# Meeting of Council

**Thursday, 08 December 2016**
**1:30pm to 4:00pm**

Council Room 1, 25 Canada Square, London E14 5LQ

## Agenda

### Confidential business

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### Public business

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13. Communication and engagement report
   For noting

14. Any other public business

Date of next meeting
Thursday, 09 February 2017
Minutes of the Council meeting held on Thursday, 10 November 2016 at 25 Canada Square, London at 1:15pm

TO BE CONFIRMED 08 DECEMBER 2016

Minutes of the public session

Present
Nigel Clarke (Chair)  Joanne Kember
Mary Elford  Alan Kershaw
Digby Emson  Evelyn McPhail
Mark Hammond  David Prince
Mohammed Hussain  Samantha Quaye
Liz Kay

Apologies
Sarah Brown
Arun Midha
Brynwn Owen

In attendance
Duncan Rudkin (Chief Executive & Registrar)
Matthew Hayday (Head of Governance)
Vivienne Murch (Director of Organisational Development and Equality, Diversity & Inclusion)
Hugh Simpson (Director of Strategy)
Lyn Wibberley (Chief of Staff)
Damian Day (Head of Education) - item 5 and 6
Elaine Mulingani (Associates and Partners Manager) - item 8
Osama Ammar (Head of Continuing Fitness to Practise) - item 10
Helen Dalrymple (Acting Council Secretary)

76. ATTENDANCE AND Introductory REMARKS
76.1. The chair welcomed all present to the meeting.
76.2. The Director of Inspection and Fitness was unable to attend as they, with members of their team, were at the Supreme Court. A note will be circulated to Council detailing the outcome in due course.

**ACTION:** DR

77. **DECLARATIONS OF INTERESTS**

77.1. The following interests were declared:

- **Item 6: Consultation on standards for the initial education and training of pharmacy technicians**
  Mary Elford, Samantha Quaye, Digby Emson, Liz Kay, as those with links to education and training organisations.

- **Item 7: Standards for pharmacy professionals**
  All registrant members.

- **Item 11: Remuneration Committee unconfirmed minutes of 29 September 2016 meeting**
  All Council members.

78. **MINUTES OF LAST MEETING**

78.1. Reference minute 72.3 ii) - there was a discussion about ensuring that the title of the guidance reflected the previous discussion by Council. It was agreed that the formal title would be decided when the draft comes to Council.

**ACTION:** HD

78.2. The minutes of the public session of the meeting held on 13 October 2016 were confirmed as a fair and accurate record, noting comments detailed at 72.3 ii) above.

79. **ACTIONS AND MATTERS ARISING**

79.1. Council noted that there were no outstanding actions or matters arising.

80. **REGISTRATION ASSESSMENT AND BOARD OF ASSESSORS’ REPORT – JUNE AND SEPTEMBER 2016**

80.1. Hugh Simpson (HS) and Damian Day (DD) briefly introduced the item and then Andrew Husband (AH) (Chair of the Board of Assessors) (BOA) presented 16.11.C.01 which provided Council with an update on candidate performance in the September 2016 Registration Assessment.

80.2. Council discussed the report. The following points were made:

- The difference in pass marks between the June and September sittings appeared to be largely down to the difference in cohorts.
- Council were concerned that assessment results were published on a Friday when there may not be support available to those who need it over the following weekend.
- There was some discussion about the quality assurance process in pre-registration and whether the Council had a role in developing this.
- The whole process for the new registration assessment would need to be reviewed in due course and the results added to the assurance map via the Audit and Risk Committee (ARC).

80.3. The chair thanked AH, the BoA, DD and the Education team for their work and their constructive relationship with the British Pharmaceutical Students’ Association (BPSA).

80.4. The Council thanked the BPSA for their engagement and the frankness of the debate.

80.5. **Council noted:**
  (i) the Board of Assessor’s report to Council.
  (ii) candidate performance data and the discussion of issues of potential wider relevance.

81. **CONSULTATION ON STANDARDS FOR THE INITIAL EDUCATION AND TRAINING OF PHARMACY TECHNICIANS**

81.1. HS and DD introduced 16.11.C.02 which asked Council to discuss and agree a consultation on revised initial education and training standards for pharmacy technicians.

81.2. DD thanked Council for their comments on the drafting of the consultation up to this stage in the development of the standards.

81.3. Members agreed that this was a very well written and clear document.

81.4. There was some discussion on whether a minimum time frame should be required to be a registered pharmacy technician. As the language of the consultation was outcomes based it was not currently specified in the standards. It was thought unlikely that a pre-registrant pharmacy technician would achieve the outcomes in less than 2 years but there was concern that a lack of specificity could be exploited.

81.5. It was agreed to add the question of time frame to the consultation document.

**ACTION: DD**

81.6. A concern was raised about the level of assurance that the Council had on the quality assurance of the training provided in comparison to that of pre-registrant pharmacists. After discussion it was agreed to add a further
question to the consultation that acknowledged the differences in governance and assurance for pharmacy technician education and training when compared to that for pharmacists, and what guidance did respondents want to give Council on this issue.

**ACTION:** DD

81.7. Council agreed the proposed consultation on revised standards for the initial education and training of pharmacy technicians, subject to the amendments at 81.5 and 81.6.

82. **STANDARDS FOR PHARMACY PROFESSIONALS**

82.1. HS introduced 16.11.C.03. The standards were agreed at the meeting of Council on 13 October 2016 subject to some minor drafting amendments proposed by Council and subsequently approved by the Chair.

82.2. Further minor typographical amendments were suggested at p.80 and 82 and would be amended.

82.3. Council noted the agreed Standards for Pharmacy Professionals.

83. **RECRUITMENT OF THE APPOINTMENTS COMMITTEE CHAIR**

83.1. Elaine Mulingani (EM) introduced 16.11.C.04 which set out plans for the upcoming recruitment process to replace the current Appointments Committee chair, and asks them to approve amendments to the relevant procedure.

83.2. Council:
   a) noted the plans for the forthcoming replacement of the chair of the Appointments committee
   b) agreed to amend the standard procedure for appointing the chair and members of the Appointments Committee to:
      i. delegate authority to the panel to appoint the Chair, as well as the members, of the Appointments Committee
      ii. delegate authority to the panel to amend the recruitment process if necessary.

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

84.1. Duncan Rudkin (DR) introduced 16.11.C.05 which reported to Council on significant recent developments.

84.2. DR also gave a verbal update on service transformation. It was noted that there would be an item on this at the Council workshop in December.

84.3. Council noted the Chief Executive & Registrar’s report.
85. **PERFORMANCE MONITORING REPORT**

85.1. DR introduced **16.11.C.06** which reported to Council on operational and financial performance to the end of September 2016.

85.2. In the ensuing discussion, the following points were made:

*Customer Services*

- Viv Murch (VM) explained that the staff in the Customer Services team were not automatically being replaced following resignations due to the transformation project. It was clarified that these staff have not necessarily all left the organisation but some have moved to other teams.

*Continuing Professional Development (CPD)*

- Osama Ammar (OA) stated that it was too early to draw more than tentative conclusions from the CPD sampling pilot.
- It was possible to identify at this stage that a history of previous non-compliance was a likely indicator of future of non-compliance.

*Fitness to Practise (FtP)*

- Council requested that points of principle on which appeals were made be related to them verbally at some point.

**ACTION:** DR

*Inspection*

- Council discussed standard 4.3 as the one most commonly not met. They agreed that failing to meet this standard could be an early indicator of an increase in workplace pressures. DR noted that this was mentioned at the recent GPhC ‘Professionalism under Pressure’ event.

*Complaints*

- Matthew Hayday (MH) explained that the complaints about payments were largely about the manual direct debit process that was in place. This would be resolved during service transformation.

*HR*

- VM informed Council that the turnover figure given in the last report should have been 19.2% rather than 13%.

85.3. **Council noted the performance monitoring report.**
86. **Remuneration Committee unconfirmed minutes of 29 September 2016 meeting**

86.1. Liz Kay (LK), Chair of the Remuneration Committee (RemCom), introduced 16.11.C.07.

86.2. RemCom had reviewed the staff pay award of June 2016 and were content with the equity of its distribution.

86.3. Council member remuneration had been reviewed and no change was recommended.

86.4. There would be a detailed review of the Chair’s remuneration in April 2017.

86.5. **Council noted the unconfirmed minutes of the RemCom meeting held on 29 September 2016**

87. **Audit & Risk Committee unconfirmed minutes of 26 October 2016 meeting**

87.1. David Prince (DP), Audit and Risk Committee (A&RC) Chair introduced 16.11.C.08

87.2. DP noted that the committee had an interesting discussion on HR as part of the assurance review and noted that RemCom also reviewed this area. There would be a review of the HR performance indicators to provide Council with more assurance.

87.3. **Council noted the unconfirmed minutes of the A&RC meeting held on 26 October 2016**

88. **Any other business**

88.1. There being no further public business, the meeting closed at 3:40pm.

**Date of next meeting**

Thursday, 08 December 2016
Public business

Consultation on religion, personal values and beliefs

Purpose
To present to Council the draft consultation and supporting guidance on religion, personal values and beliefs in the context of delivering person-centred care in pharmacy.

Recommendations
Council is asked to agree the draft consultation document and supporting guidance.

1. Background
1.1 In October 2016, Council considered a paper (16.10.C.03) outlining GPhC plans to develop and consult on guidance relating to religion, personal values and beliefs in the context of delivering person-centred care in pharmacy.
1.2 To recap briefly, those discussions followed on from our recent consultation on the standards for pharmacy professionals, which indicated that the current examples under standard 1 are not fully compatible with person-centred care and do not provide sufficient guidance on the sensitive – and often complex - issues relating to religion, personal values and beliefs.
1.3 We are seeking to consult on a proposed change to one of the examples to ensure that pharmacy professionals take responsibility for ensuring that person-centred care is not compromised by their religion, personal values or beliefs as well as new supporting guidance to help professionals apply the standard in practice.
1.4 The consultation document and supporting guidance are intended to provide clarity about what we will expect from pharmacy professionals where their religion, personal values and beliefs might impact on their ability to provide services in certain circumstances. The draft documents have been informed both by the relevant legal framework as well as Council's feedback. These are attached at Appendix 1.

2. Key Considerations
2.1 Council is asked to note the following matters:
(a) **The examples under standard 1**

2.2 The revised example will change the expectations placed on pharmacy professionals where their religion, personal values and beliefs might impact on their ability to provide services and shifts the balance in favour of the needs and rights of the person in their care.

2.3 We have also considered how we explain the role of religion (which has some specific legal context related to the Human Rights Act as well as Equalities Act) in the standards. Having reflected on the legal position, and discussed this with the Equality and Human Rights Commission, we are proposing that religion is included both in the title of the guidance and further explanation set out in the document, but that the final text of the standards (which have been approved) remain unchanged.

2.4 The consultation will enable people to provide further comment on the relevant examples under Standard 1.

(b) **The purpose and scope of the draft guidance**

2.5 The draft guidance is intended to provide further practical information on applying standard 1 in this context and help pharmacy professionals ensure the care of the person is their priority.

2.6 While the guidance is intended to assist individuals, it recognises the important role that employers have in creating and maintaining a person-centred environment.

2.7 The consultation will enable people to provide further comment on the supporting guidance.

3. **Timetable**

3.1 The consultation will run for 12 weeks and will close on 6 March 2017.

3.2 Council will be provided with feedback relating to the examples under standard 1 in advance of the standards for pharmacy professionals coming into force on 1 May 2017.

4. **Equality and diversity implications**

4.1 There are inherent equality and diversity implications in any decision that Council makes in relation to guidance in this area. Equality and diversity implications have been considered during the drafting process and have been highlighted in the consultation document.

4.2 In doing so, we have also taken into account the relevant legal framework of human rights and equality law and considered the legal responsibilities of pharmacy professionals and employers as well as our own responsibilities, as a regulator, to those we regulate.
Council has previously considered a full equality impact assessment consistent with our responsibilities as set out in the Equalities Act 2010, as part of the earlier consultation on the standards. This has been expanded to include additional feedback from previous discussions relating to religion, personal values and beliefs, and will continue to be updated with relevant information during this further consultation process.

5. Communications

5.1 It is vital that we communicate clearly our revised position and ensure that our communication strategy is robust and credible.

5.2 We are committed to a process of consultation and engagement with key stakeholders, including professional representative bodies, employers, education and training providers, pharmacy service users, patients’ representative bodies and others with an interest in this area.

5.3 The consultation will be published on the GPhC website, in Regulate and targeted emails will be sent to our stakeholders. Additionally, we will undertake a significant programme of engagement events.

6. Resource implications

6.1 The resource implications for this work have been accounted for in existing budgets.

7. Risk implications

7.1 This is a particularly sensitive subject, with individuals and groups often expressing polarised views on this generally, or in relation to particular aspects. Any new GPhC guidance must take into account the risks to people who require care as well as those providing care.

7.2 There are also risks that unclear or inadequate communication and engagement result in misunderstanding of what the GPhC is proposing and why.

7.3 Finally, there is always a risk of legal challenge and this is why it is crucial that our guidance reflects the most up-to-date legal analysis, and recognises the legal responsibilities of registrants, employers and others.

Recommendations

Council is asked to agree the draft consultation document and supporting guidance.
DRAFT
Consultation on religion, personal values and beliefs v 2.0

December 2016
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Equality monitoring

Appendix A: Collated consultation questions

The deadline for responding to this consultation is 06/03/2017
About the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

Our main work includes:

• setting standards for the education and training of pharmacists, pharmacy technicians, and approving and accrediting their qualifications and training
• maintaining a register of pharmacists, pharmacy technicians and pharmacies
• setting the standards that pharmacy professionals have to meet throughout their careers
• investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
• setting standards for registered pharmacies which require them to provide a safe and effective service to patients
• inspecting registered pharmacies to check if they are meeting our standards
Overview

Patients and the public have a right to safe and effective care from pharmacy professionals. As the regulator, we are committed to regulating in a way that supports and enables this to happen.

