - What needs to change to make the new approach to CPD more valuable to the same stakeholders? 6
   - Conclusions 6

2. Introduction 8
   - Background to the research 8
   - Research objectives 8
   - Research methodology and sample 8

3. General perceptions of GPhC 10

4. To what extent is the current approach to CPD valued by GPhC’s stakeholders? 11
   - CPD activities 11
   - CPD documentation process (‘plan and record’) 12
   - CPD audit process (‘call and review’) 13
   - The process as a whole 13

5. How well do GPhC’s requirements support registrants to reflect on and make improvements to their practice? 15
   - The CPD documentation process (‘plan and record’) 15
   - The CPD process as a whole 17

6. Which elements of the current approach are considered valuable by GPhC’s stakeholders and should be maintained? 20
   - CPD documentation process: ‘Plan and record’ 20
   - The audit process: ‘Call and review’ 21

7. What needs to change to make the new approach to CPD more valuable to the same stakeholders? 24
   - CPD activities 24
   - Who benefits most from the current CPD requirements? 25
CPD documentation process: ‘Plan and record’ 26
Personal and Employer records of CPD activity 29
The process of auditing CPD records: ‘Call and review’ 29
Views on the audit process: ‘Call and review’ 30
Analysis of CPD records 34
Peer review 35

8 Conclusions 37

Appendix A: Analysis of Record Review 38
Analysis of questions that were reviewed using 3 point scale 38
Analysis of questions that were reviewed using other scales 38
Analysis by ‘entry point’ and overall summary 39

Appendix B: Interview Topic guides 40
Depth interview topic guide: Pharmacists and Pharmacy Technicians 40
Depth interview topic guide: CPD Assessors 46
1 Executive Summary

Introduction

1.1 Since its formation in 2010, the General Pharmaceutical Council (GPhC) has shared responsibility for the continuing professional development (CPD) of its registrants with the registrants themselves – pharmacists and pharmacy technicians.

1.2 Over the course of a five year cycle, GPhC checks to make sure that every eligible registrant is meeting these standards through an audit process. This cycle is completed in 2015.

1.3 The GPhC commissioned this review as part of its development of a “Continuing Fitness to Practice Framework”. The study analyses data on the CPD undertaken to date and gathers qualitative feedback from those involved in the process in order to improve it in the future.

General perceptions of GPhC

1.4 Generally, registrants’ impressions of GPhC are neutral or largely favourable as they tend to have limited interaction with / knowledge of GPhC. CPD assessors (who tend to know more about GPhC because they are employed by them) do not cite any issues with GPhC and generally have a favourable impression of them as a result.

To what extent is the current approach to CPD valued by GPhC’s stakeholders?

1.5 Registrants tend to value doing CPD activities more than they value the process of having to record their activity.

1.6 Most registrants find the actual process of having their records reviewed by an assessor as being straightforward but many do not value the feedback that they receive following their review.

1.7 Some stakeholders (registrants and assessors alike) feel that more frequent reviews would improve the value of the process by encouraging continuing development.

How well do GPhC’s requirements support registrants to reflect on and make improvements to their practice?

1.8 Registrants and CPD Assessors have mixed views in terms of how useful they perceive the CPD documentation process to be in encouraging them to genuinely reflect on improving their professional practice. Many feel that the documentation process is a tick-box exercise that has little or minor impact on the way they practice. Further, they feel that the structure of the documentation process and the lack of feedback given after the ‘call and review’ process mean records do not have to contain any evidence of reflection in order to pass a review. As a result, many assessors feel that the capacity of the current system to encourage registrants to reflect on and make improvements to their practice varies according to the attitude of the registrant.

Which elements of the current approach are considered valuable by GPhC’s stakeholders and should be maintained?

1.9 Pharmacists and pharmacy technicians feel the current CPD documentation system works well and are particularly positive about being able to record their CPD activities online. The majority find the CPD documentation forms easy to complete; this was particularly the case for ‘Action’ and ‘Evaluation’ entries.
1.10 Currently most pharmacists and pharmacy technicians find the review process relatively straightforward. There were, however, mixed views as to whether the feedback received from the GPhC was useful or not.

1.11 Most CPD assessors feel that the current review process is successful but that there is some room for improvement. On the whole, CPD assessors find the online interface they use to review records useful and easy to use.

What needs to change to make the new approach to CPD more valuable to the same stakeholders?

1.12 On the whole, pharmacists and pharmacy technicians are satisfied with the CPD activities that are on offer to them. Some of the registrants requested a greater variety of CPD activities, an increase in the number of interactive sessions and greater direction from GPhC on what to learn.

1.13 Overall registrants and CPD assessors were positive about the online portals they used, some specific improvements were recommended to aid completion of the documentation and improve functionality. Registrants were most likely to report experiencing difficulties with CPD entries starting at ‘Reflection’ or ‘Planning’.

1.14 The most common feedback provided on the review process was that registrants and CPD assessors would like more frequent reviews and for the feedback provided to be more individualised and varied.

1.15 Both registrants and CPD assessors were unsure how the information GPhC collect was used and asked for greater transparency in what is done with the information collected.

1.16 There was some appetite amongst CPD assessors for some form of peer review of the current CPD requirements and process. Peer review / talking to colleagues was commonly cited by registrants as a method they use to identify a learning need.

Conclusions

1.17 On the whole, registrants and CPD assessors are positive about the current CPD process but feel that it could do more to help with their development. They both suggest a number of amendments to the current CPD approach to get more value out of the CPD assessment.

1.18 Registrants and CPD assessors were positive about the online portal they accessed for completing their CPD / reviewing CPD records. Registrants recommended the inclusion of a spell checker, reducing the repetition of questions, the introduction of example ‘good’ and ‘bad’ records and a clearer indication of how much information is required. Whilst CPD assessors called for improved compatibility with devices such as tablets and to make the online software faster.

1.19 The majority of pharmacists and pharmacy technicians are satisfied with CPD activities. There were some requests for a greater variety of CPD activities, an increase in the number of interactive sessions on offer and greater direction from GPhC on what to learn.

1.20 Registrants and CPD assessors main feedback on the audit process ‘call and review’ was that they would like more frequent reviews and for the feedback provided to be more individualised and varied.

1.21 One way to approach future audits would be to sample the register on a random basis – this would ensure that selection is not predictable in any way. In terms of the number of registrants to be sampled for review each year, it would need to be sufficiently large to be representative, but it also needs to be large enough to present a “risk” to registrants if they do not keep up to date, and be balanced with cost
and efficiency. This “risk” is also dependent on the time available to complete their records, and the consequences if they are late and/or inadequate.

1.22 Both registrants and CPD assessors were unsure how the information gathered was used and asked for greater transparency in what is done with the information collected. A number of registrants and assessors stated that they would like to have more interaction and engagement with GPhC.
2 Introduction

Background to the research

2.1 Since its formation in 2010, the GPhC has shared responsibility for the continuing professional development (CPD) of its registrants with the registrants themselves – pharmacists and pharmacy technicians. Registrants are legally required to undertake CPD activities to maintain their registration, while GPhC is legally required to ensure that these activities are undertaken and comply with a set of agreed standards.

2.2 Over the course of a five year cycle, GPhC checks to make sure that every eligible registrant is meeting these standards through an audit process. This cycle is completed in 2015.

2.3 As part of its development of a “Continuing Fitness to Practice Framework”, GPhC commissioned this review. The study analyses data on the CPD undertaken to date and gathers qualitative feedback from those involved in the process in order to improve it in the future.

Research objectives

2.4 The key objective of this report is to provide evidence-based recommendations for improvements to GPhC’s CPD requirements in the context of its plans to incorporate revised CPD requirements into its “Continuing Fitness to Practise Framework”. It seeks to answer the following questions:

• How well do GPhC’s CPD requirements support registrants to reflect on and make improvements to their practice?
• To what extent is the current approach to CPD requirements valued by GPhC’s stakeholders?
• Which parts of the current approach are considered valuable by GPhC’s stakeholders and which should be maintained?
• What needs to change to make the new approach to CPD more valuable to the same stakeholders?

Research methodology and sample

Qualitative interviews

2.5 A total of 30 qualitative interviews (ten with pharmacists, ten with pharmacy technicians and ten with CPD assessors) were conducted in order to get a deeper understanding of how the CPD works in practice and how this might be improved going forward when developing the new CPD framework.

2.6 Interviews were conducted between 2 March and 1 April 2015: 25 interviews were completed on the telephone, with the remaining 5 completed face-to-face.

2.7 Interviews were conducted with a range of registrants in terms of their role, employment setting, length of time employed in the industry and length of registration.

Review of CPD records

2.8 To complement the qualitative interviews, a review of registrants’ records was conducted concurrently with the qualitative interviewing.

2.9 In all, 200 registrants’ records were reviewed (1,000 individual activity records). This ensured that a range of records were reviewed in terms of registrant profile (i.e. type of registrant, length of
registration and the size and type of establishment at which they are employed). Records reviewed by registrant type were as follows:

- 125 pharmacists’ records;
- 71 pharmacy technicians’ records; and
- 4 pre-registration trainee records.

2.10 As well as ensuring a range of types of CPD activities were reviewed, a review of this size allowed analysis to be conducted by CPD record ‘entry point’. The current CPD documentation process (‘Plan and Record’) is based on the CPD cycle of Reflection, Planning, Action and Evaluation. When a registrant records their CPD activities they are expected to identify the stages of this cycle that are involved and to structure their entries accordingly. As such, when registrants document their CPD activities they can start the process from one of four ‘entry points’: Reflection, Planning, Action and Evaluation. The ‘entry point’ at which a registrant chooses to start the documentation process dictates the questions that they have to answer (as they are tailored to that specific stage of the CPD cycle). A review of 1,000 individual activity records allowed each ‘entry point’ to be scrutinised. The 1,000 records reviewed were purposively sampled to provide a split by ‘entry point’ as follows:

- 549 records reviewed started at ‘Reflection’;
- 104 records reviewed started at ‘Planning’;
- 316 records reviewed started at ‘Action’; and
- 31 records reviewed started at ‘Evaluation’.

2.11 Each registrant has between 9 and 45 records of individual CPD activities (depending on how long they have been registered) and the average number of CPD records for the registrants reviewed was 33. In order to get an accurate picture of how registrants complete the documentation process, 5 records were reviewed for each registrant. The types of records that were reviewed were purposely chosen to be representative of the registrant’s total number of records. For example, if one registrant had a total of 45 records consisting of 27 Reflection records and 18 Action records, 3 Reflection and 2 Action records would have been reviewed in order to reflect the way the registrant had filled in their CPD.

2.12 This approach to sampling, which was agreed with GPhC, was designed to explore how a range of registrants complete the CPD documentation process. Each individual CPD activity record that was reviewed was given a score of 1 to 3 on each question that it addressed. Answers that were deemed to have minimal detail were given a score of 1, answers that were deemed to mixed / patchy details were given a score of 2 and those which were deemed to be very detailed and suggestive of genuine reflection were given a score of 3. Although we report on “numbers”, it should be acknowledged that the scores given as part of the review are a qualitative assessment of the record and are therefore subject to personal interpretation.
3 General perceptions of GPhC

3.1 This section of the report examines registrants’ and assessors’ general perceptions of the GPhC. The views expressed in this section provide a useful frame of reference through which to assess registrants’ and assessors’ experiences of (and views on) the CPD process.

3.2 Pharmacists and pharmacy technicians tend to have minimal interaction with the GPhC. Registrants’ knowledge of GPhC is fairly limited. Many registrants only deal with GPhC when renewing their registration or as part of the CPD process:

I’ve had a letter from them asking for my CPD, I’ve submitted it and I’ve got feedback from them. That’s probably the level of communication I’ve had from them in the last five years.

Pharmacist

3.3 As a result, registrants’ impressions of GPhC are either neutral or ‘mainly favourable’. None of the registrants interviewed have any issues with GPhC, and a few are confident that they could go to GPhC for advice if they were to encounter any issues at work.

It’s somewhere in the middle, not unfavourable because I’ve not had many dealings with them, nothing strongly either way.

Pharmacist

I think it’s mainly favourable, I think if you have a problem, which we haven’t, you can get in touch with them and be advised about which route to take.

Pharmacy technician

3.4 Similarly, assessors (who tend to know more about GPhC because they are employed by them) do not cite any issues with GPhC and generally have a favourable impression of them as a result:

I have a favourable impression of them. The dealings I have with them are always straightforward. Their role is very clear and what they do and what they don’t do is very clear, so I just think you know where you are with them really.

CPD Assessor

Favourable, I’ve got no problems there, because I’ve had no dealings that would persuade me otherwise really, they’ve always been very helpful if you’ve got a query they’re always there for you.

CPD Assessor
4 To what extent is the current approach to CPD valued by GPhC’s stakeholders?

4.1 This section of the report explores the extent to which the current CPD requirements are valued by the GPhC’s stakeholders. Looking at each aspect of the current process, it examines stakeholders’ views on the CPD activities they undertake, how they record them and how they are audited.

CPD activities

4.2 Registrants undertake a wide range of CPD activities. For most, a large proportion of this activity is reading articles / literature, while other types of CPD activity undertaken include:

- Attending seminars / conferences / talks;
- Doing CPD distance learning; and
- Attending training courses / workshops.

4.3 Generally, registrants think that interactive CPD activities like seminars or training courses are more useful. A number of registrants, however, feel that these types of CPD activities are not always easily accessible:

*The activities are useful. The last [training organisation] event I went to was particularly useful. It was a meeting of hospital and community pharmacists and it was really useful because it allowed us to exchange views.*

**Pharmacist**

*They have events that you can attend but because I get home from work at 8 in the evening I find it difficult to go to these training sessions, so I have to just do e-learnings or look things up on the internet.*

**Pharmacy technician**

4.4 To some extent, the record review reinforces the view that interactive activities are most useful as they are commonly cited as factors that help registrants to identify which CPD activities to undertake. Registrants who record a CPD activity starting from ‘Reflection’ are asked how they came to identify the CPD activity as being something they wanted to do. Registrants most commonly started a CPD activity due to personal interest (cited in 63% of the 549 records reviewed that answered this question), following a peer review / discussion with colleagues (56%), by reading articles / journals (36%) or due to feedback from users of services / products (25%).

4.5 The CPD activities that registrants undertake are typically a mixture of formal and informal activity. The latter accounts for a large proportion of most registrants’ activity, as they undertake CPD activities everyday as part of their role:

*Every day is a CPD day in the pharmacy so 90% of CPD activities are done on the job as part of my role… every time I get a phone call from a patient that’s a CPD moment.*

**Pharmacy technician**

4.6 Registrants are generally positive about CPD activities, and they are seen as useful with many thinking that current CPD requirements benefit them.
4.7 The record review corroborates this finding. Registrants who record a CPD activity starting from ‘Reflection’ or ‘Planning’ are asked whether they learnt what they set out to learn by undertaking a CPD activity. In the majority of cases, registrants reported that they learnt what they originally set out to (93% of the 653 records reviewed that answered this question) and six per cent stated that they partly learnt what they want to. Registrants rarely stated that they did not learn what they set out to (this was the case for just 2 out of the 653 records that answered this question).

4.8 Registrants cited a number of ways in which current CPD activities could be improved to make the process more beneficial for them. This is discussed in further detail in Chapter 7.

4.9 Most registrants feel that the current level and amount of activity required is appropriate as it allows them to keep up-to-date. A number of registrants think that they would struggle to complete a higher amount of activity due to work and family commitments.

4.10 For the CPD record review the average number of CPD records was 33. The number of CPD records for the 200 registrants ranged from 6 to 93 CPD records. The number tended to correlate with the amount of time the registrant had been registered with the GPhC.

CPD documentation process (‘plan and record’)

4.11 The overriding view is that the current amount of time required to complete CPD records is manageable. Registrants feel that they would struggle if they had to devote more time to recording CPD.

4.12 Registrants complete their CPD records with varying frequencies, ranging from a monthly basis to all in one sitting. The time it takes to complete a record varies considerably by registrant and by record type.

4.13 This appears to be reflected in the record review which shows that some registrants’ records are very detailed and others’ very brief. Furthermore, individual registrants often filled their records in to varying details depending on the type of activity undertaken.

4.14 Most individual registrants say that their completion of CPD records can be erratic due to their varying workloads. Due to this, some feel it can be difficult to find time to complete CPD records. Indeed some of those who tend to complete their records in one sitting cite this as the reason for doing so. Others only record their CPD activities when they are called to review due to other priorities.

Is there any reason why I don’t do it more frequently? I suppose it is human nature. Unless it’s something you’ve got to address soon then you don’t - there are other priorities out there.

Pharmacist

4.15 A few registrants who fill their records in at once feel that more frequent reviews would reduce the time it takes to complete their records and that this would be more suited to the objectives of the CPD process.

4.16 Registrants generally find the CPD documentation process easy to do and they feel it becomes easier the more they use it. Furthermore, almost all of the registrants think that the CPD form itself is easy to use. A few registrants even suggest it is too easy to complete.

Just make sure there’s something in every box. As long as it’s not ridiculous, it’ll make it through.

Pharmacist
CPD audit process (‘call and review’)

4.17 Most registrants find the actual process of having their records reviewed by an assessor as being ‘straightforward’ and ‘painless’.

4.18 However, a few registrants were particularly negative about the fact that registrants are only called to review every 5 years. They feel that it undermines a process that is designed to support continual development.

> I think the every five years thing is idiocy… the whole purpose of this is to encourage professionals to continually develop themselves and I don’t think the way it is at the moment is encouraging people to do that, it’s encouraging entirely the wrong behaviour.

> Pharmacist

4.19 The majority of assessors feel that the 45 minute limit on reviewing records is about right. The time it takes to review a record depends on the assessor and how detailed the record is. The average amount of time is takes them to review a record ranges between 20 and 40 minutes.

> I think my average time at the moment is something like 40 minutes so, I think the 45 minutes is fine. Sometimes it’s very hard because some people write very short articles and some people read a whole chapter and they’ve copy and pasted the whole chapter in…. but on the whole I’d say it is fine.

> CPD Assessor

4.20 The CPD record review demonstrates that the amount of detail recorded for each record varies considerably from registrant to registrant, and individual registrant’s records can also vary considerably. This supports the finding that the time it takes to review a record can vary considerably.

4.21 The feedback that registrants receive as part of the process divides opinion. On the one hand, some registrants are happy with the feedback they have received:

> It does take a while but I think that is very useful. It is good because they tell you if something is bad and then tell you what bits that you need to concentrate on. It would be nice to talk to them directly – but I’m not sure how easy that would be.

> Pharmacy technician

4.22 Many, however, feel that the feedback was not helpful because of the lack of detail that it contains. This is discussed in more detail in Chapter 7.

The process as a whole

4.23 Assessors have mixed views as to whether registrants are engaged with the current CPD process. They stress that it varies according to the attitude of the individual but most believe that the majority of registrants are engaged. Some assessors felt that they were not in a position to measure registrants’ engagement and a few felt that issues already discussed (e.g. time involved to complete CPD entries,
frequency of being called to review, feelings towards the feedback received following audit) mean that registrants are not as engaged as they could be.

4.24 The record review supports this perspective. It is difficult to truly gauge how engaged registrants are with the CPD activities and what they have gained from doing them. It only offers an insight into how engaged they are with the process of recording their activity.

4.25 Assessors express similar views when asked whether they think registrants value the current CPD process as a whole. Some believe that registrants value doing the activities, but attach less value to recording them.

That’s a difficult question because there are different meanings for CPD. If you mean recording CPD then not very much. If you mean actually doing it so going out and carrying out some activities that lead to development, I think they value it very much.

CPD Assessor

Barring the fact that they need to do it to stay on the register, in that respect it certainly is valued; if it’s valued as a true professional development tool I have my doubts.

CPD Assessor

4.26 As discussed, some assessors think the CPD process is of value when it encourages registrants to reflect on and demonstrate what they have learned. The extent to which the current requirements do this is discussed in further detail in Chapter 5.
5 How well do GPhC’s requirements support registrants to reflect on and make improvements to their practice?

5.1 This section of the report explores registrants’ and assessors’ views on the current CPD model and its perceived usefulness in terms of helping registrants to make improvements to their practice.

The CPD documentation process (‘plan and record’)

5.2 Registrants have mixed views in terms of how useful they perceive the CPD documentation process to be in encouraging them to genuinely reflect on improving their professional practice.

5.3 Some registrants say the documentation process helps them to identify gaps in their existing knowledge, and a few think it encourages them to find out more about specific topics.

It’s helped me with gaps in my knowledge – definitely. Once I start writing about something that I have done, it makes me think about other activities I should do.

Pharmacy technician

5.4 Many other registrants feel that the documentation process is not useful as it has no impact on their professional development.

I do feel it’s a tick box exercise. I do it because I have to do it, I don’t do it because I enjoy doing it or I think it’s going to make me a better pharmacy technician, I do it because I’m asked to do it as part of my registration.

Pharmacy technician

5.5 A number of registrants (both those who think the documentation process is useful and those who do not) value doing the CPD activities but feel that they would be doing them anyway – regardless of the documentation process.

Two answers there, the actual activity of doing it: very useful, the forms themselves not at all.

Pharmacist

5.6 Assessors have similarly mixed views. Some think that the current documentation process can encourage registrants to reflect on and improve their practice, as it provides a good reference tool:

I think it’s excellent, if they’ve attended any training they think about it when they come back, if they’ve learned something new which they didn’t expect to then that can be part of their recording process. I suppose it keeps their development in their mind regularly.

CPD Assessor

5.7 Others cite a number of reasons as to why they feel the current CPD process does not necessarily support registrants to reflect on and make improvements to their practice. They feel the structure of the documentation process and the lack of feedback given after the ‘call and review’ process mean records do not have to contain any evidence of reflection in order to pass a review:
There’s not a lot of support from the GPHC. I think that’s another reason why a lot of registrants don’t write their CPD correctly or they skim over because they don’t really know what’s expected of them. A lot of these people are highly intelligent people who know a lot about a lot of things and are very clever, but they don’t know how to use the system properly.

CPD Assessor

It is possible to pass a GPhC record without a great deal of reflection, just because of the way it’s put together and assessed really.

CPD Assessor

5.8 As a result, many assessors feel that the capacity of the current system to encourage registrants to reflect on and make improvements to their practice varies according to the attitude of the registrant.

I do think there are people that do find it a very useful tool. But I think a lot of people see it as a very tick box activity, and I think that’s the contrast in the records. You can absolutely see the people who understand the process and are using it properly and those people who are basically ‘I have to do this to stay on the register...I’m writing it because I have to’ as opposed to I’m writing it to use it.

