# Meeting of Council

**Thursday, 10 March 2016**  
**14.50 – 16:00**  
Council Room 1, 25 Canada Square, London E14 5LQ

## Agenda

### Confidential business

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### Public business

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**Date of next meeting**  
Thursday, 14 April 2016
Minutes of the **Council** meeting held on **Thursday, 04 February 2016** at 25 Canada Square, London, at 1pm

**Minutes of the public session**

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

**Apologies**
- Tina Funnell
- Mohammed Hussain

**In attendance**
- Duncan Rudkin (Chief Executive and Registrar)
- Christopher Alder (Head of Professionals Regulation)
- Claire Bryce-Smith (Director of Inspection and Fitness to Practise)
- Matthew Hayday (Head of Governance)
- Ruth McGregor (Head of Finance and Procurement)
- Vivienne Murch (Director of Organisational Development and EDI)
- Terry Orford (Head of Customer Services)
- Sue Reed (Council Secretary)
- Hugh Simpson (Director of Strategy)
- Mark Voce (Head of Inspections Team)
- Lyn Wibberley (Chief of Staff)

**76. Attendance and introductory remarks**

76.1. The chair welcomed members and staff to the meeting.

76.2. The chair advised that questions submitted by Council members in advance of Council meetings would in future be discussed in the meeting rather than being answered directly, in order to ensure that questions and responses
could be formally recorded. Exceptions would apply for technical points, items outside of Council business and minor drafting corrections.

77. DECLARATIONS OF INTEREST

77.1. The following interests were declared:

- Item 12: Budget and fee proposals
  Liz Kay, Soraya Dhillon, Berwyn Owen, Samantha Quaye, Digby Emson and Evelyn McPhail declared interests as registrant members of Council.

78. MINUTES OF THE PUBLIC SESSION OF THE PREVIOUS MEETING

78.1. The minutes of the public session of the meeting held on 10 December 2015 were agreed as a true record.

79. ACTIONS AND MATTERS ARISING

79.1. Reference minute 79.1: Council noted that the organisational chart had been circulated on 12 January 2016.

79.2. Reference minute 79.2: Council noted that an update on the Professional Standards Authority (PSA) performance review was included in the 4 February 2016 Chief Executive and Registrar’s report (16.02.C.04).

79.3. Reference minute 80.8: Council noted that the Continuing Fitness to Practise (CFtP) Assurance Group would be submitting a paper to the 10 March 2016 Council meeting.

79.4. Reference minute 81.3: Council noted that implementation of the Investigating Committee guidance was scheduled for Q2 2016.

79.5. Reference minute 81.6: Duncan Rudkin (DR) reported that, following discussions with the Equality, Diversity and Inclusion (EDI) Network, the term ‘hard to reach groups’ would no longer be used. Instead, rather than adopting a single phrase, appropriate descriptions relevant to the context would be used.

79.6. Reference minute 82.1: it was noted that the standards for pharmacy professionals consultation would be submitted to Council on 10 March 2016.

80. CORPORATE PLAN 2016/17

80.1. DR presented paper 16.02.C.02 which outlined the GPhC’s external facing priorities towards achieving the aims of the 2016–19 strategic plan.

80.2. Council’s attention was drawn to page 1 (23 of 90). DR explained that rather than recommending a separate set of actions in relation to efficiency and effectiveness, it would be embedded throughout the GPhC’s work.
ACTION: in order to ensure visibility of reporting, Council agreed that reference to efficiency and effectiveness be incorporated under the ‘How the GPhC works’ section.

80.3. It was noted that the Efficiency and Effectiveness Assurance Advisory Group (EEAAG) would continue its work with a view to measuring impact through development of appropriate metrics.

80.4. With reference to the outline timetable on page 4 (26 of 90) for the meeting of the Hearings User Group, Claire Bryce-Smith (CB-S) reported that the group would engage with registrants and their representatives to look at the efficiency of referral of cases to Fitness to Practise (FtP). The group would include GPhC representatives, defence bodies and pharmacy support groups. Pharmacy Technicians (PTs) were represented through their defence bodies although there were no PTs on the group.

80.5. Samantha Quaye suggested that representatives from a professional leadership body, such as the Association of Pharmacy Technicians UK (APTUK), might also be included in the group’s membership. CB-S confirmed that efforts had been made to secure appropriate pharmacy technician input.

80.6. With reference to page 6 (28 of 90), Council agreed that more clarity was necessary around the use of the term ‘pharmacy support staff’ in terms of which groups it included. It was also agreed that the scope of who was included should be reviewed to ensure it was comprehensive and accurate.

80.7. Judy Worthington (JW) drew Council’s attention to paragraph 2.1 (19 of 90) and commented that links had been identified with only two of the four strategic aims. In the ensuing discussion, it was agreed that mapping the strategic aims precisely might create an artificial corporate plan, but it was nevertheless necessary to ensure that the plan explicitly explained how all the elements of the strategy would be addressed.

80.8. Council agreed:

(i) that the corporate plan be amended in accordance with minute 80.7 and the updated version to be circulated to Council for comment

(ii) to delegate authority to the chair sign off the final version of the corporate plan before Council’s next meeting on 10 March 2016.

80.9. Council approved the Corporate Plan 2016/17 subject to minute 80.8.

81. BUDGET AND FEE PROPOSALS 2016/17

81.1. DR presented paper 15.12.C.02 which asked Council to approve the budget for 2016/17 and consider the reserves policy and fee setting strategy through to 2018/19.
81.2. In response to a question from the chair, Ruth McGregor (RM) confirmed that a sensitivity analysis in relation to future income – covering the possibility of fewer registrants and/or pharmacies – would be undertaken in due course.

81.3. In response to a question from Alan Kershaw (AK), Vivienne Murch (VM) explained that staff turnover figures represented a general trend with many organisations seeing an increase in turnover. As many leavers had moved on for development reasons, the GPhC was proactively exploring internal staff development paths.

81.4. With reference to the IT expenditure breakdown (47 of 90) RM explained that the figures had been analysed by department but that she did not have the detailed breakdown to hand.

**ACTION:** RM to provide Council with detailed breakdown of IT expenditure / investment.

81.5. DR explained that the GPhC had replaced its outdated database with a Microsoft Customer Relations Management (CRM) system which worked well as platform for holding the GPhC Register but had greater potential use which was being explored. He added that IT was being reviewed in terms of the optimum way to allocate expenditure – with particular reference to efficiency and effectiveness and a re-phasing of priorities.