This includes setting the standards that pharmacy professionals (pharmacists and pharmacy technicians) have to meet throughout their careers and, where needed, highlighting to pharmacy professionals that they must stay within the relevant framework of the law. The standards for pharmacy professionals (‘the standards’) build on and reflect our belief 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 quality of care.

We recently consulted on our new standards, which will come into effect from 1 May 2017. Standard 1 states that “pharmacy professionals must provide person-centred care” and provides examples on how pharmacy professionals can apply the standard.

We have concluded, subject to the outcome of this consultation, that the current examples are not compatible with person-centred care and do not provide enough guidance on the sensitive issues around religion and personal values and beliefs. We are now consulting on a proposed change to one of the examples to ensure that pharmacy professionals take responsibility for ensuring that person-centred care is not compromised by their religion, personal values or beliefs.

The proposals will change the expectations placed on pharmacy professionals where their religion, personal values and beliefs might, in certain circumstances, impact on their ability to provide services and shifts the balance in favour of the needs and rights of the person in their care. For example, under the new proposals, a referral to another service provider might not be sufficient to ensure that person-centred care is not compromised. We believe this change will better reflect person-centred professionalism.

Additionally, we are consulting on new guidance on religion, personal values and beliefs in practice (‘the guidance’), which is intended to reflect the broad range of situations where a pharmacy professional’s religion, personal values or beliefs might impact on their ability to provide services in certain circumstances and gives practical information to help them ensure the care of the person is their priority. The guidance also recognises the important role of employers in supporting pharmacy professionals and the wider pharmacy team to create and nurture a person-centred environment.

This consultation document has three sections:

Part 1: Introduction: This explains what we have taken into account in developing the proposed wording in the example under standard 1 and our supporting guidance; and it explains why.

Part 2: The revised example under standard 1: This sets out what we are changing in the example under standard 1 of the standards.

Part 3: The revised guidance on religion, personal values and beliefs in practice: This provides the proposed revised guidance, sets out what we are changing and what this means in practice.
The consultation process

The consultation will run for 12 weeks and will close on 6 March 2017. During this time we welcome feedback from individuals and organisations. We will send this document to a comprehensive range of stakeholder organisations, including professional representative bodies, employers, education and training providers, patients’ representative bodies and others with an interest in this matter.

We hope you will read this consultation and consider responding. You can get more copies of this document on our website at www.pharmacyregulation.org/XXXX 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: individuals

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 www.pharmacyregulation.org/XXXX and fill in an online version there.

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

consultations@pharmacyregulation.org with the subject ‘XXX consultation’.

or post it to us at:

XXX Consultation response
General Pharmaceutical Council
25 Canada Square
London E14 5LQ

How to respond: organisations

If you are responding on behalf of an organisation, such as a representative or professional body, or if your organisation has particular expertise in the subject matter of this consultation, we will consider publishing your response to our consultation in full, as an annex to our final report. If you are interested in contributing to the consultation in this way, please submit your response directly to the email address above, or by post.

Comments on the consultation process itself

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

feedback@pharmacyregulation.org

or post them to us at:

Governance Team
General Pharmaceutical Council
Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive. The Council will receive the analysis in spring 2017, and will take the responses into account when considering the proposed changes we want to make to the example under standard 1 of the standards and our proposed revised guidance. 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: Introduction

All pharmacy professionals contribute to delivering and improving the health, safety and wellbeing of people. Professionalism and safe and effective practice are central to the pharmacy professional role. The behaviours and attitudes of pharmacy professionals are also important in providing high quality experiences and outcomes for people when they request pharmacy advice, care and services.

We know that people expect to access certain services from registered pharmacies when they require them. Every person using pharmacy services must have confidence that they will receive high quality care. Whilst we recognise the importance of a pharmacy professional’s religion, personal values or beliefs, we want to ensure people can exercise their rights to access the advice, care and services they need from a pharmacy, when they need them.

In developing the proposals set out in this consultation, we have taken into account the relevant legal framework of human rights and equality law. In doing so, we have also considered the legal responsibilities of pharmacy professionals and employers as well as our own responsibilities, as a regulator, to those we regulate. Although there is complex primary legislation, as well as significant and emerging case law in this area, it is not for our standards or supporting guidance to set out the law in detail or provide legal advice. This means that pharmacy professionals and employers need to be aware of how the law applies to them and obtain legal advice, where needed.

We have also taken into account:

- our policy of promoting person-centred and compassionate care; and
- what we heard through our consultation1 on the standards which included the views of pharmacy professionals, employers, pharmacy service users, representative groups and others with an interest in this matter.

Part 2: The revised example under standard 1

What we are changing

In our consultation2 on the standards, we said:

Standard 1

Pharmacy professionals must provide person-centred care

Applying the standard

Every person 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. All

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1 Standards for pharmacy professionals’ consultation report. This consultation was open for 13 weeks between 4 April 2016 and 27 June 2016.
2 Ibid. 2016
Pharmacy professionals can demonstrate ‘person-centredness’, whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- 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

We received written responses from organisations, individuals and members of the public. These included pharmacy and patient organisations, educational institutions, pharmacy professionals, students, pre-registration trainees as well as other stakeholders. We also took part in 35 engagement events, with organisations representing other health professionals and health and social care providers, professionals and members of the public to hear their views on the consultation.

Most respondents to the consultation survey (90%) agreed with the approach proposed. Some of the pharmacy organisations welcomed the approach as it confirmed current practice. However, the majority of the people or organisations who commented in this section were of the view that pharmacy professionals should not be able to refuse services based on their religion, personal values or beliefs, as it would contradict the principle of person-centred care. This view was also expressed in the pharmacy user engagement events.

Revised wording

Having reflected on the feedback from the consultation, what the law says and our own analysis, we have concluded (subject to this consultation) that the current examples under Standard 1 are not compatible with person-centred care.

It is proposed that the wording of the examples under Standard 1, regarding religion, personal values and beliefs, will say:

- Recognise their own values and beliefs but do not impose them on other people [unchanged / retained example]
- Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs [revised example]

Ultimately, these proposals will change the expectations placed on pharmacy professionals where their religion, personal values or beliefs might, in certain circumstances, impact on their ability to provide services and shifts the balance in favour of the needs and rights of the person in their care.

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3 Standards for pharmacy professionals consultation report. This consultation was open for 13 weeks between 4 April 2016 and 27 June 2016.
We are consulting to ensure that everyone has the opportunity to comment on these proposals.

We also want to highlight that, under the new proposals, a referral to another service provider might not be sufficient to ensure that person-centred care is not compromised. This is a significant change from the current position and it is vital that we hear from the public and the profession about this. Our revised guidance (discussed in more detail below) will provide further practical advice on this point.

Part 3: The revised guidance on religion, personal values and beliefs in practice

What we are changing

Our current Guidance on the provision of pharmacy services affected by religious and moral beliefs, which supports our standards of conduct, ethics and performance, has been in force since 2010.

After our consultation on the standards, it was felt that a more tailored approach would take into account the rights of both individuals seeking services and the rights of pharmacy professionals.

Responses to the consultation on the standards highlighted the diverse range of scenarios which affect both people and pharmacy professionals in requesting, receiving and providing pharmacy services and care. This included substance misuse services, hormonal treatments, as well as fertility and contraception services. We also learned from our consultation that referring people to other providers puts in place an additional barrier for people accessing pharmacy services in a timely manner.

Our revised guidance provides further information on the behaviours expected of pharmacy professionals in applying the standards, including the broad ranges of pharmacy services that people expect and the situations that pharmacy professionals may find themselves in.

The guidance will make it clear that every person using pharmacy services must have confidence that they will receive high quality care and that pharmacy professionals must not discriminate against anybody in their care. In short, pharmacy professionals should not put themselves in a position where refusal to provide services would result in a person not receiving the care or advice they need, or breach human rights or equality legislation.

Although the guidance is intended for individual pharmacy professionals, it also recognises the important role for employers in creating a person-centred environment.

Finally, the guidance recognises the need for both pharmacy professionals and employers to familiarise themselves with the law as it applies to them, and access legal advice, as needed.

What this means in practice

This change in how pharmacy professionals meet the standards means that they should consider

- the individual needs of the person in each case;
☐ how to safeguard and respect a person’s dignity;

☐ how to use their professional judgement to ensure the person receives the care or advice they need, when they need it;

☐ the factors in relation to where they work and whether they can provide the full range of pharmacy services requested; and

☐ whether referral is an appropriate option based on the individual needs and circumstances of the person in their care.

Please read the guidance for more information on how to apply the standards.

[NB The guidance will be inserted here following approval by Council]
How we will use your responses

After the consultation, we will publish a report summarising what we heard. We may quote parts of your response in that report or in other documents.

If you respond as a private individual, we will not use your name, and we will ensure any quotations we use do not directly identify you.

If you respond on behalf of an organisation, we may publish your response in full unless you tell us not to. If you want your response to stay confidential, you should explain why you believe the information you have given is confidential.

We cannot guarantee that confidentiality can be maintained in all circumstances. The GPhC may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000).

If your response is covered by an automatic confidentiality disclaimer generated by your IT system, this will not in itself be binding on the GPhC. Any diversity monitoring information you give us will be used to review the effectiveness of our consultation process. It will not be part of a published response.
Consultation response form

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
an employer
a pre-registration trainee
a student
other (please give details)

Section A1 – Pharmacy professionals
Are you:
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)

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 do not publish my organisation’s response

Please tell us if you have any concerns about our publishing any part of your response:
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 proposed change to the example under standard one regarding values and beliefs, and the proposed revised supporting guidance.

Standards

Standard 1 says that:

*Pharmacy professionals must provide person-centred care*

Applying the standard

*Every person 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. All pharmacy professionals can demonstrate ‘person-centredness’, whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.*

It is proposed that the wording of the examples under Standard 1, regarding religion, personal values and beliefs, will say:

*People receive safe and effective care when pharmacy professionals:*

- *Recognise their own religion, personal values and beliefs but do not impose them on other people* [unchanged / retained example]

- *Take responsibility for ensuring that person-centred care is not compromised because of religion, personal values and beliefs* [revised example]

1. Do you agree with the proposed changes?

   Yes / No

1a. Please explain your reasons for this.

Guidance

The revised guidance provides further information on the behaviours expected of pharmacy professionals in applying the standards.

2. Does the revised guidance adequately reflect the broad range of situations that pharmacy professionals may find themselves in?

   Yes/No
3. Is there anything further, not addressed in the guidance that you would find useful? Please give details.

Impact

We are aware that a person’s religion, values and beliefs are likely to have an impact on their behaviours, attitudes and decisions. We want to know how the proposed changes to the example under standard 1 and our revised guidance may impact students, pre-registration trainees, pharmacy professionals, employers and people.

4. Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?
   Yes / No

5. Will that impact be:
   Mostly positively  Partly positive  Positive and negative  Partly negative  Mostly negative
5a. Please explain and give examples.

6. Will our proposed approach to the standards and guidance have an impact on employers?
   Yes / No

7. Will that impact be:
   Mostly positively  Partly positive  Positive and negative  Partly negative  Mostly negative
7a. Please explain and give examples.

8. Will our proposed approach to the standards and guidance have an impact on people using pharmacy services?
   Yes/No

9. Will that impact be:
   Mostly positively  Partly positive  Positive and negative  Partly negative  Mostly negative
9a. Please explain and give examples.

10. Do you have any other comments you would like to provide?
Equality monitoring

During our consultation on the standards for pharmacy professionals, we conducted a full analysis of the effects on equality, which is available here XXXX. Given that the issues within this subsequent consultation are fundamentally linked to matters relating to equality, we would welcome any further comments in this area.

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 standards for pharmacy professionals. 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 sex?
Please tick one box
Male
Female
Other

What is your religion?
Please tick one box
None
Christian
Buddhist
Hindu
Jewish
Muslim

Other (please give more information in the box below)

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

Yes
No
Appendix A: Collated consultation questions

1. Do you agree with the proposed changes?
   Yes / No

1a. Please explain your reasons for this.

2. Does the revised guidance adequately reflect the broad range of situations that pharmacy professionals may find themselves in?
   Yes/No

3. Is there anything further, not addressed in the guidance that you would find useful? Please give details.

4. Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?
   Yes / No

5. Will that impact be:
   Mostly positively    Partly positive    Positive and negative    Partly negative    Mostly negative

5a. Please explain and give examples.

6. Will our proposed approach to the standards and guidance have an impact on employers?
   Yes / No

7. Will that impact be:
   Mostly positively    Partly positive    Positive and negative    Partly negative    Mostly negative

7a. Please explain and give examples.

8. Will our proposed approach to the standards and guidance have an impact on people using pharmacy services?
   Yes/No

9. Will that impact be:
   Mostly positively    Partly positive    Positive and negative    Partly negative    Mostly negative

9a. Please explain and give examples.

10. Do you have any other comments you would like to provide?
In practice: guidance on religion, personal values and beliefs

1. About this guidance

The standards for pharmacy professionals (the standards) apply to all pharmacists and pharmacy technicians. This document gives further guidance on the behaviours expected of pharmacy professionals in applying standard 1 where their religion, personal values or beliefs might impact on their ability to provide certain pharmacy services. This guidance, which should be read alongside the full standards, gives practical information to help pharmacy professionals deliver safe and effective care through person-centred professionalism.