CPD Assessor

5.9 The record review supports this view, with some of the registrants reviewed appearing to genuinely reflect on gaps in their existing knowledge to make improvements, whereas others do not. A fifth (21%) of the 1,000 records that were reviewed were given a score of 3 as they were judged to show detailed evidence that suggested genuine reflection. However, this was not evident in the majority of records (79%): 73% were given a score of 2 as they contained some but mixed / patchy detail and six per cent were given a score of 1 as they contained minimal detail.

5.10 Registrants who start recording their CPD activities at ‘Reflection’ or ‘Planning’ are asked what they have learned as part of their CPD activity is important to themselves and their practice. 31% (of the 653 records reviewed that addressed this question) contained a detailed response which was suggestive of general reflection, 57% contained answers with some detail and 16% provided minimal detail.

5.11 Over a quarter (27%) of the 549 ‘Reflection’ records reviewed were given a score of 3 for the answers to the question “what have you learnt?”. Three-fifths (60%) of these records were given a score of 2 and 13% were given a score of 3.

5.12 Analysis of these specific questions reinforces the views expressed in the qualitative interviews – the extent to which the current system encourages registrants to reflect on and make improvements to their practice varies according the attitude of the registrant. Further, the fact that the proportion of records that scored 1 for this question was relatively high (twice the six per cent given an overall summary score of 1) supports the view that records do not have to contain any evidence of reflection in order to pass a review and that this aspect of the current CPD process should be improved.

5.13 Some registrants feel that the process of doing (and recording) their CPD activities can prompt them to take further action.

Sometimes yes. If I feel that what I have chosen to learn is not sufficient from the activities I have chosen then I will start a new CPD. There was one about immunotoxins I felt that I didn’t learn enough from the first thing so I
decided to read up on it further. A patient required it on the ward so I started a CPD but then when I read more into it there was other stuff.

Pharmacist

5.14 On the other hand, most registrants are not prompted into undertaking further action after completing the CPD documentation process. However, some of these registrants do feel that the ‘plan and record’ process does act as a useful tool that they can continually refer to:

Generally not but I find it useful to go back and refer to – if I know I’ve done something but can’t remember how to do it.

Pharmacy technician

5.15 The record review supports these findings. Registrants who start recording their CPD activities at ‘Action’ or ‘Evaluation’ are asked what they intend to do as a result of completing their CPD record. In the majority of cases (90% of the 344 records reviewed that answered this question), registrants stated ‘nothing – I’ve learnt enough for what I need’ (that the activity did not prompt them to take further action). Only a minority (5%) stated that the activity prompted them to start a new cycle (take further action).

The CPD process as a whole

5.16 Some respondents think that the CPD process as a whole does support them to make improvements to their knowledge and professional practice.

You’re learning on the job all the time and it makes you stop, record, reflect and you do improve your practice by that.

Pharmacist

It’s good because it does improve your knowledge in general… the most important thing is that the patient gets the right knowledge – this process helps with that 100%, no doubt about it.

Pharmacy technician

5.17 Most, however, think the CPD requirements do not support them in this respect – many feel that they are doing CPD activities regardless and that the development of knowledge is not reflected in the CPD process itself.

I’m doing what I’m doing as part of my job anyway even without doing CPD, it’s just basically recording what I’m doing anyway.

Pharmacist

Generally speaking I don’t think it reflects what is happening in practice. From talking to colleagues. It doesn’t necessarily reflect the knowledge or reflect the practice… it just reflects the documentation we fill in and submit.

Pharmacist

5.18 A number of registrants think the ‘tick-box’ nature of the ‘plan and record’ process and the requirements needed to pass the ‘call and review’ are removed from professional practice.

I don’t think it does at all. I think it offers a system to record CPD but it’s just a mechanistic process – you can put virtually anything down and you’ll meet
the requirements. It’s *disassociated from the actual needs of the individual and the organisation.*

**Pharmacist**

5.19 Many assessors express similar opinions. As discussed above, they feel the limitations of the current system mean that it largely depends on the attitude of the individual.

*I think it’s perfectly possible to fill in the form in a mechanical way without doing a great deal of thinking and still write sufficient that you get the ticks. I do see entries where I think that is what’s gone on. But other people do seem to put a considerable amount of thought into it.*

**CPD Assessor**

5.20 Some registrants feel that the current CPD process benefits service users as it helps to ensure that they are receiving the correct advice and guidance (this is discussed further in Chapter 7). Assessors, on the other hand, generally feel that the current CPD process has no relationship with patient safety. They feel that it is a paper-based exercise which does not necessarily reflect actual practice. Assessors state that they cannot check the content of the forms they review and some assessors are not pharmacists, so they do not have the knowledge needed to do so.

*I would say probably not at all really… this is only a paper based exercise and we don’t see people in practice and what they are actually doing, so you could have somebody who has excellent CPD but could be doing something unsafe in the pharmacy.*

**CPD Assessor**

5.21 Assessors feel that the current CPD process could be built-upon and improved to make it more effective in terms of supporting registrants to make improvements to their practice. Some assessors think that more support for registrants could help with this. They feel that the GPhC could provide more information about what they are required to do and why.

*I think useful hints and tips of how using CPD has worked would be useful, you know the GPhC ‘Regulate’ bulletin that they don’t send out anymore¹, if they had a section in there where you put things like one registrant said she actually records what she’s learned so she can refer back to it later. Sharing where people have found doing CPD beneficial and selling the positives of it that might help.*

**CPD Assessor**

5.22 Other assessors think that CPD requirements need to be made more relevant to the registrants’ practices. Mirroring the views expressed by some registrants that are covered in section 4, a few suggested that the process should involve more interaction with peers and colleagues.

*I think a lot of it is making it relevant to their actual role. So community pharmacies for example, if they are providing services and they have to meet the service specifications then there are certain pieces of learning that they need to do… at the moment they can pluck things out of the air. They think “I need a CPD entry - I’ll do it on whatever I fancy”.*

**CPD Assessor**

¹ This is now continuously available online with new articles added weekly
I think feedback from their managers and from appraisal processes or group discussions about a particular topic - that would give them chance to reflect on their experience as a group rather than individually and I think that always prompts you to think about the way you do things yourself.

CPD Assessor
6 Which elements of the current approach are considered valuable by GPhC’s stakeholders and should be maintained?

6.1 This section discusses which elements of the current approach to CPD were viewed positively by respondents. It provides detail of the elements they consider valuable and feel should be maintained.

CPD documentation process: ‘Plan and record’

6.2 From a process point of view, pharmacists and pharmacy technicians feel the current CPD documentation system works well. Some commented that they had found it difficult at the beginning but that once they got used to completing the documentation it had become easier.

*It's fine. I didn’t understand it when I first started doing it, but once I’d done a couple it was fine.*

Pharmacy Technician

6.3 The CPD record review appears to reinforce this. At an overall summary level, the vast majority (94%) of the 1,000 CPD records that were reviewed were given a value of ‘2’ (‘Some detail (mixed, patchy)’) or ‘3’ (‘Fully detailed (genuine reflection)’). Only six per cent of the CPD records reviewed were given an overall summary value of ‘1’ (‘Minimal (i.e. box ticking)’).

6.4 All pharmacists and pharmacy technicians are positive about the fact that they can record their CPD activities online and feel that this part of the CPD process should be maintained. They like the functionality of the online portal and that it saved their work as they progress through the form.

*It’s nice how it’s electronic and it saves it all for you and it’s all there.*

Pharmacist

6.5 Some registrants’ commented how they like having a record of their CPD activity as a result of completing the CPD documentation process.

*It creates a historical record. It has structure to it. It enables me to approach CPD recording in a fairly standard way.*

Pharmacist

6.6 In terms of completing the CPD forms themselves, most find these easy to complete. Overall pharmacists and pharmacy technicians tend to mention finding the ‘Action’ and ‘Evaluation’ forms easiest to complete. As well as the comments surrounding ease, there were also a number of positive comments about the usefulness of completing the CPD documentation forms. Registrants made comments surrounding the usefulness of CPD records starting across all entry points.

*Probably the ‘Evaluation’ [is most useful] because it makes you think about what you’ve done.*

Pharmacist

*The Planning section is most useful because it helps you decide what activities you are going to carry out to achieve your objective.*

Pharmacist
6.7 One CPD assessor commented in particular about how well they feel the ‘Evaluation’ CPD records work.

_The working well one is always the Evaluation at the end of it, so they can look back and they can see how they’re actually going to apply their knowledge, because obviously anybody can go off and read a book or article, but it’s about whether it’s relevant to their practice and whether they’re going to benefit from doing their training._

**CPD Assessor**

6.8 These findings are supported by the record review of 1,000 CPD records. CPD record entries starting at ‘Action’ and ‘Evaluation’ were more likely to be given an overall summary score of 3 (‘Fully detailed (genuine reflection)’) than those that begin at ‘Reflection’ or ‘Planning’.2 This is discussed further in Chapter 7.

6.9 Only a handful of the pharmacists and pharmacy technicians interviewed had referred to the guidance documentation created by the GPhC to aid completion of CPD records / forms. The majority that had referred to the guidance had found it to be useful.

_Very much so. It gave me an indication of what they were looking for._

**Pharmacy Technician**

6.10 In addition to the formal guidance documentation, one registrant mentioned finding the ‘information button’ on the CPD documentation forms very useful when completing their CPD records. They liked being able to easily access the necessary information when unsure on what was being asked.

**The audit process: ‘Call and review’**

6.11 Pharmacists and pharmacy technicians were asked how they find the process of their CPD records being reviewed by a CPD assessor. Overall, most find the current review process relatively straightforward.

_Painless. It was fine. I submitted them and got them back around a month later._

**Pharmacist**

6.12 There were mixed views as to whether the feedback received from the GPhC following ‘Call and Review’ was useful. Those registrants who were positive about the feedback received feel it helped them identify gaps in their own knowledge.

_I got good feedback so it was obviously useful because it was telling me I was doing the right thing_

**Pharmacist**

_I think it is very useful yes because they are to the point – they are not very harsh; they tell you where you are going wrong and where you are going right._

**Pharmacy Technician**

2 Please note the low base size for ‘evaluation’ CPD records, only 31 were reviewed in total.
6.13 A few registrants commented that receiving the feedback and knowing they were doing the right thing boosted their confidence in their own abilities and professional practice.

Yes, because I got 98% I was quite impressed. It bumped you up a bit. It made you feel that you were doing it right and that you did have enough information in there. It was good for your confidence.

Pharmacy Technician

6.14 Most CPD assessors feel that the current review process is successful but also feel there is some room for improvement going forward (see chapter 7 for more detail).

6.15 There were some comments from CPD assessors reflecting that the current process was both economically and time efficient.

I think it’s the best way you can economically filter the quality of nationwide professional CPD submissions

CPD Assessor

6.16 One CPD assessor felt that the current process had been successful in establishing CPD activities, and the recording of them, as something that pharmacists and pharmacy technicians must do.

I think we needed some sort of process to drag the whole pharmacist populace into a state where everyone was actually recording something, I think in terms of making that happen it’s been a big success, because I think CPD is an accepted part of pharmacy professionalism nowadays it’s just what we do and it’s an accepted part of practice.

CPD Assessor

6.17 In regards to the online interface from which CPD assessors review the records, on the whole they feel this is useful and easy to use.

The form is fit for purpose and in terms of administration by the reviewer it’s very easy indeed to use.

CPD Assessor

6.18 CPD assessors feel that the main benefits of the ‘call and review’ process for registrants is that it helps them to reflect upon their CPD and any knowledge gained from participating in the activities, while also thinking about future learning and professional development.

I think for the majority of them it helps them keep in mind that they should be looking at continuing to update and keep up to date their skills

CPD Assessor

The process helps the registrant be reflective in their process and helps them to take time to go through a self-analysis in terms of how they’re performing and their learning needs, and how things can be advanced.

CPD Assessor

6.19 In terms of benefits for GPhC, CPD assessors feel that the ‘call and review’ process benefits them in terms of giving an insight to how pharmacists and pharmacy technicians are getting on with their CPD.
I believe it helps the GPhC have an overview of their practitioners and where they are in terms of how well they meet the standard which then ultimately leads to how well their practise is and ultimately how well their clients and patients fare in interactions.

CPD Assessor

6.20 CPD assessors were asked about the amount of time spent reviewing each registrant’s record. There was some variation in the average time spent reviewing each set of records, and there was an indication that this was driven by the level of detail provided by the registrant, but most feel that 45 minutes is ample time to review records. When asked ideally how long they would like to review registrants’ records most felt that the current timings were fine.

I think that’s plenty. I would say the average amount of time I would spend on the records would be about 30 minutes even if it’s a really big one.

CPD Assessor
7 What needs to change to make the new approach to CPD more valuable to the same stakeholders?

CPD activities

7.1 On the whole, pharmacists and pharmacy technicians are satisfied with the CPD activities that are on offer to them. There was, however, some desire for greater variation in the CPD activities provided. For example, one pharmacist mentioned that they did not feel there was enough training for pharmacists and pharmacy technicians involved in commissioning roles.

7.2 As discussed in Chapter 4, conferences, seminars and training sessions / courses were deemed by some pharmacists and pharmacy technicians to be the most useful events. There was an indication from some pharmacists and pharmacy technicians that they experience time, financial and logistical difficulties in attending conferences, seminars and training sessions / courses. These individuals wanted the GPhC to make these interactive events more accessible to them.

*Most of it is informal - as a locum, it is difficult to get onto courses because of the hours. There is a financial implication of not working - also, it's so competitive that if he doesn't work a shift then someone else may take the job!*

Pharmacist

7.3 The difficulties in attending interactive CPD sessions were often exacerbated by a perceived lack of support from employers. This was cited as a barrier to participation in CPD activities in general with the majority of pharmacists and pharmacy technicians stating that they completed their CPD activities in their own time with often little or no support from their employer. It was felt by pharmacists and pharmacy technicians that their employers should invest more time and / or money to help support their CPD activity.

*Generally it’s good but we need more training – the company should send us on training which looks at CPD stuff only. I think all of the pharmacists do this on their own time – they go to the CPPEs – but I just haven’t been able to but I wish I could because I think it would help me quite a lot.*

Pharmacy technician

7.4 This is a view that was supported by one CPD assessor, who felt that there needed to be much more professional support to aid registrants’ involvement in CPD.

*Something that registrants would appreciate would be paid time off to do CPD properly and that doesn’t happen often.*

CPD Assessor

7.5 There were a few comments from registrants that the companies running or supporting the CPD conferences, seminars and training sessions can use these interactive sessions as an opportunity to sell or push their products.

*I know there is after hours stuff and lectures and when I first qualified I used to go to them but I lost interest because a lot are sponsored by drug companies and there is a bias towards their medication and I find time wise they just go on too long for me.*

Pharmacist
Registrants feel they would benefit from more guidance on topics and key areas to learn, and suggested that this guidance could come from GPhC.

I don’t know, maybe if they gave you subjects every month or every couple of months that they want you to learn about that they think you need to be learning about, I don’t know...I don’t know. Sending you subjects to do for your CPD. I feel OK about it; you do what you don’t know about...that’s good learning stuff that you don’t know about.

Pharmacy Technician

Who benefits most from the current CPD requirements?

Pharmacists and pharmacy technicians were asked who they feel benefits most from the current CPD requirements; themselves and fellow pharmacists / pharmacy technicians, patients and service users or GPhC. There were mixed responses given by the pharmacists and pharmacy technicians.

A number of pharmacists and pharmacy technicians feel that the current CPD process benefits GPhC the most, and they struggled to see how the current process helps them to develop. They feel that they would be conducting the CPD activities even if it was not a requirement to do so and the CPD process is just a way of checking up on them.

To be honest the only body I see benefitting from it is GPhC because it gives them a role to do and justifies them taking our money. I don’t see it as being of benefit to anyone else.

Pharmacist

However, others feel that the current CPD process benefits them as pharmacist and pharmacy technicians as it helps them to develop their knowledge and learning, which in turn filters down to services users themselves.

We have to ensure that we are providing the best service to the patient, and in order to do that you have to be up-to-date and your practice has to be aligned with that of colleagues. It’s a useful method of assessing your performance and knowledge against your peers.

Pharmacist

Others felt that they and fellow pharmacists / pharmacy technicians, patients and service users or GPhC benefitted equally from the current CPD requirements.

The person who is doing the CPD benefits. So do the patients because when you’re serving them if you know about the products you can explain it to them well; the GPhC can keep an eye on your current activity.

Pharmacy Technician

I would hope everybody, obviously in the first instance it would be me that if I improve my practise then I would hope my patients would benefit, and the GPhC would benefit from having a more competent workforce.

Pharmacist
7.11 When completing the CPD documentation registrants are asked to state, for entries that start at ‘Reflection’ and ‘Planning’, the importance of the learning to themselves, to colleagues, to users of the products/services and to the organisation they work for on a scale of 1 to 5, where 1 means ‘None’ and 5 ‘Very high’.

7.12 From the CPD record review, there is evidence that registrants view the CPD activities they participate in as being important to all of these groups. Of the 653 records that begin at ‘Reflection’ or ‘Planning’, two-thirds (58%) gave a ‘4’ (High) or ‘5’ (Very high) on the scale of importance to all groups (for themselves, colleagues, users of the products/services and the organisation they work for). A further two-thirds (35%) gave varied responses for importance across the groups but had some marked as a ‘4’ (High) or ‘5’ (Very high).

7.13 Exploring the results from the 653 ‘Reflection’ or ‘Planning’ records in more detail, registrants were more likely to report the importance of the learning as a ‘5’ (Very high) for the users of the products/services (61%), and themselves (60%) than for the organisation they work for (48%) or their colleagues (33%).

**CPD documentation process: ‘Plan and record’**

7.14 As discussed in Chapter 6, registrants were positive about the fact that they could record their CPD activities online. Therefore most of the suggestions for improvements to the online interface itself were fairly minor, namely:

- The introduction of a spellcheck function to the online interface

  *It's user-friendly but I have to do it on Word first and then copy and paste it across onto the portal – that's mainly due to it having no spellcheck.*
  
  **Pharmacist**

- A number of registrants requested changes to some of the questions to make it (feel) less repetitive. Within the CPD record review there was some indication of repetition with individuals repeating the same information across different CPD record entries.

  *A bit repetitive, I feel like I put the same sentences down twice or three times, I’m sure because there are so many sections to it. It's not difficult, I just find it a little bit repetitive.*
  
  **Pharmacy Technician**

- The introduction of more examples of ‘good’ records and ‘bad’ records.

  *More training to provide a better understanding of the purpose of CPD could help, as well as providing some examples of good and bad CPD records.*
  
  **CPD Assessor**

- A clearer indication of how much information is required

  *It’s not the easiest thing to use, it’s not clear how much you need to write, I think the mistake a lot of pharmacists make to begin with is just writing far too much I’ve seen CPD records that are pages and pages long and they just don’t need to be, it’s a bit unclear from that point of view.*
  
  **Pharmacist**

7.15 One registrant suggested that the online interface could be expanded into an online ‘portfolio’, which would allow registrants to record ‘all sorts of different evidence’ such as certificates as opposed to recording activity through writing alone. Another suggested allowing feedback from colleagues or
employers to act as a form of evidence for participating in CPD activity and the knowledge gained from doing so.

7.16 The ability to start recording CPD activities from four different starting points polarised opinion, some registrants thought it was useful and others stated it was complicated and caused confusion.

    Could be reduced to two rather than four sections. Not to save time, but to make it more focussed, simple, and useful.

    Pharmacist

7.17 A number of registrants’ stated that they had particular difficulties with the entries starting at Reflection and Planning. GPhC could perhaps look to simplify the questioning within the Reflection and Planning sections of the CPD records/forms.

    I never really know what it means on “On reflection” where it says “Tick one or more methods that you use to identify what you need to learn”. I’m not quite sure what that means. You could argue “What do you want to learn?” and then the next question is “How is it relevant to your practice?” Well why would I want to learn it if it wasn’t?

    Pharmacy Technician

7.18 During the qualitative interviews, there was some indication from pharmacists and pharmacy technicians that they focused their effort when documenting their CPD activities on those they found easiest to complete (tended to be ‘Action’ and ‘Evaluation’) rather than what they find to be most important and/or useful.

    Action is probably where you inevitably focus, because it’s the easiest. But it’s not the most important/useful. Reflection and Planning are the most important.

    Pharmacist

7.19 The difficulties pharmacists and pharmacy technicians reported in completing Reflection and Planning entries were reiterated by CPD assessors, as these were the elements they feel are not completed as accurately or well by registrants when auditing CPD records.

    Again I’m marking a lot of these for the undergraduates because we use the same sort of structure...Thinking about what the undergraduates struggle with they struggle with the difference between relevance and importance and application and benefits they struggle with as well in terms of what is it you’ve got to write in these boxes.

    CPD Assessor

7.20 As stated in Chapter 6, these findings are supported by the record review of 1,000 CPD records. CPD record entries starting at ‘Action’ and ‘Evaluation’ were more likely to be given an overall summary score of 3 (‘Fully detailed (genuine reflection)’) than those that begin at ‘Reflection’ or ‘Planning’. The proportion of the CPD entries starting at ‘Action’ and ‘Evaluation’3 given an overall summary score of ‘3’ was 31% and 39% respectively, compared with 16% of ‘Reflection’ entries and 11% of ‘Planning’ entries.

---

3 Please note the low base size for ‘evaluation’ CPD records, only 31 were reviewed in total.
7.21 One section of the CPD form which assessors feel needs to improve in particular are the questions relating to how registrants have applied their learning at questions E2 (registrants are asked to give an example of how they applied or how they intend to apply what they have learnt to their practice) and E3 (registrants are asked what have been or what will be the benefits of this learning to their practice):

You read the record and they must be practising but they’re not giving you any real examples. I think that’s where the system is falling down because I think that if you are currently practising then you should be able to have most of your entries with a real example of how you’ve used it.

CPD Assessor

I sometimes think where people fill in the box “What have you learned?” they don’t tend to give enough detail, and maybe it should be made clearer about what we’re expecting. For example, some people may put “I learned the dose of paracetamol.” That doesn’t tell me that they did – anybody could put that! A lot of people do make that mistake and it’s not that they don’t know it they’re just not writing it down.

CPD Assessor

7.22 The record review supports this perception as the scores awarded to E2 and E3 are often lower than scores awarded to the other questions within the documentation. For these questions, 12% at E2 and 14% at E3 of the 1,000 CPD records reviewed were given a score of ‘1’ (Invalid blank / no useful information / only duplicating information already supplied in other field)

7.23 Other questions within the CPD documentation that received lower scores (10% or higher of responses scored as a ‘1’ (Invalid blank / no useful information / only duplicating information already supplied in other field)) within the record review were:

- P1 (registrants provide a description of their learning activity) – 10%
- P4 (registrants are asked to explain why the learning is important to them and their practice’) – 12%; and
- P6 (registrants are asked what they might need to do in order to achieve this learning and the advantages / disadvantages of doing so) – 13%.