81.6. With regard to the fee strategy (section 6, 39–40 of 90), the chair commented that it was important that the GPhC communicate clearly to registrants that fees would not be increased for 2016/17.

81.7. Council noted that, if there were no fee increase, consultation on new rules was not necessary.

81.8. In response to a question from Digby Emson (DE), RM confirmed that accreditation income varied with the cycle which changed throughout the year.

81.9. Sarah Brown (SB) commented that the GPhC’s workload was considerable and asked whether sufficient resources were in place. DR confirmed that the Senior Leadership Group (SLG) continued to monitor this issue closely and were reasonably confident that resources were sufficient to meet demand. He added that SLG discussions about the configuration of teams were ongoing and that smarter, more efficient working would be critical.

81.10. With regard to the reserves policy (section 4, 38–39 of 90), RM confirmed that the level of expenditure and income would lead to a break-even position by 2018/19. A small deficit would arise in the intervening years but this did not materially affect the reserves.

81.11. DR added that the question might be raised of why fees were not being reduced given the positive cash and reserves position. He explained that was not being done because the GPhC was reinvesting in the future infrastructure.
of regulation to provide a more efficient and effective service for stakeholders. The GPhC, as noted from the corporate plan, had a significant programme of work which included overhauling all of the core standards and a considerable external policy agenda, whilst continuing its inspections programme.

81.12. The chair commented that the projections did not incorporate any budget increase proposals for 2017/18, and that a further discussion about any proposals for rule changes and fees would take place at Council in early 2017.

81.13. The chair thanked the EEAAG for its excellent work to date.

81.14. Council noted that the Audit & Risk Committee would discuss the reserves strategy at its 25 May 2016 meeting.

81.15. **Council:**

(i) agreed the budget for 2016/17

(ii) agreed that fees remain unchanged for the current financial year and that the GPhC would not consult on any changes to the GPhC fees or charges for 2016/17

(iii) noted and commented on the proposal that:

- the GPhC planned to reduce operating costs in line with fee income enabling it to maintain fees at the current level;
- the cost reductions would be implemented over the next three years with a view to returning to breakeven or a modest surplus by 2018/19;
- projects and non-recurring expenditure would be separately identified within the budget;
- the reserves strategy would be updated and the reserves target had been reduced to a range of four to six months of operating expenditure;
- the budget projections did not incorporate any proposed fee increases in 2016/17 but these may be required in future as a result of increasing workload and changes to responsibilities;
- a further review of the need for changes to fee levels for 2017/18 would be undertaken in early 2017. Any proposed changes would be subject to consultation.

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

82.1. DR presented paper 16.02.C.05 which provided Council with an update on significant recent developments and meetings.
82.2. DR gave a verbal update on a long-standing issue around the Regulation and Investigatory Powers Act. He explained that the GPhC had been seeking two investigatory powers which would be used in exceptional circumstances only: direct covert surveillance and covert human intelligence. The Home Office had identified a suitable legislative vehicle to enable the use of direct covert surveillance by the GPhC but not of covert human intelligence. The latter was unlikely to be granted. He added that the Royal Pharmaceutical Society of Great Britain (RPSGB) had had powers to use direct covert surveillance but these had not been transferred to the GPhC due to a legislative oversight.

82.3. Mary Elford (ME) asked whether the GPhC’s powers would be sufficient to regulate new methods of provision such as online pharmacies and distance selling. CB-S confirmed that the issue of regulating new methods of provision was on the inspection teams’ agenda.

82.4. With reference to section 3 (53–54 of 90) on the GPhC’s report highlighting a number of concerns in relation to the use of medicines in care homes in Great Britain, the chair drew Council’s attention to an event to be hosted by The King’s Fund on 24 February 2016.

**ACTION:** Council members to advise the chair if they wished to attend.

82.5. DR reported that the Pharmacy (Premises Standards, Information Obligations, etc.) Order proposed a new definition of ‘associated premises’ and the GPhC was exploring the implications for its own remit and for care homes.

82.6. The chair commented that good progress had been made with regard to care homes but there remained much to be done.

82.7. With reference to section 6 (55 of 90), the chair reported that he had had a successful introductory meeting with the new chair of the PSA, George Jenkins.

82.8. With reference to section 9 (55–56 of 90), Evelyn McPhail (EM) asked whether Health Education England’s (HEE) proposed increase in pre-registration pharmacist numbers and decrease in pharmacy technician programmes raised concerns. DR responded that no detail was currently available but this would be investigated further.

82.9. **Council noted the Chief Executive and Registrar’s report.**

**83. PERFORMANCE MONITORING REPORT**

83.1. DR presented paper 16.02.C.05 which reported to Council on operational and financial performance to the end of November 2015.

83.2. Liz Kay (LK) commented that the figures for notice of intention to remove (NIR) and notice of removal (NOR) (67 of 90) appeared higher in comparison with previous reporting periods. Terry Orford (TO) responded that these
cases had required remedial measures, and the numbers would subsequently reduce.

83.3. With reference to the numbers of cases received and closed (71 of 90), Christopher Alder confirmed that 90% had resulted in a decision of impairment or sanction which was almost in line with the whole cohort of FtP cases. DR confirmed that these tended to be complex factual/conduct related issues as opposed to health issues.

83.4. The chair asked how issues around pharmacies changing hands were managed. TO responded that the register would be amended accordingly but that the GPhC did not hold data on pharmacy owners' backgrounds. Mark Voce (MV) confirmed that an inspector would visit a pharmacy before it was registered with the GPhC. TO added that the GPhC would defer any application that required further investigation and registration would not be granted until the GPhC was satisfied it met requirements.

83.5. DE asked in relation to exam failures whether any correlation of data had been undertaken regarding tutors and placement premises. HS responded that the Data Quality Group was looking into this issue but it was too early to present any conclusions.

83.6. In response to a question from ME regarding the pilot change to stream 1 cases – in terms of their evaluation, MV confirmed that feedback from recipients and inspectors would be used and would be presented to Council in due course.

83.7. A discussion ensued regarding whether pharmacies that had not been inspected for over 48 months posed a greater risk to patients and the public. It was noted that GPhC data did not indicate such pharmacies presented any greater risk and that other factors, such an intelligence-led approach, might prove more helpful in identifying pharmacies that posed a risk in future.

83.8. Council noted that majority number of complaints received about the GPhC had related to technical issues around direct debits. These issues had since been resolved.

83.9. The chair asked that management accounts be presented to Council with the performance monitoring report at future meetings.