Standard 1 says:

*Pharmacy professionals must provide person-centred care*

Applying the standard

Every person 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. All pharmacy professionals can demonstrate ‘person-centredness’, whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- recognise their own values and beliefs but do not impose them on other people
- take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs.

Pharmacy professionals are personally accountable for meeting the standards and must be able to justify the decisions they make. They must use their professional judgment in applying this guidance in practice.

This guidance is intended to help individual pharmacy professionals whether they are working in a healthcare setting (such as a hospital, primary care or community pharmacy setting), in person, or online. Although this guidance is intended to assist individuals, including both pharmacy responsible and superintendent pharmacists, it recognises the important role that employers have in creating a person-centred environment.

2. The legal framework
Pharmacy professionals must work within the legal framework of human rights, equalities and employment law. For example, the Equality Act 2010 makes it unlawful to discriminate against people because of a ‘protected characteristic’: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

We recognise that all protected characteristics have equal status. This guidance deals with religion and belief as well as personal values as these can particularly affect professionals’ decision-making in practice. It is important to note, however, that within equality law, religion means any religion, including a lack of religion. Belief means any religious or philosophical belief and includes a lack of belief.

This is a complex and difficult area for pharmacy professionals, with significant and emerging case law. This guidance is intended to reflect the broad range of situations where a pharmacy professional’s religion, personal values or beliefs might prevent them from providing certain services and outline the key factors to consider in order to ensure that the care of the person is their priority. However, it cannot cover every situation in practice and it does not provide legal advice on equalities related issues.

Pharmacy professionals should familiarise themselves with the law as it applies to them and obtain legal or other professional advice, as needed. They should also keep up to date with any changes to the law, which might impact on them. Additionally, pharmacy professionals must consider the contractual responsibilities of their employer, including any in the NHS Terms of Service.

3. Applying the standards in practice

Pharmacies provide support and services to a diverse range of people. A pharmacy professional may be asked to provide specific services which are not in line with their religion, personal values or beliefs, for example, services related to hormonal therapies, fertility medicines, contraception, substance misuse services, sexual health services and mental health and wellbeing services.

In such situations, pharmacy professionals should consider the individual needs of the person in each case. They should use their professional judgement to ensure the person receives the care or advice they need, when they need it. For example, this might include considering any time limitations or other barriers to accessing medicines or other services. The pharmacy professional’s decisions should not compromise the health, safety and wellbeing of the person. Arrangements that are appropriate for the needs and circumstances of the person should be made to ensure they receive the care they need.

It is the responsibility of the pharmacy professional to ensure that people are treated fairly and with dignity and compassion, at all times. In summary, pharmacy professionals should ensure:

- people receive the care they need as a priority, when they need it;
• people are provided with all the relevant information to access the care they need; and
• people are treated as individuals, fairly and with respect.

Whilst we recognise the importance of a pharmacy professional’s religion, personal values and beliefs, we want to ensure people can access the advice, care and services they need from a pharmacy professional when they need them.

4. Pharmacy professionals
Below are some key factors pharmacy professionals should think about to ensure that religion, personal values or beliefs (either their own or others) do not compromise care:

a. Work location and range of services
A pharmacy professional should not knowingly put themselves in a position whereby a person is unable to receive the care or advice they need. If they are in a position where it is unclear what to do, they should consider the individual needs and circumstances of the person. The pharmacy professional should use their professional judgement to ensure the person is still able to receive the services they need. In some cases, this might mean that they are unable to take up certain working roles. Pharmacy professionals should consider the following:

• the location and operating hours of the pharmacy they choose to work in, for example, an isolated pharmacy in a rural area, or a pharmacy in a city centre with late operating hours;
• the full range of services provided by that pharmacy, including whether these are provided routinely or occasionally;
• the type of services people expect the pharmacy to provide in that location or environment;
• whether they will be working on their own or with other pharmacy professionals;
• the availability of other local pharmacies that may be able to provide the service and their operating hours; and
• whether their religion, personal values or beliefs are likely to prevent them from providing the full range of pharmacy services expected in their position.

b. Openness between the pharmacy professional and their employer
Pharmacy professionals should be open with their employer about any ways in which their religion, personal values or beliefs might impact on their ability to provide certain pharmacy services. In working with their employer, pharmacy professionals should:

• inform their employer, as early as possible, if their religion, personal values or beliefs are likely to prevent them from providing certain pharmacy services;
• set clear expectations about the pharmacy services they are willing and able to provide;
• understand their employer’s expectations about the services pharmacy professionals are expected to provide; and
• ensure adequate and appropriate arrangements are put in place, including notifying other staff members, to ensure a person can receive the care and advice they need.

c. Professional judgement
Pharmacy professionals are expected to demonstrate sound professional judgement when handling a request for a service which may not be in line with their own religion, personal values or beliefs.
There are various options available to help them to do this. The most appropriate action depends on the individual needs and circumstances of the person, but pharmacy professionals should:

- make the care of the person their first concern and act in their best interests;
- not discriminate against a person based on their own - or the person’s - religion, personal values or beliefs, or lack of religion or belief;
- understand the needs of the person;
- think about any specific barriers that the person may face, for example, difficulty in accessing the services they need;
- consider if it is appropriate to involve or refer to another pharmacy professional or service provider;
- recognise that in some cases a referral may not be sufficient to ensure person-centred care is not compromised; and
- work with the person to come to an informed decision about how they can access the care and services they need.

d. Professional behaviour
Pharmacy professionals are expected to behave professionally at all times, in a way which does not impose their own religion, personal values or beliefs on other people. Pharmacy professionals should:

- not imply or express disapproval or judgement of a person;
- recognise when a person may require additional care or advice, for example a vulnerable person or a case of safeguarding, and act where necessary; and
- recognise and respect a person’s religion, personal values or beliefs –or lack of religion or belief– and how these might guide their choices.

e. Effective communication
Pharmacy professionals should reflect on the way they communicate with people seeking care, and provide all the necessary information. They should:

- communicate professionally and with respect;
- adapt their communication to meet the needs of the person they are communicating with;
- consider the appropriateness of their body language, tone of voice and words;
- not assume that the person is aware of alternative options and ensure that the person has the full range of information, so as not to obstruct that person from receiving the care they need;
- check the person is aware of any significant risks involved in the treatment or alternatives to treatment; and
- check that the person has understood the information they have been given, including any options available to them.

f. Respect for personal privacy and confidentiality
Pharmacy professionals should respect and maintain the privacy and confidentiality of people seeking care. In handling requests, they should ensure:
• there are appropriate facilities or arrangements to make sure the person is treated sensitively;
• the person is not made to feel uncomfortable or embarrassed; and
• they safeguard the person’s privacy and dignity.

5. *Questions to ask yourself*

Below are some of the key questions that pharmacy professionals should ask themselves in this context:

- *Do I understand my legal obligations?*
- *Am I keeping up to date with any relevant changes in the law?*
- *Have I been open with my employer about the services I feel willing and able to provide?*
- *Are the right arrangements in place to make sure people are the priority?*
- *What options are available if I cannot provide certain services?*
- *How do I handle the situation sensitively, without embarrassing the person?*
- *How do I safeguard the person’s privacy and dignity?*
- *Taking everything into account, is this the right work location and environment for me?*

6. **Employers**

This guidance is intended to assist individual pharmacy professionals. However, employers have important responsibilities for creating and maintaining a person-centred environment, and ensuring the delivery of safe and effective pharmacy services. It is important for pharmacy professionals to be open with their employers about any ways in which their religion, personal values or beliefs might impact on their ability to provide certain pharmacy services. This will enable employers to consider the needs of the people in their area and how the pharmacy can best meet those needs. This will also enable employers to make any necessary arrangements with existing and new staff to ensure that safe and effective care can be provided throughout the operating hours of the pharmacy.

Employers will also need to comply with relevant employment and equalities law, and ensure that they do not unlawfully discriminate against pharmacy professionals because of their stated or perceived religion, personal values or beliefs.

7. **Other sources of information**

Further information is available from professional bodies, indemnity insurance providers and other independent bodies. Below are some potential sources of information and guidance:
• **Equalities and Human Rights Commission**
• **Equalities and Human Rights Commission Scotland**
• **Equalities and Human Rights Commission Wales**
• **Religion or belief guidance for employers**, Equalities and Human Rights Commission
• **Equalities Act 2010**
• **European convention on Human Rights**
• **Royal Pharmaceutical Society**
• **The National Pharmacy Association**
• **The Guild of Healthcare Pharmacists**
• **Association of Pharmacy Technicians, UK**
• **Equality Commission for Northern Ireland**
• **Citizens Advice**
Public business

Consultation on revised threshold criteria

Purpose
To present to Council the draft consultation on revised threshold criteria.

Recommendations
Council is asked to agree the draft consultation document and revised threshold criteria.

1. Introduction
1.1 The Pharmacy Order 2010 recognises that purposeful, proportionate regulation does not require the referral of allegations to the Investigating Committee (IC) in an indiscriminate or mechanistic way. The Order allows the GPhC’s Council to define ‘threshold criteria’, which the Registrar (including the Registrar’s delegates) must use to determine whether the allegation should be referred to the IC.

1.2 Article 52(2)(a) of the Order provides that allegations that a pharmacy professional’s fitness to practise is impaired must not be referred to the IC if the allegation is of a type stated in the threshold criteria that should not be referred.

1.3 The current criteria have been in place since 2010 and are linked to the current standards of conduct, ethics and performance. We are seeking to consult on revised criteria to ensure it remains fit for purpose and takes account of changes in pharmacy regulation including the new standards for pharmacy professionals, which will be introduced in May 2017. The draft consultation document and revised criteria are attached at Appendix 1.

2. Key Considerations
2.1 Council should note that the criteria are only one part of the fitness to practise decision making process and will sit alongside explanatory material outlining our process in more detail. In effect, the criteria are a simple, but important, mechanism to ensure the right cases are referred to the IC. They are used by internal decision-makers involved in investigating concerns and
provide a framework to ensure proportionate, fair and consistent decisions are made across our investigations.

2.2 The use of threshold criteria has significant benefits as it enables the swift and proportionate resolution of relatively minor matters. The intention is not to reduce the number of cases referred to the IC. However, this may be a consequence as it allows our resources to be focussed on more serious allegations that are more likely to put patient safety at risk and damage public confidence in the pharmacy professions.

2.3 Council will note that the revised criteria are framed in the negative (i.e. setting out when a case will *not* be referred). This approach has been chosen to align with the relevant provision in the Pharmacy Order. By framing the criteria in the positive, there is a risk that we could potentially be seen to create discretionary criteria for choosing whether to make a referral or not and risk subsequent legal challenge.

2.4 Finally, Council will note that the threshold criteria do not include an express reference to harm caused to the patient or the public as a consequence of the registrant’s conduct or behaviour. This is because harm, whilst a relevant factual consideration, is not a determining factor in deciding whether to refer to the IC.

3. **Timetable**

3.1 The consultation will run for 12 weeks and close on 6 March 2017. We propose that the new threshold criteria will be implemented alongside the new standards for pharmacy professionals in May 2017.

4. **Equality and diversity implications**

4.1 The fitness to practise process must be free from discrimination and fair to all registrants that have a concern raised against them. Our preliminary view is that the revised threshold criteria do not raise any specific issues which could conflict with equalities legislation.

4.2 Equality and diversity implications will of course continue to be considered during the course of the consultation and any relevant matters raised with Council.

5. **Communications**

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

5.2 The consultation will be published on the GPhC website, in Regulate and targeted emails will be circulated to key stakeholders. We will explore
opportunities for joint communications, engagement and research with concurrent consultations.

6. **Resource implications**

6.1 There will be resource requirements for holding this consultation exercise which will be managed from within existing budgets.

7. **Risk implications**

7.1 There is always a risk of legal challenge to the decisions we take. It is important that the guidance is fit for purpose to ensure consistent and proportionate decisions are taken across committees. It is also important to ensure the document is accessible to a range of stakeholders so they are fully informed of the process.

7.2 Threshold criteria which enable proportionate and fair decision making which safeguard patients are necessary for the GPhC to manage the concerns it receives. Failure to ensure the current policy remains fit for purpose could undermine confidence in decision making and the ability of the GPhC to safeguard patients.

7.3 There are risks that poor communication and engagement result in misunderstanding about what the GPhC is proposing and why. We will ensure our messaging is clear and the right people are targeted when seeking feedback on the guidance.

7.4 If the consultation raises any unforeseen concerns around the proposed criteria it may have implications for the implementation date and introducing the new criteria alongside the Standards for Pharmacy Professionals. In the unlikely event that this occurs we will discuss transitionary arrangements and the implications of this with Council at its March meeting.

8. **Monitoring and review**

8.1 The decisions taken at the end of an investigation are subject to internal audit and scrutiny by the PSA. We will gather data on these decisions and regularly review the quality internally as well as through periodic independent audit to ensure the document is used appropriately, remains fit for purpose and is accessible to a wide range of stakeholders.
Recommendations

Council is asked to agree the draft consultation document and revised threshold criteria.

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24 November 2016
Consultation on revised threshold criteria

December 2016
Contents

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Overview
The consultation process
Background: Fitness to practise and investigations
Why we are reviewing the threshold criteria
Draft revised threshold criteria
Consultation questions and response form
Equality monitoring

The deadline for responding to this consultation is **** ** ***** 2017.
About the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

Our main work includes:

- setting standards for the education and training of pharmacists and pharmacy technicians, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals have to meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards.
Overview

As the regulator, our main role is to protect, promote and maintain the health and safety of people who use services from pharmacy professionals or from registered pharmacies. This includes maintaining the register of pharmacists and pharmacy technicians and ensuring that people who are entered on the register are fit to remain on it.