7.24 From reviewing the information provided at questions P4 and P6, in their current format for some registrants they are finding it difficult to provide evidence that they are reflecting on and making improvements to their practice.

7.25 Completing the CPD documentation process was also felt by some pharmacists and pharmacy technicians to be rather a time consuming task.

It is time consuming. I have some colleagues that were asked after 5 years - they had to complete 45 records [in one go] as they don’t record it till asked. If they asked us every year I think that would make much more sense.

Pharmacist

7.26 Those who reported finding the documentation process time consuming tend to have spent longer on average completing each CPD record and / or tended to have entered their CPD records at less frequent intervals. An additional issue highlighted by some of those who completed their CPD records less frequently was the difficulty of recall.
7.27 The majority of pharmacists and pharmacy technicians when completing the CPD documentation process, did not refer to GPhC’s guidance. A number of registrants’ mentioned they were not aware the guidance existed so the GPhC could look to raise awareness of the guidance documentation.

7.28 One registrant who had viewed the guidance on offer from GPhC, felt it would be more useful to have a short video of a real pharmacist linking their CPD activities to real life examples and providing detail of how they documented their CPD.

Personal and Employer records of CPD activity

7.29 Pharmacists and pharmacy technicians were asked whether they and / or their employer kept records of the CPD activity they participated in, and if so, in what format it was kept.

7.30 Most pharmacists and pharmacy technicians keep a personal record of the CPD activity they participated in. The format the personal records of CPD activity take differ, they include:

- A diary of events / CPD activities participate in;
- Rough handwritten notes of CPD activities;
- Electronic word documents of CPD activities; and
- Documents of handouts from CPD activities.

_The way I work I keep records of meetings I attend and conferences I go to and activities I do. I manage my own diary, I keep notes so I either have online records or in notebooks of what I've done or what I do, and then what I do is go back and review those and translate those onto the forms._

Pharmacist

7.31 In addition, a number of the registrants refer to ‘update.org’ itself as their personal record of the CPD activities they participate in.

7.32 For most pharmacists and pharmacy technicians, the organisation they work for does not keep a record of their CPD activity. One registrant reported being required to provide their employer with a copy of the evidence they submit to GPhC. A few registrants mentioned that although their employer does not formally keep a record of their CPD activity they do check that they are participating in CPD activities.

7.33 Overall, pharmacists and pharmacy technicians did not feel that their current employer supported their continuing professional development with time, resources, mentoring or as part of their career development. Some registrants did mention that they received guidance or mentoring from fellow pharmacists and pharmacy technicians within their organisation, but that this support was provided by a particular individual rather than begin driven by the organisation.

The process of auditing CPD records: ‘Call and review’

7.34 CPD assessors were asked their views and experiences of the process of auditing CPD records.
7.35 Most CPD assessors gave similar descriptions of the process of auditing registrants CPD records. CPD assessors log onto a central website where a queue of registrants appears, they select the one at the top of the anonymised list and as long as they are unable to identify the pharmacist / pharmacy technician they proceed with this registrant. They then read, review and assess the top 20 CPD records for this registrant marking these against GPhC criteria and ticking the boxes when the criteria are met.

The most important thing is to assimilate the information, read everything carefully, then to be able to decide whether or not it meets the criteria to be able to give it a tick box

CPD Assessor

7.36 When asked how many registrants’ records they were responsible for reviewing each year, most CPD assessors stated that they did not have to review a set amount each year. The CPD assessors gave varying responses for the amount of CPD records they did review on an annual basis.

7.37 CPD assessors tend to focus on one registrants’ CPD records at a time. The number of registrants CPD record reviews they would complete in a sitting all depended on the time available.

7.38 Most CPD assessors do not meet with other assessors, and among those who do this was not on a regular basis. There is an appetite amongst CPD assessors to have more frequent meetings with fellow assessors and it is something they feel both themselves and the CPD review process would benefit from.

7.39 CPD assessors offered differing opinions when asked in their experience how they feel most registrants approach and complete CPD. Some feel they approach it professionally and complete the CPD documentation well, while others feel that there are some registrants providing just enough information to pass the audit.

There are two very different groups – there are people who are conscientious, caring professional people who do very good records and some of those actually are a joy to read. And there are others who are doing the absolute minimum and you get one word answers and annoyingly sometimes you actually have to give them, you know assess the criteria as them being there it actually is there...but you know that’s the bit that’s not right.

CPD Assessor

Views on the audit process: ‘Call and review’

7.40 For a number of pharmacists and pharmacy technicians, their CPD records being called to review was what prompted them to complete the CPD documentation process.

7.41 A number of registrants stated that they would like to see more frequent reviews, requiring a lower volume of CPD activities to be recorded. They feel this will help prevent them recording their CPD activities retrospectively and add more value to the CPD process.

I don’t like the way they call people every 5 years or something as then it is 45 entries and that becomes a nightmare. Most people I’d say attend events but don’t record them and so because they wait for 5 years it is then 45 CPDs all at once. I think this is not good, not good at all.

Pharmacist
7.42 CPD assessors also felt it would be beneficial to call CPD records to be reviewed at more frequent intervals.

_The Call and Review, the professional have their records called every five years and I think that’s probably quite a long time to sample their records._

**CPD Assessors**

7.43 Although a number of registrants report finding feedback at the end of the audit process useful, most feel that this could be improved. These feel that the feedback was not particularly useful because it was too vague.

_It all seemed very generic. There was nothing very specific about it. It’s a weird sort of thing as I know it is called Continuous Professional Development but they are really just grading your filling in forms ability. There was no feedback about my continuous professional development it was just the form was well filled in. You are just appraising me on my ability to fill in a form and you get the impression that the person appraising it is not a pharmacist. It’s not feedback, it’s not like you are speaking to a mentor._

**Pharmacist**

7.44 One registrant stated that the feedback provided was not very useful because there is no background information to it (such as an average score). GPhC could look to provide some general feedback information that would allow registrants to put their feedback in context with the wider profession.

_I was surprised how good my score was, I wouldn’t have given me 98-99%. That, for me, questions the quality of the review. What is the average score? I can’t compare myself to others._

**Pharmacist**

7.45 Some registrants reported feeling that following submitting their CPD records for review that they had to wait too long to receive the feedback.

_It was the first time I actually sent it off myself and had to wait a good 8 weeks for the feedback. It’s too long._

**Pharmacy Technician**

7.46 One registrant suggested that GPhC could look to learn lessons from some other regulatory bodies that have been established for longer.

_What they need to do is look at other regulators, including those outside the healthcare sector. For example - Bar Standards Board, and the Solicitors Regulation Authority. They’ve got it right. One should have to submit a record of training every 12 months - based on hours of training. This is self-certified at this point. Then a random selection should be selected for audit. At this point, they should have to evidence the training. There should be a short turnaround for this - 6 weeks is too long, because people know they can cobble something together in this time. It should be a timeframe which is not long enough for someone to blag it - e.g. 2 weeks. If you don’t comply in time, there should be a financial penalty. If, once submitted, it is found to be lacking - then you go into the "fitness to practice" process. At the moment, there are simply not enough repercussions._
Pharmacist

7.47 Mirroring the views of some registrants, many assessors stated that the feedback that the programme allowed them to give was ‘flat’ and that they would like to give more tailored / personalised feedback as opposed to ‘box-ticking’. They also felt that this would help to make the process more ‘meaningful’ for registrants.

*It could be better, only because as a reviewer we can’t give direct feedback we’ve only got tick boxes, sometimes where you have a record that is really, really good and they’ll get ticks, and you’ll get another record where it passes but passes marginally and you feel you could do with writing some feedback there but actually we’re not allowed to do that we can only just put the tick, you can get a very good record and one that only just squeezes through but they’d still get the same ticks.*

CPD Assessor

*They’re a bit, because it’s a tick box exercise you can say that some of the ticks are...how can I put it, some of the ticks mean more than other ticks*

CPD Assessor

7.48 One CPD assessor commented that although they felt more individualised feedback was a good idea that some assessors have limited knowledge of the industry so it may be difficult for them to provide detailed technical feedback or suggestions for professional development.

7.49 The issue of the feedback provided is the main topic of discussion when assessors meet to talk about the CPD process (these discussions only tend to take place during annual training sessions).

*I think the general feeling is that it’s a good framework but there are things that don’t work. The discussions assessors have are usually centred on the fact that there is a need for a little bit more flexibility. I think the automated feedback is a bone of contention because we feel we could provide more individual feedback to the professionals.*

CPD Assessor

7.50 Related to this desire to provide more personalised feedback, and to be able to differentiate between the standard of the information provided within the records, some CPD assessors suggested amendments to the online portal and review process in order to facilitate this. Suggestions included incorporating free text boxes for feedback and rather than just ticking a box being able to rank the information provided.

*The form needs some way for a CPD reviewer to be able to explain in some sort that overall that was a satisfactory record for example. We can get records that tick all the boxes but are not really good. It would be good to have space on there for the reviewer to be able to comment on each section and express their reflection on that piece of CPD. Either that or the form needs to changed somehow.*

CPD Assessor

*Maybe it would be good to put a bit of variation on the tick boxes so we could have a good, very good or poor rather than just a tick, as I was saying before if you’ve got somebody who’s given you a really good article you could say that was really good rather than giving everybody the same mediocre score,*
it's things like where they've found the information out from, sometimes some people only put one example, so they might just have read a journal whereas others would have read a journal, discussed it with colleagues and seen it out in practise so they've got a few more examples so both those examples will just get one tick.

**CPD Assessor**

7.51 On the whole, assessors thought that the online interface itself was useful but there were some relatively minor, improvements suggested:

- Making the online function faster; and
- Making the online function more compatible with devices such as tablets and laptops.

*The interface itself can be clunky sometimes. It needs to be able to flex depending on what you’re working on, whether it’s a tablet or a laptop, what screen resolution you use.*

**CPD Assessor**

7.52 Some CPD assessors called for greater flexibility in the time allocated for assessing records as they felt there was variation in the time required to review a registrant’s records with some taking longer than the maximum 45 minutes allocated whilst others were shorter.

*I would say it would be good to have flexibility both ways, maybe a 5-10 minute flex and to be justified, the 45 minutes to be the norm on average and then where necessary maybe with a box to justify why this was extended to allow for the extension.*

**CPD Assessor**

7.53 One CPD assessor felt that the review process could be improved if they were given set quotas / numbers of registrants to review.

*Smoother for us as a reviewer would be if we had a specific quota perhaps every month…and stick with yearly training so that we can all discuss if we’ve got any problems or any queries together. I think if we started doing feedback then we would need those more regularly to make sure we were all on the same page.*

**CPD Assessor**

7.54 In terms of engagement with the current CPD process most assessors feel that on the whole registrants are engaged with the process. However, there was felt to be some variation. One CPD assessor commented that they feel engagement could be waning as registrants are aware at the end of a 5 year cycle.

*It’s like anything else like this there are many who do it because they have to do it but I think the vast majority see it as a good process and you can see in the way they provide their entries they are taking the process seriously,*

**CPD Assessor**
It might've lapsed a bit because we've had the CPD for quite a few years now so it’s starting to become the second time around for most people so it could've lapsed a bit because you only get called every five years.

CPD Assessor

7.55 CPD assessors felt that what registrants gained from the review process depended largely on what they put into it.

Analysis of CPD records

7.56 Pharmacists, pharmacy technicians and CPD Assessors were asked what they think GPhC does with the CPD records and audit information they provide.

7.57 A number of pharmacists and pharmacy technicians feel that the CPD records are used by GPhC to check that they are continuing with their professional development and able to perform the role of pharmacist / pharmacy technician.

To make sure you’re competent and still doing your job.

Pharmacy Technician

7.58 Other registrants were unsure what was done with the CPD information they provided. Once again, when asked what analysis they thought GPhC did with the information provided a proportion of pharmacists and pharmacy technicians were uncertain.

7.59 Those that provided a response as to what analysis GPhC conducted tended to feel that they are likely to investigate whether registrants are completing the required amount of CPD activities, improving their knowledge and continuing with their professional development. A mixed response was given by registrants when asked at what level they believed the analysis was conducted, some believed this to be at an individual level while others feel that registrants would be grouped for analysis.

7.60 Reflecting the fact that most registrants do not know what GPhC does with the data they collect a number of registrants stated that there should be more transparency in terms of what the data is used for and how it affects registrants and their roles.

7.61 CPD assessors were asked what happens once they submit their audit information, how they think GPhC uses the audit information provided and whether they think they conduct analysis on this information.

7.62 Some CPD assessors feel that GPhC uses the information they provide to ensure competency and compliance of their registrants.

They use it to ensure that across the board all their registrants complete their CPD records, their records are complete but also that they’re completed appropriately.

CPD Assessor

7.63 CPD assessors believed that there was analysis of the audit information at an individual level to prepare the registrants feedback reports. Some also mentioned that audit information was analysed at an overall level to investigate the proportion who are meeting the CPD requirements. A number of
CPD assessors did also respond that they were unsure what was done with the audit information they provided.

7.64 A number of CPD assessors stated that they would like to have more interaction and engagement with GPhC with regards to what they do with the data collected from the audit process. In addition to this some assessors mentioned that they would like to receive feedback on their own work and auditing performance.

**Peer review**

7.65 CPD assessors were asked whether they think there are any possibilities for some form of peer review of the current CPD requirements and process. Some CPD assessors were positive about the possibility and feel that a peer review process would help to improve the current CPD process. This view was also shared by a number of pharmacists and pharmacy technicians.

> Another thing I thought would work would be some sort of peer review. Rather than submitting themselves and sitting in a dark room you’d be required to find another pharmacist or technician (a peer to look at your cycles). Say you did five a year for example to make it easier, they’d read through them and give you one paragraph feedback about what you’d done and what you could do differently and then you could demonstrate on how you’d acted upon that.

**Pharmacist**

7.66 One felt it would be useful to get together groups of CPD assessors and groups of registrants.

> I think it would be very good to get a group of let’s say a dozen reviewers to spend a day thrashing it out with the GPhC and probably the same with a group of registrants, like a focus groups.

**CPD Assessor**

7.67 When completing the CPD documentation, entries that start at ‘Reflection’ are asked what methods they use to identify a learning need. In the CPD record review, over half (55%) of ‘Reflection’ entries reported using ‘peer review / talking to colleagues’. This methodology was the second most commonly used, following ‘personal interest’ (63%). This demonstrates that both experience of and an appetite for peer review already exists amongst registrants.

7.68 A number of CPD assessors highlighted some of the difficulties that may arise from attempting a peer review due to pharmacy being such a diverse profession and because of the number of specialist pharmacies that exist.

> Yes there are but they need to be carefully handled because pharmacy is such a diverse profession, there are independent pharmacies, community pharmacies, there are pharmacies that work for multiple agencies, there are industrial pharmacists, and there are academic pharmacists, so the process needs to be carefully handled so nobody feels disenfranchised from the activity and from the process.

**CPD Assessor**

7.69 Some CPD assessors share their concerns about how the peer review would work in practice and are a little sceptical of it being a success.
I don’t know as it’s going to be quite hard. You’d need to standardise it and have people trained to know what they were looking for. Criteria would need to be really clear.

CPD Assessor

7.70 CPD assessors were asked what types of performance indicators they would like to see included within the CPD requirements and process. Most felt that on the whole the current requirements were fine. A couple of CPD assessors feel that the CPD requirements would benefit from more future planning and creating a personal development plan.

Possibly...an outline of where they're heading with their CPD, a lot of what they do is firefighting, they had someone arrive they didn’t have the knowledge, the do the CPD to increase that knowledge or to fill that gap. The CPD needs to be one that is led and fed in some way, where they are aiming for it, why, that kind of relevance in terms of their overall planning of their CPD

CPD Assessor
8 Conclusions

8.1 On the whole, registrants and CPD assessors are positive about the current CPD process but feel that it could do more to help with their development. They both suggest a number of amendments to the current CPD approach to get more value out of the CPD assessment.

8.2 Overall registrants and CPD assessors were positive about the online portal they accessed. There were some specific amendments that were suggested to the online portal. For ‘plan and record’ registrants recommended the inclusion of a spell checker, reducing the repetition of questions, the introduction of good and bad records and a clearer indication of how much information is required. Whilst CPD assessors called for improved compatibility with devices such as tablets and to make the online software faster.

8.3 Most pharmacists and pharmacy technicians are satisfied with the CPD activities that are offered to them. The recommended improvements to the CPD activities call for a greater variety of CPD activities, an increase in the number of interactive sessions on offer and greater direction from GPhC on what to learn.

8.4 Registrants and CPD assessors main feedback on the audit process ‘call and review’ was that they would like more frequent reviews and for the feedback provided to be more individualised and varied. By calling records for review on a more regular basis this would ensure that registrants do not have to enter a backlog of entries and experience difficulties in recalling the details of the CPD activities they participate in.

8.5 One way to approach future audits would be to sample the register on a random basis – this would ensure that selection is not predictable in any way. In terms of the number of registrants to be sampled for review each year, it would need to be sufficiently large to be representative, but it also needs to be large enough to present a “risk” to registrants if they do not keep up to date, and be balanced with cost and efficiency. This “risk” is also dependent on the time available to complete their records, and the consequences if they are late and / or inadequate.

8.6 In regards to the analysis of information both registrants and CPD assessors were unsure how the information was used and asked for greater transparency in what is done with the information collected. A number of registrants and assessors stated that they would like to have more interaction and engagement with GPhC.
Appendix A: Analysis of Record Review

Analysis of questions that were reviewed using 3 point scale

As discussed in section 2.13, records were scored on a 1 to 3 basis as part of the record review. Answers that were deemed to give minimal detail were given a score of 1, those with some (albeit mixed / patchy) detail were given a score of 2 and those which were deemed to be very detailed and suggestive of genuine reflection were given a score of 3.

The table below shows the scores for each of the questions that were reviewed using this scale. Please note that analysis of each question is only based on the number of entries that should have provided an answer to the question – the records that were legitimately blank for each question have been excluded.

Although we report on “numbers”, it should be acknowledged that the scores given as part of the review are a qualitative assessment of the record and are therefore subject to personal interpretation.

<table>
<thead>
<tr>
<th>Question</th>
<th>Total Number of Entries</th>
<th>Record Review Score</th>
<th>Total Sum of Entries</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>R1: What do you want to learn?</td>
<td>549</td>
<td>5%</td>
<td>69%</td>
<td>26%</td>
</tr>
<tr>
<td>R2: How did you identify what you needed to learn?</td>
<td>549</td>
<td>5%</td>
<td>62%</td>
<td>32%</td>
</tr>
<tr>
<td>P1: Describe the learning activity that you are planning to do.</td>
<td>104</td>
<td>10%</td>
<td>71%</td>
<td>19%</td>
</tr>
<tr>
<td>P2: What do you hope to learn from this activity?</td>
<td>104</td>
<td>4%</td>
<td>74%</td>
<td>22%</td>
</tr>
<tr>
<td>P3: Advantages/disadvantages</td>
<td>104</td>
<td>8%</td>
<td>65%</td>
<td>27%</td>
</tr>
<tr>
<td>P4: Why is this learning important to you and your practice?</td>
<td>653</td>
<td>12%</td>
<td>57%</td>
<td>31%</td>
</tr>
<tr>
<td>P6: What have you learnt?</td>
<td>549</td>
<td>13%</td>
<td>60%</td>
<td>27%</td>
</tr>
<tr>
<td>A1: Describe the activity you undertook that enabled you to learn something new</td>
<td>316</td>
<td>9%</td>
<td>59%</td>
<td>32%</td>
</tr>
<tr>
<td>A2: Describe what you actually learnt from the activity</td>
<td>969</td>
<td>4%</td>
<td>36%</td>
<td>60%</td>
</tr>
<tr>
<td>E2: Describe a situation where you’ve applied something that you’ve learnt to your practice.</td>
<td>1000</td>
<td>12%</td>
<td>54%</td>
<td>34%</td>
</tr>
<tr>
<td>E3: Describe how your practice benefited from applying what you learnt.</td>
<td>1000</td>
<td>14%</td>
<td>60%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Analysis of questions that were reviewed using other scales

<table>
<thead>
<tr>
<th>Question</th>
<th>Total Number of Entries</th>
<th>Number of methods used to identify learning needed</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>R3_1: Number of methods used to identify learning needed</td>
<td>549</td>
<td>20%</td>
<td>35%</td>
</tr>
</tbody>
</table>
### Analysis by ‘entry point’ and overall summary

As well as scoring responses to each question on a 1 to 3 scale, each type of record in terms of ‘entry point’ was scored using the same scale (i.e. records that were deemed to contain minimal detail were given a score of 1, those with some detail were given a score of 2 and those that were very detailed and suggestive of genuine reflection were given a score of 3). The same approach was taken when reviewing each record at an overall level. Again, valid blanks were excluded.

<table>
<thead>
<tr>
<th>Section</th>
<th>Total Number of Entries</th>
<th>Record Review Score</th>
<th>Total Sum of Entries</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Reflection</td>
<td>549</td>
<td>6%</td>
<td>78%</td>
<td>16%</td>
</tr>
<tr>
<td>Planning</td>
<td>104</td>
<td>4%</td>
<td>86%</td>
<td>11%</td>
</tr>
<tr>
<td>Action</td>
<td>316</td>
<td>7%</td>
<td>62%</td>
<td>31%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>31</td>
<td>-</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>OVERALL</td>
<td>1000</td>
<td>6%</td>
<td>73%</td>
<td>21%</td>
</tr>
</tbody>
</table>

### Questionnaire Results

#### R3_2: Type of methods used to identify learning needed

<table>
<thead>
<tr>
<th>Method</th>
<th>No. of mentions</th>
<th>% (of 549 Reflection records)</th>
<th>Number of cases when this method was the only type used to identify need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal interest</td>
<td>348</td>
<td>63%</td>
<td>41</td>
</tr>
<tr>
<td>Peer review/talking to colleagues</td>
<td>307</td>
<td>56%</td>
<td>21</td>
</tr>
<tr>
<td>Reading articles / journals</td>
<td>198</td>
<td>36%</td>
<td>12</td>
</tr>
<tr>
<td>Feedback from users of service/product</td>
<td>138</td>
<td>25%</td>
<td>7</td>
</tr>
<tr>
<td>Appraisal</td>
<td>68</td>
<td>12%</td>
<td>3</td>
</tr>
<tr>
<td>Critical incidents</td>
<td>61</td>
<td>11%</td>
<td>7</td>
</tr>
<tr>
<td>Audit</td>
<td>38</td>
<td>7%</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>142</td>
<td>26%</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Total Number of Entries</th>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>MISSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1: Have you learnt what you set out to learn?</td>
<td>653</td>
<td>93%</td>
<td>6%</td>
<td>*</td>
<td>1%</td>
</tr>
<tr>
<td>E4: What do you intend to do next?</td>
<td>347</td>
<td>90%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Appendix B: Interview Topic guides

Depth interview topic guide: Pharmacists and Pharmacy Technicians

A Introduction to the research

- **ASK TO SPEAK WITH NAMED CONTACT**
- **THANK RESPONDENT FOR AGREEING TO TAKE PART**
- **INTRODUCE SELF AND IFF RESEARCH**
- **EXPLAIN THE BACKGROUND AND OBJECTIVES:**

IFF RESEARCH HAS BEEN COMMISSIONED BY THE GENERAL PHARMACEUTICAL COUNCIL TO CONDUCT A REVIEW OF THE CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS OF PHARMACISTS AND PHARMACY TECHNICIANS. THE CORE AIM OF THE REVIEW IS TO PROVIDE EVIDENCE-BASED RECOMMENDATIONS FOR IMPROVEMENTS TO THE CPD REQUIREMENTS IN THE CONTEXT OF THE PLANS TO INCORPORATE REVISED CPD REQUIREMENTS INTO THE GENERAL PHARMACEUTICAL COUNCIL’S ‘CONTINUING FITNESS TO PRACTISE FRAMEWORK’.