83.10. Council noted the performance monitoring report.

84. **AUDIT & RISK COMMITTEE MINUTES**

84.1. David Prince (DP), chair of the Audit & Risk Committee, presented the unconfirmed public minutes of the 27 January 2016 meeting – 16.02.C.06.
84.2. Council noted that the two outstanding Internal Audit Reports (IT and HR) were being followed up and would be circulated to the committee at the earliest opportunity.

84.3. Council noted the unconfirmed public Audit & Risk Committee minutes of the 27 January 2016 meeting.

85. **ANY OTHER PUBLIC BUSINESS**

85.1. Council noted that:

(i) Mary Elford, Mohammed Hussain, Berwyn Owen, David Prince and Samantha Quaye had been reappointed to Council for a second term and would serve for 3 years from 1 April 2016

(ii) three new Council members-designate had been appointed and would serve a 3-year term from 1 April 2016: Professor Mark Hammond (lay), Mr Deep Sagar (lay) and Mrs Joanne Kember (registrant)

85.2. There being no further business, the meeting closed at 3.10pm.

**DATE OF NEXT MEETING**

Thursday, 10 March 2016
Standards for pharmacy professionals consultation

Purpose
To provide Council with the proposed consultation on standards for pharmacy professionals.

Recommendations
Council is asked to consider and approve the standards for pharmacy professionals for consultation.

1. Introduction
1.1 Council has responsibility, under article 48 of the Pharmacy Order, for setting the standards relating to the conduct, ethics and performance of registrants.

1.2 The current standards of conduct, ethics and performance were agreed by Council in 2010. In 2014, the GPhC formally announced the review of the standards. They are the core professional standards that pharmacists and pharmacy technicians must apply and meet whatever their scope of practice.

2. Reviewing the standards
2.1 The standards build on and reflect the belief that it is the day-to-day attitudes and behaviours of pharmacy professionals in their day-to-day work that make the most significant contributions to patient safety and the quality of care. Council has made a clear commitment to promoting a culture of patient centred professionalism, and core foundation of this is the standards for pharmacy professionals.

2.2 We have drafted the standards based on what we have heard from our engagement with pharmacy professionals and patients. Through our discussion paper ‘patient-centred professionalism in pharmacy’, the IPSOS MORI research we conducted in 2014, and engagement we carried out late last year of provisional standards, we have heard about the importance of the areas that the nine new standards for pharmacy professionals cover.
2.3 The context in which pharmacy professionals practice and the government’s visions and strategies for the delivery of healthcare services, and in particular the increasing role that pharmacy will play in the future, have also been taken into account.

2.4 A further important part of the context is ensuring the new standards adequately reflect how we as society have learnt from tragic failures of care, such as those at Mid Staffordshire Foundation Trust in England, the Vale of Leven in Scotland, and the Abertawe Bro Morgannwg University Health Board hospitals in Port Talbot and Bridgend in Wales.

3. Structure and language

3.1 The GPhC has developed nine standards for pharmacy professionals which focus on the areas that we believe are necessary to deliver safe and effective care, and uphold trust and confidence in pharmacy.

3.2 The meaning of each of the standards is explained, and there are examples of the types of attitudes and behaviours that pharmacy professionals should demonstrate.

3.3 The standards do not duplicate requirements of the law, and nor do the examples. Therefore, there is no reference to aspects such as English language competency or indemnity arrangements, or other legislation such as medicines and advertising.

3.4 Throughout the document we have referred to pharmacy professionals instead of pharmacist and pharmacy technicians.

3.5 We have considered at length the terminology we use in the standards, ‘person centred care’ v ‘patient centred care’. We have used the term person centred care. This best reflects the importance of treating people as individuals and recognising that the values and needs of people is different even if they all perhaps manage the same long term or short term condition.

4. Student Code of Conduct

4.1 The student of code of conduct is based on the seven principles of the current standards of conduct, ethics and performance. As part of the consultation document we will test an approach whereby the standards for pharmacy professionals are also the standards we expect of students.

4.2 This approach will instil person centred professionalism and provide an environment to develop behaviours, attitudes and values expected of a pharmacy professional at the beginning of their education and training.

4.3 Instead of a separate student code of conduct, we will consider how guidance and/or case studies can explain how the standards apply more specifically to students.
5. **Naming the standards**

5.1 Any fundamental review of the standards should include a review what we name the standards. So, GPhC used a communications research agency to explore options for the title of our future standards.

5.2 There was a feeling that the title standards of conduct, ethics and performance was outdated, and that any title should be clear, accessible and accurate.

5.3 We looked across other regulators and developed some options internally. The agency tested a range of titles with registrants and patients. There was a preference for the title to be grounded, and not over-spun.

5.4 Standards of Conduct, Ethics and Performance had some negatives but actually performed well in the research. It was felt to be wordy and ‘performance’ was confusing but it was generally seen as comprehensive, clear and solid.

5.5 Whilst we didn’t test ‘standards for pharmacy professionals’ as a title, there was positive support for each of the words and for similar combinations. This approach also reinforces the important focus on professionalism.

6. **Equality and diversity implications**

6.1 An equality analysis has been drafted. We did not identify any implications that would discriminate or unintentionally disadvantage any individuals or groups.

6.2 We believe the standards for pharmacy professionals will have positive implications for people because of the focus on delivering person centred care and understanding a person’s values and needs when providing care.

6.3 We have included a specific question as part of the consultation and we will review the standards for pharmacy professionals and the draft equality analysis after the consultation, taking in to account the feedback we receive.

7. **Communications**

7.1 We have already carried out a wide range of engagement to inform the standards that we are consulting on. In spring 2015, we heard from over 500 people and organisations as part of our discussion paper ‘patient-centred professionalism in pharmacy’.

7.2 In late 2015, we held briefings with stakeholder organisations representing the pharmacy sector, other regulators, patients and the public, and UK government representatives. We also held a series of half-day public and patient focus groups in London, Cardiff and Edinburgh where we asked for feedback on the proposed standards.

7.3 There was broad support among stakeholders and patients/members of the public for our approach to the standards; and general agreement that the
revised standards reflected what they wanted to see from the profession. However, a common concern expressed with both audiences was lack of public understanding about the role of pharmacy professionals, and the need for guidance to provide more detail to the standards.

7.4 A communications and engagement plan has been developed for the consultation which includes multiple opportunities and platforms through which to engage with the wide range of audiences that will have an interest in the new standards and from whom we wish to hear feedback.