We have the power to investigate concerns about pharmacists and pharmacy technicians. Once information is received, we carefully review and assess all concerns that are raised with us, and we consider whether we need to begin an investigation. If the concern is something we can deal with then we will undertake an investigation. Once we have completed our enquiries, we will decide whether the case should be referred to the Investigating Committee or if another outcome is appropriate in the circumstances. One part of this decision making process is the use of threshold criteria.

The Pharmacy Order 2010 allows us to establish ‘threshold criteria’ which helps us determine whether a case should be referred to the Investigating Committee. They are used by internal decision-makers involved in investigating concerns. These criteria provide a framework to ensure proportionate, fair and consistent decisions are made across all investigations.

The current criteria have been in place since 2010. We are now consulting on revised criteria to ensure they remain fit for purpose and take account of recent changes in pharmacy regulation, including the new standards for pharmacy professionals which will be introduced in 2017. This is also part of our wider programme of reviewing all of our statutory decision making guidance.

The revised criteria, alongside other already published guidance, will go some way towards ensuring that decision-making throughout our fitness to practise processes are as transparent and understandable as possible.

We also want to make sure the revised threshold criteria are accessible and easily understood by a wide range of stakeholders, not just those that use it in practice, including anyone who has raised a concern, or has had a concern raised about them. They may also be of use to other interested parties such as members of the public and users of pharmacy services, registrants or registrants’ representatives.

This consultation document has two key sections:

- **Background: Fitness to practise and investigations:** This explains what we mean by fitness to practise and briefly outlines our investigation process, in order to put the revised threshold criteria into context.

- **Why we are reviewing the threshold criteria and guidance:** This explains the purpose and scope of our revised threshold criteria.
The consultation process

The consultation will run for 12 weeks and will close on 6 March 2017. 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.

You can get more copies of this document on our website www.pharmacyregulation.org 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 ‘Consultation on revised threshold criteria’ or
- **Post** Consultation on revised threshold criteria response
  Policy & 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** Governance 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 and will take the responses into account when considering the final guidance in spring 2017.

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
Background: Fitness to practise and investigations

1. A pharmacy professional is ‘fit to practise’ when they have the skills, knowledge, character, behaviour and health needed to do their job safely and effectively. This means maintaining appropriate standards of competence, demonstrating good character, and also adhering to the principles of good practice set out in our standards, guidance and advice.

2. When there is a concern that a pharmacy professional may have fallen short of the expected standards, their fitness to practise may be called into question. This can be for a number of reasons, including misconduct, deficient performance, ill-health or a conviction or caution for a criminal offence. This can lead to a concern being raised with the GPhC. There is more information about raising concerns and our associated processes here: http://www.pharmacyregulation.org/raising-concerns

3. In short, we have the power to investigate concerns about pharmacists and pharmacy technicians. Once information is received, we carefully review and assess all concerns that are raised with us, and we consider whether we need to begin an investigation. If the concern is something we can deal with then we will undertake an investigation. Once we have completed our enquiries, and gathered the appropriate information, we will decide whether the case should be referred to the Investigating Committee or if another outcome is appropriate in the circumstances.

4. One part of this decision making process is the use of threshold criteria. We will review the available information and decide on the appropriate action to take. We do so against threshold criteria, which we use to decide whether a concern should be referred to the Investigating Committee.

Why we are reviewing the threshold criteria

5. The current threshold criteria have been in place since 2010 and it is right to periodically review them to ensure they remain fit for purpose. This is also part of our wider programme of reviewing all of our statutory decision making guidance. For example, we have recently reviewed the guidance for our investigating and fitness to practise committees.

6. Added to this, the threshold criteria are currently aligned with the seven principles set out in the standards for conduct, ethics and performance\(^1\) which all pharmacy professionals must comply with. The criteria, and guidance, is currently published and is

available here. We will introduce new standards for pharmacy professionals in 2017 and we need to ensure that any criteria take account of these new standards. We propose that the new criteria will be introduced at the same time as we introduce the new standards for pharmacy professionals in May 2017.

7. Finally, the revised threshold criteria will be supported by explanatory material about our investigation process. This consultation focuses on the revised criteria and how these will be applied.
Appendix A: Draft Revised Threshold Criteria

Introduction

1.1 The Pharmacy Order 2010 recognises that purposeful, proportionate regulation does not require the referral of allegations to the Investigating Committee (IC) in an indiscriminate or mechanistic way. The Order allows the GPhC’s Council to define ‘threshold criteria’, which the Registrar (including the Registrar’s delegates) must use to determine whether the allegation should be referred to the IC.

1.2 Article 52(2)(a) of the Pharmacy Order 2010 provides that allegations that a pharmacy professional’s fitness to practise is impaired must not be referred to the IC if the allegation is of a type stated in the threshold criteria that should not be referred.

1.3 This document sets out what those threshold criteria are and how they will be applied.

The threshold criteria and how they will be applied

1.4 The threshold criteria are one part of the decision making process that is applied once an investigation concludes. It is a simple mechanism that assists the Registrar in deciding whether a concern should be referred to the IC. It ensures consistent decisions are taken across all investigations and the appropriate cases are referred to the IC.

1.5 When we complete our enquiries, we will review the available evidence and decide on the appropriate action to take. A case should only be referred to the IC where it is the appropriate and proportionate action taking into account the threshold criteria.

1.6 The registrar will not refer a case to the IC where:

**Conduct and behaviour**

- it does not present an actual or potential risk to patient or public safety;
- it has not undermined, or is unlikely to undermine, confidence in the pharmacy profession;
- there has not been a serious or persistent failure to meet any of the standards for pharmacy professionals; and/or
- it does not show that the honesty or integrity of the registrant can no longer be relied upon.

**Health**

- there is no self-harm or risk of self-harm; and/or
- there is no harm or risk of harm to patients and the public.
1.7 When considering a case against the criteria the Registrar will take into account the behaviour and actions of the registrant, including whether the registrant acted recklessly or with intent, whether it is a recurring issue or whether the registrant acted with openness and honesty.

1.8 The case will not usually be referred to the IC if all the threshold criteria are met and may be closed with no further action or informal advice.

1.9 If any of the threshold criteria are not met, and the case is one which is capable of being considered for referral to the IC, the Registrar will then take into account the public interest when deciding whether or not to use his discretion to refer to the Investigating Committee. Public interest considerations are set out below.

Public interest considerations

1.10 When making assessments against the criteria, the Registrar will consider the wider public interest. In this context public interest considerations include:

- protecting the public
- maintaining public confidence in the profession
- maintaining proper standards of behaviour.

1.11 The public interest consideration forms an important aspect of the decision making framework. The following additional factors may also be taken into consideration:

- whether the registrant showed remorse and/or insight and has learnt from the incident
- whether the registrant has undertaken remedial action for example training or changes to their practice
- whether previous advice has been issued to the registrant in relation to same or similar matters
- if the decision is sufficient to protect the public and,
- is referring the matter to the IC a proportionate response.

1.12 The existence of any factors will be viewed in the context of the case and the seriousness of the concerns as a whole. If the Registrar believes it is in the public interest to refer, then a referral will be made. If not, the case will not be referred to the IC and may be closed with no further action or informal advice.
Consultation response form

Response to the consultation on revised threshold criteria

We will not publish your name or any individual responses but will publish a summary of the feedback we receive in our consultation report.

Please tell us if you have any concerns about us using any part of your response in our report. We will treat this request seriously but we cannot give an assurance that confidentiality can be maintained in all circumstances.

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
☐  other (please give details)

Are you responding as:

☐  a member of the public
☐  a pharmacy professional
☐  a pharmacy owner
☐  other (please give details)

Section A1 - Pharmacy professionals

Are you:

☐  a pharmacy technician
☐  a pharmacist

Please choose the option below which best describes the area you mainly work in:

☐  community pharmacy
☐  hospital pharmacy
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
☐ pharmacy technician education and training provider
☐ other research, education or training organisation
☐ government department or organisation
☐ regulatory body
☐ other (please give details)
How we will use your responses

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

If you want your response to remain confidential, you should explain why you regard the information you have provided as confidential. However, we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the GPhC.

Your response to this consultation may be published in full or in a summary of responses. We will remove any individual names from responses to the consultation or quotes taken from them if these are published. Individual contributions will not be acknowledged unless specifically requested.

The GPhC is a data controller registered with the Information Commissioner’s Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and retail pharmacy premises in Great Britain.

Data may be shared with third parties in pursuance of the GPhC’s statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the order and other legislation.

Personal data may be processed for purposes including (but not limited to) updating the register, administering and maintaining registration, processing complaints, compiling statistics and keeping stakeholders updated with information about the GPhC.

Information may be passed to organisations with a legitimate interest including (but not limited to) other regulatory and enforcement authorities, NHS trusts, employers, Department of Health, universities and research institutions. Please note that the GPhC will not share your personal data on a commercial basis with any third party.
Consultation questions

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

1. Do you think the proposed threshold criteria are clear and understandable?
   - Very clear and understandable
   - Clear and understandable
   - Neutral
   - Unclear and understandable
   - Very unclear and not understandable

2. If you think it is unclear or very unclear, please let us know the areas that can be improved.

3. Do you think the purpose of the proposed criteria is clear?
   - Very clear
   - Clear
   - Neutral
   - Unclear
   - Very unclear

4. Do you think how we apply the criteria in practice is clear?
   - Very clear
   - Clear
   - Neutral
   - Unclear
   - Very unclear

5. If unclear or very unclear, do you have any views on how this could be improved?
6. Do you think the proposed threshold criteria will ensure that the right cases are referred to the Investigating Committee?

Yes
No
Unsure

7. Can you please tell us why?

Other comments

8. Do you have any other comments on the proposed criteria?

Equality analysis

We believe the focus of the criteria should have positive implications for people. We have not identified any implications that would discriminate against or unintentionally disadvantage any individuals or groups.

9. Are there any aspects of the proposed criteria that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups?

Yes/No

10. Do you have any comments on the potential impact of the criteria?
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
Public business

Sampling CPD records for review: consultation report

Purpose
To provide Council with an analysis of the sampling of continuing professional development records for review consultation and our proposed response to the comments received.

Recommendations
Council is asked to:
(i) note the analysis of the consultation (Appendix 1)
(ii) discuss the key areas of feedback
(iii) agree the revised wording following amendment as a result of the consultation:

“The GPhC may ask you to submit a CPD record for review at any time. We will call in the CPD record of a random sample of registrants each year. If you meet the GPhC’s CPD requirements we will not ask you again for the next two years. In some cases you may be asked to submit your CPD record for review more frequently than this, for example if you have been required previously to undertake remedial measures following a review of your CPD record or if you have a history of poor compliance with any of our standards.”

1. Introduction
1.1 The GPhC launched a consultation on an amendment to the CPD framework in September 2016. The consultation ran for 6 weeks and closed on 31 October 2016.

1.2 We received more responses than we have for any other consultation. This was a focused consultation about a specific paragraph; however the impact of the change was considerable. Therefore we emailed every pharmacy professional to invite them to respond. We also invited the advisory group and our CPD reviewers to respond as well as others affected by our proposals, including patient groups.

1.3 A total of 2,264 responses were received from individuals and organisations through our online response form, email and by post. The analysis of responses can be found at Appendix 1.
1.4 This paper summarises key points in the feedback in our response for Council to review and agree.

2. Background

2.1 At its meeting in September 2016, Council considered and approved an amended paragraph in the CPD framework for consultation.

2.2 The new approach to reviewing records was proposed primarily to improve effectiveness and proportionality of our work as a regulator. Evidence has been collected showing that our current approach does not have the impact on registrant behaviour that we would expect, and changing the approach will have a positive impact on our registrants and their reflection on learning and development activities.

2.3 Secondary to the improvements in our effectiveness as a regulator in encouraging professional behaviours, there are efficiency gains to be made to internal operations as a result of this change.

2.4 The current wording of the CPD framework in paragraph 3.1 set the expectation that all registrants will have their CPD records called and reviewed at least every five years.

2.5 An amended version of paragraph 3.1 was subject to consultation. The amended wording proposed a responsive approach to sampling so that differing sample sizes of registrants could be selected at random. Additional to sampling, we would continue to follow current policy and purposively sample pharmacy professionals who have a history of finding it harder to meet our standards.

3. Discussions of consultation report

3.1 In total, 2,264 written responses to the consultation were analysed.

3.2 In summary:
   i. 95% of respondents found the amended wording to be clear
   ii. 83% of respondents agreed with our approach to sampling
   iii. 86% believed that the standards would not have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups

3.3 We have made a number of drafting changes in light of the responses we received. However, we do not propose any changes to the overall approach to sampling apart from in one way.

3.4 We have made a change to extend the period of exemption from review following successfully meeting CPD requirements from one year to two.

3.5 We have made this change in response to views that the proposal may increase burden on pharmacy professionals, that the period of exemption
from being called again should be extended, and a concern that we may call
people more regularly whilst others less regularly.

3.6 Compared to responses to the yes / no questions, numbers of comments and
questions were relatively low. Respondents leaving comments and questions
raised a range of issues, broadly in five categories:

i. Recommendations for improvements in wording

ii. Queries about areas of policy that were not changing or subject to
consultation

iii. Concerns about additional burden from more regular calls or “real
time” monitoring of records.

iv. Concerns that calls may be less frequent and therefore poor CPD
recording practice may go unnoticed.

v. Questions about how random sampling would be performed and
what evidence informed the decision to move to a sampling approach

3.7 The consultation response report in Appendix 1 sets out what we heard in the
consultation in detail and our responses.

4. **Next steps**

4.1 The CPD framework will be revised to reflect Council’s decision. Depending
on the decision, operational planning will commence for the relevant size of
CPD call in 2017.