AS PART OF THE REVIEW, IFF ARE CONDUCTING INTERVIEWS WITH BOTH PHARMACISTS AND PHARMACIST TECHNICIANS, AS WELL AS THOSE RESPONSIBLE FOR ASSESSING CPD RECORDS.

- **THE INTERVIEW WILL LAST APPROXIMATELY 30-40 MINUTES**

**CONFIDENTIALITY:**

PLEASE NOTE THAT ALL DATA WILL BE REPORTED ANONYMOUSLY AND YOUR ANSWERS WILL NOT BE REPORTED TO GENERAL PHARMACEUTICAL COUNCIL OR ANYONE ELSE, IN ANY WAY THAT WOULD ALLOW YOU TO BE IDENTIFIED.

- **TAKING PART IN THIS RESEARCH WILL NOT IMPACT ON YOUR DEALINGS WITH THE GENERAL PHARMACEUTICAL COUNCIL AT ANY POINT IN THE FUTURE.**

- **RECORDING - PERMISSION TO RECORD**

INTERVIEWER NOTE: SHOULD THERE BE ANY NEGATIVITY/NEGATIVE COMMENTS DURING THE INTERVIEW WILL NEED TO PROBE TO UNDERSTAND WHETHER FEEL NEGATIVELY TOWARDS THE GENERAL PHARMACEUTICAL COUNCIL IN GENERAL, WHETHER FEEL NEGATIVE TOWARDS CPD IN GENERAL OR IS IT SPECIFICALLY THE GENERAL PHARMACEUTICAL COUNCILS APPROACH TO CPD FEEL NEGATIVE TOWARDS.

ONCE ESTABLISHED WHAT IS DRIVING NEGATIVITY NEED TO PROBE TO FIND OUT WHY.

B Background information

First of all, I'm interested in learning a little about your role and the organisation your work for as context for the study.

B1 Can you describe the organisation you work for?

B2 What is the employment setting like?
• A community pharmacy, a hospital setting or something else?

B3 **How long have you been working for the organisation?**

B4 **How well would you say you know the General Pharmaceutical Council?**

• Very well, fairly well, not very well, not at all well, never heard of it.

B5 **How favourable or unfavourable would you say your impression is of the General Pharmaceutical Council?**

• Very favourable, mainly favourable, neither favourable nor unfavourable, mainly unfavourable, very unfavourable.

## C Views and experience of CPD activities

Registrants with the General Pharmaceutical Council (GPhC) are legally required to undertake continuing professional development (CPD) activities to maintain their registration. I’d like to talk to you now about your experience of these CPD activities.

C1 **What types of activities have you participated in, in the past year?**

• EXAMPLES THAT MAY BE GIVEN IF NECESSARY: Conferences, courses and professional meetings, practice-based learning including feedback from patients, professional audit, self-directed learning, including reading, writing and undertaking research, learning with others in the workplace / other healthcare professionals, preparing for and giving lectures and presentations, designing and delivering training sessions or courses, writing papers and other articles for publication

• PROBE: Have they been mainly formal training, informal training, on-the-job training?

• PROBE: How much CPD activity have you participated in? How many activities have you participated in?

C2 **What are your views on the CPD activities that are on offer to you?**

C3 **Do you feel the level and amount of activity required by the General Pharmaceutical Council is appropriate? And why?**

• IF NOT: Do you find it too much / not enough? What level / amount should be required?

C4 **Can you give me a brief overview of your experience of the CPD activities you have participated in?**

• PROBE: Have you found the CPD activities helpful? Interesting?

• PROBE: How did you actually come to do the CPD activities you did?

• PROBE: How did you decide upon these activities? Was it your idea to participate in the activities or were they suggested / recommended to you? IF SUGGESTED / RECOMMENDED: Who by?

C5 **How useful have you found the CPD activities you have participated in?**

• Why do you say this?

• IF USEFUL: In what way have they been useful to you?

C6 **Were any particular activities more or less useful?**
C7 Overall who do you think benefits most from the current CPD requirements: yourself and fellow pharmacists / pharmacy technicians, patients and service users or the General Pharmaceutical Council?

• And why do you say that?
• In what ways do you feel they benefit?

C8 Why do you think you are legally required to undertake continuing professional development (CPD) activities to maintain your registration with the General Pharmaceutical Council?

D Views and experience of CPD documentation process

(‘Plan and record’)

Thinking now about the General Pharmaceutical Council’s CPD documentation process known as ‘plan and record’.

D1 How often do you complete your CPD records?

• PROBE: After every activity, after a set number of activities, at set timescales (i.e. every month, 6 months), all in one sitting?
• NOTE: NO INDIVIDUAL RESPONSES WILL BE PASSED BACK TO THE GENERAL PHARMACEUTICAL COUNCIL IF COMPLETED IN ONE SITTING

D2 What was the reason(s) for completing in one sitting?

• PROBE: Because you find it easier that way? Because you left it to the last minute?

D3 How have you found the CPD documentation process ‘plan and record’ in general?

D4 Have you found the records / forms easy or difficult to complete?

D5 Which parts of the CPD documentation process ‘plan and record’ did you find most / least useful?

• And why?

D6 In general how do you feel about the amount of time you have spent completing CPD records / forms?

• PROBE: How long did you spend completing CPD records / forms in the last year?
• PROBE: Too long? About right?

D7 What do you think about the CPD form itself you are required to complete?

D8 Which parts of the form did you find most / least useful?

• And why?

D9 Did you refer to any of the guidance documentation created by the General Pharmaceutical Council when completing the CPD records / forms?
• If Yes: Did you find the guidance documents useful?
• If No:, Why did you not use the guidance documents?

D10 Did you attend or receive any training in completing ‘plan and record’ from your employer, professional body or other source?

• IF YES: How useful did you find this training?

D11 Overall how useful have you found the CPD documentation process ‘plan and record’ in terms of genuinely reflecting on your possibilities to improve your professional practice, patient or service user outcomes, or to identify gaps in your current knowledge?

• Very useful, fairly useful, not very useful, not at all useful
• Why do you say that?

D12 Has the process of recording your CPD activities prompted you to take further action?

• IF YES: What action have you taken? PROBE: follow-up on action points from CPD activity, seek out further CPD activity.

D13 As well as formally recording your CPD activity do you keep a personal record of the CPD activity you have participated in?

IF KEEP A PERSONAL RECORD

D14 In what format is this personal record kept?

• Rough notes on paper? Electronic?

IF KEEP A PERSONAL RECORD

D15 How often do you update your personal record?

• PROBE: Is it after every activity or less frequent

D16 Does the organisation you work for keep a record of your CPD activity?

IF ORGANISATION WORK FOR KEEP A RECORD

D17 How is participation or completion in CPD activity recorded or evidenced by your employer?

D18 Does your current employer support your continuing professional development with time, resources, mentoring or as part of your career development?

• IF YES: In what way(s) does your current employer support your continuing professional development?

E The audit process (‘Call and Review’)

The General Pharmaceutical Council conduct an audit of registrants’ CPD records named ‘Call and Review’

E1 Do you recall your CPD records being reviewed by the General Pharmaceutical Council?

• IF NO SKIP STRAIGHT TO SECTION F

E2 When were your CPD records called for review?
E3 Did being notified that you were going to be reviewed impact on how and when you completed your CPD records?

E4 When your CPD records were reviewed by an assessor, how did you find this process?

E5 How useful did you find the CPD review process?
  ● Why?

E6 What do you feel about the feedback you received from the General Pharmaceutical Council following ‘Call and Review’?

E7 Did you find the feedback useful?
  ● Why?

E8 Thinking now about the CPD records you have provided to the General Pharmaceutical Council. What do you think these CPD records are used for?

E9 What analysis do you think the General Pharmaceutical Council conducts with the information collected?
  IF THINK GPHC ANALYSES THE INFORMATION COLLECTED:

E10 At what level do you think this analysis is conducted (e.g. individual level, grouping registrants etc)?

F Revising the approach to CPD

The General Pharmaceutical Council is looking to make changes and improvements to its approach to CPD.

F1 Overall how well do you feel the current CPD requirements and process support you in reflecting on and making improvements to your knowledge and professional practise for the benefit of service users?
  ● And why do you say that?
  IF FEEL SUPPORTED

F2 In what way have the current CPD requirements supported you in reflecting on the outcomes for patients and service users?
  IF FEEL SUPPORTED

F3 In what way have they supported you in making changes to your role?

F4 Which parts of the current approach do you feel should be maintained?
  ● And why is that?
  ● Are there any other parts you feel should be maintained? And why?

F5 And what, if anything, needs to change to make the new approach to CPD more valuable and / or useful to you?
  ● Why does this need to change? How should this change?
• Is there anything else that needs to change? Why?

F6  Overall how do you feel the current approach to CPD could be improved?

G  Final comments and wrap up

G1  Finally, is there anything else you would like to tell the General Pharmaceutical Council about the CPD process in general?

THANK RESPONDENT AND CLOSE INTERVIEW

<table>
<thead>
<tr>
<th>Interviewer signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finish time:</td>
<td>Interview Length</td>
</tr>
</tbody>
</table>
Depth interview topic guide: CPD Assessors

A Introduction to the research

- **ASK TO SPEAK WITH NAMED CONTACT**
- **THANK RESPONDENT FOR AGREEING TO TAKE PART**
- **INTRODUCE SELF AND IFF RESEARCH**
- **EXPLAIN THE BACKGROUND AND OBJECTIVES:**

  IFF RESEARCH HAS BEEN COMMISSIONED BY THE GENERAL PHARMACEUTICAL COUNCIL TO CONDUCT A REVIEW OF THE CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS OF PHARMACISTS AND PHARMACY TECHNICIANS. THE CORE AIM OF THE REVIEW IS TO PROVIDE EVIDENCE-BASED RECOMMENDATIONS FOR IMPROVEMENTS TO THE CPD REQUIREMENTS IN THE CONTEXT OF THE PLANS TO INCORPORATE REVISED CPD REQUIREMENTS INTO THE GENERAL PHARMACEUTICAL COUNCIL’S ‘CONTINUING FITNESS TO PRACTISE FRAMEWORK’.

  AS PART OF THE REVIEW, IFF ARE CONDUCTING INTERVIEWS WITH BOTH PHARMACISTS AND PHARMACY TECHNICIANS, AS WELL AS THOSE RESPONSIBLE FOR ASSESSING CPD RECORDS.

- **THE INTERVIEW WILL LAST APPROXIMATELY 30-40 MINUTES**

- **CONFIDENTIALITY:**

  PLEASE NOTE THAT ALL DATA WILL BE REPORTED ANONYMOUSLY AND YOUR ANSWERS WILL NOT BE REPORTED TO GENERAL PHARMACEUTICAL COUNCIL OR ANYONE ELSE, IN ANY WAY THAT WOULD ALLOW YOU TO BE IDENTIFIED.

- **TAKING PART IN THIS RESEARCH WILL NOT IMPACT ON YOUR DEALINGS WITH THE GENERAL PHARMACEUTICAL COUNCIL AT ANY POINT IN THE FUTURE.**

- **RECORDING - PERMISSION TO RECORD**

B Background information

First of all, I'm interested in learning a little about you and your role as a Continuing Professional Development (CPD) Assessor for the General Pharmaceutical Council.

B1 Can you briefly describe your role as a CPD Assessor?

- **PROBE:** What does this involve? What are your main duties?

B2 Is your position as CPD Assessor your main role or part time work on top of other work?

IF BEING A CPD ASSESSOR IS NOT MAIN ROLE

B3 Can you briefly describe your current position?

B4 How long have you been undertaking this role?

B5 How favourable or unfavourable would you say your impression is of the General Pharmaceutical Council?
• Very favourable, mainly favourable, neither favourable nor unfavourable, mainly unfavourable, very unfavourable.

C The process of auditing CPD records (‘Call and Review’)

Now, focusing on the process of auditing CPD records (‘Call and Review’).

C1 Can you describe the process of auditing a registrant’s CPD records?
  • PROBE: What does conducting an audit involve?

C2 How many registrants’ records are you responsible for auditing each year?
  • INTERVIEWER NOTE: Use a different time period if that is easier for the respondent

C3 How do you manage the process of auditing the CPD records?
  • PROBE: Do you review in batches or review one registrants’ CPD records at a time?

C4 In your experience how do you feel most registrants approach and complete CPD?
  • PROBE: Do you feel this approach is common across registrants? IF DIFFERS: What different approaches do you feel are used?

C5 What happens once the audit information has been fed back to the General Pharmaceutical Council?

C6 How do you think the General Pharmaceutical Council uses the audit information?

C7 Do you think the General Pharmaceutical Council analyses the audit information?
  IF THINK GPHC ANALYSES THE INFORMATION COLLECTED:

C8 At what level do you think this analysis is conducted (e.g. individual level, grouping registrants etc)?

D Views of the call and Review process

I’d like to talk to you now about your views and experience of the auditing process (‘Call and Review’).

D1 What is your view of the call and review process?

D2 What do you think are the main benefits of the call and review process?
  • PROBE: What do you think the process achieves for the registrant / helps the registrant achieve?
  • PROBE: What do you think the process achieves for General Pharmaceutical Council / helps the General Pharmaceutical Council achieve?

D3 How well do you think it supports registrants to reflect on and make improvements to their practice?
• PROBE: In what way(s) do you think it supports registrants to reflect on and make improvements to their practice?

D4 Have you had any discussions with other CPD Assessors as to their views of the audit process?

D5 How do you feel about the 45 minutes you are given to review a registrants CPD records?
  • PROBE: Too short? Too long?

D6 Ideally how long would you like to have to review a registrants CPD records?

D7 How well engaged with the current CPD process do you feel registrants are?
  • Very well engaged, fairly well engaged, not very well engaged, not at all engaged
  • PROBE: Why do you say that?

D8 Thinking now about the form used to record and review CPD activities. What is your view of these forms? Is there anything you feel is missing or could be changed on the forms?
  • PROBE: What would you add?
  • PROBE: What would you change and how?

D9 Are there any particular elements of the forms you feel work well?
  • PROBE: Which elements do you feel work well and why do they work well?

E Revising the approach to CPD

The General Pharmaceutical Council is looking to make changes and improvements to its approach to CPD.

E1 Overall how well do you feel the current CPD requirements and process support pharmacists and pharmacy technicians to genuinely reflect on and make improvements to their practice?
  • Very well, fairly well, not very well, not at all well
  • And why do you say that?

E2 What, else, would help pharmacists and pharmacy technicians to reflect on and make improvements to their practice?

E3 Overall how well do you feel the current CPD requirements and process ensure the safety of the public?
  • Very well, fairly well, not very well, not at all well
  • And why do you say that?

E4 Overall how well do you feel the current CPD requirements and process support pharmacists and pharmacy technicians to reflect on the outcomes of their practice for the public, patients and their service users?
  • Very well, fairly well, not very well, not at all well
• And why do you say that?

E5 Overall how well do you think registrants value CPD?

• Very well, fairly well, not very well, not at all well
• And why do you say that?

E6 Which parts of the current approach do you feel should be maintained?

• And why is that?
• Are there any other parts you feel should be maintained? And why?

E7 What, if anything, needs to change to make the new approach to CPD more valuable and / or useful to pharmacists / pharmacy technicians?

• Why does this need to change?
• Is there anything else that needs to change? Why?

E8 And what, if anything, needs to change to make the new approach to CPD smoother from your perspective?

• Why does this need to change?
• Is there anything else that needs to change? Why?

E8 Overall how do you feel the current approach to CPD could be improved?

E9 Do you think there are any possibilities for some form of peer review of the current CPD requirements and process?

E10 What types of performances indicators would you like to see included within the CPD requirements and process?

F Final comments and wrap up

F1 Finally, is there anything else you would like to tell the General Pharmaceutical Council about the CPD process in general?

THANK RESPONDENT AND CLOSE INTERVIEW

I declare that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct.

<table>
<thead>
<tr>
<th>Interviewer signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finish time:</td>
<td>Interview Length Mins</td>
</tr>
</tbody>
</table>
Public business

Corporate Plan and Performance Monitoring Report

Purpose
To report to Council on the progress against the Corporate Plan 2014/15 and on operational and financial performance to the end of April 2015.

Recommendations
The Council is asked to note and comment on the Corporate Plan report at Appendix 1 and the performance information presented at Appendix 2

1. Introduction

1.1 This paper reports on progress against the Corporate Plan for 2014/15 and provides an update on where initiatives had reached at the end of the financial year (31 March 2015). It also reports on operational and financial performance to the end of April 2015.

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

2. Corporate Plan Report

2.1 Appendix one provides an end of year overview of progress against the corporate plan 2014/15. A number of initiatives have been completed within the year and some continue as projects as expected. A number of delays have been identified in objective 15 that relate to staff turnover and project management issues.

2.2 Council will recall that the current corporate plan for 2015/16 focusses on the external facing projects that impact our stakeholders and a report on progress will come to a future meeting.

3. Registration

3.1 Registrations of new Pharmacists and Pharmacy Technicians remain stable from month to month in line with the expected trends and are broadly in line with the budgeted figures.
3.2 CPD compliance tracking across the batches shows that initial timely compliance across batches one to four ranged between 90.6% and 94.1%. Following reminders and extension requests batches two and three have achieved or exceeded the 95% compliance.

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

4.1 We received 169 cases in March, the most cases received in a single month. However, it should be noted that 59 of these cases were out of jurisdiction (35% of the cases received) which is about 15% higher than the average. Since January 2015, we continue to maintain an average of receiving around 140 cases per month.

4.2 Compared to the previous reporting period we have seen improvement in the number of cases triaged within three days, from 84% to 90%.

4.3 The percentage of cases reaching FtPC and which closed within 24 months reduced to 46%. This reflects the unusually high number of cases adjourned during this reporting period, at 10. This had a significant impact on the numbers (and percentages) of cases closed.

4.4 In April 2015 we saw a lower number of case closures (of total caseload), particularly in FtP and at the IC, than we have previously achieved due to annual leave. This was anticipated given the impact of the reduced number of working days across the reporting period.

4.5 Since April 2014 we have obtained 42 interim orders and one application was declined. As at the end of April, the time it took to obtain an interim order from receipt of relevant information was, on average, 3.1 weeks.

5. **Inspection**

5.1 The number of routine inspections in March was, for the second month running, the highest since the prototype began, although the numbers reduced in April due to public holidays and annual leave.

5.2 The breakdown of standards most commonly identified as 'not met' and 'good' has remained the same when compared to the previous reporting period.

6. **Human Resources**

6.1 Overall staffing has increased to 218. There continues to be an increase in staff turnover during the rolling year. Additional analysis of exit data is now being carried out to better understand this trend. Initial examination has shown that turnover is predominantly for career progression.
7. **Finance**

7.1 The operating result to the end of April is a deficit of £9K, which is a favourable variance of £197K against budget.

7.2 This variance arises as a result of income including interest being £19K higher than budget and expenditure being £178K lower than budget.

8. **Equality and diversity implications**

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

9. **Communications**

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

10. **Resource implications**

10.1 Resource implications are addressed within the report.

11. **Risk implications**

11.1 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.

11.2 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.

12. **Monitoring and review**

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

**Recommendations**
The Council is asked to note and comment on the Corporate Plan report at Appendix 1 and the performance information presented at Appendix 2

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

26 May 2015
Performance Monitoring Report

end April 2015
1. Customer Services

1.1 Registrations by Month

<table>
<thead>
<tr>
<th>Type</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>
<th>Dec 14</th>
<th>Jan 15</th>
<th>Feb 15</th>
<th>Mar 15</th>
<th>Apr 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>58</td>
<td>47</td>
<td>51</td>
<td>51</td>
<td>1752</td>
<td>559</td>
<td>123</td>
<td>376</td>
<td>211</td>
<td>206</td>
<td>67</td>
<td>62</td>
<td>81</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>112</td>
<td>78</td>
<td>78</td>
<td>89</td>
<td>134</td>
<td>196</td>
<td>154</td>
<td>136</td>
<td>127</td>
<td>108</td>
<td>162</td>
<td>77</td>
<td>75</td>
</tr>
<tr>
<td>Registered Pharmacies</td>
<td>22</td>
<td>27</td>
<td>32</td>
<td>29</td>
<td>28</td>
<td>28</td>
<td>32</td>
<td>23</td>
<td>14</td>
<td>37</td>
<td>36</td>
<td>47</td>
<td>18</td>
</tr>
</tbody>
</table>

1.2 Registration Totals

<table>
<thead>
<tr>
<th>Register</th>
<th>Total at Apr 15</th>
<th>Budgeted Total</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>50,230</td>
<td>50,363</td>
<td>-133</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>22,701</td>
<td>22,037</td>
<td>664</td>
</tr>
<tr>
<td>Registered Pharmacies</td>
<td>14,362</td>
<td>14,389</td>
<td>-27</td>
</tr>
</tbody>
</table>

Commentary 1:
Volumes to the register continue to be stable on a month by month basis. This is cumulatively reflected in the end of month figures and reflected in the static budget results.
1.3 Median application processing times for pharmacists - 28 days or less

<table>
<thead>
<tr>
<th>Median application processing times for pharmacists (days) 01/04/14 - 30/04/15</th>
<th>Median application processing times for pharmacy technicians (days) 01/04/14 - 30/04/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application receipt to approval</td>
<td>16</td>
</tr>
<tr>
<td>Application receipt to entry</td>
<td>21</td>
</tr>
</tbody>
</table>

**Commentary 2:** The median approval times for approvals for pharmacists and pharmacy technicians have remained consistent with the previous period. The median application receipt to entry time for pharmacists (21 days) remains unchanged, whilst we had seen a minor increase receipt to entry time for pharmacy technicians by one day.