7.5 This plan aims to achieve the following objectives:

i. To amplify the awareness and drive participation in this consultation and the engagement activities by leveraging the communications channels and activities of our key stakeholders, including professional bodies, employers and patient groups

ii. To capture and distribute the content created from engagement activities through our social media platforms, webinars and Twitter chats and fuel additional discussion and responses to the standards consultation

iii. To inform and drive awareness of our engagement activities, particularly with patients and the public, by securing media coverage in mainstream media and through face-to-face focus groups

7.6 Consultation events will be held across Great Britain with all key audiences, including registrants, students, trainees and patients and the public. Council members will be invited to attend these events to hear the feedback received and will also be invited to support digital activities and to promote the consultation through their own networks. Additionally, we have secured speaking and presentation opportunities at the APTUK and the Clinical Pharmacy Congress and will be actively seeking others moving forward.

7.7 A key focus for the communications and engagement plan is on ensuring that the consultation materials and activities are as accessible and inclusive as possible and that we receive a diverse range of views, including from people with protected characteristics and those at risk of poor health outcomes because of their vulnerable circumstances.

8. **Resource implications**

8.1 The resources for this work have been accounted for in existing budgets.

9. **Risk implications**

9.1 The standards for pharmacy professionals are used by a range of people and organisations, and are used by them in different ways. It is important that the standards properly reflect the expectations of patients and the public, as well as what pharmacy professionals expect of themselves and their peers.
Failure to effectively engage with a wide audience could undermine the standards and their future use.

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

9.3 The standards are also used by the GPhC to inform regulatory functions such as fitness to practise and continuing fitness to practise. The impact of the changes to the standards on our operational work must also be considered. An operational assessment of the new standards on our regulatory functions will also be undertaken alongside the consultation.

9.4 The draft standards will also form part of the pilot study for continuing fitness to practise framework.

10. Monitoring and review

10.1 The outcomes of the consultation for pharmacy professionals will be reviewed in autumn 2016.

10.2 The standards will be reviewed on an on-going basis, and will normally be reviewed every five years.

Recommendations

Council is asked to consider and approve the standards for pharmacy professionals for consultation.

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

26 February 2016
GPhC consultation on standards for pharmacy professionals

April 2016
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The deadline for responding to this consultation is Monday 27 June 2016.
Foreword

We know that there is a lot of change being proposed in pharmacy. Some pharmacy professionals may be concerned about what the future holds, just as others are excited about the opportunities ahead. We believe that a few things won’t change. The first is that patients and the public will always have the right to expect safe and effective care from pharmacy professionals. The second is that it is the attitudes and behaviours of pharmacy professionals in their day-to-day work that make the most significant contributions to patient safety and the quality of care. And finally, that it is important that pharmacy professionals individually and as a group provide care in a way that upholds the trust and confidence that people have in pharmacy.

We have developed standards that reflect these points and our own commitment to promoting a culture of professionalism and the delivery of compassionate, person-centred care. The standards are deliberately concise. They focus on nine key areas that we believe are necessary to deliver safe and effective care, and to uphold trust and confidence in pharmacy. At the heart of this is a recognition that every person must be treated as an individual.

We have drafted the standards based on what we have heard during our consultation work with pharmacy professionals and patients. If we have reflected accurately what we heard, the standards should come across as straightforward and easy to understand for both pharmacy professionals and patients. Although they may appear simple and straightforward, it is important that the expectations people have of pharmacy professionals are written down and published. This is so there can be individual professional accountability, and collective responsibility within pharmacy, for delivering the standards.

Pharmacy professionals have a valuable and important role in improving the health, safety and wellbeing of patients and the public. We hope to hear from as many people and organisations as possible, as we develop standards that reflect the promise that pharmacy professionals make to the people to whom they provide care.
Consultation on standards for pharmacy professionals

1  Overview

The GPhC is consulting until Monday 27 June 2016 on new standards for pharmacy professionals. These are the core standards that pharmacy professionals in Great Britain must meet.

We are the regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public, and in particular those who use or need the services of pharmacy professionals or the services provided at a registered pharmacy. One of the ways we do this is by setting the standards for pharmacy professionals.

There are nine new standards for pharmacy professionals that contribute to the delivery of safe and effective care. The standards take into account the different roles pharmacy professionals have, and the different types of care they provide, which contribute to the health, safety and wellbeing of patients and the public. The standards apply to all pharmacy professionals, whether or not they provide direct care to people.

This consultation document has three sections:

**Context:** this explains our approach to setting regulatory standards; it explains how the standards for pharmacy professionals fit into the wider regulatory framework; and it sets out what we have taken into account when developing the new standards.

**The standards for pharmacy professionals:** this includes the draft standards for pharmacy professionals; it explains why the standards are important; and it gives examples of how to apply the standards.

**Supporting pharmacy practice:** this explains the role and range of supporting guidance and guidelines provided by the GPhC and other organisations for pharmacy professionals.
2 The consultation process

The GPhC has considered a range of information in developing this consultation, in particular the feedback we received from our discussion paper ‘patient-centred professionalism in pharmacy’. We now want to test our thinking to make sure our new standards for pharmacy professionals reflect the essential features of person-centred professionalism in pharmacy. We need help to test our overall approach to the standards as well as the language we have used. Please let us know what you think about any or all of the proposals described in this document.

The consultation will run for 12 weeks and will close on Monday 27 June 2016. During this time we welcome feedback from individuals and organisations. We will send this document to a range of stakeholder organisations, including professional representative bodies, employers, education and training providers, and patients’ representative bodies.

We hope you will read this consultation and consider responding. You can get more copies of this document on our website www.pharmacyregulation.org/xxxxx or you can contact us if you would like a copy of the document in another format (for example, in a larger font or in a different language).

How to respond

You can respond to this consultation in a number of different ways. You can fill in the questionnaire at the end of this document or go to our website (link) and fill in an online version there.

If you fill in the questionnaire in this document, please send it to:

- **Email** consultations@pharmacyregulation.org with the subject ‘Standards for pharmacy professionals consultation’ or
- **Post** Standards for pharmacy professionals consultation response Standards Team General Pharmaceutical Council 25 Canada Square London E14 5LQ
Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

- **Email** feedback@pharmacyregulation.org or
- **Post** Standards for pharmacy professionals consultation
  Standards team
  General Pharmaceutical Council
  25 Canada Square
  London
  E14 5LQ

Please do **not** send consultation responses to this address.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive. The council will receive the analysis at its meeting in September 2016, and will take the responses into account when considering the final standards for pharmacy professionals.