5. **Equality and diversity implications**

5.1 There are no equality and diversity implications for the consultation report
itself.

5.2 We have however received some useful data to contribute to the equality
analysis document that was produced for this work. Many of the comments
relating to equality and diversity implications related to enquiries about a
process to seek reasonable adjustments when asked to submit a CPD
record. A policy and process already exists for this, and will not be changing
as a result of the proposed move to sampling.

6. **Communications**

6.1 The consultation analysis will be published on our website.

6.2 Communications with pharmacy professionals will take place in the
December 2016 and February 2017 edition of Regulate. Registrants subject
to a call will also receive personalised communications at the time they are
called to submit their CPD record to us.
7. Resource implications

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

7.2 Although the primary purpose of this change to policy is to improve regulatory effectiveness and proportionality, there are secondary resource savings related to the costs of reviewing records. An estimated saving of £200,000 per year will be made following a change to policy if it is agreed by Council.

7.3 There will be no reduction in the overall time to complete CPD entries for our registrants at this time (these changes will come later through the introduction of simplified recording forms as part of the continuing fitness to practise development programme). However the work to record entries will now be more likely to take place closer to the time of a CPD activity reducing the chance that registrants need to make five years of records in one sitting and improving the quality of reflection on learning activities.

8. Risk implications

8.1 Respondents highlighted the increased risk that a pharmacy professional may go longer without have their CPD record called for review. In part this risk is mitigated by improved risk targeting and will be further mitigated by the further development of systems to undertake automated checks on submission of CPD entries which will be consulted upon at the same time as the broader work around further assuring standards for pharmacy professionals throughout their careers.

8.2 Confidence in the CPD call and review process could be undermined if full consideration is not given to the responses and views we have heard. It is also important that we are able to communicate clearly why Council has made its decisions, as this will assist in communicating and explaining any changes to policy and procedure.

Recommendations

Council is asked to:

(i) note the analysis of the consultation (Appendix 1)
(ii) discuss the key areas of feedback
(iii) agree the revised wording following amendment as a result of the consultation:

“The GPhC may ask you to submit a CPD record for review at any time. We will call in the CPD record of a random sample of registrants each year. If you meet the GPhC’s CPD requirements we will not ask you again for the next two years. In some cases you may be asked to submit your CPD record for review more frequently than this, for example if you have been required previously to undertake remedial measures following a review of your CPD record or if you have a history of poor compliance with any of our standards.”
Osama Ammar, Head of continuing fitness to practise
General Pharmaceutical Council
osama.ammar@pharmacyregulation.org
020 3713 7962

16 November 2016
DRAFT Consultation report

Sampling continuing professional development records for review

November 2016
Consultation report - sampling continuing professional development records for review

About this consultation

This report provides a summary of the responses to the consultation on sampling continuing professional development (CPD) records for review.

The consultation was open for 6 weeks from 19 September to 31 October 2016. We received 2264 written responses to the consultation.

We did not hold any engagement events over the course of the consultation. However, we did develop our proposals in collaboration with our advisory group made up of pharmacy organisations and a patient representative.

We invited all pharmacy professionals, our CPD reviewers and the members of our advisory group to respond to the consultation as well as other individuals and organisations who may be affected by the proposals.
Written responses

We received written responses from 22 organisations and 2242 individuals. The vast majority of individual respondents (2189, around 98 per cent) identified themselves as a pharmacy professional. Around 0.1 per cent (2) indicated they were a member of the public. Just above 0.25 per cent (6) said they were a student and just under 1 per cent (21) said they were a pre-registration trainee. Seventeen respondents described themselves as “other”, including a researcher, a doctor/pharmacist, and a retired pharmacist. The remainder of individual respondents (7, 0.3 per cent) did not indicate the capacity in which they were responding. Around 70 per cent (1528) of those describing themselves as “pharmacy professionals” were pharmacists, while around 30 per cent (654) were pharmacy technicians.

The full list of organisations that responded to the consultation can be found in appendix A.

Analysis

This report summarises the key topics that emerged in the consultation responses. All issues raised in these contributions have been fully taken into account and, where applicable, incorporated into this report. The structure of this report follows that of the consultation document and questionnaire.

The great majority of responses were submitted online using the formal consultation questionnaire. Responses to the yes/no questions have been reported giving both the numbers of responses as well as percentages. Responses to the open questions were analysed using an iterative coding process, which identified themes. The main themes are presented in this report under each relevant question. This approach was also used to analyse the responses that were submitted by email or post, and these too are reported.

It should be noted that whilst there were over 2200 responses to the quantitative, yes/no, questions the number of responses to the qualitative, open, questions was much lower. Therefore the quantitative responses provide a broader context in which the qualitative responses should be considered.

What we heard

Overall, the proposal to use a sampling approach to calling pharmacy professionals’ CPD records was received very positively throughout. However, some concerns were raised, suggestions for further improvements were made and requests for further clarification were submitted as part of the consultation responses. The following section presents key issues raised under each section of the consultation and our response to them.
Clarity

What we proposed

We proposed to amend one paragraph of our CPD framework. Below is the amended paragraph with the proposed new text we consulted upon shown in bold:

“The GPhC may ask you to submit a CPD record for review at any time. Usually, we will call in the CPD records of a random sample of registrants each year. If you meet the GPhC’s CPD requirements we will not ask you again the following year. In some cases you may be asked to submit your CPD record for review more frequently than this, for example if you have been required previously to undertake remedial measures following a review of your CPD record or if you have a history of poor compliance with any of our standards.”

What we heard

1 Is the amended paragraph clear?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of responses</th>
<th>Percentage of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2133</td>
<td>95.14%</td>
</tr>
<tr>
<td>No</td>
<td>109</td>
<td>4.86%</td>
</tr>
<tr>
<td>Total</td>
<td>2242</td>
<td>100%</td>
</tr>
</tbody>
</table>

22 respondents skipped this question.

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

The majority of respondents (95 per cent) felt that the amended paragraph was clear but a number of comments and suggestions for clarification and improvement were also made.

One organisation suggested that the paragraph should set how out random sampling will be performed. While some suggested that the paragraph should state the sample size to be used each year.

Some respondents sought clarity over the following matters:

- the definition of a CPD record
- whether the random sample was of registrants or entries in a CPD record
- the number of CPD entries pharmacy professionals are expected to submit as part of a record
- the frequency of the call for a CPD record
- the notice period for submission of a CPD record
- the length of time a pharmacy professional would not be called to submit a CPD record if they met our requirements
- whether we would be monitoring submissions in real time before they are submitted to us.
Our response

We will amend the wording of the paragraph to read:

“The GPhC may ask you to submit a CPD record for review at any time. We will call in the CPD record of a random sample of registrants each year. If you meet the GPhC’s CPD requirements we will not ask you again for the next two years1. In some cases you may be asked to submit your CPD record for review more frequently than this, for example if you have been required previously to undertake remedial measures following a review of your CPD record or if you have a history of poor compliance with any of our standards.”

The minor amendments to the wording of the paragraph improve clarity and make the language relating to a CPD record consistent with the rest of the CPD framework.

To address the points of clarification raised in the consultation by respondents, below is a summary of requirements that we did not consult upon and have not changed. The CPD framework document as a whole provides clarification on the requirements we set for CPD. If you want to know more about our requirements, please read the CPD framework document:

- Pharmacy professionals must make a minimum of nine CPD entries per year as part of their CPD record. This is an expectation of continued registration as a pharmacy professional.
- When called to submit, a period of six weeks’ notice is given. We will only be able to view a CPD record that has been submitted to us and there will be no live monitoring of submissions.
- The number of entries to submit as part of a CPD record varies based on the date of initial registration or last CPD review (whichever is sooner) but does not exceed five years’ worth of entries.
- It is possible to request extensions or a reduced number of entries as a result of periods away from practice for reasons such as sick leave or parental leave (this is not an exhaustive list) and requests are dealt with on a case by case basis. Gaps in a CPD record should not normally exceed 12 months.

---

1 The increase of the period of exemption is discussed on page 6 and 7
Sampling

What we proposed

We proposed that asking for a random sample of pharmacy professionals to submit their CPD record to review each year should encourage more regular recording of CPD activities. We said it would allow us to introduce more yearly administrative checks over time and focus our attention on pharmacy professionals who may find it harder to meet our requirements.

What we heard

2  Do you agree with our new approach of taking a sample of registrants to review their CPD record?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of responses</th>
<th>Percentage of responses</th>
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<tbody>
<tr>
<td>Yes</td>
<td>1850</td>
<td>82.74%</td>
</tr>
<tr>
<td>No</td>
<td>386</td>
<td>17.26%</td>
</tr>
<tr>
<td>Total</td>
<td>2236</td>
<td>100%</td>
</tr>
</tbody>
</table>

28 respondents skipped this question.

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

The majority of respondents (83 per cent) agreed with our new approach to review the CPD records of a random sample of registrants each year.

However, many respondents who made a comment stated there would be an additional burden placed on pharmacy professionals. Some of these respondents stated that there would be an increase in administrative workload because there would be reduced flexibility over when learning was recorded. Others stated that the work pressures on pharmacy professionals combined with other life pressures made it difficult to record their CPD regularly and they would have to find time in their already busy days. A few respondents suggested increasing the proposed time following successful review of a pharmacy professional’s CPD record to two years or longer to reduce the burden on pharmacy professionals.

Some respondents suggested that poor performance or poor CPD recording habits could go undetected as a result of not necessarily reviewing the records of all pharmacy professionals over a period of time. Whilst others expressed concerns that the pharmacy professionals who are meeting standards could have their records called for review more frequently.

Some stated that they simply preferred CPD records to be called in once every five years.

Some wanted more information about how pharmacy professionals would be selected randomly. And some wanted more information about the evidence we have to suggest that random sampling
would encourage more regular recording. Others suggested that the proposals might encourage less frequent recording of CPD activities because the chances of being called to submit might be lower.

Some said, before we introduce random sampling, we should introduce automated checks on all pharmacy professionals, and complete all our piloting work for our broader changes to how pharmacy professionals will provide further assurance of meeting professional standards.

A few suggested some pharmacy professionals might still only record their CPD entries at the time they were called to submit.

Respondents who agreed with the proposal made the following points:

- Many referred to a positive impact of the proposal to encourage better and more regular recording.
- Some suggested that we use a larger random sample, or call in all pharmacy professionals CPD records regularly and review a sample of them in more detail.
- A few respondents supported our proposal to focus on pharmacy professionals who may have trouble meeting our CPD requirements and asked that we provide further information on where support may be available.

We received feedback on other matters related to CPD and our approach to it. These can be summarised as:

- Simplify the recording approach to reduce burden and prevent repetition in recording CPD entries.
- Reduce the number of entries required for recording each year.
- Improve the recording approach to focus it upon reflection on learning and practice.
- Request a pharmacy professional to submit their CPD record as part of annual renewal of registration.
- Consider introducing a peer discussion component to help validate CPD activities.

On another matter related to impact, we were asked to make explicit our projected savings of circa £200,000 per year if we moved to a sampling approach. This information was made public in a Council paper seeking approval to take our proposals to consultation but the figure was not stated in the consultation document itself.

**Our response**

We have amended the relevant paragraph to allow for a two year period of exemption from calls to submit a CPD record following a successful review. The exemption period would run from the date of the call to submit records and cover the following two calls in successive years. This change was in response to feedback that stated:

- The period should be extended
- Concerns that there may be additional burden on pharmacy professionals as a result of being called to submit every other year
By making this change we will reduce the impact on those who successfully meet CPD requirements and also decrease the total number of pharmacy professionals eligible for random sampling each year and slightly increase the chance of pharmacy professionals who have not been called to submit for some time being selected. This helps address some concerns that we may not identify poor recording practice from pharmacy professionals we have not called recently.

Some respondents suggested that the paragraph should include details of the sample size. We will not include the sample size in the paragraph so that we have the flexibility to respond to evidence and analysis from each call and adapt the sample appropriately. We will not sample less than 2.5% of the register but we may sample more. We will make the sample size for each year public in advance of any call on our website and in Regulate (our newsletter sent to all pharmacy professionals).

Some respondents wanted us to be more explicit about the process we will use to randomly select pharmacy professionals to submit their CPD record. Each year we will take the following steps:

- Take a list of everyone on our register
- Remove the pharmacy professionals who are not eligible to be called to submit. These may be pharmacy professionals on our register for less than a year or who have recently submitted and met our requirements.
- We then determine the sample size and total number of pharmacy professionals to be called.
- We then allocate each eligible registrant a number.
- We then randomly generate a string of numbers and match them to each registrant.

In addition to randomly selecting pharmacy professionals, we will also now call pharmacy professionals who required additional attempts to meet CPD requirements (known as remediation) because we have good evidence to show they are more likely to find it harder to meet our requirements the next time they are called. More than 40 per cent of the pharmacy professionals who previously required remediation needed remediation again during our recent pilot study compared to around 13 per cent of randomly selected pharmacy professionals. We will also continue to call the CPD record of pharmacy professionals who have recently been restored to our register. Over time, we may develop more evidence about the kinds of indicators that suggest a pharmacy professional may find it harder to meet our requirements, such as a correlation between late submission of CPD and poorer performance. We are developing this evidence iteratively and responsively to emerging patterns in our data.

Our intent is to call pharmacy professionals who have had difficulty meeting our requirements more frequently than those who have not and suggest where they can seek additional guidance to improve future performance. To assist pharmacy professionals we will also signpost to the organisations that provide support for CPD activities and recording.