We continue to see a very small number of approvals that take up to 90 days. This is due to GPhC having to wait on additional information as applications had not been completed accurately.
1.4 Contact Centre

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<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>3896</td>
<td>4719</td>
<td>4476</td>
<td>6506</td>
<td>5792</td>
<td>6626</td>
<td>7699</td>
<td>4586</td>
<td>3466</td>
<td>3927</td>
<td>3786</td>
<td>4329</td>
</tr>
<tr>
<td>%</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>
<td>77.9%</td>
<td>82.7%</td>
<td>89.8%</td>
<td>90.0%</td>
<td>90.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Correspondence</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>
<th>Dec 14</th>
<th>Jan 15</th>
<th>Feb 15</th>
<th>Mar 15</th>
<th>Apr 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email actioned &lt; 2 days</td>
<td>%</td>
<td>99.9%</td>
<td>99.8%</td>
<td>100.0%</td>
<td>91.4%</td>
<td>98.5%</td>
<td>100%</td>
<td>98.0%</td>
<td>98%</td>
<td>100%</td>
<td>99.1%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Commentary 3: Call & email volumes have increased as expected, as we move into a busier period. This increase is generated mainly by the annual pre-registration cycle, with current MPharm students now applying to join the pre-registration scheme for 2015-16 and the current pre-registration trainees (the 2014-15 cohort) now applying to sit the June registration assessment. The current CPD call cycle is also still ongoing, which is also generating contact.

Numbers are in line with expectations and KPI's are being achieved.
1.5 Continuing Professional Development (CPD)

<table>
<thead>
<tr>
<th>CPD Volumes</th>
<th>Batch 2</th>
<th>Batch 3</th>
<th>Batch 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24/10/2014</td>
<td>09/01/2015</td>
<td>23/01/2015</td>
</tr>
<tr>
<td>CPD Volumes</td>
<td>Records Requested</td>
<td>1960</td>
<td>2054</td>
</tr>
<tr>
<td></td>
<td>Records Submitted by Deadline</td>
<td>1792</td>
<td>1933</td>
</tr>
<tr>
<td></td>
<td>Timely Compliance</td>
<td>91.4%</td>
<td>94.1%</td>
</tr>
</tbody>
</table>

Submission Issues

<table>
<thead>
<tr>
<th>Reminders</th>
<th>Reminders Issued</th>
<th>209</th>
<th>148</th>
<th>147</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extensions</td>
<td>Extension Requests</td>
<td>49</td>
<td>37</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Ext Requests Granted</td>
<td>40</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Ext Requests Granted %</td>
<td>2.0%</td>
<td>1.4%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Incomplete</td>
<td>Incomplete Records</td>
<td>169</td>
<td>145</td>
<td>155</td>
</tr>
<tr>
<td>Problem Submissions</td>
<td>Problem with Submission</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Non-Compliance Action

<table>
<thead>
<tr>
<th>Reminders</th>
<th>1st Reminder</th>
<th>128</th>
<th>93</th>
<th>92</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd Reminder</td>
<td>81</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>NIR (Notice of Intention to Remove)</td>
<td>31</td>
<td>31</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>NOR (Notice Of Removal)</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Remedial Measures</td>
<td>No. in Remedial Measures</td>
<td>30</td>
<td>21</td>
<td>0</td>
</tr>
</tbody>
</table>

Commentary 4:

Initial timely compliance across batches one-three ranged between 90.6% and 94.1% and this remains unchanged with addition of the data for batch four at 93.5%.

Following reminders and extension requests, compliance has risen to 96% in batch two and 95% for batch three.

We are currently working with the data host to identify the overall compliance per batch (i.e. both timely and late compliance). This will allow us to measure the effectiveness of our various reminders in driving up compliance.
2. Fitness to Practise (FtP)

2.1 Fitness to Practise Performance Standards (activity March 2015 – April 2015)

<table>
<thead>
<tr>
<th>2.11 All cases triaged during this period</th>
<th>288</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of which cases triaged within 3 days</td>
<td>259 (90%)</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 pre-IC</td>
<td>92</td>
</tr>
<tr>
<td>Of which closed within 3 months</td>
<td>82 (89%)</td>
</tr>
<tr>
<td>All stream 2 cases closed pre-IC</td>
<td>62</td>
</tr>
<tr>
<td>Of which closed within 10 months</td>
<td>43 (69%)</td>
</tr>
<tr>
<td>All cases closed or referred at investigating committee (IC)</td>
<td>33</td>
</tr>
<tr>
<td>Of which reached IC within 12 months</td>
<td>19 (58%)</td>
</tr>
<tr>
<td>All fitness to practise committee cases closed</td>
<td>13</td>
</tr>
<tr>
<td>Of which closed within 24 months</td>
<td>6 (46%)</td>
</tr>
</tbody>
</table>

Commentary 5: Compared to the previous reporting period, the percentage of cases triaged within 3 days has improved (from 84% to 90%). There has been no significant change in the closure timeliness of cases closed pre-IC (stream 1 and stream 2) across the period. For those cases reaching the IC, the percentage doing so within 12 months has improved slightly (from 52% to 58%).

The percentage of cases reaching FtPC and which closed within 24 months reduced to 46%. There were an unusually high number of cases adjourned during this reporting period at 10. This has had a significant impact on the numbers (and percentages) of cases closed. The reasons for the adjournments ranged from: the ill health of a defence representative; late applications being made by registrant’s for preliminary issues to be considered; and a number of cases not being completed by FtPC in the time allocated for the hearing.
2.2 Case received and closed

<table>
<thead>
<tr>
<th>Month</th>
<th>Cases Received</th>
<th>Cases Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 14</td>
<td>103</td>
<td>62</td>
</tr>
<tr>
<td>Apr 14</td>
<td>119</td>
<td>119</td>
</tr>
<tr>
<td>May 14</td>
<td>122</td>
<td>119</td>
</tr>
<tr>
<td>Jun 14</td>
<td>162</td>
<td>158</td>
</tr>
<tr>
<td>Jul 14</td>
<td>143</td>
<td>143</td>
</tr>
<tr>
<td>Aug 14</td>
<td>144</td>
<td>144</td>
</tr>
<tr>
<td>Sep 14</td>
<td>169</td>
<td>169</td>
</tr>
<tr>
<td>Oct 14</td>
<td>121</td>
<td>121</td>
</tr>
<tr>
<td>Nov 14</td>
<td>103</td>
<td>103</td>
</tr>
<tr>
<td>Dec 14</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>Jan 15</td>
<td>122</td>
<td>122</td>
</tr>
<tr>
<td>Feb 15</td>
<td>158</td>
<td>158</td>
</tr>
<tr>
<td>Mar 15</td>
<td>143</td>
<td>143</td>
</tr>
<tr>
<td>Apr 15</td>
<td>144</td>
<td>144</td>
</tr>
</tbody>
</table>

Commentary 6: We received 169 cases in March – the most cases received in a single month. However, it should be noted that 59 of these cases were out of jurisdiction (35% of the cases received) which is about 15% higher than the average. Since January 2015, we continue to maintain an average of receiving around 140 cases per month.

Since the last Council report our total case load has increased by 22 cases, from 675 to 697 at the end of April. This follows a lower number of cases being closed in April aligned to increased annual leave during this period.
2.3 Case load age profile

<table>
<thead>
<tr>
<th>Age Profile</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April</td>
<td>June</td>
</tr>
<tr>
<td>Under 6 Months Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>258</td>
<td>315</td>
</tr>
<tr>
<td>%</td>
<td>40%</td>
<td>46%</td>
</tr>
<tr>
<td>6-12 Months Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>198</td>
<td>181</td>
</tr>
<tr>
<td>%</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td>12-15 Months Old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>15 Months Old and Over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>145</td>
<td>136</td>
</tr>
<tr>
<td>%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of cases</td>
<td>649</td>
<td>684</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Commentary 7: The table above shows that our caseload continues to get proportionately younger in each reporting period. An increasing proportion of our cases are under six months old, while the number and proportion of cases over 12 months old continues to decrease, down from 176 cases in February (26% of the open caseload) to 162 cases at the end of April (23% of the open caseload). Within that profile, the number of complex cases over 15 months has also decreased. This reflects our ongoing focus on closing cases within 12 months and reducing the number of older cases.

Of the 162 cases over 12 months old, the number of those cases still within the investigating stage continues to reduce. Within this category, 57 cases are at the investigating stage (a reduction from the 79 cases at the investigating stage during the last reporting period). 12 of these 57 cases are subject to third party investigation, and we will be unable to progress our investigations until these external investigations have concluded. The remaining 45 of these 57 cases are scheduled to be closed by the end of the year.

Of the cases over 12 months old, 14 are before the IC awaiting a disposal decision and 91 are at the FtPC stage (35 of which are already listed for a Principal Hearing). For those cases awaiting listing, we continue to canvas hearing dates to be enable us to list the Hearings as quickly as possible. We anticipate that 49 cases which are already listed before IC and FtPC will close during the course of the next six months as they progress through the fitness to practise process. An update is provided in Commentary 8 for the cases which are, specifically, over 15 months old.
## Cases over 15 months

<table>
<thead>
<tr>
<th>Age profile of cases</th>
<th>April 2014</th>
<th>November-14</th>
<th>April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of cases</td>
<td>%</td>
<td>Number of cases</td>
</tr>
<tr>
<td>&gt; 15 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19 months</td>
<td>60</td>
<td>41.1%</td>
<td>64</td>
</tr>
<tr>
<td>20-24 months</td>
<td>36</td>
<td>24.7%</td>
<td>37</td>
</tr>
<tr>
<td>25-29 months</td>
<td>27</td>
<td>18.5%</td>
<td>17</td>
</tr>
<tr>
<td>30-34 months</td>
<td>12</td>
<td>8.2%</td>
<td>13</td>
</tr>
<tr>
<td>35-39 months</td>
<td>5</td>
<td>3.4%</td>
<td>4</td>
</tr>
<tr>
<td>40-42 months</td>
<td>3</td>
<td>2.0%</td>
<td>5</td>
</tr>
<tr>
<td>43-50 months</td>
<td>2</td>
<td>1.4%</td>
<td>0</td>
</tr>
<tr>
<td>&gt;50 Months</td>
<td>1</td>
<td>0.7%</td>
<td>1</td>
</tr>
</tbody>
</table>
Commentary 8: Our overall caseload over 15 months old has remained around 20% of the total open caseload. During this period, the number of cases in this category has remained relatively stable, with a slight reduction, despite the increasing number of complaints being received. The total number of cases over 15 month has reduced from 147 to 141, and we have closed 25 cases within this category since the last performance report. Almost 70% of all cases over 15 months old remain under 24 months old.

Of the cases within this age category, 47 cases (34% of the caseload) are within the investigating stage, although 10 of these remain subject to third party investigation. We anticipate that those 37 cases out of the 47 cases at the investigation stage will be closed by the end of 2015. 13 cases over the age of 15 months old are currently with the IC and 81 are now at the FtPC stage (which represent 57% of the cases within this age category), of which 31 of these are listed for a Principal Hearing and should be concluded by the end of the year.
### 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>1,043</td>
<td>61.6%</td>
</tr>
<tr>
<td>Misconduct (Professional Performance)</td>
<td>52</td>
<td>3.1%</td>
</tr>
<tr>
<td>Misconduct (Caution/Conviction)</td>
<td>14</td>
<td>0.8%</td>
</tr>
<tr>
<td>Caution/Conviction</td>
<td>62</td>
<td>3.7%</td>
</tr>
<tr>
<td>Health</td>
<td>21</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
<td>2.5%</td>
</tr>
<tr>
<td>Hybrid</td>
<td>16</td>
<td>0.9%</td>
</tr>
<tr>
<td>Misconduct(Health)</td>
<td>7</td>
<td>0.4%</td>
</tr>
<tr>
<td>Professional Performance</td>
<td>5</td>
<td>0.3%</td>
</tr>
<tr>
<td>Restoration</td>
<td>8</td>
<td>0.5%</td>
</tr>
<tr>
<td>Out of Jurisdiction</td>
<td>422</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

**Commentary 9:** There has been no significant change in the “types” of complaints we have received since the last report. There has been a slight increase in out of jurisdiction cases which followed from an increase in March, which had resulted from a series of linked matters being reported to us.
Commentary 10: In April, we saw a lower number of case closures (of total caseload) particularly in FTP, and at the IC, than we have previously achieved due to annual leave. This was anticipated given the impact of the reduced number of working days across the reporting period. We saw an unusually high number of OOJ cases in March – this increase resulted from a series of linked matters being reported to us.
2.7 Disclosure and Barring Service (DBS) referrals

**Commentary 11:** We have provided information to the DBS in respect of the referral of 2 cases. No referrals were made to Disclosure Scotland.

2.8 Appeals

**Commentary 12:** We are currently involved in 4 appeals. No new appeals were received during the reporting period.

2.9 Interim Orders

**Commentary 13:** Since April 2014 we have obtained 42 interim orders, one application was declined. As at the end of April, the time it took to obtain an interim order from receipt of relevant information was, on average, 3.1 weeks.

Our average time for achieving an interim order in circumstances where an order is necessary to protect the public, is in the public interest or is necessary to protect the registrant has remained relatively stable with the previous reporting period. This period includes the time from when we receive information which indicates the need for an interim order through until an interim order decision is made by FtPC. During this time we investigate the identified issue; seek, collate and assess the quality of available evidence; serve Notice on the Registrant (giving the appropriate service timescale) and make the application before FtPC.
Inspection

2.11 Inspections Undertaken March and April 2015

<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>Mar 15-Apr 15</td>
<td>492</td>
<td>37</td>
<td>72</td>
</tr>
</tbody>
</table>

2.12 Pharmacy premises not inspected

<table>
<thead>
<tr>
<th>Months since previous inspection</th>
<th>Nov-14</th>
<th>%</th>
<th>Feb-15</th>
<th>%</th>
<th>Apr-15</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 36 and 39 months</td>
<td>736</td>
<td>34%</td>
<td>953</td>
<td>40%</td>
<td>988</td>
<td>35%</td>
</tr>
<tr>
<td>Between 39 and 42 months</td>
<td>733</td>
<td>34%</td>
<td>789</td>
<td>33%</td>
<td>893</td>
<td>31%</td>
</tr>
<tr>
<td>Between 42 and 48 months</td>
<td>625</td>
<td>29%</td>
<td>582</td>
<td>24%</td>
<td>794</td>
<td>28%</td>
</tr>
<tr>
<td>Over 48 months</td>
<td>58</td>
<td>3%</td>
<td>87</td>
<td>3%</td>
<td>177</td>
<td>6%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>2,152</td>
<td>100%</td>
<td>2,411</td>
<td>100%</td>
<td>2,852</td>
<td>100%</td>
</tr>
</tbody>
</table>

Commentary 14: The number of routine inspections in March was, for the second month running, the highest since the prototype began (285), although the numbers reduced in April due to public holidays and associated annual leave around Easter.

Two additional inspectors have now joined which will help both with overall productivity and with inspecting those pharmacies that have not been inspected for more than three years. As outlined previously, one of these inspectors will work across the East region rather than having one specific batch of pharmacies. This will enable a more flexible approach and enable us to target, for example, those pharmacies in the 'over 48 months' bracket. We will evaluate this approach to see how effective it is.
2.13 **Top 5 Standards marked as Good**

<table>
<thead>
<tr>
<th>Standard Number</th>
<th>Standard Description</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The risks associated with providing pharmacy services are identified and managed</td>
<td>1</td>
</tr>
<tr>
<td>1.2</td>
<td>The safety and quality of pharmacy services are regularly reviewed and monitored</td>
<td>2</td>
</tr>
<tr>
<td>2.4</td>
<td>There is a culture of openness, honesty and learning</td>
<td>3</td>
</tr>
<tr>
<td>4.2</td>
<td>Pharmacy services are managed and delivered safely and effectively</td>
<td>4</td>
</tr>
<tr>
<td>2.2</td>
<td>Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training</td>
<td>5</td>
</tr>
</tbody>
</table>

2.14 **Top 5 Standards marked as Not Met**

<table>
<thead>
<tr>
<th>Standard Number</th>
<th>Standard Description</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The risks associated with providing pharmacy services are identified and managed</td>
<td>1</td>
</tr>
<tr>
<td>1.2</td>
<td>The safety and quality of pharmacy services are regularly reviewed and monitored</td>
<td>2</td>
</tr>
<tr>
<td>4.3</td>
<td>Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely</td>
<td>3</td>
</tr>
<tr>
<td>1.6</td>
<td>All necessary records for the safe provision of pharmacy services are kept and maintained</td>
<td>4</td>
</tr>
<tr>
<td>3.1</td>
<td>Premises are safe, clean, properly maintained and suitable for the pharmacy services provided</td>
<td>5</td>
</tr>
</tbody>
</table>
Commentary 15: The breakdown of standards most commonly identified as ‘not met’ and ‘good’ has remained the same. We are finding consistently that strong governance arrangements – the identification and management of risk and the systematic review of services – supported by skilled staff operating in a culture of learning are the typical features of a ‘good’ pharmacy. Conversely, it is the absence of systems to manage risks and review services which lead to pharmacies performing less well. At the lower end of the scale we can see that improvements are most commonly required in the areas of record-keeping, cleanliness, and maintenance and management of medicines. We have seen a small increase in the number of pharmacies rated ‘good’ overall following revised guidance to inspectors in February which emphasised that any pharmacy rated as ‘satisfactory’ must have areas for improvement highlighted in the inspection report.
3. Complaints

3.1 Complaints by category

Number of complaints by type

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Staff conduct; complaints handling</th>
<th>MyGPhC Online Renewal</th>
<th>Outcome</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>MyGPhC down</th>
<th>Outcome/GPhC decision</th>
<th>Quality of information</th>
</tr>
</thead>
<tbody>
<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>
<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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul-Sep 2014</td>
<td>9</td>
<td>10</td>
<td>19</td>
<td>3</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>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct-Dec 2014</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-Mar 2015</td>
<td>1</td>
<td>2</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></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 2015</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Commentary 16: The number of complaints in the reporting period is higher than compared to the same period in the previous year. As expected the highest number of policy and process related complaints arise from registrants who have missed the renewal period and are complaining about being receiving notification of removal from the register and the associated costs of restoration. There were also a small number of complaints relating to errors from the implementation of the CRM system which have been quickly resolved. There were no clear trends across the remaining complaints.
4. Human Resources

4.1 Staff Turnover

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Permanent</th>
<th>Fixed-Term</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Office</td>
<td>14</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Inspection and Fitness to Practise</td>
<td>79</td>
<td>3</td>
<td>84</td>
</tr>
<tr>
<td>Policy &amp; Communications</td>
<td>32</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Resources &amp; Customer Services</td>
<td>65</td>
<td>9</td>
<td>75</td>
</tr>
<tr>
<td>Grand Total</td>
<td>190</td>
<td>27</td>
<td>218</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total permanent staff</th>
<th>Resignations</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>190</td>
<td>38</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

**Stability Rate**

67.9%

**Commentary 17:**

Overall staffing has increased to 218. There continues to be an increase in staff turnover during the rolling year. Additional analysis of exit data is now being carried out to better understand this trend. Initial examination has shown that turnover is predominantly for career progression. The increase in turnover had been predicted in light of the economic recovery, relocation and investment in staff development.