We will also publish a summary of the responses we receive and an explanation of the decisions taken. You will be able to see this on our website www.pharmacyregulation.org
Part 1: Context

We are consulting on new standards for pharmacy professionals (to replace our Standards of conduct, ethics and performance). We are proposing nine standards that we believe are needed for the safe and effective care of patients and the public. The standards should reflect:

• the promise that pharmacy professionals make to the people who receive care
• what pharmacy professionals tell us they expect of themselves and of each other, and
• how people who want care from pharmacy should be treated and enabled to take care of and manage their own health, safety and wellbeing

In developing the standards we have taken into account what we heard through the Patient-centred professionalism in pharmacy discussion paper.

The standards apply to all pharmacists and pharmacy technicians wherever they practise. We know that pharmacy professionals practise in a number of sectors and often work as part of multi-disciplinary teams. And even when pharmacy professionals do not provide care directly to patients and the public, their practice can have an impact on the safe and effective care that patients and the public receive, and on the confidence of members of the public in pharmacy professionals. The standards also need to be met at all times, not only during working hours. This is because the attitudes and behaviours of professionals outside of work can still undermine the trust and confidence of patients and the public in pharmacy professionals.

We believe that it is the decisions pharmacists and pharmacy technicians make in their day-to-day work which make the most significant and positive contribution to patient safety and the quality of care. We also know that pharmacy professionals work in different contexts – for example academia, GP practices, and primary and secondary care. Also, the wider environment in which healthcare services are being delivered is changing, and people’s expectations are growing. The new standards for pharmacy professionals recognise this, and do not try to tell pharmacy professionals in detail what they should do in every possible situation. We believe that if we tried to do this, it would undermine professionals’ decision-making and judgement and put at risk the care people receive.

Another important part of the context is making sure the new standards adequately reflect how we as a society have learnt from tragic failures of care – such as those at Mid Staffordshire Foundation Trust in England, the Vale of Leven in Scotland, and the Abertawe Bro Morgannwg University Health Board hospitals in Port Talbot and Bridgend in Wales.
(Insert picture of standards)
Standards for pharmacy professionals

About the GPhC

1. The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. It is our job to protect, promote and maintain the health, safety and wellbeing of patients and the public by upholding standards and public trust in pharmacy.

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

Introduction

3. ‘Pharmacy professionals’ (pharmacists and pharmacy technicians) play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing. The professionalism they demonstrate is central to maintaining trust and confidence in pharmacy.

4. It is the attitudes and behaviours of pharmacy professionals in their day-to-day work which make the most significant contributions to patient safety and the quality of care.

5. The standards for pharmacy professionals describe how safe and effective care is delivered through ‘person-centred’ professionalism. The standards are a statement of what people expect from pharmacy professionals, and also reflect what pharmacy professionals have told us they expect of themselves and their colleagues.

6. At the heart of the standards is a recognition that every person must be treated as an individual.
The standards for pharmacy professionals

7. The standards apply to all pharmacy professionals. Some pharmacy professionals may not speak to or interact with patients in their day-to-day work. But their attitudes and behaviours still influence the provision of safe and effective care and affect the trust people have in pharmacy and pharmacy professionals.

8. There are nine standards that every pharmacy professional is accountable for meeting. The meaning of each of the standards is explained, and there are examples of the types of attitudes and behaviours that pharmacy professionals should demonstrate.

9. The standards focus on the delivery of safe and effective person-centred care and they recognise that every person is an individual. For example, what is important to one person managing their short- or long-term condition may not be important to another. Pharmacy professionals have an important role in enabling people to make decisions about their health, safety and wellbeing.

10. The standards include the term ‘person-centred care’ and refer to a ‘person’ throughout. This means ‘the person receiving care’. However, although we have not specifically mentioned carers or patients’ representatives, these terms may apply to them too depending on the situation.

The standards and registration

11. The standards are at the heart of what it means to be a pharmacy professional. They are also at the heart of initial education and training, registration as a pharmacy professional and annual renewal of registration. They are used to demonstrate continuing fitness to practise and as part of to making judgements about impaired fitness to practise.

Applying the standards

12. The standards and supporting explanations do not cover the legal duties pharmacy professionals have, as all pharmacy professionals must keep to the relevant laws.

13. We also expect pharmacy professionals to take account of relevant guidance in their practice. Relevant guidance is published by a number of organisations – as well as by the GPhC – including professional leadership bodies, other regulators, the NHS and NICE.

14. There will be times when pharmacy professionals are faced with conflicting legal and professional responsibilities. Or they may be faced with complex situations that mean they have to balance competing priorities. Pharmacy professionals should consider these standards, their legal duties and any relevant guidance when making decisions. The standards provide a framework to help them when making professional judgements. Pharmacy professionals must work in partnership with the person and others, and make sure the person they are providing care to is their first priority.
15. Pharmacy professionals are personally accountable for meeting the standards and must be able to justify their decisions.
Standards for pharmacy professionals

All pharmacy professionals contribute to delivering and improving the health, safety and wellbeing of patients and the public. Professionalism and safe and effective practice are central to that role.

Pharmacy professionals must:

1. provide person-centred care
2. work in partnership with others
3. communicate effectively
4. maintain, develop and use their professional knowledge and skills
5. exercise professional judgement
6. behave in a professional manner
7. respect and maintain the person’s privacy and confidentiality
8. speak up when they have concerns or when things go wrong
9. demonstrate effective leadership
Standard 1

Pharmacy professionals must provide person-centred care

Applying the standard

Every person who receives care is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority.

People receive safe and effective care when pharmacy professionals:

- involve, support and enable every person when making decisions about their health, care and wellbeing
- listen to the person and understand their needs and what matters to them
- give the person all relevant information in a way they can understand, so they can make informed decisions and choices
- respect and safeguard the person’s dignity
- recognise and value diversity, and respect cultural differences – making sure that every person is treated fairly whatever their values and beliefs
- recognise their own values and beliefs but do not impose them on other people
- tell relevant health professionals, employers or others if their own values or beliefs prevent them from providing care, and refer people to other providers
Standard 2

Pharmacy professionals must work in partnership with others

Applying the standard

A person’s health, safety and wellbeing are dependent on pharmacy professionals working in partnership with others. This will always include the person and will also include other healthcare professionals and teams. It may also include carers and relatives. Effective partnership working may involve working with professionals in other settings – such as social workers and public health officials.