We highlighted in the consultation document that we have plans to introduce further administrative checks for all registrants to ensure CPD is recorded annually. We will consult on these proposals in Spring 2017. We plan to implement in 2018 alongside other changes to our requirements to reflect a new approach to assuring standards for pharmacy professionals throughout their careers. We were pleased to receive suggestions for improvements to our approach that reflect many of the areas we have been exploring over the last two years in research, testing and piloting.

We have committed to making incremental changes to our approach to further assuring standards for pharmacy professionals. We noted the suggestion that we should make all changes to our approach at the same time, however, we believe incremental change will reduce the impact on
pharmacy professionals and allow people affected by the proposals to consider their impact gradually. Also, making this change sooner provides the opportunity to find savings of around £200,000 per year and provide a more proportionate and cost effective regulatory approach.

We have published the sources of evidence that contributed to our development of our approach to further assuring standards for pharmacy professionals, including CPD, on our website. You can find out more about the evidence that has informed our thinking here:

https://www.pharmacyregulation.org/registration/continuing-fitness-practise
Equality analysis

As part of all of our work, we are committed to engaging with people affected by our proposals to understand the impact they may have.

What we heard

3 Are there any aspects of the change we are proposing that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of responses</th>
<th>Percentage of responses</th>
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<tbody>
<tr>
<td>Yes</td>
<td>302</td>
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<tr>
<td>No</td>
<td>1918</td>
<td>86.40%</td>
</tr>
<tr>
<td>Total</td>
<td>2220</td>
<td>100%</td>
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</table>

44 respondents skipped this question. Comments attached to this question are summarised in question four.

4 Do you have any comments on the potential impact of the change to the framework?

The majority of respondents (86%) did not think that the change would have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups.

A few suggested that the process should take into account those who may have limited opportunities to undertake CPD (part-time workers, those who have recently returned to practise, those in non-practising roles).

Some respondents suggested that when we call pharmacy professionals’ CPD records we should take into account external pressures such as sickness, holidays, carer role responsibilities, maternity leave and busy times of the year.

Some respondents stated that regular online recording may be a problem with those who have difficulty accessing a computer or lack of access to the internet.

Our response

We have received some useful feedback during the consultation which will be used to update our equality impact analysis.

All the comments related to equality impact were linked to aspects of our CPD call and review process that we did not consult upon because we did not plan any changes to our policy in this area. We already provide opportunities to request reasonable adjustments to our process including through paper submissions, providing extensions, or reducing the number of entries required as part of a CPD record. These adjustments can be requested in advance and are reviewed on a case by case basis.
We heard that some respondents felt differing locations of work or working patterns may affect their ability to undertake and record CPD. Again, we are not changing our policy in this area. Our CPD requirements apply equally to all pharmacy professionals. They are not changed by factors such as type of pharmacy practice or part-time employment.
Appendix A: Organisations responding

Carters Chemist
Association of Pharmacy Technicians United Kingdom (APTUK)
Ayrshire & Arran APPC
Chilton Chemist Ltd
Co-operative Healthcare
Dispharma Retail Ltd
Dolphins Pharmacy
Heath Pharmacy
HMR CCG
Lo’s Pharmacy Group
National Association Women Pharmacists
National Pharmacy Association
NHS Greater Glasgow & Clyde
Nottingham North and East CCG
Orchard Pharmacy
Pharmacists’ Defence Association
Pharmacy Voice
Rowlands Pharmacy
Royal Pharmaceutical Society
Superdrug
Weldricks Pharmacy
Plus one unnamed organisation
Public business

Corporate Plan update

Purpose
To report to Council on progress against the Corporate Plan 2016/17 at the end of Q2

Recommendation
Council is asked to note and comment on the Corporate Plan report at Appendix 1

1. Introduction
1.1 This paper reports on progress against the Corporate Plan for 2016/17 and provides an update on where initiatives had reached at the end of Q2.

2. Corporate Plan report
2.1 Appendix 1 provides an overview of progress against the Corporate Plan 2016/17. The Corporate Plan for 2016/17 covers the following work streams:
- Embed and continue to refine our new approach to inspection
- Continue making improvements to the quality and timeliness of our fitness to practise cases
- Develop standards and guidance that bring about improvement and reflect the attitudes, behaviours, knowledge and skills pharmacy professionals will need in the future
- Continue to develop a model for continuing fitness to practise (CFtP)
- Use technology to improve the experience of registrants, patients, the public and other stakeholders and to minimise processing costs

3. Equality and diversity implications
3.1 The purpose of this report is to report on Corporate Plan progress. There are no direct equality and diversity implications. Specific work streams for equality and diversity are described within the Corporate Plan update.
4. **Communications**

4.1 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.

5. **Resource implications**

5.1 Resource implications are addressed within the report.

6. **Risk implications**

6.1 The Corporate Plan sets out the external facing work streams that impact on the GPhC’s stakeholders. Without regular monitoring and reporting Council is unable to ensure that the progress is being achieved within the expected timeframes.

**Recommendation**

Council is asked to note and comment on the Corporate Plan report at Appendix 1

*Duncan Rudkin, Chief Executive & Registrar*

*General Pharmaceutical Council*

duncan.rudkin@pharmacyregulation.org

020 3713 7811

24 November 2016
Corporate plan report: quarter 2 2016/17

Key:

<table>
<thead>
<tr>
<th>Initiative Status</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Black ●</td>
<td>Not started</td>
</tr>
<tr>
<td>Red ○</td>
<td>Off track and project at risk</td>
</tr>
<tr>
<td>Amber ●</td>
<td>Minor issues but achievable</td>
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<tr>
<td>Green ●</td>
<td>On track/ completed</td>
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<table>
<thead>
<tr>
<th>Direction of travel</th>
<th>Definition</th>
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<tr>
<td></td>
<td>Rating from last period unchanged</td>
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<tr>
<td></td>
<td>Rating from last period increased (worsened)</td>
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<tr>
<td></td>
<td>Rating from last period decreased (improved)</td>
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</table>
**Priority: Embed and continue to refine our new approach to inspection**

<table>
<thead>
<tr>
<th>What does success look like?</th>
<th>What we will do in 2016/17 to deliver success</th>
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</thead>
<tbody>
<tr>
<td>• An updated inspection model which reflects the views of patients and the public, pharmacy professionals and owners, and the GPhC’s own experience of carrying out inspections</td>
<td>• Consult on the updated inspection model, including the changes to inspection ratings</td>
</tr>
<tr>
<td>• An inspection model that is open and transparent with published inspection reports</td>
<td>• Introduce a flexible inspection cycle based on pharmacy performance and which responds to patient and public concerns</td>
</tr>
<tr>
<td>• A proportionate inspection model where the frequency of inspections is based on pharmacies’ performance and the issues that are most relevant to patient and public safety</td>
<td>• Introduce a formal review mechanism for superintendents and owners who disagree with the inspection judgement given to one of their pharmacies</td>
</tr>
<tr>
<td></td>
<td>• Begin a project to develop and implement the publication of inspection reports</td>
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</table>

<table>
<thead>
<tr>
<th>Key links and assumptions</th>
<th>Embedding equality, diversity and inclusion (EDI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The timetable for our consulting on and publishing inspection reports depends on the timing of new legislation</td>
<td>• Making sure our consultation on the updated inspection model is accessible to anyone wanting to contribute to it</td>
</tr>
<tr>
<td></td>
<td>• Making sure that published inspection reports are accessible to anyone who wants to read them</td>
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<tbody>
<tr>
<td>• Develop operational guidance and work out what resources we will need to deliver the updated inspection model</td>
<td>• Ask for views on an updated inspection model</td>
<td>• Analyse the responses to the consultation and begin implementing the updated model, including the revised ratings</td>
<td>• Finish the preparations and communications for rolling out the full statutory inspection process, including publishing reports</td>
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<tr>
<td></td>
<td>• Pilot the formal review mechanism for superintendents and owners who disagree with inspection judgements</td>
<td>• Introduce the formal review mechanism for superintendents and owners who disagree with inspection judgements</td>
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</table>
As Council is aware, we are currently undertaking detailed work to map out the next steps in the development, refinement and implementation of our approach to the regulation of registered pharmacies. As a result, the activities outlined above have been subsumed into this larger programme of work.

We will report back to Council on the proposed scope and timetable for this work which will include refinements to our inspection model and updating our standards for registered pharmacies. This will take into account the likely timetable for legislative changes and proposed resource requirements going forward.
**Priority: Continue making improvements to the quality and timeliness of our fitness to practise cases**

<table>
<thead>
<tr>
<th>What does success look like?</th>
<th>What we will do in 2016/17 to deliver success</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cases are dealt with in line with our performance standards</td>
<td>• Embed proportionate investigation of concerns raised to achieve efficient closure or referral to a hearing (‘case ready’)</td>
</tr>
<tr>
<td>• Accurate and proportionate decisions are made throughout the FtP process</td>
<td>• Improve stakeholder awareness and understanding of the purpose of ‘fitness to practise’ and how the process works</td>
</tr>
<tr>
<td>• We respond quickly to deal with risks to patient safety</td>
<td>• Review how we work with members of the public who may want to raise concerns and the process we ask them to follow</td>
</tr>
</tbody>
</table>

**Key links and assumptions**

- The review of the threshold criteria
- We will review FtP data when developing our policy and operational approach

**Embedding equality, diversity and inclusion (EDI)**

- Improving the accessibility of the online concerns form by producing updates and making improvements to the website
- Introducing a Welsh language option for submitting concerns
- Analysing FtP outcomes to better understand their impact on EDI

**Outline timetable**

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<tbody>
<tr>
<td>• Day-to-day case supervision, and the investigation planning stage, will reinforce and embed proportionate investigations</td>
<td>• Launch the e-learning FtP tool</td>
<td>• Employers’ guide to raising FtP concerns on the GPhC website</td>
<td></td>
</tr>
<tr>
<td>• Develop an e-learning FtP tool in partnership with Wales Centre for Pharmacy Professional Education (WCPPE)</td>
<td>• Review of the threshold criteria commenced</td>
<td>• Sessions delivered through WCPPE using e-learning FTP tool</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Recommendations to Council as to proposed threshold criteria</td>
<td>• Improve accessibility and clarity of the FtPC process through updating relevant GPhC website information</td>
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<tr>
<td></td>
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<td></td>
<td>• Consultation for threshold criteria</td>
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</table>
Commentary:

The employers guide to raising FTP concerns is now available on the GPhC website and we have received positive feedback from stakeholders about this new guide. In addition, the e-learning FTP tool has been delivered to Welsh secondary care registered pharmacy professionals by WCPPE at the Velindre Cancer Centre, Cardiff to, again, positive feedback.

We continue to review and analyse FTP data to improve the quality and timeliness of fitness to practise cases and to enhance our operational approach. This includes refining our understanding of underlying productivity, performance and trends. We continue to focus on the speed by which we apply for interim orders and refer matters to the Disclosure and Barring Service / Disclosure Scotland – for interim orders we have maintained a median average time for the imposition of an interim order at 2.1 weeks.

Inspection and fitness to practise teams continue to work closely on a range of cases and issues, sharing relevant intelligence, experience and skills. This enables us to progress cases (including the most high profile and complex cases) efficiently, effectively and proportionately. Close working has also supported ongoing case progression, despite the PR(FtP) team experiencing personnel turnover during this quarter. Whilst the number of concerns we received during this period increased, we continue to focus on improving the timeliness of our fitness to practise process and on refining our proportionate regulatory approach.

The review of the threshold criteria continues to progress in line with the project timetable, and a draft proposal for the reviewed criteria will be with the Council for consideration in December 2016 and, after that for consultation from January 2017.

A Welsh language option for the online concerns form was introduced in January 2016. This quarter, we have implemented enhanced feedback procedures throughout the fitness to practise process, including in Welsh, for a range of customers.
## Priority: Develop standards and guidance that bring about improvement and reflect the attitudes, behaviours, knowledge and skills pharmacy professionals will need in the future

### What does success look like?
- A revised set of professional standards describing how safe and effective care is delivered through person-centred professionalism
- Guidance that gives practical information and advice to help pharmacy professionals meet our standards
- A revised set of regulatory standards for educating and training pharmacists, pharmacy technicians, unregistered pharmacy support staff and pharmacist prescribers
- Standards that meet the public’s expectations and reflect professional values
- A high level of awareness and understanding of the standards among the public, professionals, educators, students, trainees and other relevant stakeholders

### What we will do in 2016/17 to deliver success
- Finish the review of our standards of conduct, ethics and performance – consulting on and agreeing our new standards for pharmacy professionals
- Begin a review of the guidance needed to support the professional standards
- Set rules and guidance for language competence and indemnity arrangements
- Review standards for the initial education and training of the pharmacy team
- Run a programme of engagement and consultation
- Plan and deliver the strategic communications involved with bringing in the new standards

### Key links and assumptions
- Links to the education reform programmes in the countries of GB, especially over the timing of implementation
- Links to the review of National Occupational Standards (NOS) for Pharmacy Services led by Skills for Health
- Discuss the new standards for pharmacists with the Pharmaceutical Society of Northern Ireland so that they are implemented across the UK (not just GB)
- Professional standards will provide the framework against which registrants’ continuing fitness to practise is to be assured

### Embedding equality, diversity and inclusion (EDI)
- The content of the standards must deal with the relevant issues – including, for example, professional duties – in terms of EDI
- The content must reflect the needs of the countries of GB
- Take an inclusive approach to engagement and consultation while we are developing the standards
- Carry out equality analysis for standards development work
### Outline timetable

|----------------|--------------------|-----------------------|-------------------|
| • Consult on revised standards for pharmacy professionals  
  • Consult on revised standards for the initial education and training of pharmacy technicians  
  • Consult on revised training requirements for unregistered pharmacy support staff | • Review the consultation responses and produce final drafts of standards  
  • Begin engagement on revised standards for the initial education and training of pharmacists | • Revised standards for pharmacy professionals to be launched by October 2016  
  • Revised standards for the initial education and training of pharmacy technicians to be approved in November 2016  
  • Revised training requirements for unregistered pharmacy support staff to be approved in November 2016  
  • Engage on standards for the education and training of independent prescribers, and for the accreditation and recognition of pharmacy courses and non-EEA pharmacists | • Implement and continue to communicate about the standards for pharmacy professionals  
  • Draft standards for the initial education and training of pharmacists and independent prescribers, and for the accreditation and recognition of pharmacy courses and of non-EEA pharmacists wanting to register in Great Britain |

### Commentary

**Review of standards for pharmacy professionals**

The GPhC launched a consultation on draft standards for pharmacy professionals in April 2016. The consultation ran for 12 weeks and closed on 27 June 2016. This consultation was the largest and most successful consultation the GPhC has held since coming into operation. A wide variety of communication channels were used to maximise participation in the consultation across a diverse range of stakeholder groups, and both general and targeted engagement were used to reach all potential audiences. A total of 1,295 responses were received from individuals and organisations through our online response form, email and by post. In addition, we discussed the standards in 35 events held across Great Britain, engaging with 378 patients and members of the public and 1,279 pharmacy professionals. In September 2016, Council noted the report of the consultation on the standards for pharmacy professionals and discussed a number of drafting changes in light of the responses we received. The draft standards were agreed by Council in October 2016 to come into affect from May 2017. We are now reviewing the guidance needed to support the professional
Review of standards for the initial education and training of pharmacy technicians
We have developed a draft set of standards which have taken into account various pieces of research commissioned by us and others and the views of pharmacy stakeholders, who worked with us to produce the draft and provided a valuable sounding board during the development process. There has been a delay to this consultation as during the drafting process, we discovered that we needed further time to consider the format of the new standards to ensure they are consistent with the other standards we produce. We will now be consulting on the draft standards from Q3 with the aim of presenting a final set of standards to Council in mid 2017 for approval.