The overall stability rate is 67.9%, with 148 of our 218 staff having over 12 months’ service. The method for calculating stability rate has been changed; the standard method not being appropriate for an organisation in growth. The standard method = staff numbers now / posts available one year ago. Given the increase in the number of posts (circa 60) this measure produces a score of over 100%.
Starters From May 1st, 2014 - April 30, 2015

- Executive Office: 4
- Inspection and Fitness to Practise: 21
- Policy & Communications: 13
- Resources & Customer Services: 27

Leavers From May 1st 2014 - April 30, 2015

- Executive Office: 6
- Inspection and Fitness to Practise: 13
- Policy & Communications: 5
- Resources & Customer Services: 19
4.2 Staff Sickness

Commentary 18: There has been an increase in sickness compared to the same period last year. Improvement in sickness reporting may account for a proportion of the increase. Line managers have been advised and are addressing with individuals where a pattern of absence has been identified. There have also been a few cases of long term sickness which are already being managed (long term sickness data is excluded from the above).
5. Financial Performance

5.1 GPhC Balance Sheet as at 30 April 2015

<table>
<thead>
<tr>
<th></th>
<th>Apr 2015</th>
<th>Mar 2014</th>
<th>Apr 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>8,068</td>
<td>0</td>
<td>1,496</td>
</tr>
<tr>
<td>Disposals (acq)</td>
<td>(375)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(1,243)</td>
<td>(100)</td>
<td>(427)</td>
</tr>
<tr>
<td>Disposals (dep)</td>
<td>358</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net Tangible Assets</td>
<td>6,808</td>
<td>(99)</td>
<td>1,069</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Debtor</td>
<td>62</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Other Debtors</td>
<td>344</td>
<td>(14)</td>
<td>225</td>
</tr>
<tr>
<td>Prepayments</td>
<td>768</td>
<td>(191)</td>
<td>587</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>139</td>
<td>(3)</td>
<td>103</td>
</tr>
<tr>
<td>Escrow Account</td>
<td>28</td>
<td>(28)</td>
<td>0</td>
</tr>
<tr>
<td>Bank &amp; Cash</td>
<td>23,875</td>
<td>(1,374)</td>
<td>28,241</td>
</tr>
<tr>
<td></td>
<td>25,217</td>
<td>(1,603)</td>
<td>29,156</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>116</td>
<td>(1,056)</td>
<td>683</td>
</tr>
<tr>
<td>Corporation Tax</td>
<td>43</td>
<td>4</td>
<td>75</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>3</td>
<td>(1)</td>
<td>0</td>
</tr>
<tr>
<td>Other Taxes &amp; Social Security</td>
<td>244</td>
<td>238</td>
<td>203</td>
</tr>
<tr>
<td>Deferred Income :-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grants</td>
<td>952</td>
<td>972</td>
<td>1,280</td>
</tr>
<tr>
<td>- Ring Fenced Grant</td>
<td>64</td>
<td>64</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>11,721</td>
<td>12,638</td>
<td>11,466</td>
</tr>
<tr>
<td>- Other Income</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Accruals</td>
<td>1,070</td>
<td>1,126</td>
<td>698</td>
</tr>
<tr>
<td></td>
<td>14,225</td>
<td>13,998</td>
<td>14,495</td>
</tr>
<tr>
<td><strong>Net Current Assets / (Liabilities)</strong></td>
<td>10,992</td>
<td>(15,600)</td>
<td>14,661</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross</td>
<td>3,997</td>
<td>416</td>
<td></td>
</tr>
<tr>
<td>less: Rent Contributions</td>
<td>(37)</td>
<td>(301)</td>
<td></td>
</tr>
<tr>
<td>Landlord Incentive</td>
<td>3,960</td>
<td>115</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>13,840</td>
<td>(15,815)</td>
<td>15,730</td>
</tr>
<tr>
<td><strong>Funds Employed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated Fund b/fwd.</td>
<td>13,849</td>
<td>15,795</td>
<td>15,795</td>
</tr>
<tr>
<td>Surplus/(Deficit) in Year</td>
<td>(9)</td>
<td>(1,815)</td>
<td>(65)</td>
</tr>
<tr>
<td>Prior Year Adjustment</td>
<td>(131)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>13,840</td>
<td>15,795</td>
<td>16,171</td>
</tr>
</tbody>
</table>
### 5.2 Management Accounts April 2015

<table>
<thead>
<tr>
<th></th>
<th>April 2015</th>
<th>Actual vs Budget Year to date</th>
<th>Budget to 31/03/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£ Actual</td>
<td>£ Budget</td>
<td>£ Actual</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pharmacist Income</td>
<td>1,014,789</td>
<td>1,017,200</td>
<td>(2,411)</td>
</tr>
<tr>
<td>- Premises Income</td>
<td>278,513</td>
<td>277,472</td>
<td>1,041</td>
</tr>
<tr>
<td>- Technician Income</td>
<td>213,776</td>
<td>206,967</td>
<td>6,809</td>
</tr>
<tr>
<td>- Pre-Registration Income</td>
<td>34,932</td>
<td>35,500</td>
<td>(568)</td>
</tr>
<tr>
<td>- Other Fee Income</td>
<td>8,250</td>
<td>6,700</td>
<td>1,550</td>
</tr>
<tr>
<td>- DH Grant Income</td>
<td>19,711</td>
<td>18,467</td>
<td>1,244</td>
</tr>
<tr>
<td>- Other Income</td>
<td>43,362</td>
<td>34,865</td>
<td>(5,003)</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>1,613,333</td>
<td>1,597,170</td>
<td>16,163</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chief Executive</td>
<td>(83,728)</td>
<td>(104,760)</td>
<td>21,032</td>
</tr>
<tr>
<td>- Policy &amp; Communications</td>
<td>(258,243)</td>
<td>(273,939)</td>
<td>15,696</td>
</tr>
<tr>
<td>- Inspections &amp; Fitness to Practise</td>
<td>(485,429)</td>
<td>(557,314)</td>
<td>71,884</td>
</tr>
<tr>
<td>- Resources &amp; Customer Services</td>
<td>(583,280)</td>
<td>(651,369)</td>
<td>68,089</td>
</tr>
<tr>
<td>- Council &amp; Governance</td>
<td>(57,753)</td>
<td>(64,331)</td>
<td>6,578</td>
</tr>
<tr>
<td><strong>Total Directorate Costs</strong></td>
<td>(1,468,433)</td>
<td>(1,651,711)</td>
<td>183,278</td>
</tr>
<tr>
<td>- Rent</td>
<td>(102,549)</td>
<td>(101,178)</td>
<td>(1,371)</td>
</tr>
<tr>
<td>- Contribution from Landlord</td>
<td>37,293</td>
<td>36,191</td>
<td>1,103</td>
</tr>
<tr>
<td>- Service Charge</td>
<td>(39,541)</td>
<td>(37,385)</td>
<td>(2,156)</td>
</tr>
<tr>
<td>- Rates</td>
<td>(45,008)</td>
<td>(41,816)</td>
<td>(3,192)</td>
</tr>
<tr>
<td>- Utilities</td>
<td>(10,340)</td>
<td>(10,000)</td>
<td>(340)</td>
</tr>
<tr>
<td>- Insurance</td>
<td>(6,485)</td>
<td>(6,150)</td>
<td>(335)</td>
</tr>
<tr>
<td>- Service Level Costs</td>
<td>(2,000)</td>
<td>(3,250)</td>
<td>1,250</td>
</tr>
<tr>
<td><strong>Total Occupancy Costs</strong></td>
<td>(168,629)</td>
<td>(163,588)</td>
<td>(5,041)</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>(1,637,062)</td>
<td>(1,815,299)</td>
<td>178,237</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------------</td>
<td>----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Net Operating Surplus/(Deficit) before interest &amp; tax</td>
<td></td>
<td></td>
<td>(23,729)</td>
</tr>
<tr>
<td>- Interest Receivable</td>
<td>18,237</td>
<td>14,000</td>
<td>4,237</td>
</tr>
<tr>
<td>Net Operating Surplus/(Deficit) before tax</td>
<td>(5,493)</td>
<td>(204,129)</td>
<td>198,637</td>
</tr>
<tr>
<td>- Corporation Tax Payable</td>
<td>(3,827)</td>
<td>(2,580)</td>
<td>(1,247)</td>
</tr>
<tr>
<td>Net Operating Surplus/(Deficit) after tax</td>
<td>(9,320)</td>
<td>(206,709)</td>
<td>197,389</td>
</tr>
</tbody>
</table>
Commentary 19: Finance Summary April 2015

**Operating surplus/(deficit) after interest and tax**

The operating result to the end of April is a deficit of £9K, which is a favourable variance of £197K against budget.

This variance arises as a result of income including interest being £19K higher than budget and expenditure being £178K lower than budget.

**Income**

**Technician income** is £7K higher than budget; this is mainly due to a £5K increase in applications in the month – an average of 50 additional application fees.

**Other income** is £13.5K higher than budget. This relates to cost recovery income relating to legal fees which we are due to recover over the next 3 months.

**Expenditure**

**Employee Costs** are £43K lower than budget; this primarily relates to delays in recruiting for people who have recently left the organisation or gone on maternity leave. In addition to this, there were some staff training events which did not go ahead as planned.

**Professional costs** are £40K lower than budget; this primarily relates to an underspend in legal fees, this money has been flat phased over 12 months but costs incurred are different each month. We expect this money to be spent by the end of the year.

**IT Costs** are £42K lower than budget – this relates to IT projects which if clearly defined, will be capitalised as fixed asset development costs instead of being incurred as operating costs.

**Office Costs** are £29K lower than budget which relates to a £10K credit note. This credit note was received as we have been overcharged for phone costs at Canary Wharf. The remainder relates to costs for the CPD records management being lower than anticipated – the CPD cycle started later than forecasted last year.

The **contingency** has not been fully utilised realising savings of £11K within ‘Other costs’.

**Balance Sheet**

The balance sheet shows total fixed assets of £6.5m which is made up of works carried out to Canary Wharf, new office furniture, computer equipment and development of the CRM project. We also carried out some disposals of fixed assets from the old Lambeth premises which were not brought to Canary Wharf.

Current assets of £25.2m are mainly comprised of monies held in bank accounts £23.8m, monies held in the escrow account £0.1m, prepayments £0.8m and Other
Debtors of £0.3m.

Current liabilities of £14.1m are primarily made up of deferred income £12.7m which relates to monies received in relation to fee income and the working capital grants provided by the DH, a PAYE tax liability of £0.2m and accruals £1.0m. Net current assets at £11.1m have decreased by £3.5m year-on-year.

The free reserves currently sit at £11.1m, by 31st March 2016, the free reserves will have reduced to £9.2m, and this is because of the loss incurred in the year plus the high levels of capital expenditure.

Capital Contributions of £3.7m represent the amount that the landlord has contributed to date towards the fit-out costs for Canary Wharf. The landlord is meeting 85% of these costs. They will be credited over 10 years to the Income & Expenditure Account, thus reducing the cost of renting Canary Wharf by c. £450k per year.

5.3 Expenditure by Cost Category

Expenditure Analysis by Cost Category

<table>
<thead>
<tr>
<th>Research Costs</th>
<th>Other Costs</th>
<th>Marketing Costs</th>
<th>Property Costs</th>
<th>Event Costs</th>
<th>Office Costs</th>
<th>Financial Costs</th>
<th>IT Costs</th>
<th>Professional Costs</th>
<th>Occupancy &amp; Service Level Costs</th>
<th>Employee Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.43%</td>
<td>7.71%</td>
<td>5.94%</td>
<td>10.30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total expenditure incurred per cost category expressed as a percentage
6. Accreditation Data

6.1 Accreditation/recognition activity September 2014 – April 2015

<table>
<thead>
<tr>
<th>Course</th>
<th>Event type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPharm degree</td>
<td>accreditation</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>reaccreditation</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>interim visit</td>
<td>7</td>
</tr>
<tr>
<td>Independent prescribing:</td>
<td>accreditation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>reaccreditation</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>monitoring visit</td>
<td>1</td>
</tr>
<tr>
<td>Level 2 Medicines Counter Assistant/Dispensing Assistant:</td>
<td>accreditation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>reaccreditation</td>
<td>0</td>
</tr>
<tr>
<td>OSPAP</td>
<td>reaccreditation</td>
<td>2</td>
</tr>
</tbody>
</table>

**Commentary 20:**

Of the five MPharm accreditation events that took place during this period, four events related to a four-year MPharm, and one to a five-year integrated MPharm, which includes integrated pre-registration training.

One of the MPharm reaccreditation events resulted in a university voluntarily withdrawing and they intend to resubmit an application for reaccreditation in a year. This will not affect students on the course currently. The university is working with the GPhC to put an action plan in place for 2015-2016 to address concerns raised by the GPhC’s visiting team during the reaccreditation event.

MPharm interim visits have been introduced in to the accreditation methodology to monitor the MPharm provision and to review the quality of teaching. These visits take place mid-way through the accreditation cycle for each degree. At the end of the 2015-2016 academic year the GPhC will undertake a review of interim visits.

Monitoring visits for newly accredited independent prescribing programmes were introduced this academic year to address the need for closer monitoring of newly approved programmes; the first visit took place in January 2015. Providers of new independent prescribing programmes are granted accreditation for three years, with the full three years being subject to a satisfactory monitoring visit.

The level 2 accreditation event was unique in that the course being accredited was a combined Medicines Counter Assistant and Dispensing Assistant course. This is the first combined course of this type to be accredited.
Council meeting 11 June 2015

Corporate plan and performance monitoring report

- Appendix 2: Corporate plan update - item deferred to meeting in July 2015
Public business

Chief Executive and Registrar’s report

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

Recommendations
The Council is asked to note this paper.

1. Recent meetings
1.1 Listed in Appendix 1 is a non-exhaustive selection of significant meetings held during the two months since the last Council meeting.
1.2 Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC in order to minimise overlap and to ensure that they have the most up-to-date supporting material.

2. Professional Standards Authority performance review
2.1 The Professional Standards Authority (PSA) launched a consultation on proposed changes to its performance review process on 7 May.
2.2 The proposals involve changes to the methods used to assess regulators’ performance against the Standards of Good Regulation. Changes are proposed to the way standards are presented, as well as proposing a possible new standard relating to regulatory risk.
2.3 The PSA is also proposing to introduce a two stage review process. The first stage will consist of an assessment, based on analysis of information provided by each regulator, of which aspects (if any) of each regulator’s performance need to be the subject of further review. The second stage would be a ‘targeted’ or ‘detailed’ review as deemed necessary by the PSA.
2.4 The proposals are being reviewed and a formal response will be submitted. The closing date for responses is 27 July.
3. **Professional Standards Authority fees consultation**

3.1 Legislation requiring the health and care professional regulators to pay fees to the PSA in relation to its functions came into force on 1 April 2015.

3.2 Prior to determining the fees, the Privy Council requires the Authority to consult with the regulatory bodies.

3.3 The consultation invites comment on the Authority’s proposed work programme for 2015-16, its indicative budget and its approach to financial management arrangements.

3.4 A formal response will be submitted. The consultation, which closes on 15 July, is not yet on the PSA website. A copy will be supplied to Council Members on request.


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

4.2 Recent advice from the Department of Health is that giving the GPhC Directed Surveillance powers is likely to be straightforward, via a negative resolution instrument, but granting CHIS powers would mean amending primary legislation and would be far more complex and contentious.

4.3 We will now pursue the legislative changes required to give the GPhC directed surveillance powers and continue to liaise with the Department of Health and Home Office about the feasibility of obtaining CHIS powers.

5. **Ministerial appointments and responsibilities**

5.1 The government has announced the following Ministerial appointments:

- **Jeremy Hunt MP** Secretary of State for Health
- **Alistair Burt MP** Minister of State for Community and Social Care (responsible for pharmacy)
- **Ben Gummer MP** Parliamentary Under Secretary of State for Care Quality (responsible for patient safety and professional regulation)
- **David Prior** Parliamentary Under Secretary of State for NHS Productivity (Lords)
- **Jane Ellison MP** Parliamentary Under Secretary of State for Public Health
6. **Rebalancing update**  
6.1 Chief Executive attended the latest meeting of the Rebalancing Programme Board on 12 May. The minutes from this meeting, when published, will be available at: [https://www.gov.uk/government/policy-advisory-groups/pharmacy-regulation-programme-board](https://www.gov.uk/government/policy-advisory-groups/pharmacy-regulation-programme-board)

7. **Patient-centred professionalism**  
7.1 A [discussion paper](https://www.gov.uk/government/policy-advisory-groups/pharmacy-regulation-programme-board) on patient-centred professionalism was launched on 24 April. This national conversation with patients, the public and pharmacy professionals about what patient-centred professionalism means to them will inform our future regulatory work, and in particular the review of our standards of conduct, ethics and performance.

**Recommendations**

The Council is asked to note this paper.

---

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

*duncan.rudkin@pharmacyregulation.org*  
*Tel 0203 713 7811*  
*22 May 2015*
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)
- President, Association of Pharmacy Technicians UK (APTUK) – update meeting (with DR)
- RPS Faculty – Anniversary event
- Chair and Chief Executive, Pharmacy Voice – introductory/update meeting (with DR)
- President & Chief Executive, RPS – update meeting (with DR)

Staff
- Royal Pharmaceutical Society workshop – Unique Role of the Pharmacist? (DR)
- Chief Executive, RPS – update meeting (DR)
- President, Association of Pharmacy Technicians UK (APTUK) – update meeting (DR with NC)
- National Pharmacy Association Board meeting - speaking
- Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board (meeting)
- Director, Pharmacy Voice (DR with HS)
- Chief Executive’s Steering Group meeting (DR)
- Chief Executive Officer, Community Pharmacy Scotland – update meeting (DR)
- RPS Director for Scotland – update meeting (DR)
- Healthcare Improvement Scotland reception – Driving Improvement in Healthcare (DR)
- Chair and Assistant General Secretary, Pharmacists Defence Association (DR, CBS)
- Higher Education Funding Council for England (HEFCE) and Pharmacy Schools Council (DR)
- Chair and Chief Executive, Pharmacy Voice – introductory/update meeting (DR with NC)
- General Secretary, Pharmacists Defence Association (CBS)
- Directors of Fitness to Practise Meeting (CBS)
- Head of Pharmacy Services, National Pharmacy Association (CBS)
- Department of Health (DH)/Health Education England (HEE) Pharmacist Education and Training Reforms Programme Board (HS)
Public business

Unconfirmed minutes of the Remuneration Committee, 23 April 2015

Recommendations
The Council is asked to note the unconfirmed minutes of the Remuneration Committee.
Minutes of the Remuneration Committee meeting held on
23 April 2015 at 25 Canada Square, London E14 5LQ at 10:45am

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

Apologies
Bernard Kelly (Director of Resources & Customer Services), non-member

In attendance
Duncan Rudkin (Chief Executive & Registrar)
Viv Murch (Head of Organisational Development & People Strategy)
Matthew Hayday (Head of Governance)
Paula Woodward (Council Secretary)
Elaine Mulingani (Associates & Partners Manager), to minute 6 only

1. ATTENDANCE AND INTRODUCTORY REMARKS
1.1 The Chair welcomed everyone to the meeting.
1.2 Apologies were received from Bernard Kelly.

2. DECLARATIONS OF INTEREST
2.1 The following interests were declared:
   - Item 6: Expenses policy update
     All attending the meeting
   - Item 10: Staff pay awards 2014
     Staff present
   - Item 12: Chief Executive’s pay review
     Duncan Rudkin

3. MINUTES OF THE PREVIOUS MEETING
3.1 The minutes of the meeting held on 25 September 2014 were agreed as a true record of the meeting.

4. ACTIONS LOG AND MATTERS ARISING
4.1 In relation to the arrangements for pensions auto-enrolment (14.04 / 8.5), the committee noted the email update circulated in February.
4.2 In relation to the staff holiday allowance (14.04 / 13.6), the committee noted that comparison of the allowance with that of other regulators had been clarified by the Chair. The committee agreed that the matter was now closed.

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

5. ASSOCIATES’ REMUNERATION – PREPARATORY FEE

5.1 Elaine Mulingani (EM) reported that the preparatory fee had not been claimed since the committee’s last meeting in September.

5.2 EM also reported that staff found it helpful to have some flexibility in the fees structure for associates dealing with the most complex cases and asked that the preparatory fee should remain discretionary.

5.3 The committee noted the verbal update on the preparatory fee.

6. EXPENSES POLICY UPDATE

6.1 Matthew Hayday (MH) presented a summary of the findings of an audit of expenses claims for taxis and claims which had been queried. He reported that the audit revealed a number of issues that would be addressed by a ‘fresh start’ approach to expenses policy.

6.2 During the discussion, MH explained that the HMRC rules for expenses claims were different for staff and for non-staff. He said that it would therefore be helpful to have separate policies for these two groups alongside detailed guidance tailored to their different requirements.

6.3 The committee noted that the policies and the guidance would be clear and robust, emphasise the need for consistency and would include a mechanism for inappropriate claims to be challenged and, if necessary, rejected.

6.4 The committee noted that detailed proposals for two separate expenses policies would be presented for approval at the September meeting.

7. PERFORMANCE DEVELOPMENT REVIEWS (PDRS) AND STAFF SURVEY

7.1 Viv Murch (VM) outlined the feedback that had been gathered from managers about the PDR process. VM reported that the managers had raised issues such as whether the number of PDR meetings a year with each staff member was appropriate, whether the ratings should be adjusted and whether that it may be helpful to encourage more self-reflection in advance of such meetings to inform individuals’ development plans.

7.2 During the discussion, the committee noted that the results of the staff survey revealed a positive change in staff feedback about the PDR process. The committee also noted that staff who had recently joined the organisation were likely to have reported that they had not had a PDR at the time of the survey. This may have skewed some of the survey results.
7.3 The committee suggested that the executive consider adjusting the current system to two PDR meeting per year, and to consult with staff about the ratings system.

7.4 ACTION: A paper setting out the results of the PDR system in the light of the next staff survey to be presented to the committee at its meeting in April 2016.

7.5 The committee noted the report.

8. COMMITTEE PERFORMANCE REVIEW

8.1 The committee reviewed the results of the performance survey and noted that this year it had also been completed by Council members who were not on the committee and by members of the executive who did not regularly attend the committee meetings.

8.2 The committee discussed the results and did not identify any trends or areas for development. The committee agreed that it was important for the independent member to maintain organisational context and it was agreed that PH would attend a Council workshop in future as well as Council meetings. The committee also considered the need for additional external member input.

8.3 ACTION: PW to liaise with PH over dates to attend a Council workshop.

8.4 ACTION: MH to work with PH to determine the experience the committee may be looking for in an additional independent committee member.

8.5 The committee noted the results of the survey.

9. COMMITTEE’S ANNUAL REPORT TO COUNCIL

9.1 The committee noted the annual report to Council and suggested the inclusion of the work on assurance on the PDR process and the consideration of an additional independent member to the programme for the coming year.

9.2 The committee agreed the annual report subject to the inclusion of the above. The final draft would be agreed by the Chair.

10. STAFF PAY REVIEW 2015

10.1 VM summarised the staff pay review process. She reminded the committee that the benchmarking data to inform the review process is received from Hay in January and that any change to pay awards is applied in June. VM drew members’ attention to changes to pay zones that had been made as a result of the information received from Hay, and explained how that had been reflected in the pay awards for some staff.

10.2 VM reported that managers had been reminded of the need for the pay awards to reflect a number of elements: internal and external factors, affordability in terms of overall budget and an individual’s performance during the year. However, she reported that external pay levels for more specialist roles were an increasing challenge.
10.3 DR explained that the executive met to review the managers’ recommendations for individual awards. He reported that their recommendations had broadly been fair and sensible but had been challenged where necessary.

10.4 The committee noted that the pay awards for staff, directors and the Chief executive were, when combined, within the pay envelope set out in the budget agreed by Council in February.

10.5 The committee agreed that 1.91% of current salary bill (excluding Chief Executive and the Directors) for staff remuneration should be used to implement the recommended performance increases, effective from 1 June 2015.

11. DIRECTORS’ PAY REVIEW

11.1 VM summarised that, in line with other staff, Hay benchmarking data that had been used to inform the grade zones for Directors and no change in grade structure was recommended in the proposals for the directors’ remuneration.

11.2 DR presented his recommendations for each individual Director and outlined the process that had been undertaken to inform the proposals set out in the paper.

11.3 In response to a member’s question about whether the rates were appropriate given the various directors’ responsibilities and experience, DR reminded the committee that the organisation adhered to the principle of setting directors’ salaries within a range rather than spot rates.

11.4 The committee agreed the pay awards for the directors in line with the recommendations set out in the paper.

12. CHIEF EXECUTIVE AND REGISTRAR’S PAY REVIEW 2015

12.1 Duncan Rudkin left the meeting.

12.2 Nigel Clarke summarised the review process and outlined the proposal set out in the paper. Benchmarking data from Hay had been used to inform the recommendation that there would be no change to the existing grade range. The committee also noted that, due to a small number of comparative roles at these level, other sources of external data was limited and quite variable.

12.3 The committee discussed the recommendation for the CEO’s personal progression within the current zone ranges.

12.4 The committee agreed the proposed remuneration package for the Chief Executive and Registrar, from 1 June 2015.

13. ANY OTHER BUSINESS

13.1 There being no further business, the meeting closed at 12:30pm.

DATE OF NEXT MEETING
24 September 2015
Public business

Remuneration Committee Annual Report 2014/15

Purpose
To provide the Council with a report on the committee’s work between 1 April 2014 and 31 March 2015.