People receive safe and effective care when pharmacy professionals:

- identify and work with the individuals and teams who are involved in the person’s care
- contact, involve and work with local and national organisations
- get consent to provide care
- adapt their communication to bring about effective partnership working
- take action to safeguard people, particularly children and vulnerable adults
- make and use records of the care provided
- work together to make sure there is continuity of care for the person concerned
Standard 3

Pharmacy professionals must communicate effectively

Applying the standard

Effective communication is essential to the delivery of person-centred care and to working in partnership with others. It helps people to be involved in decisions about their health, safety and wellbeing. Communication is more than giving a person information, asking questions and listening. It is the transfer of information between people. Body language, tone of voice and the words pharmacy professionals use all contribute to effective communication.

People receive safe and effective care when pharmacy professionals:

• adapt their communication to meet the needs of the person they are communicating with
• ask questions and carefully listen to the responses, to understand the person’s needs and to plan the care they provide
• actively listen, and respond to the information they receive
• overcome barriers to communication
• check the person has understood what they have said
• communicate effectively with others involved in the care of the person
Standard 4

Pharmacy professionals must maintain, develop and use their professional knowledge and skills

Applying the standard

People receive safe and effective care when pharmacy professionals apply their knowledge and skills and keep them up to date, including using evidence in their decision making. A pharmacy professional’s knowledge and skills must develop over the course of their career to reflect the changing nature of healthcare, the population they provide care to and the roles they carry out.

People receive safe and effective care when pharmacy professionals:

- recognise and work within the limits of their knowledge and skills, and refer to others when needed
- use their skills and knowledge, including up-to-date evidence, to deliver care and improve the quality of care they provide
- carry out a range of relevant continuing professional development (CPD) activities
- record their development activities to demonstrate that their knowledge and skills are up to date
- use a variety of methods to regularly monitor and reflect on their practice, skills and knowledge
Standard 5

Pharmacy professionals must use their professional judgement

Applying the standard

People expect pharmacy professionals to use their professional judgement so that they deliver safe and effective care. Professional judgement includes managing competing legal and professional responsibilities and working with the person to understand and decide together what the right thing is for them.

People receive safe and effective care when pharmacy professionals:

- use their judgement to make clinical and professional decisions in partnership with the person and others
- have the information they need to provide appropriate care
- declare any personal or professional interests and manage conflicts of interest
- practise only when fit to do so
- make sure the care they provide reflects the needs of the person and is not influenced by personal or organisational goals, incentives or targets
Standard 6

Pharmacy professionals must behave in a professional manner

Applying the standard

People expect pharmacists and pharmacy technicians to behave professionally. This is essential to maintaining trust and confidence in pharmacy. Behaving professionally is not limited to the working day, or when meeting patients and the public. The privilege of being a pharmacist or pharmacy technician calls for appropriate behaviour at all times.

People receive safe and effective care when pharmacy professionals:

- are polite and considerate
- are trustworthy and act with honesty and integrity
- show empathy and compassion
- treat people with respect and safeguard their dignity
- maintain appropriate personal and professional boundaries with the people they provide care to and with others
Standard 7

Pharmacy professionals must respect and maintain the person’s confidentiality and privacy

Applying the standard

People trust that their confidentiality and privacy will be maintained by pharmacy professionals. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential. The principles of confidentiality still apply after a person’s death.

People receive safe and effective care when pharmacy professionals:

- reflect on their environment and take steps to maintain the person’s privacy and confidentiality
- do not discuss information that can identify patients when the discussions can be overheard or seen by others not involved in their care
- maintain confidentiality when using websites, internet chat forums and social media
- demonstrate leadership so that everyone in the pharmacy team understands the need to maintain a person’s privacy and confidentiality
- work in partnership with the person when considering whether to share information, except where it is not appropriate to do so
- understand the importance of managing information responsibly and securely, and apply this to their practice
Standard 8

Pharmacy professionals must speak up when they have concerns or when things go wrong

Applying the standard

The quality of care that people receive is improved when pharmacy professionals learn from feedback and incidents, and challenge poor practice and behaviours. This includes speaking up when they have concerns, and being honest when things go wrong. At the heart of this standard is the requirement to be candid with the person concerned, and with colleagues and employers.

People receive safe and effective care when pharmacy professionals:

- promote and encourage a culture of learning and improvement
- challenge poor practice and behaviours
- support people who raise concerns and provide feedback
- raise a concern, even when it is not easy to do so
- are open and honest when things go wrong
- say sorry, provide an explanation and set out to put things right when things go wrong
- reflect and act on feedback or concerns, thinking about what can be done to prevent the same thing happening again
Standard 9

Pharmacy professionals must demonstrate effective leadership

Applying the standard

People receive safe and effective care when pharmacy professionals take responsibility for their actions and recognise that they have a leadership role. Wherever a pharmacy professional practises, they must provide leadership to the people they work with and to others.

People receive safe and effective care when pharmacy professionals:

- take responsibility for their practice and provide leadership to the people they work with
- assess the risks in the care they provide and do everything they can to keep these risks as low as possible
- demonstrate effective team working
- contribute to the training and development of the team
- delegate tasks only to people who are competent and appropriately trained or are in training
- do not abuse their position or set out to influence others to abuse theirs
- act as role models of the standards for pharmacy professionals, in particular to those who are working towards registration as a pharmacy professional
Consultation questions

We are particularly interested in your views on the following points, although we welcome your comments on any issues that you want to raise about the standards for pharmacy professionals.

Context

1  The introduction should set the context and make clear who the standards apply to, and how they should be applied by pharmacy professionals.

Is the introduction clear?
Yes/No

1a What else, if anything, should be added to or removed from the introduction?

2  The present standards for pharmacy professionals already apply to all pre-registration trainee pharmacists and pharmacy technicians.

We also intend to ask all pharmacist and pharmacy technician students to meet the standards for pharmacy professionals, rather than having a separate student code of conduct.

Do you agree with this approach?
Yes/No

2a If you do not agree with this proposal, please explain why.

The nine standards for pharmacy professionals

3  Are the standards clear?
Yes/No

3a What, if anything, is unclear?

4  Are there any standards you do not agree with? (If so, please explain

5  Are there any other standards that you think are missing? (If so, please explain
Applying the standards

Each standard is supported by a section called ‘applying the standards’. These sections explain why the standard is important, and gives examples of the types of attitudes and behaviours that pharmacy professionals should demonstrate.

6 Do you think the section ‘applying the standards’ is useful in helping you to understand the standards?

Yes / No

7 Do you think the ‘applying the standards’ sections are clear and easy to understand?

Yes/No

8 What is unclear? Please say which standard or standards you mean, and explain why you think there is a problem with the ‘applying the standard’ section.