Review of training requirements for unregistered pharmacy support staff
As part of our work to review the initial education and training standards for pharmacists, pharmacy technicians and independent prescribing, we think it is right to look at the education and training of the unregistered pharmacy staff as a key part of the pharmacy team. We have undertaken initial scoping and background research and we are keen to further explore this important area of work through a programme of pre-engagement with stakeholders. We will be testing concepts in advance of any consultation, as part of our engagement on registered pharmacies. The aim is to launch a revised approach in the summer of 2017.

Review of standards for the initial education and training of pharmacists
The engagement on standards for the initial education and training of pharmacists has been slightly delayed given the focus on the standards for the initial education and training of pharmacy technicians. We will begin pre-consultation engagement in Q3. This does not delay the production of a draft set of standards for consultation in 2017.

Rules and guidance for language competence and indemnity arrangements
We consulted for 12 weeks on amendments to rules in relation to indemnity and language competence, and draft guidance on evidence of English language skills. Both of these consultations closed on 17 December 2015. Council made the rules and agreed the guidance in September 2016. The delay was due to awaiting clearance of the rules by the Department of Health. The rules will come into force on 21 November 2016.
Priority: Continue to develop a model for continuing fitness to practise (CFtP)

<table>
<thead>
<tr>
<th>What does success look like?</th>
<th>What we will do in 2016/17 to deliver success</th>
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<tbody>
<tr>
<td>• Additional assurance for patients and the public that registrants are fit to practise from the introduction of an additional quality assurance process – a model for CFtP</td>
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<tr>
<td>• A high level of awareness and understanding of the CFtP model by registrants</td>
<td>• Pilot and evaluate a proposed model for CFtP with registrants, employers of registrants and potential partner organisations</td>
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<tr>
<td></td>
<td>• Test, evaluate and consult on potential improvements to the present CPD (continuing professional development) processes and requirements</td>
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<td>• Prepare proposals for consultation in 2017/18</td>
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**Key links and assumptions**
- Linked to the review of standards for pharmacy professionals, which will be the core standard for CFtP
- Linked to our work to improve efficiency and effectiveness across our regulatory processes
- Collaborative working with partner organisations

**Embedding equality, diversity and inclusion (EDI)**
- The model must reflect the needs of diverse registrant populations
- CFtP must reflect the needs of the countries of GB by being adaptable to the different practice settings in those countries
- Take an inclusive approach to engagement and consultation when developing policy

**Outline timetable**

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<tr>
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<tbody>
<tr>
<td>• Piloting the proposed model</td>
<td>• Piloting the proposed model</td>
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<tr>
<td></td>
<td>• Planning improvements to the present CPD processes and requirements</td>
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<td></td>
<td>• Evaluating the impact of the pilot</td>
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<tr>
<td></td>
<td>• Consulting on improvements to the present CPD processes and requirements</td>
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<td>• Evaluating and preparing draft consultation materials</td>
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## Commentary

The work programmes continue to run on time and within budget. There have been no significant issues in the development programme and feedback from stakeholders remains positive.

The period of piloting of the new approach is almost at an end and an independent evaluation has begun.

The consultation on amending our approach to calling in records for CPD for review is underway and early analysis suggests high levels of agreement with the proposals.

Several areas of efficiency and effectiveness gains have been made ranging from the significant impact on operational budgets from moving to a sampling approach to calling and reviewing records, combining events to launch the pilot with those for standards for pharmacy professionals, using in-house templates and making savings on design costs for consultation documents.

Integration of the work programme with the development of standards for pharmacy professionals and emerging plans for transformation of services has progressed well. It is planned that implementation of new arrangements for CFtP will be managed through the transformation programme for the most part.

Impact assessment is ongoing, however, specific attention has been paid in piloting and consultation in this year to understanding the impact of proposals on people with protected characteristics as well as proxy indicators for protected characteristics.
### Priority: Use technology to improve the experience of registrants, patients, the public and other stakeholders and to minimise processing costs

<table>
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<tr>
<th>RAG</th>
<th>Direction of travel</th>
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#### What does success look like?
- An improved online experience for registrants, patients and the public, and other stakeholders
- Processing costs are kept as low as possible

#### What we will do in 2016/17 to deliver success
- Develop registrant online services
- Review our website requirements

#### Key links and assumptions
- The delivery of online services is linked to the delivery of ICT infrastructure improvement projects to upgrade our base CRM platform
- The delivery of online services will follow end to end redesign of all of our Customer Service processes, our triage processes, and improvements to our workflows associated with the Public Raising Concerns

#### Embedding equality, diversity and inclusion (EDI)
- Improve the accessibility of our online services
- Make sure we meet Welsh language requirements
- Wholesale redesign of our public facing website pages to ensure that our services, content and data is fully accessible

#### Outline timetable

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<thead>
<tr>
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<tbody>
<tr>
<td>Develop our new high level registrant and customer journeys</td>
<td>Carry out an independent review of our IT architecture, IT processes and IT capabilities</td>
<td>Review our website requirements</td>
<td>Draft tender document for website requirements</td>
</tr>
<tr>
<td>Develop a business case for transformation being clear about the phasing and timing of each phase of work</td>
<td>Review our current registrant processes (as-is)</td>
<td>Review our legislative framework</td>
<td>Select an IT partner who can build the web side of our online registrant portal</td>
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<tr>
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<td></td>
<td>Specifying our requirements for an IT delivery partner</td>
<td>Develop our detailed requirements for an enhanced Concerns Portal</td>
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</table>
## Commentary

The transformation programme is delivering to plan as described above, the procurement of an IT partner is critical to the delivery of the Online Registrant Portal as is the selection of a partner to develop the public facing website (these may be the same partner), but it is equally important that the underlying IT infrastructure is in place within the GPhC to interface to the Online Portal and Website Services, we are currently aligning the IT function and transformation programme plans.

It will soon become critical to identify additional business analyst resources to support the end to end redesign of business processes and it is also important to secure the expertise of an external procurement person.

There are have been no pressing issues during the period, the review of the IT infrastructure has taken longer than planned, but is not on the critical path.

The programme is within budget.

The linkages between the programme and BAU (including IT) are understood and are being managed.

There has been some feedback from staff who will be impacted by transformation that they feel uncertain about the future job security this is being managed through communications and Q&A being prepared by HR.
Public business

Appointments Committee eligibility

Purpose
To confirm eligibility requirements for membership of the Appointments Committee

Recommendations
The Council is asked to agree that the eligibility requirements for the Appointments Committee should mirror those for the statutory committees.

1. Introduction
1.1 The Council agreed an updated role and remit for the Appointments Committee (AC) and its chair in July this year. To summarise, the AC:
   i. selects and appoints appropriate persons to serve as members of the GPhC’s statutory committees;
   ii. where appropriate, suspends or removes them from office; and
   iii. oversees procedures for their training, development, performance review and appraisal.

1.2 The chair and two of the committee members must be lay, while other two members must be registrants, but the precise meaning of “lay” and “registrant” was not defined, and is not defined elsewhere.

1.3 Our legislation contains a definition of “registrant” and “lay” for statutory committee members (as well as for Council members), together with other provisions relating to eligibility (see Appendix 1) but is silent on such matters for other associate groups.

2. Issues to consider
2.1 As shown at Appendix 1, our legislation requires that lay members of the statutory committees (like lay members of Council) must not:
   i. be, or ever have been, entered in the register of any regulatory body that authorises persons to practise as a member of a health or social care profession
ii. hold qualifications which would entitle them to apply for registration under the Pharmacy Order;

and that registrant members must be registered pharmacists or pharmacy technicians.

2.2 It also requires that members and employees of the Council may not be statutory committee members, and that former members of Council may not apply to be members of a statutory committee unless they have not held office on council for four years prior to the date of their application.

2.3 Beyond that, it contains a number of standard exclusions (for example, unexpired suspensions or removals by the Council or other licensing bodies, unspent convictions, undischarged bankruptcy, etc.)

2.4 Given that the Appointments Committee appoints the members of the statutory committees, it seems appropriate that its members should be subject to the same definitions and restrictions as those in force for statutory committee members whom it appoints.

3. **Equality and diversity implications**

3.1 We have considered the potential impact of this proposal on all the protected characteristics. We have not identified any potential negative impact.

4. **Communications**

4.1 Once agreed, the process will be communicated to AC members, and will be detailed in the recruitment information pack for all ensuing Appointments Committee recruitment (including the imminent recruitment for a new Chair).

5. **Resource implications**

5.1 No resource implications, positive or negative, have been identified.

6. **Risk implications**

6.1 The credibility and independence of AC members is key to ensuring public confidence in the appointment and performance management of the GPhC’s statutory committees, and thus in their ability to produce robust, high quality outcomes.

**Recommendations**

The Council is asked to agree that the eligibility requirements for the Appointments Committee should mirror those for the statutory committees.

*Elaine Mulingani, Associates & Partners Manager, General Pharmaceutical Council*

Elaine.mulingani@pharmacyregulation.org, Tel 020 3713 7817

23 November 2016
Relevant legislative provisions

A) The Pharmacy Order 2010

3(1)…
“registrant” means a registered pharmacist or a registered pharmacy technician;
“regulatory body” means a regulatory body which has the function of authorising persons to practise as a member of a health or social care profession;”

B) The General Pharmaceutical Council (Statutory Committees and Their Advisers Rules) Order of Council 2010

“Interpretation
2. In these Rules:-
…“lay member” means a member of a statutory committee who is not, and has never been, entered in the register of any regulatory body and does not hold qualifications which would entitle them to apply for entry in the Register under the Order;
…..
“registrant member” means a member of a statutory committee who is a registrant;”

…..

Eligibility of members and former members of the Council for appointment to statutory committees
7.—(1) Members of the Council may not be appointed to any of the statutory committees.
(2) Former members of the Council may be appointed to one of the statutory committees, provided that they have not held office as a member of the Council for a period of four years prior to the date of application for membership of the relevant statutory committee.