Recommendations
The Council is asked to note the report at Appendix 1.

1. Background
1.1 At its meeting on 23 April, the Remuneration Committee considered a draft report on the Committee’s work during the last financial year. The report was approved subject to amendments being agreed by the Committee Chair.
1.2 The final report, as approved by the Chair of the Committee, is attached at appendix 1.

Recommendations
The Council is asked to note the report at Appendix 1.

Matthew Hayday, Head of Governance
General Pharmaceutical Council
matthew.hayday@pharmacyregulation.org
Tel 020 3365 3450
26 May 2015
Remuneration Committee Annual Report 2014/15

1. Introduction

1.1 The Council has established the Remuneration Committee (the committee) to support it by overseeing the arrangements for remuneration within the organisation. This Annual Report is divided into three sections reflecting the key duties of the committee as set out in its Terms of Reference, and the key areas of focus set out in last year’s report.

1.2 In June 2014, the Council amended its scheme of delegation in relation to the committee’s responsibilities for expenses policy and the remuneration of associates and partners. The committee’s responsibilities are now to:

- approve or reject the remuneration packages for the CEO & Registrar and Directors;
- approve or reject the overall remuneration framework for the remainder of GPhC employees;
- advise on the remuneration policy for Council members;
- determine the remuneration and expenses policy for associates and partners;
- advise on the expenses policy for the GPhC.

1.3 This annual report provides a high level summary of the work carried out by the committee during the year, demonstrating how the committee has performed against each area detailed in its Terms of Reference.

2. Meetings and membership

2.1 The committee returned to its normal schedule of two meetings a year. The committee met in April and September 2014 and was quorate on each occasion.

2.2 In April 2014, two new members – Sarah Brown and Digby Emson – were appointed to the committee by Council, replacing two members who stepped down. The Chair, Liz Kay, and the independent member, Paul Hart, continued in their roles.
3. Principal Areas of Review

Remuneration of the Chief Executive & Registrar, Directors and Employees

3.1 The committee considered the remuneration of the Chief Executive & Registrar, Directors and other employees in line with its terms of reference.

3.2 The committee also received assurance, via feedback provided by staff equality, diversity and inclusion (EDI) focus groups, on the organisation’s approach to equality and diversity.

3.3 The committee’s other work in this area focused on:

- **Preparing for relocation**
  The committee continued to monitor and approve the executive’s proposals for changes to staff benefits in light of the relocation to Canary Wharf. The committee received assurance from the executive that the package of changes addressed the issues raised by staff about the move. While the executive assured the committee that staff feedback following the move was broadly positive, the impact on staff continues to be monitored.

- **Annual leave and flexitime arrangements**
  As part of the review of staffing policies linked to the relocation package, the committee agreed the executive’s proposal to increase the annual leave allowance to 30 days. The increase followed the decision to change from a flexitime policy to a flexible hours policy. The committee agreed to the proposal having been given assurance by the executive that it would fall within the budgeted pay envelope for the year.

- **Performance development review (PDR) process**
  The committee received assurance on the implementation of a revised PDR process for all staff and noted that the new process was broadly understood by staff. However, the committee will continue to monitor efforts to improve managers’ consistency of implementation.

- **Pensions auto-enrolment**
  The committee monitored the implementation of the pensions auto-enrolment scheme alongside the established NHS pension scheme. The committee received assurance from the executive that the organisation was meeting its legal obligations to provide such a scheme for its employees.

Remuneration of Council Members and Associates

3.4 The committee recommended to Council that there should be no change to the remuneration rates for the Chair and members of the GPhC’s Council, or to the discretionary payments for the chairs of the Audit & Risk and
Remuneration Committees. However, the committee asked that the workload of committee chairs be monitored to ensure that the discretionary payment was set at an appropriate level when considered next time.

3.5 The committee continued its review of the pay structure for associates and partners with the aim of simplifying the structure and removing anomalies that had developed over time. The full review of these fees is now complete. However, the more complex fees continue to be monitored with a view to providing a robust evidence base when they are next reviewed by the committee.

**Expenses policy**

3.6 The committee approved the revisions to the expenses policy. However, the committee asked the executive to consider the need for separate expenses policies for the different claimant groups (e.g. associates, staff etc). A closer examination of expenses queries has been carried out and will be used to inform the next expenses policy review.

4. **Review of effectiveness**

4.1 In line with the committee’s Terms of Reference, and best practice, the committee undertakes an annual review of its effectiveness.

4.2 Committee members along with a sample of Council members and staff completed the reflective survey used by the committee last. The key findings of the committee’s effectiveness review were as follows.

- Overall, the committee felt its performance had been effective and that it had discharged its responsibilities in line with the Terms of Reference.

- The importance of the involvement of the independent member was highlighted. The committee agreed to appoint an additional independent member to provide additional external feedback particularly on issues where council members have a direct interest, such as council members’ pay.

5. **Chair’s overview and conclusion**

5.1 Over the past year the Remuneration Committee has met the requirements of its Terms of Reference and has been able to provide assurance to Council on the organisation’s remuneration processes.

5.2 The committee’s workload this year returned to more usual levels. The introduction of workshop sessions has proved valuable in providing committee members with a forum to discuss issues in their wider organisational context to help inform the committee’s work.
5.3 The detailed review of associates’ pay was a large undertaking but the committee is now assured that the revised fee structure is more streamlined and balanced, with various historic anomalies now removed.

5.4 Following the committee’s review of the PDR process, the committee will continue to review the organisational development plans, helping to both challenge and support the executive’s plans for delivery of the ambitious strategy.

5.5 Looking ahead, the key areas of focus for the committee, in addition to the cyclical items, include:

- Considering the need for separate expenses policies for different groups within the GPhC;
- Monitoring workforce equality and diversity in relation to performance development reviews and remuneration;
- Continuing to monitor the development of the staff performance development process;
- Appointment of an additional external member of the committee;
- Reviewing the workload of committee chairs to ensure that the discretionary payments are at an appropriate level.

Liz Kay        Matthew Hayday
Chair, Remuneration Committee    Head of Governance
26 May 2015
Public business

Unconfirmed minutes of the Audit and Risk Committee, 28 May 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 28 May 2015 at 25 Canada Square, London E14 9LQ, at 2:00pm

Present
   David Prince – Chair
   Judy Worthington
   Soraya Dhillon
   Mohammed Hussain

Apologies
   Hilary Daniels
   Bernard Kelly (Director of Resources and Customer Services) (non-member)
   Sarah Hilary (Moore Stephens) (non-member)

In attendance
   Duncan Rudkin (Chief Executive and Registrar)
   Matthew Hayday (Head of Governance)
   Paula Woodward (Council Secretary)
   Ruth McGregor (Head of Finance and Procurement)
   Jenny Brown (Grant Thornton) to minute 7.4
   Bill Mitchell (Moore Stephens)

Public business

1. WELCOME AND INTRODUCTORY REMARKS
1.1. The Chair confirmed that the internal audit item would be taken out of turn.

2. MINUTES OF PREVIOUS MEETING
2.1. The minutes of the meeting held on 22 January 2015 were agreed as a true record.

3. DECLARATIONS OF INTEREST
3.1. There were no declarations of interest.

4. ACTIONS AND MATTERS ARISING
4.1. In relation to strategic communications (minute 54) the committee noted that this continued to be an area of executive focus. The committee agreed that it was right that this should be the case. The committee would re-visit this topic periodically, given the key role of communications as a strategic enabler, as a form of risk management and as a source of assurance.
4.2. The committee noted that the actions from previous meetings had been completed and were marked as closed.

4.3. **There were no further actions or matters arising.**

5. **COMMITTEE’S PERFORMANCE REVIEW**

5.1. Matthew Hayday (MH) reported that, following these discussions, the findings of the review would be reflected in the committee’s annual report to Council and in the summary of its work in the organisation’s annual report.

5.2. During the discussion, members noted that the overall feedback was good or very good. However, the committee noted that there was a risk of being drawn into too much detail and of becoming complacent (given the maintained position). The committee concluded that making use of the internal and external auditors, and contributions of the independent committee member, would help to mitigate against this.

5.3. The committee noted that it was important to be vigilant about maintaining a balance between appropriate levels of scrutiny and unnecessary detail.

5.4. **The committee noted the outcome of the survey and agreed the following actions:**

   i. **In relation to the whistleblowing policy**
      
      - ACTION: The whistleblowing policy should be sent to the internal and external auditors.
      - ACTION: The policies relating to whistleblowing and raising concerns should be reviewed to ensure that the terminology is clear and explicit about how concerns can be raised.
      - ACTION: An additional member of the committee as well as the chair to attend the training workshop on the organisation’s raising concerns policy.
      - ACTION: The materials prepared for the training workshop should be distributed to all Council and committee members.

   ii. **Internal audit programme**
      
      - ACTION: Committee members should be reminded of the schedule for development and approval of the internal audit programme.

6. **COMMITTEE’S ANNUAL REPORT TO COUNCIL**

6.1. The committee discussed the draft report and made a number of suggestions about the committee’s activities that could be included to demonstrate its work and impact during the year, particularly with reference to the improvements in risk management and information governance.

6.2. ACTION: Members also suggested a number of items to add to the forward workplan including:

   - publication of inspection reports
   - value for money and the cost base.
6.3. Members discussed the assurance ratings given to each area of the committee’s remit and agreed that these should be removed in line with the comments from the external auditors.

6.4. The committee noted a suggestion that the report should aim to give a summary of assurance to Council in a similar way to that provided by the Statement of Internal Control in the organisation’s annual report.

6.5. The committee agreed the annual report, subject to final changes being approved by the Chair.

7. REVIEW OF ANNUAL REPORT AND ACCOUNTS

7.1. Jenny Brown (JB) of Grant Thornton drew members’ attention to key points set out in the external auditors’ report and highlighted a number of observations made during the audit. JB informed the Committee that the audit had run smoothly and that no issues of concern had been found. A number of control issues had been identified but these were not material in nature.

7.2. JB outlined the changes that had been made to the presentation of the accounts following the introduction of the new reporting standards (FRS102). She reported that she would also review the letter of representation to ensure that it met the requirements of the new standards.

7.3. Members examined the annual report page by page and made a number of suggestions to help clarify some of the narrative sections of the report.

7.4. The committee noted that the report would be amended to reflect their comments and any factual corrections before being presented to the Council.

7.5. JB left the room.

7.6. The committee noted that the external auditors had been appointed in 2010 for an initial period of three years, with possible extension up to five years in total, due to expire in 2016. Given the satisfaction with the service and the recent change in internal auditors the committee recommended re-appointment for the fifth year.

7.7. ACTION: Proposals for a tender process for external auditors, to be completed early 2016, would be brought to the committee in due course.

7.8. The committee:

   i. noted the external auditors’ report;

   ii. reviewed the draft annual report and accounts for 2014/15 and recommended them to the Council, subject to consideration of the suggestions made by the committee and any factual corrections;

   iii. noted the letter of representation and, subject to any amendments necessary to meet the requirements of the financial reporting standards, recommended it to the chair for signing;

   iv. recommended the reappointment of the external auditors, Grant Thornton, to Council.
8. REVIEW OF INTERNAL AUDIT

8.1. John Allsop (JA) outlined the work that had been undertaken since the last meeting and highlighted the progress set out in the performance report.

8.2. Bill Mitchell (BM) drew members’ attention to the key points set out in the internal auditors’ annual report, including the main findings of the audits that had been carried out over the year.

8.3. The committee noted that there were no issues that needed to be included in the Statement of Internal Control. The committee also noted that the new internal audit arrangements were working satisfactorily and that the organisation had significantly improved the management of internal audit at all stages, including the implementation of recommendations.

8.4. ACTION: MH to send background information on the external consultancy used to carry out a review of some aspects of inspections process.

8.5. The committee:

- noted the 2014/15 Internal Audit annual report
- noted the performance of the GPhC in implementing agreed recommendations
- approved the internal audit plan performance indicators and targets
- noted the reports and findings of the internal audits carried out since the previous meeting.

9. ANY OTHER BUSINESS

9.1. There being no further business, the meeting closed at 4:35pm.

DATE OF NEXT MEETING

Thursday 23 July 2015 (starts at 2:00pm)
Public business

Audit and Risk Committee Annual Report 2014/15

Purpose
To provide the Council with a report on the committee’s work between 1 April 2014 and 31 March 2015.

Recommendations
The Council is asked to note the report at Appendix 1.

1. Background
1.1 At its meeting on 28 May, the Audit and Risk Committee considered a draft report on the Committee’s work during the last financial year. The report was approved subject to amendments being agreed by the Committee Chair.

1.2 The final report, as approved by the Chair of the Committee, is attached at appendix 1.

Recommendations
The Council is asked to note the report at Appendix 1.

Matthew Hayday, Head of Governance
General Pharmaceutical Council
matthew.hayday@pharmacyregulation.org
Tel 020 3365 3450
03 June 2015
1. Introduction

1.1 The Council has established the Audit and Risk Committee (the committee) to support it by reviewing the comprehensiveness and reliability of assurances and internal controls.

1.2 The Council has delegated authority to the committee to:
   - Monitor risk management arrangements
   - Approve the internal audit programme
   - Advise on the comprehensiveness and reliability of assurances and internal controls.

1.3 This annual report provides a high level summary of the work carried out by the committee during the year, demonstrating how the committee has performed against each area detailed in its Terms of Reference, and the key areas of focus set out in last year’s report.

2. Meetings and membership

2.1 The committee increased the number of meetings from three to four per year. This additional meeting allowed the committee’s review of strategic risks to be aligned with Council’s development of the strategic plan, and with the corporate plan and budget cycle.

2.2 The committee met in May, July and October 2014 and in January 2015, and was quorate on each occasion.

2.3 There was no change to the membership of the committee. In April 2014, the Council confirmed the membership of the committee, including the chair and the independent member, Hilary Daniels.

3. Principal areas of review

   Governance, risk management and internal control

3.1 The committee reviewed the organisation’s risk register at each meeting, making recommendations to inform the subsequent review by Council. The committee challenged the management’s view on some principal areas of risk, identifying where the level of risk should be higher, where risks overlap
directorate areas, and asking the executive to consider whether the controls were sufficiently robust.

3.2 The committee continued to monitor the development of the risk management framework within the organisation. The development of the assurance map provided the committee with an overview of the framework and demonstrated how this was supported by internal audits, assurance reviews and oversight by the executive team. The committee also received assurance from the executive with regard to the introduction of regular reviews of risk at directorate and team levels, which are now linked to the rolling development of the strategic risk register.

3.3 The presentation of two assurance reviews (“deep dives”) at each meeting enabled the committee to review a number of issues in some detail. The assurance reviews were derived from the committee’s review of strategic risk and were conducted on the following topics during the year:

- Fitness to practise
- Relocation
- Information governance
- IT projects
- Impact of legislation
- Strategic communications plan

3.4 Following each assurance review, the committee received updates from the executive where particular issues or gaps had been identified. In particular, the Committee sought regular updates during the completion of the programme of IT and data security improvements and controls.

3.5 In accordance with best practice the committee held a private session at its meeting in May 2014 with the internal and external auditors and no issues of substance were raised.

**Internal Audit**

3.6 Following the appointment of new internal auditors, Moore Stephens, the committee reviewed and approved a three year internal audit strategy which forms the basis of the annual internal audit plan. The strategy provides for a systematic and prioritised review of policies, procedures and operations and ensures that the focus of internal audit is on higher risk areas.

3.7 The committee reviewed and approved an internal audit charter which sets out the purpose, authority, roles and responsibilities of internal audit at the GPhC. As part of its review, the committee sought and received assurance that the role of internal audit was understood across the organisation, and
that management were working to implement recommendations in a timely manner with realistic deadlines.

3.8 The progress of implementation of recommendations made during previous audits continued to be monitored. An internal audit progress report was considered at each meeting and the committee received assurance on actions identified in the reports via the follow up report.

3.9 The following internal audits were carried out during the year and received assurance ratings of either green/amber or amber (see appendix 1 for definitions).

- Inspection processes (Amber)
- Professionals regulation (fitness to practise) - interim orders (Green-Amber)
- Inspection quality assurance process (Green-Amber)
- Risk management Parts 1 & 2 (Green-Amber)
- Project management: migration of operations to new premises (Green-Amber)
- Information governance and security (Green-Amber)
- Procurement (Amber)
- Core financial controls (Green-Amber).

3.10 The two “Amber” rated reports were inspection processes and procurement. The Inspection Process report was carried out by an independent consultant with the methodology assured by Moore Stephens. The inspection process remains in prototype with ongoing development and it was acknowledged in the report that as such that not all of the areas of the framework would be fully implemented. The areas for improvement within the procurement report were focused on compliance with the supplier selection procedure and ongoing contract management.

3.11 The internal auditors also produced an advisory report on assurance mapping and as such did not require an assurance rating.

External Audit

3.12 The committee received the output of the external auditors work in relation to the annual report and accounts 2013-14 at its meeting in May 2014 as described below.

3.13 The committee reviewed and approved the external audit plan for the year 2014-15 at its meeting in January 2015.
Financial Reporting

3.14 The committee reviewed the statutory annual report and accounts. The committee considered the report of the external auditors and were assured that the financial statements were a true and fair view of the GPhC’s affairs for the financial year 2013-14.

3.15 Following some minor amendments, the committee recommended the annual report, accounts and statement of internal control for adoption by the Council. The approved annual report and accounts were subsequently laid before the Westminster and Scottish Parliaments on 24 June 2014.

4. Review of key areas of focus

4.1 The committee’s report last year suggested a number of areas that should be considered by the committee in addition to cyclical items. The following sets out what has been achieved during the year.

- **Conduct “deep dive” reviews of strategic risks**
  Now known as “assurance reviews, these have become an established part of the committee’s work plan. A list of the areas reviewed during the last year can be found in section 4.3 above.

- **Assurance mapping and risk appetite**
  Following the appointment of the new internal auditors, an assurance map was drawn up and provided the committee with an overview of the organisation’s risk framework. Risk appetite will be considered by the committee in the coming year and subsequently by Council.

- **Embedding risk management across the organisation**
  The committee has continued to monitor developments in this area of work as evidenced in section 4.2. This work will continue over the coming months.

- **Internal and external audit –co-ordinating efforts and identifying opportunities for improved governance and value for money**
  The internal audit charter sets out the relationship between internal and external audit arrangements.

5. Review of effectiveness

5.1 In line with the committee’s Terms of Reference and best practice, the committee undertakes an annual review of its effectiveness over the last financial year.

5.2 Committee members along with a sample of Council members and staff completed a reflective survey and discussed the findings at the meeting in May 2015. The key findings of that review were as follows.
• overall, the committee felt its performance had been effective and that it had discharged its responsibilities in line with the Terms of Reference;
• the Committee noted the risks of being drawn into too much detail and of becoming complacent (given the maintained position), and would make use of the internal and external auditors and the independent committee member to mitigate against this;
• the Committee would ensure that an additional member of the committee as well as the chair attended the detailed training on the organisation’s raising concerns policy and would focus on the language and cultural change in its next review of this policy area.

6. Chair’s Overview and Conclusion

6.1 This year the committee has continued to effectively provide assurances to Council on the organisation’s audit and risk management processes and we have continued to meet the requirements of our Terms of Reference.

6.2 The committee has noted the benefits of the substantial investment over the year in risk management and information governance processes which have improved the comprehensiveness and reliability of assurances and internal controls. We have also welcomed the timeliness and effectiveness of the implementation of audit recommendations

6.3 I am pleased to report on the development of an effective working relationship between the officers and Moore Stephens. The committee has benefited from the new internal auditor’s approach, being sited on the strengths of controls and assurances as well as gaps and weaknesses. The assurance map has been of particular benefit in this respect

6.4 The committee has enjoyed healthy debate with the executive and other officers. Its challenges to the organisation have impacted particularly over the construction of some of the strategic risks, the plans for information governance and security, and improving performance against the implementation of internal audit recommendations.

6.5 In the coming year, as the risk management system continues to be refined and embedded, the committee will begin to seek assurance on the development of opportunity management within the organisation. This will include ensuring the Council reaps the opportunities of the emerging communications plan across all areas of its work.

6.6 Looking ahead the key areas of focus for the committee, in addition to the cyclical items, include:

• the development of the GPhC’s policy on risk appetite;
• monitoring the revised arrangements for risk management as they are embedded at directorate, team and project levels, including an annual review of the risk management arrangements;
• the impact of and risks arising from the publication of inspection reports; and
• assuring the Council on the organisation’s work in delivering value for money.

6.7 Finally, I would like to thank the committee members, the internal and external auditors and the officers for their engagement and constructive approach in discharging the committee’s responsibilities and for the high quality of the reports and presentations we have received.

David Prince       Matthew Hayday
Chair, Audit and Risk Committee    Head of Governance

2 June 2015
## Appendix A
### Assurance grading

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Green)</strong></td>
<td>Overall, there is a sound control framework in place to achieve system objectives and the controls to manage the risks audited are being consistently applied. There may be some weaknesses but these are relatively small or relate to attaining higher or best practice standards.</td>
</tr>
<tr>
<td><strong>(Green-Amber)</strong></td>
<td>Generally a good control framework is in place. However, some minor weaknesses have been identified in the control framework or areas of non-compliance which may put achievement of system or business objectives at risk.</td>
</tr>
<tr>
<td><strong>(Amber)</strong></td>
<td>Weaknesses have been identified in the control framework or non-compliance which put achievement of system objectives at risk. Some remedial action will be required.</td>
</tr>
<tr>
<td><strong>(Amber-Red)</strong></td>
<td>Significant weaknesses have been identified in the control framework or non-compliance with controls which put achievement of system objectives at risk. Remedial action should be taken promptly.</td>
</tr>
<tr>
<td><strong>(Red)</strong></td>
<td>Fundamental weaknesses have been identified in the control framework or non-compliance with controls leaving the systems open to error or abuse. Remedial action is required as a priority.</td>
</tr>
</tbody>
</table>
Public business

Annual Report and Accounts 2014-15

Purpose
To approve the combined annual report, annual accounts and annual fitness to practise report

Recommendations
The Council is asked to:

i. approve the combined annual report; annual accounts and fitness to practise report for 2014-15.

ii. authorise the Chair to sign the letter of representation as required by the auditors.

1. Introduction

1.1 The Pharmacy Order 2010 sets out reporting requirements for the GPhC, including the requirement to present to the Privy Council on an annual basis:
   - the annual report, including how the GPhC has met good practice in equality and diversity;
   - annual accounts including a report from external audit;
   - a statistical report on fitness to practise proceedings, with the Council’s observations.