9 Are there any examples that are missing in the sections ‘applying the standards’? Yes/No

The new standards and their explanations make clear that a pharmacy professional’s personal values and beliefs must be balanced with the care they give people who use pharmacy services. We do not want to impose a belief system on pharmacy professionals, and equally a pharmacy professional should not impose their own beliefs on any person who receives care. For example, a pharmacy professional’s own beliefs may prevent them from selling emergency hormonal contraception. They should demonstrate compassion, and help the person asking for care by directing them to another appropriate healthcare provider.

10 Do you agree with our approach?

Yes/No

11 If you do not agree with this approach, please explain why.

12 Do you have any other comments

Equality analysis

We believe the focus of the standards on delivering person-centred care should have positive implications for people. We have not identified any implications that would discriminate against or unintentionally disadvantage any individuals or groups.
13 Are there any aspects of the standards that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups?

Yes/No

14 If you have any comments on the potential impact of the standards, please give these in the box below.

<table>
<thead>
<tr>
<th>13 Are there any aspects of the standards that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 If you have any comments on the potential impact of the standards, please give these in the box below.</td>
<td></td>
</tr>
</tbody>
</table>
Part 3: Supporting pharmacy practice

The safe and effective care that people receive will also be supported by a range of tools that organisations publish. Professional leadership bodies, trade organisations, regulators, employers, government agencies and others produce guidance, templates, training tools and other material to support pharmacy professionals’ practice.

Pharmacy professionals should take account of relevant information to help them in their practice, and help them to make sure they meet the standards for pharmacy professionals. The information they take into account will vary depending on their specific needs or on the needs of the person they are providing care to.

The GPhC also produces supplementary information when we have identified a need. This can explain the standards, or an element of the standards, in more detail. Using feedback from the sector, patient groups and organisations such as the Professional Standards Authority, we have published regulatory guidance on the following issues:

- Raising concerns explains how pharmacy professionals should raise concerns that they have
- Consent: explains the principles of consent
- Confidentiality: explains the steps to take to protect the confidential information obtained in the course of professional practice
- Maintaining clear sexual boundaries: explains the importance of maintaining clear sexual boundaries, and explains the responsibilities pharmacy professionals have
- Balancing personal beliefs and the care of patients: what pharmacy professionals need to do if their religious or moral beliefs affect the provision of pharmacy services to patients and the public
15 We plan to review and update our guidance in the following areas:

- Raising concerns explains how pharmacy professionals should raise concerns that they have
- Consent: explains the principles of consent
- Confidentiality: explains the steps to take to protect the confidential information obtained in the course of professional practice
- Maintaining clear sexual boundaries: explains the importance of maintaining clear sexual boundaries, and explains the responsibilities pharmacy professionals have
- Balancing personal beliefs and the care of patients: what pharmacy professionals need to do if their religious or moral beliefs affect the provision of pharmacy services to patients and the public

Do you agree with the areas we have identified?

Yes/No

16 What other support, if any, do you think pharmacy professionals need?
Consultation response form

Response to the consultation on standards for pharmacy professionals

If you want your response to stay confidential, please explain why you think the information you have given is confidential. We cannot give an assurance that confidentiality can be maintained in all circumstances.

☐ Please remove my name from my published response

Please tell us if you have any concerns about our publishing any part of your response:

Background questions

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

Are you responding:

☐ as an individual – please go to section A
☐ on behalf of an organisation – please go to section B
Section A - Responding as an individual

Please tell us your:

name:------------------------------------------------------------------------------------------------------------------

address:------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------

email:------------------------------------------------------------------------------------------------------------------

Where do you live?

☐ England

☐ Scotland

☐ Wales

☐ Northern Ireland

☐ other (please give details)

Are you responding as:

☐ a member of the public

☐ a pharmacy professional – please go to section A1

☐ a pre-registration trainee

☐ a student

☐ other (please give details)

Section A1 - Pharmacy professionals

Are you:

☐ a pharmacist

☐ a pharmacy technician
Please choose the option below which best describes the area you mainly work in:

- ☐ community pharmacy
- ☐ hospital pharmacy
- ☐ primary care organisation
- ☐ pharmacy education and training
- ☐ pharmaceutical industry
- ☐ other (please give details)

Section B: Responding on behalf of an organisation

Please tell us your:

name:-----------------------------------------------------------------------------------

job title:--------------------------------------------------------------------------------

organisation:--------------------------------------------------------------------------

address:-------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------

email:-----------------------------------------------------------------------------------

a contact name for enquiries:----------------------------------------------------------

contact phone number:-------------------------------------------------------------------

Is your organisation a:

- ☐ pharmacy organisation
- ☐ non-pharmacy organisation

Please choose the option below which best describes your organisation:
☐ body or organisation representing professionals
☐ body or organisation representing patients or the public
☐ body or organisation representing a trade or industry
☐ community pharmacy
☐ corporate multiple pharmacy
☐ independent pharmacy
☐ NHS organisation or group
☐ research, education or training organisation
☐ government department or organisation
☐ regulatory body
☐ other (please give details)
Equality monitoring

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

We want to make sure everyone has an opportunity to respond to our consultation on proposed changes to rules. This equality monitoring form will provide us with useful information to check that this happens. You do not have to fill it in, and your answers here will not be linked to your consultation responses.

What is your ethnic group?

Please tick one box

White
☐ British ☐ Irish ☐ Other

Black or Black British
☐ Caribbean ☐ African ☐ Other

Mixed
☐ White and black Caribbean ☐ White and black African
☐ White and Asian ☐ other mixed (please give more information in the box below)

Asian or Asian British
☐ Indian ☐ Pakistani
☐ Bangladeshi ☐ other Asian (please give more information in the box below)

☐ Chinese or Chinese British

☐ Other ethnic group
(please give more information in the box below)
What is your age?
Please tick one box

☐ under 20  ☐ 20 – 29 years  ☐ 30 – 39 years
☐ 40 – 49 years  ☐ 50 – 59 years  ☐ 60 + years

What is your gender?
Please tick one box

☐ male  ☐ female  ☐ other

What is your religion?
Please tick one box

☐ None  ☐ Christian  ☐ Buddhist  ☐ Hindu
☐ Jewish  ☐ Muslim  ☐ Sikh
☐ Other (please give more information in the box below)

Do you consider that you have a disability?
Please tick one box

☐ Yes  ☐ No
Continuing Fitness to Practise Update and Assurance Group

Purpose
To provide an update on the development project and establish an assurance group of Council members to provide additional scrutiny over the next phases of development of the continuing fitness to practise framework.

Recommendations
Council is asked to

- discuss the progress of the development project presented in the annexed slides and
- agree the terms of reference for the assurance group presented as an appendix 1 to this paper.