Eligibility of employees of the Council and other persons for appointment to statutory committees
8.—(1) An employee of the Council may not be appointed to any of the statutory committees.
…..
(3) A person may not be appointed to a statutory committee if that person—
(a) has at any time been subject to any investigation or proceedings concerning that person’s professional conduct (including fitness to practise) conducted by any licensing body, other than the Council, the final outcome of which was—
(i) the person’s suspension from a register held by that licensing body, and that suspension has not expired or been terminated,
(ii) the person’s erasure from a register held by that licensing body or a decision that had the effect of preventing the person from practising the profession licensed or regulated by that licensing body, or
(iii) a decision that had the effect of only allowing the person to practise that person’s profession subject to conditions, and those conditions have not expired or been terminated;
(b) has at any time been subject to any investigation or proceedings concerning that person’s professional conduct (including fitness to practise) by the Council, the final outcome of which was—
(i) the person’s entry in the Register, or part of the Register, was suspended (including by an interim suspension order), and that suspension has not expired or been terminated,
(ii) the person’s entry in the Register, or part of the Register, was removed, or
(iii) the person’s entry in the Register, or part of the Register, was made subject to an order imposing conditions with which the person must comply (including an order for interim conditional entry), and those conditions have not expired or been terminated;
(c) has at any time been subject to any investigation or proceedings relating to an allegation that the person’s entry in the Register, or part of the Register, was fraudulently procured—
(i) in the course of which the person’s entry in the Register, or part of the Register, was suspended, and that suspension has not expired or been terminated, or
(ii) the final outcome of which was the removal of the person’s entry from the Register, or part of the Register;
(d) has at any time been subject to any investigation or proceedings concerning the person’s professional conduct (including fitness to practise) by—
(i) the Council, or
(ii) any other licensing body,
and the Appointments Committee is satisfied that the person’s membership of a statutory committee would be liable to undermine public confidence in the regulation of pharmacists or pharmacy technicians;
(e) has at any time been convicted of an offence—
(i) in the United Kingdom where the final outcome of the proceedings was a sentence of imprisonment or detention, and the conviction is not spent,
(ii) in the United Kingdom where the final outcome of the proceedings was not a sentence of imprisonment or detention, the conviction is not spent, and the Appointments Committee is satisfied that the person’s membership of a statutory committee would be liable to undermine public confidence in the regulation of pharmacists or pharmacy technicians, or
(iii) outside the United Kingdom and the Appointments Committee is satisfied that the person’s membership of a statutory committee would be liable to undermine public confidence in the regulation of pharmacists or pharmacy technicians;
(f) has received a caution for a criminal offence in the United Kingdom and the Appointments Committee is satisfied that the person’s membership of a statutory committee would be liable to undermine public confidence in the regulation of pharmacists or pharmacy technicians;
(g) has at any time been included in—
(i) any barred list within the meaning of the Safeguarding Vulnerable Groups Act 2006(a), or
(ii) any barred list within the meaning of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007(b),
unless that person was removed from the list either on the grounds that it was not appropriate for that person to have been included in it or as the result of a successful appeal;
(h) is included in the children’s list or the adults’ list maintained under the Protection of Vulnerable Groups (Scotland) Act 2007(c);
(i) has at any time been adjudged bankrupt, or sequestration of the person’s estate has been awarded, and—
(i) the person has not been discharged, or
(ii) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986(a) or Schedule 2A to the Insolvency (Northern Ireland) Order 1989(b) or sections 56A to 56K of the Bankruptcy (Scotland) Act 1985(c), and the Appointments Committee is satisfied that the person’s membership of a statutory committee would be liable to undermine public confidence in the regulation of pharmacists or pharmacy technicians;
(j) is a person to whom a moratorium period under a debt relief order under Part VIIA of the Insolvency Act 1986 (debt relief orders) applies, or is the subject of a debt relief restrictions order or an interim debt relief restrictions order under Schedule 4ZB to that Act(d) (debt relief restrictions order and undertaking),
and the Appointments Committee is satisfied that the person’s membership of a statutory committee would be liable to undermine public confidence in the regulation of pharmacists or pharmacy technicians;

(k) is subject to—

(i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986(e),

(ii) a disqualification order under Part II of the Companies (Northern Ireland) Order 1989(f),

(iii) a disqualification order or disqualification undertaking under the Company Directors Disqualification (Northern Ireland) Order 2002(g), or

(iv) an order made under section 429(2) of the Insolvency Act 1986(h) (disabilities on revocation of a county court administration order);

(l) has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners, the Charity Commission, the Charity Commission for Northern Ireland or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity—

(i) for which that person was responsible or to which that person was privy, or

(ii) which was contributed to, or facilitated by, that person’s conduct;

(m) has at any time been removed from being concerned with the management or control of any body in any case where removal was by virtue of—

(i) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(i) (powers of Court of Session to deal with management of charities), or

(ii) section 34(5)(e) of the Charities and Trustees Investment (Scotland) Act 2005(j) (powers of Court of Session);

(n) has at any time been removed from office as the chair, or a member, convenor or director, of any public body on the grounds that it was not in the interests of, or conducive to the good management of, that body that the person should continue to hold that office; or

(o) has at any time made a composition or arrangement with, or granted a trust deed for, the person’s creditors and the person has not been discharged in respect of it.
Public business

Engagement and communications report

Purpose
To keep the Council abreast of engagement and communications with stakeholders via a quarterly report.

Recommendations
The Council is asked to note this paper.

1. Introduction
1.1 This report outlines key communications and engagement activities in the last quarter and highlights upcoming events and activities.

2. Seminar on understanding issues relating to ethnicity and academic performance
2.1 On 10 October 2016 we held a seminar in central London, chaired by Nigel Clarke, to explore the factors influencing the disproportionality in the academic performance of Black-African students.
2.2 We brought together key stakeholders, including academics, pharmacy professionals, pharmacy students, and representatives of professional bodies, to discuss how to address these factors and enable all students and trainees to fulfil their potential.
2.3 Our keynote speaker, Professor Uduak Archibong, who heads the Institute for Diversity and Inclusion for the University of Bradford, spoke on how to design systems and institutions to embed equality and diversity and called on leaders across pharmacy to consider what actions they could take in their own organisations.
2.4 The research team from OPM, who led the research project commissioned by the GPhC on factors influencing the performance of Black-African trainees in the registration assessment, presented their findings to delegates.
2.5 Kirsty White, Assistant Director of Education and Standards at the General Medical Council, then presented the key findings so far from their ongoing programme of work to build a greater understanding of differential attainment in candidates training as doctors. Kirsty’s presentation emphasised that the issues identified in pharmacy education and training are also seen in medical education and training and in other areas of higher education. Similar factors influencing performance are also being identified, including BME candidates finding it problematic to form effective relationships with senior colleagues and perceptions of bias in recruitment and assessment.

2.6 Delegates were asked to discuss in workshops what issues the findings of the research raised for them and their organisations, and what further actions they could take to address the issues experienced by BME candidates. What emerged from the discussions was that a broad-based and multi-pronged approach and some targeted interventions could begin to help improve the experiences and performance of all students. Among the interventions discussed were engaging students early on to build confidence and competence in communication and promoting structural inclusiveness and diversity at the institutional level.

2.7 A full report of the event, including presentations, is available on the GPhC website.

3. Seminar on professionalism under pressure
3.1 Over 60 delegates, including pharmacy professionals in a range of roles and leaders from organisations both within and outside pharmacy, came together in central London on 18 October for a GPhC seminar on professionalism under pressure.

3.2 The seminar, which was chaired by Professor Nairn Wilson CBE, aimed to build a greater understanding of issues relating to workplace pressures within pharmacy and in other parts of healthcare, and to discuss how these issues could be addressed by individuals and organisations across the sector.

3.3 Professor Michael West, Head of Thought Leadership at The King’s Fund, gave the keynote address, which focused on creating cultures, leaders and teams that help to deliver high-quality, continually improving and compassionate care.

3.4 Hugh Simpson then gave a presentation which focused on why it is important for the GPhC to understand what is happening within pharmacy in relation to professionalism under pressure and what actions we have taken so far, and will take in the future, in response to the issues raised.

3.5 Key priorities identified by delegates participating in the workshops included:
   - Developing a culture within pharmacy which supports and empowers professionals to successfully balance pressures so they can act in the...
best interests of their patients, and to feel confident in raising concerns if quality of care is compromised

- Improving communication between all levels of an organisation and developing a shared focus on continually improving the care provided to patients and the public
- Moving away from inappropriate targets and making sure that targets focus on quality of care and patient needs.

3.6 A full report of the event, including audio recordings of speakers and slide presentations, is available on the GPhC website.

4. **Registration assessment, September 2016**

4.1 The results of the September registration assessment were published on the GPhC’s website on 28 October 2016 and highlighted to the pharmacy trade media through a press release.

4.2 The Communications team worked closely with the Education and Registration teams to provide further information to trainees in relation to the pass mark, in response to specific queries from those who failed the assessment and from the media.

5. **Strategic plan 2017-19**

5.1 The GPhC’s strategic plan 2017-19 was laid before the UK and Scottish Parliaments in November 2016 and shared with key stakeholders via email.

6. **New requirements on English language skills and indemnity arrangements**

6.1 New requirements for all pharmacy professionals in relation to their competence in English language and their indemnity arrangements came into effect on 21 November 2016, when the necessary legislative changes came into force.

6.2 All key stakeholders have been informed of these changes to requirements through a digital information campaign which signposted people to relevant online resources.

6.3 Tailored emails were sent in advance of 21 November to key stakeholders including employers, locum agencies, indemnity providers and consultation respondents. Patient organisations received emails advising them of the new requirements on 21 November. The changes are also being promoted to registrants through the next edition of Regulate and social media.
7. **Discussion document on supervising pharmacist independent prescribers in training**

7.1 This discussion document has now been published on our website and we are seeking views during an eight week period.

7.2 Targeted approaches have been made to a number of key stakeholders, including representative bodies in pharmacy and in health and other regulators, highlighting the proposed changes and seeking meetings to discuss the proposals where appropriate.

7.3 More general approaches have been made to prescribers currently on the register, course providers and employers seeking views, and the discussion document is also being promoted through the next edition of Regulate and social media.

8. **Consultation on the future of health professional regulation**

8.1 We have continued to engage in constructive discussions with DH officials and the chief executives and policy leads in the other professional regulators and the PSA, ahead of the anticipated Department of Health consultation on the future of health professional regulation.

8.2 Nigel Clarke has also written to Philip Dunne, Minister of State at the Department of Health, to request a meeting to discuss the key issues that will be explored through the consultation.

9. **Recent meetings**

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

9.2 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.

10. **Upcoming events and activities**

Please contact Laura Oakley, Stakeholder Engagement Manager, if you would like to attend any of these events:

10.1 **Consultation on personal values, beliefs and religion: focus groups with patients and the public** Focus groups with patients and the public will be held in England, Scotland and Wales during this 12 week consultation. Dates and locations are still being confirmed and will be shared with council members shortly.

10.2 **Meetings and events for the consultation on the standards of initial education and training for pharmacy technicians**: A significant number of events and meetings are being planned with stakeholders across Great
Britain during this consultation. Please contact Laura Oakley for further details if you would like to attend one of these meetings.

10.3 **Primary and Community Care Pharmacy Network (PCCPN) Development Day:** Hugh Simpson is giving a presentation on the future of pharmacy regulation at the PCCP Network Development Day on 29 November 2016. Members of the network work in a wide range of primary and community health services including in-patient services, community nursing, school health, outreach teams, residential and day care and community clinics.

11. **Equality and diversity implications**

11.1 We are working to embed equality, diversity and inclusion in all of our communications and engagement activities. A key commitment is to effectively engage with a diverse range of audiences and to make sure our events and other engagement activities are as accessible and inclusive as possible.

11.2 This commitment was demonstrated at the two seminars we held in October, where we prioritised inviting representatives from those groups affected by the issues, including BME students and trainees for the education seminar, and pharmacists working in a range of roles (including locums) for the professionalism under pressure seminar.

**Recommendations**

The Council is asked to note this paper.

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*General Pharmaceutical Council*  
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24 November 2016
List of meetings

Listed below is a non-exhaustive selection of significant meetings held during the two months since the last Chief Executive and Registrar’s report to Council.

Initials are as follows: Nigel Clarke (NC), Duncan Rudkin (DR), Hugh Simpson (HS), Claire Bryce-Smith (CBS):

Chair (Nigel Clarke):

- GPhC Seminar: Understanding issues relating to ethnicity and academic performance (with DR, HS, CBS)
- Rebalancing Programme Board meeting (with DR)
- Pharmacy Business Awards
- Association of Pharmacy Technicians Event: Pharmacy in Healthcare – Pharmacy Technician Models of Practice Leading the Way (with HS)
- GPhC Seminar: Professionalism under pressure (with DR, HS, CBS)
- Meeting with President & Chief Executive, Royal Pharmaceutical Society (with DR)
- Association of Independent Multiple Pharmacies Annual Dinner
- Meeting with Chair, English Pharmacy Board and Director of Professional Development & Support, Royal Pharmaceutical Society (with DR)
- Meeting with President, Association of Pharmacy Technicians UK (with DR)
- King’s Fund Annual Reception

Staff:

- Meeting with Chief Executive, Nursing & Midwifery Council (DR)
- Chief Pharmacist, National Pharmacy Association (CBS)
- Meeting with Director & Assistant General Secretary, Pharmacists Defence Association (CBS)
- Meeting with Chief Executive, Royal Pharmaceutical Society (DR)
- King’s Fund Event: The role of pharmacy as a community asset (HS)
- Meeting with Chief Pharmaceutical Officer Wales (DR)
- Chief Executives Steering Group meeting (DR)
- Health Education England Pharmacy Advisory Group meeting (HS)
- Chief Executives Legislation Group meeting (DR & HS)
- Welsh Chief Pharmacists Group meeting (CBS)
- Meeting with National Director of Notifications, Australian Health Practitioner Regulation Agency (HS)
• Regulation of General Practice Programme Board meeting (CBS)
• GPhC Seminar: Understanding issues relating to ethnicity and academic performance (DR, HS, CBS with NC)
• Rebalancing Programme Board meeting (DR with NC)
• Meeting with President & Vice President, British Pharmaceutical Students Association (DR)
• Association of Pharmacy Technicians Event: Pharmacy in Healthcare – Pharmacy Technician Models of Practice Leading the Way (HS with NC)
• GPhC Seminar: Professionalism under pressure (DR, HS, CBS with NC)
• Meeting with President & Chief Executive, Royal Pharmaceutical Society (DR with NC)
• Pharmacy Schools' Council meeting (HS)
• Meeting with Chief Executive, Professional Standards Authority (DR)
• Annual Regulation Conference (DR)
• Meeting with Chair, English Pharmacy Board and Director of Professional Development & Support, Royal Pharmaceutical Society (DR with NC)
• Meeting with Chief Pharmaceutical Officer England (DR)
• Meeting with Director of Scrutiny & Quality, Professional Standards Authority (CBS)
• Meeting with President, Association of Pharmacy Technicians UK (DR with NC)
• Wharfability Group meeting – Speaking (DR)
• Meeting with Deputy Director, Professional Regulation Branch (DR)
• Primary & Community Care Pharmacy Network: Professional Development Day – Speaking (HS)
• Royal Pharmaceutical Society Report Launch - Improving Care for people with Long Term Conditions (DR)
• Health and Social Care Regulators Forum meeting (DR)