1.2 The combined report and accounts should be provided to the Privy Council Office by 22 June so it can be laid in both Houses of Parliament and the Scottish Parliament before the summer recess. The report will also be provided to the Welsh Assembly.

2. Key considerations

2.1 The annual accounts were independently audited by Grant Thornton UK LLP and the financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). A copy of their audit report is at Appendix 2.
2.2 The Audit and Risk Committee’s terms of reference require it to consider the annual report and, following the independent audit of accounts, the annual accounts. The Audit and Risk Committee considered the annual report and accounts, and the letter of representation at its meeting on 28 May 2015 and recommended them to Council for approval.

2.3 The letter of representation (Statement of council’s responsibilities for the preparation of financial statements) was also reviewed by the Audit and Risk Committee. The committee recommended that the chair sign the letter subject to confirmation by the auditors that it met the requirements of the new financial reporting standards.

2.4 The Privy Council Office and the parliamentary authorities have specific requirements in terms of the report's format and printing and they have been consulted on these issues.

3. Equality and diversity implications

3.1 The annual report sets out the actions that have been taken to ensure the GPhC is compliant with legislative requirements on equality and diversity. The report will be produced bilingually in English and in Welsh in accordance with the requirements of the Welsh Language Act 1993.

4. Communications

4.1 The annual report; annual accounts, and annual fitness to practise report will be published on the GPhC website. In addition, links to the report will be sent to key organisations covering all major stakeholders including, but not limited to, pharmacy and patient representative organisations across Great Britain. The GPhC will also share the bilingual digital annual report with the Welsh Language Board.

4.2 A copy of the annual report, annual accounts and annual fitness to practise report will also be submitted to the Professional Standards Authority.

5. Resource implications

5.1 Publishing and communicating the annual report, accounts and fitness to practise report will be covered by existing budgets.

6. Risk implications

6.1 The GPhC is required by statute to submit reports to the Privy Council Office for laying before each House of Parliament and the Scottish Parliament.

7. Monitoring and review

7.1 The process for producing the annual report is reviewed annually to ensure that its content meets the relevant requirements, such as the standards
required for financial reporting, and the Information Commissioner's guidance for health regulators.

Recommendations
The Council is asked to:

i. approve the combined annual report; annual accounts and fitness to practise report for 2014-15.

ii. authorise the Chair to sign the letter of representation as required by the auditors.

Duncan Rudkin, Chief Executive and Registrar
General Pharmaceutical Council
duncan.rudkin@pharmacyregulation.org
Tel 020 3713 7805
26 May 2015
Annual report and accounts 2014-15

- The combined annual report, fitness to practise report and accounts will be published on the GPhC website after it has been laid in both the Houses of Parliament and the Scottish Parliament. This will take place before summer recess.
The Audit Findings for General Pharmaceutical Council

Year ended 31 March 2015
5 June 2015

Jenny M Brown
Director
T 020 7728 2316
E jenny.m.brown@uk.gt.com

Luke J Sanderson
Manager
T 020 7728 2615
E luke.j.sanderson@uk.gt.com

Arti S Shah
In-Charge Accountant
T 020 7728 3222
E arti.s.shah@uk.gt.com
5 June 2015

Dear Sirs,

Audit Findings for General Pharmaceutical Council for the year ended 31 March 2015

This Audit Findings report highlights the significant findings arising from the audit for the benefit of those charged with governance, as required by International Standard on Auditing (UK & Ireland) 260. Its contents have been discussed with management.

As auditors we are responsible for performing the audit, in accordance with International Standards on Auditing (UK & Ireland), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities for the preparation of the financial statements.

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed primarily for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

We would like to take this opportunity to record our appreciation for the kind assistance provided by the finance team and other staff during our audit.

Yours faithfully,

Grant Thornton UK LLP

---

General Pharmaceutical Council
25 Canada Square
London
E14 5LQ

Grant Thornton UK LLP
Grant Thornton House
Melton Street
London
NW1 2EP

T +44 (0)20 7383 5100
F +44 (0)20 7383 4715
www.grant-thornton.co.uk
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Status of the audit and audit opinion</td>
<td>4</td>
</tr>
<tr>
<td>2. Significant risk findings</td>
<td>5</td>
</tr>
<tr>
<td>3. Other reasonably possible risk findings</td>
<td>6-8</td>
</tr>
<tr>
<td>4. Other communication requirements</td>
<td>9</td>
</tr>
<tr>
<td>5. Internal controls</td>
<td>10-13</td>
</tr>
<tr>
<td>6. Independence and ethics</td>
<td>14</td>
</tr>
<tr>
<td>7. Communication of audit matters with those charged with governance</td>
<td>15</td>
</tr>
</tbody>
</table>
Status of the audit and audit opinion

Our work is substantially complete and there are currently no matters of which we are aware which would require modification of our audit opinion, subject to the outstanding matters detailed below.

| Status | Likely to result in material adjustment or significant change in disclosures
| Status | Potential to result in material adjustment or significant change in disclosures
| Status | Not considered likely to result in material adjustment or change in disclosures

Third party confirmations from banks and J P Morgan
Final financial statements
Letter of representation (on signing)
Glossy accounts and Welsh translation (post signing)

Our anticipated audit report will be unmodified
## Significant risk findings

<table>
<thead>
<tr>
<th>Risks identified in our audit plan</th>
<th>Commentary</th>
<th>Communicated in Audit Plan?</th>
</tr>
</thead>
</table>
| 1. Improper revenue recognition   | In addition to the testing over income detailed in the following section, we have:  
  - Reviewed and tested revenue recognition policies for all material revenue streams.  
  - Reviewed key controls on significant revenue streams.  
  Our work in this area proved satisfactory and no issues have been noted from the testing performed. | Yes |
|   • Under ISA 240 there is a presumed risk that revenue may be misstated due to the improper recognition of revenue | | |
| 2. Management override of controls | During the audit we have:  
  - Reviewed accounting estimates, judgements and decisions made by management and the Council.  
  - Tested a sample of journal entries which was determined through the use of our data interrogation software (IDEA) which enabled the team to focus on higher risk journal postings.  
  - Identified the related parties of GPhC and reviewed the procedures in place to ensure that any related party transactions are approved, captured and correctly presented within the financial statements.  
  - Reviewed any unusual significant transactions within our testing.  
  From the work performed, no related party transactions were identified. Our work in this area proved satisfactory and no issues have been noted from the testing of journal postings in relation to our conclusion on the management override of controls. | Yes |
|   • Under ISA 240 there is a presumed risk that the risk of management over-ride of controls is present in all entities | | |
| Management response |  
  • No issues | |
Other reasonably possible risk findings

<table>
<thead>
<tr>
<th>Risks identified in our audit plan</th>
<th>Commentary</th>
<th>Communicated in Audit Plan?</th>
</tr>
</thead>
</table>
| 1. Revenue (existence, completeness and cut off)  
  - A substantial portion of revenue in the year is derived from registration fees from pharmacists, technicians and premises. In the prior year this totalled £19.4m of the Council's total income of £20m. These monies are received in advance of the period to which the registration relates. | During the audit we have updated our understanding of the registration and the system and controls in place. In February 2015, the Concept system (registrations database) was replaced with a new CRM system. However in terms of recording income, the process for the finance team remained very similar.  
  We have examined (via analysis against expectations, and substantively on a sample basis) registrants’ and owners’ fees received in the period to ascertain that the revenue recognised in the year is appropriate and that the year end deferred income balance is appropriate.  
  Our work in this area proved satisfactory and no issues have been noted from the testing performed.  
  **Management response**  
  - No issues | Yes |
| 2. Grant Income (existence)  
  - The Council is still utilising a working capital grant from the Department of Health. At the end of the financial year the Council held a deferred capital grant balance in relation to this grant of £972k which will now be released to income in line with depreciation. | During the audit, we have gained assurance over the treatment of the working capital grant by reviewing a sample of the expenditure charged to the grant to ensure that the restrictions relating to the use of the monies received have been complied with. Previous correspondence from the Department of Health stated that the "overriding principle (is) that the grant can only be used for additional and non recurring activity". During the year, the largest item of expenditure for which the grant was utilised was for the dual running costs of both offices which included the Canary Wharf rent, estate charges and building insurance.  
  Our testing in this area proved satisfactory. There has been no correspondence from the Department of Health in relation to the grant and no audits have been performed by them. Management still intend to write to the Department of Health detailing the use of the grant during 2014/15 as in previous years. We continue to support this approach as the use of this grant remains an area of judgement for the GPhC and regular communication with the Department of Health will help to highlight any potential issues in relation to its usage on a timely basis.  
  **Management response**  
  - **We will be writing to the Department of Health as in previous years.** | Yes |
## Other reasonably possible risk findings

<table>
<thead>
<tr>
<th>Risks identified in our audit plan</th>
<th>Commentary</th>
<th>Communicated in Audit Plan?</th>
</tr>
</thead>
</table>
| 3. **Operating Expenses (completeness)**  
  - There is a risk that costs are recognised in the incorrect period and that liabilities relating to the year could be missed in significant volumes, giving rise to a material impact on the reported results. | During the audit, we have:  
  - Updated our understanding of the systems and controls in place to identify and record expenditure and liabilities.  
  - Reviewed payment activity around the year end to identify any unrecorded liabilities.  
  - Obtained supplier confirmations for key suppliers to confirm year end balances.  
  - Performed an analytical review of creditors, accruals and expenditure balances against prior year and expectations to understand any significant or unexpected variances.  
  - Performed tests of detail over a sample of expenditure items to ensure that they have been correctly authorised, incurred for legitimate business reasons and correctly treated within the financial statements.  
  
  Our work in this area proved satisfactory and no significant issues have been noted from the testing performed. It was noted that due to the early adoption of FRS 102 a prior year adjustment has been made in relation to leave accruals.  
  
  As noted in previous years we recommend that you obtain HMRC clearance in relation to your tax status. The treatment currently applied treats only interest, investment gains and commercial income as taxable. This is line with our interpretation of the guidance but we would always recommend that confirmation is received from HMRC especially as commercial income is now increasing through the room hire trading.  
  
  **Management response**  
  - We will contact HMRC to obtain clearance in relation to our tax status with regard to all sources of income. | Yes |
## Other reasonably possible risk findings

<table>
<thead>
<tr>
<th>Risks identified in our audit plan</th>
<th>Commentary</th>
<th>Communicated in Audit Plan?</th>
</tr>
</thead>
</table>
| **4.** Tangible Fixed Assets (valuation gross)  
  - During the year the Council moved into new leased premises. There is the risk that costs associated with the new lease are incorrectly capitalised. | During the audit, we have:  
  - Updated our understanding of the systems and controls in place to identify and record capital items.  
  - Obtained a schedule of additions capitalised during the year and agreed this to supporting documentation.  
  - Assessed the useful economic life of the assets to ensure that they are being depreciated over a reasonable period.  
  Our work in this area proved satisfactory and no issues have been noted from the testing performed.  
  **Management response**  
  - No issues | Yes |

© 2015 Grant Thornton UK LLP | Audit Findings Report | 31 March 2015
Other considerations

<table>
<thead>
<tr>
<th>Issue</th>
<th>Commentary</th>
</tr>
</thead>
</table>
| **Financial Reporting Standard 102 (FRS102)**  
- Subsequent to the issue of the audit plan management decided to early adopt FRS102 | We have reviewed management's adoption of the standards and note the following:  
- We have recommended that management prepare a paper summarising their consideration of the accounting policies applied under FRS102 and any adjustments made.  
- We have requested that management make amendments to disclosures in the following areas:  
  • Changes to the transition note to highlight the effect of the adjustments  
  • Increased disclosure relating to identification of senior postholders and aggregate remuneration in relation to them  
  • Additional disclosure in relation to the escrow account for the office fit out including to the statement of cashflows  
  • Minor amendments to the nomenclature including titles of key primary statements  
- We have considered the key accounting policies in relation to revenue, leases, grants and rent reserve.  
  **Management response**  
  • FRS 102 paper prepared as per recommendation. |
| **Leases**  
- The Council moved premises in 2014 to new offices. This included the fit out of the property under the agreement with the lessor which included a significant capital contribution in lieu of a rent holiday. | We have reviewed the lease agreement and agreed that the rent reserve has been treated appropriately. Council have agreed to the judgement agreed by the Council in the year that the lease will be maintained for at least the ten year period stated which affects the release of the rent reserve.  
  **Management response**  
  • No issues |
| **HMRC debtor**  
- Further progress has been made in relation to the National insurance repayment which has been pursued for several years. | We have reviewed the correspondence from BDO supporting the expected repayment of £64k which is recognised as a debtor in the financial statements.  
  **Management response**  
  • No issues |
## Other communication requirements

<table>
<thead>
<tr>
<th>Issue</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Matters in relation to fraud</td>
<td>We have not been made aware of any other incidents in the period and no other issues have been identified during the course of our audit procedure.</td>
</tr>
<tr>
<td>2. Matters in relation to related parties</td>
<td>We are not aware of any related party transactions which have not been disclosed.</td>
</tr>
<tr>
<td>3. Matters in relation to laws and regulations</td>
<td>We are not aware of any significant incidences of non-compliance with relevant laws and regulations.</td>
</tr>
<tr>
<td>4. Written representations</td>
<td>Our standard audit representations will be requested from Those Charged with Governance.</td>
</tr>
<tr>
<td>5. Confirmation requests from third parties</td>
<td>We requested from management permission to send confirmation requests to 5 suppliers with creditor balances (including nil balances) at 31 March 2015. This permission was granted and the requests were sent. 5 were returned with positive confirmation. We have also sent out bank confirmation requests for all bank accounts in the year – we are awaiting a number of these letters including the JP Morgan confirmation of the GPhC element of the escrow account.</td>
</tr>
<tr>
<td>6. Disclosures</td>
<td>Our reviews have not identified any significant deficiencies in relation to the disclosures made within the financial statements.</td>
</tr>
<tr>
<td>7. Going Concern</td>
<td>Going concern is a fundamental accounting concept that underpins the preparation of financial statements. Under the going concern concept, it is assumed that an entity will continue in operation and that there is neither the intention nor the need to liquidate the business or to cease trading. From our work performed to date we have noted no issues in relation to the assessment of the General Pharmaceutical Council as a going concern.</td>
</tr>
<tr>
<td>8. Estimates and judgements</td>
<td>In relation to estimates and judgements, the key areas we have considered and discussed above include:  - The use of the Department of Health grant  - The HMRC debtor of £64k  - The treatment of the lease</td>
</tr>
<tr>
<td>9. Accounting procedures</td>
<td>We have reviewed the financial statements and believe that the accounting policies adopted are appropriate and consistently applied (see the FRS102 section).</td>
</tr>
</tbody>
</table>
Internal controls

- The purpose of an audit is to express an opinion on the financial statements.
- Our audit included consideration of internal control relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of internal control.
- The matters being reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with ISA 265.
- If we had performed more extensive procedures on internal control, we might have identified more deficiencies to be reported.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Issue and risk</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Segregation of duties</td>
<td>- This control was implemented during the year and separate people review the payments to those that have access to modifying details on the system. We note it here as a result of the fact that for a period of the relevant year it was not in operation.</td>
</tr>
<tr>
<td></td>
<td>A potential control weakness has been identified whereby it was found that the same individual had access to change supplier details whilst also being the reviewer of the BACS payments.</td>
<td>Management response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The control weakness was identified by the finance team and notified to internal audit. The control has now been implemented. However while this specific control around supplier details was not in place for part of the year, there were other controls in place in that the payment run is produced and checked by the accounts assistant before being checked by the Head of Finance or Management Accountant, so there was a segregation of duties in place.</td>
</tr>
<tr>
<td>2.</td>
<td>Wages and salaries reconciliation to the Trial Balance</td>
<td>- It is recommended that a reconciliation between the payroll reports and the charge in the Trial Balance is performed and documented on at least a 6 monthly basis.</td>
</tr>
<tr>
<td></td>
<td>We noted that at the year end the wages and salaries had not been reconciled to the trial balance.</td>
<td>Management response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The payroll is checked in detail each month and the coding of payroll is reviewed as part of the monthly management accounts process. We believe this is a more meaningful control than checking the payroll against the various postings in the trial balance, however we can implement this 6 monthly reconciliation if required.</td>
</tr>
</tbody>
</table>

Assessment

- Significant deficiency – risk of significant misstatement
- Deficiency – risk of inconsequential misstatement

© 2015 Grant Thornton UK LLP | Audit Findings Report | 31 March 2015
## Internal controls

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Issue and risk</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Purchase order system</strong></td>
<td>• We understand that management are exploring the possibility of a purchase order system, and we support this. A documented process of matching goods received to the invoice should be implemented to ensure that purchases of assets are appropriate.</td>
</tr>
<tr>
<td></td>
<td><em>It was noted that there is no purchase order system within the company and once goods have been ordered, this is not logged. Therefore at any one point in time, goods that have been ordered and are in transit cannot be traced. Anybody within GPhC can order goods before it is approved and there is no documented process for matching goods received to the invoice. It is assumed that this process has been completed once the budget holder approves the invoice.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Bank reconciliation review</strong></td>
<td>• It is recommended that bank reconciliations are reviewed appropriately to ensure that balances as at the month end are recorded appropriately and that the correct balances are used.</td>
</tr>
<tr>
<td></td>
<td><em>It was noted that the interest for March 2015 on the Handelsbanken account was not accounted for on the reconciliation as the bank statement used for the reconciliation was dated 25/03/15.</em></td>
<td></td>
</tr>
</tbody>
</table>

### Assessment
- **Significant deficiency** – risk of significant misstatement
- **Deficiency** – risk of inconsequential misstatement

© 2015 Grant Thornton UK LLP | Audit Findings Report | 31 March 2015
## Internal controls

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Issue and risk</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Documentation of significant agreements</td>
<td>• During the work performed, it was noted that there was no revised lease agreement for the Canary Wharf building even though the capital contributions from each party had been agreed at a later date and were of different amounts to the original lease agreement. It was also noted that there was no documentation for the terms of the original grant which was transferred from the Royal Pharmaceutical Society.</td>
</tr>
</tbody>
</table>

**Management response**

• Documentation will be reviewed to ensure that all key agreements are readily available.
Independence and ethics:

- Ethical standards and ISA UK 260 require us to give you full and fair disclosure of matters relating to our independence. In this context, we disclose the following to you:

- We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Auditing Practices Board's Ethical Standards and therefore we confirm that we are independent and are able to express an objective opinion on the financial statements.

- We confirm that we have implemented policies and procedures to meet the requirement of the Auditing Practices Board's Ethical Standards.
## Communication of audit matters with those charged with governance

<table>
<thead>
<tr>
<th>Our communication plan</th>
<th>Audit Plan</th>
<th>Audit Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respective responsibilities of auditor and management/those charged with governance</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Overview of the planned scope and timing of the audit. Form, timing and expected general content of communications</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Views about the qualitative aspects of the Company accounting and financial reporting practices, significant matters and issue arising during the audit and written representations that have been sought</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Confirmation of independence and objectivity</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>A statement that we have complied with relevant ethical requirements regarding independence. Relationships and other matters which might be thought to bear on independence. Details of non-audit work performed by Grant Thornton UK LLP and network firms, together with fees charged. Details of safeguards applied to threats to independence</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Material weaknesses in internal control identified during the audit</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Identification or suspicion of fraud involving management and/or which results in material misstatement of the financial statements</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Non compliance with laws and regulations</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Expected modifications to the auditor's report, or emphasis of matter</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Uncorrected misstatements</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Significant matters arising in connection with related parties</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Significant matters in relation to Going Concern</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

International Standards on Auditing (ISA) 260, as well as other ISAs, prescribe matters which we are required to communicate with those charged with governance, and which we set out in the table here.

This document, The Audit Findings, outlines those key issues and other matters arising from the audit, which we consider should be communicated in writing rather than orally, together with an explanation as to how these have been resolved.

### Distribution of this Audit Findings report

Whilst we seek to ensure our audit findings are distributed to those individuals charged with governance, as a minimum a requirement exists for our findings to be distributed to all the company directors and those members of senior management with significant operational and strategic responsibilities. We are grateful for your specific consideration and onward distribution of our report, to those charged with governance.

### Respective responsibilities

As auditor we are responsible for performing the audit in accordance with ISA's (UK and Ireland), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance.

The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.
Dear Sirs

General Pharmaceutical Council

Statement of council’s responsibilities for the preparation of financial statements

The council is responsible for preparing the General Pharmaceutical Council’s report and the financial statements in accordance with applicable law and regulations.

Under the Pharmacy Order 2010, council members must prepare financial statements for each financial year. Under that law, the Privy Council has directed the GPhC to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standard and applicable laws) including Financial Reporting Standard 102. Council members will not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs and the surplus or deficit of the GPhC for that period. In preparing these financial statements, the council members must:

- select suitable accounting policies and then apply them consistently
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK accounting standards have been followed, and disclose and explain any material departures from these in the financial statements
- prepare the financial statements on a ‘going-concern’ basis unless it is inappropriate to assume that the GPhC will continue its activities.

Council members are responsible for keeping adequate accounting records. These must be adequate to show and explain the GPhC’s transactions, and disclose with reasonable accuracy – at any time – the financial position of the GPhC. They must enable the council to ensure that the financial statements keep to the Pharmacy Order 2010. Council members are also responsible for safeguarding the assets of the GPhC and therefore for taking reasonable steps to prevent and detect fraud and other irregularities.
As far as each council member is aware:

- there is no relevant audit information of which the GPhC’s auditors are unaware
- council members have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Appointment of auditors

The GPhC has reappointed Grant Thornton UK LLP as its auditors.

By the order of the council.

Nigel Clarke

Chair
Public business

Appointment of external auditors

Purpose
To appoint the GPhC’s external auditors for the year 2015-16.

Recommendations
The Council is asked to appoint Grant Thornton as the GPhC’s external auditors for the year 2015-16.

1. Background
1.1 The Pharmacy Order 2010 requires the GPhC to
   “ensure that a person eligible for appointment as a statutory auditor under Part 42 of the Companies Act 2006(a) (statutory auditors) audits the Council’s annual accounts.”

1.2 The Council has delegated responsibility to the Audit and Risk Committee to:
   “consider the appointment and performance of the external auditor, the audit fee and any questions of resignation or dismissal and make appropriate recommendations to the Council”.
   (Audit and Risk Committee, terms of reference)

1.3 At its meeting on 28 May 2015, the Audit and Risk Committee recommended the appointment of Grant Thornton as the GPhC’s external auditors. The minutes of this decision can be seen in paper ref 15.06.C.07.

Recommendations
The Council is asked to appoint Grant Thornton as the GPhC’s external auditors for the year 2015-16.

David Prince
Chair, Audit and Risk Committee
29 May 2015