1. Introduction
1.1 The development work for the continuing fitness to practise framework has progressed well and the advisory group has provided assurance to Council on a number matters. The work is now transitioning into a new phase of activity which will impact a greater number of stakeholders and will lead to the production of policy proposals for consultation.

1.2 The slides presented as an annexe to this paper set out the development activities and for the next phase.

1.3 It is proposed the Council establishes an assurance group to give more time to scrutiny of the development work and the emerging proposals in advance of formal decisions made at Council meetings.

1.4 The advisory group is the route through which external stakeholders are involved in the development of the continuing fitness to practise framework. The advisory group plays a role in steering the approach taken to development and also communications and engagement. Council members
will continue to be invited to attend advisory group meetings and workshops as observers.

1.5 **Council** is the decision making body for policy relating to the continuing fitness to practise framework.

1.6 The **assurance group** is a mechanism for Council to give additional time to scrutiny to the development of the continuing fitness to practise framework and accordingly provide greater assurance to the wider Council when decisions are made on future policy.

2. **Equality and diversity implications**

2.1 Reasonable adjustments for Council members appointed to the assurance group will be made as necessary.

2.2 The assurance group will play a role in scrutinising equality and diversity analysis of policy proposals.

3. **Communications**

3.1 The formation of the assurance group will be factored into the communications plan for the development of the continuing fitness to practise framework.

4. **Resource implications**

4.1 Additional time will be required from Council members and staff in preparation, holding and follow-up from meetings of the assurance group.

4.2 Planning for the development programme has been adapted to include the role that the assurance group will play.

5. **Risk implications**

5.1 The establishment of the assurance group is a risk mitigation. The assurance group will provide additional time and opportunity for Council to scrutinise proposals and ensure that decision making of the wider Council is well informed.

6. **Monitoring and review**

6.1 The assurance group’s mandate and terms of reference will be reviewed annually.

**Recommendations**

The Council is asked to agree the terms of reference for the assurance group presented as an appendix to this paper.
Osama Ammar, Head of Continuing Fitness to Practise
General Pharmaceutical Council
osama.ammar@pharmacyregulation.org
Tel 020 3713 9762

26 February 2016
Terms of Reference: CFtP Development Assurance Group

Background
Council agreed in December 2015 to establish a continuing fitness to practise development assurance group. Council agreed that the group should be established with delegated authority to provide feedback to the Executive and assurance to Council on the development of the continuing fitness to practise framework.

How it will work
- Each meeting will be chaired by the Director of Strategy
- Agendas will be circulated in advance, a minimum of five working days before the group is due to meet with any necessary advance papers.
- The membership of the group includes four council members, with an equal lay and registrant mix, and staff as required.
- The group will confirm these terms of reference at its first meeting as well as the dates of meetings.
- Meetings of the assurance group will take place at GPhC offices and be timed to precede key Council decisions. There will be three meetings in 2016/17 (April 2016, August 2016, January 2017).
- All Council members will be informed of the dates of meetings and may attend meetings as observers as they wish.

Relationship with the CFtP advisory group and Council
The advisory group is the route through which external stakeholders are involved in the development of the continuing fitness to practise framework. The advisory group plays a role in steering the approach taken to development and also communications and engagement. Council members will continue to be invited to attend advisory group meetings and workshops as observers.

The Council is the decision making body for policy relating to the continuing fitness to practise framework.

The assurance group is a mechanism for Council to give additional time to scrutiny to the development of the continuing fitness to practise framework and accordingly provide greater assurance to the wider Council when decisions are made on future policy.
Specific activities of the group

The group will provide feedback to the executive on the continuing fitness to practise work programme including both policy and process development. Specific issues will include:

- Providing feedback to the Executive and assurance on the overall work programme including:
  - The activities for piloting, evaluation, communications and engagement with the sector, and implementation
  - Monitoring of feedback and evaluation data from piloting
  - Content and process of the consultation on the continuing fitness to practise framework
  - Key interdependencies including other GPhC programmes of work or external factors
  - The appropriateness of the proposals for both pharmacy technicians and pharmacists
Continuing fitness to practise update

Council – 10 March 2016

Presented by Osama Ammar
Head of continuing fitness to practise
A future framework for assurance

- Build on what is currently there
- Based on a common standard but relevant to the context of each registrant
- Not a fixed point assessment but activities that assure standards
- Full assessment of impact
We are at an important transition from testing whether and how the interventions work to piloting and evaluating their impact if they were to implemented.
Research and test

- Evidence report and pilot plan
  - Testing evidence reports
    - Live testing participation review report
    - Evaluation survey report
    - Evaluation interviews report
  - Research evidence reports
    - Review of literature report
    - Report from online workshop on peer discussion
    - CPD review report
## What we found out

<table>
<thead>
<tr>
<th>CPD</th>
<th>Peer discussion</th>
<th>Other evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• As we expected, our simpler approach appears to further encourage reflection on person centred practice and increase satisfaction.</td>
<td>• Peer discussion is a powerful intervention if done right and is likely to be accepted by the professions even though there are practicalities we need to overcome.</td>
<td>• This intervention can be powerful in driving reflection but we can do more to ensure consistency of use through enhancing communication of our expectation.</td>
</tr>
</tbody>
</table>
Further work

<table>
<thead>
<tr>
<th>Area of investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the interventions work with a different profile of registrants other than those who volunteered for testing?</td>
</tr>
<tr>
<td>How do we preserve the important characteristics of the peer discussion (selection, confidentiality, formative etc) but also provide assurances on quality through relationships with other organisations?</td>
</tr>
<tr>
<td>How effective the case study will be in further aiding reflection on practice and standards?</td>
</tr>
<tr>
<td>To what extent should we use mandatory requirements or behavioural influences to make the most effective interventions?</td>
</tr>
</tbody>
</table>
What the CFtP pilot will involve

- 4 CPD entries
- 1 Peer discussion
- 1 Case study

Based on the needs of your patients or service users
Pilot

• Seeking volunteer individuals, employers and potential provider organisations to participate in a pilot commencing in April 2016.

• Seeking representation across all the roles and settings of pharmacy practice to find out if our proposals work and how we can improve them before we consult in 2017.

• There is a time commitment to participate, but we will not call CPD records for registrants who participate to compensate.
Evaluation

• What works, for whom, in which contexts?

• What is the impact on individuals, groups, businesses, and behaviours that drive professional and safe and effective practice?

• Independent evaluation

• Taking into account cost, opportunity cost, and equality and diversity.