## Public business

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## Confidential business

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| 14. | Declarations of interest  
*Confidential items* | All               |
| 15. | Minutes of last meeting  
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| 19. | Any other confidential business | Nigel Clarke      |

### Date of next meeting

Thursday, 06 July 2017
Minutes of the Council meeting held on Thursday, 6 April 2017 at 25 Canada Square, London at 10:15am

TO BE CONFIRMED 11 MAY 2017

Minutes of the public session

Present

Nigel Clarke (Chair)    Evelyn McPhail
Mary Elford            Arun Midha
Digby Emson           Berwyn Owen
Mark Hammond          David Prince
Jo Kember             Samantha Quaye
Alan Kershaw          Jayne Salt
Elizabeth Mailey

Apologies

Mohammed Hussain

In attendance

Duncan Rudkin (Chief Executive & Registrar)
Matthew Hayday (Head of Governance)
Claire Bryce-Smith (Director of Inspection and Fitness to Practise)
Hugh Simpson (Director of Strategy)
Vivienne Murch (Director of Organisational Development and Equality, Diversity and Inclusion)
Lyn Wibberley (Chief of Staff)
Laura McClintock (Head of Policy and Standards)
Osama Ammar (Head of Revalidation)
Lord Kirkwood of Kirkhope (Chair of the Continuing Fitness to Practise Advisory Group)
Rachael Oliver (Head of Communications)
Helen Dalrymple (Council Secretary)
1. Attendance and introductory remarks
   1.1. The Chair welcomed Jayne Salt (JS) and Elizabeth Mailey (EM) to their first meeting as Council members.

2. Declarations of interest
   2.1. Council agreed that members would continue to make any declarations of interest before each item rather than at the start of the meeting.

3. Minutes of the last meeting
   3.1. The minutes of the public session held on the 16 March 2017 were confirmed as a fair and accurate record.

4. Actions and matters arising
   4.1. Council noted that the actions at minute 113.3. and 113.4. had been signed off by the Chair following re-drafting. The Business Plan 2017-20 would be circulated to members that week.
   4.2. Reference minute 114.4.; an update to Council on the scheduling of hearings, would be circulated in September.
   4.3. Council asked when dates would be set for meetings of the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG). Duncan Rudkin (DR) assured members that these would be decided following a meeting later that week.

5. Standards for pharmacy professionals: additional consultation
   5.1. The Chair advised members that they should take into account during this item section 2 of item 8 on the agenda; the Engagement and Communications Report. This section covered engagement events with stakeholders, pharmacy professionals and the public about the consultation and there was no need to cover them twice in the meeting.
   5.2. The Chair noted that he had received a letter from Mohammed Hussain (MHu) on this item and it was circulated to members. MHu had sent his apologies for the meeting.
   5.3. Laura McClintock (LM) presented paper 17.04.C.01 which provided Council with a report on the feedback from the consultation relating to the proposed changes to the examples under Standard 1 of the new standards for pharmacy professionals.
5.4. LM highlighted that there had been a rigorous process of engagement with stakeholder events and focus groups as well as the online survey, and one to one meetings with 29 different groups.

5.5. The Equality Impact Assessment had guided thinking around the consultation process, it had informed understanding of equality issues, identified trends that applied to people who shared protected characteristics and enabled an understanding of the impact the consultation’s proposals may have on them.

5.6. The legal framework of equalities and human rights legislation had been thoroughly reviewed before the consultation and tested against external legal opinion. Council noted that emergency hormonal contraception was not an abortifacient as defined in legislation.

5.7. The position of other healthcare regulators including the General Medical Council (GMC) had been reviewed as part of the consultation and the proposed guidance was found to be in line with these.

5.8. Digby Emson (DE), Jo Kember (JK), Elizabeth Mailey (EMa) and Evelyn McPhail (EMc) all declared an interest as registrant Council members. Mark Hammond (MHa) declared an interest as a former employee of the Equality and Human Rights Commission, who had commented on the standards.

5.9. Council discussed the differences in response to the consultation between the quantitative and qualitative analysis. The qualitative analysis was mainly around organisations’ responses rather than individual responses. Quantitative analysis identified responses in terms of protected characteristics which was not possible for organisational responses. Many of these did not commit to a view as they had a diverse membership but did provide helpful feedback.

5.10. LM took Council through the high level findings of the consultation. Pharmacy professionals were more likely to support the approach than the public who responded to the consultation. The majority of the public that responded to the survey objected to the proposals while those in focus groups overwhelmingly supported them. Pharmacy organisations tended to be in agreement.

5.11. Those who agreed with the recommendations spoke along themes of person-centred, non-judgemental care and professionalism. Those against were concerned that registrants may have to act against their conscience, and would be more likely to face discrimination from employers. The language of ‘a duty to dispense’ had been misunderstood in many cases and misquoted in the press.

5.12. Council asked whether locums had indicated any concerns in consultation responses about being treated differently by employers. LM replied that there had not been any feedback beyond how they would make arrangements with employers.

5.13. Members discussed the matter of other regulators’ guidance and Hugh Simpson (HS) confirmed that the proposals were in line with these and consistent with the approach of putting the patient first. There was strong evidence that this approach sat well with person-centred care following reassurance from pharmacy organisations and professions.

5.14. Council noted that the European Human Rights Commission (EHRC) had confirmed that they had no recommendations to change the standards.

5.15. Council discussed the fact that patients had their own values and beliefs that could affect their treatment and that professionals should be sensitive to those. It was noted that personal values and beliefs could also have a positive effect and this should not be forgotten in the tone of any guidance.
5.16. Council emphasised the importance of operating within the legal framework and following the law. Communications should be explicit and unapologetic about this.

5.17. Should the law change around euthanasia or assisted suicide, for example, Council agreed that its own guidance in this area would need to be fully reviewed to take account of what would then be a very different legal framework.

5.18. The importance of clear guidance was discussed. This must be thorough and comprehensive, taking into account different situations that registrants may find themselves in. Clear communications would be crucial.

5.19. Council noted the timescales around the consultation. The standards were due to come in during May 2017, with the draft guidance coming to Council in June for approval. Although the guidance would not be in place at the start of the Standards being in place, it was agreed that it was important that their start date remained the same so that our existing position (in the previous standards), was not compromised. There was a high level of awareness throughout the profession about the changes and draft guidance had already been published. The intention was to provide registrants with a list of frequently asked questions in the interim and clear communications about what to do if unsure of the standards’ implications.

5.20. Council agreed that risks around the implementation date for standards would continue to be monitored and that they were content to delegate authority to the Chair to decide the implementation date or whether further discussion was necessary.

5.21. Chair extended thanks and appreciation to all those involved in the consultation, including those who had responded and attended events.

5.22. Council:
  i. Noted the analysis of the responses to the consultation;
  ii. Noted the analysis of the effects on equality;
  iii. Discussed themes relating to the revised examples under Standard 1;
  iv. Agreed the wording of the revised examples under Standard 1;
  v. Agreed, subject to consideration from the Chair about risk, that the new standards for pharmacy professionals could come into force in May 2017, and;
  vi. Confirmed that any significant change in the law, such as euthanasia or assisted suicide, would necessitate an immediate review of our standards and guidance.

6. Consultation on revalidation for pharmacy professionals

6.1. Osama Ammar (OA) presented 17.04.C.02; this paper discussed and considered a consultation document on revalidation for pharmacy professionals including a new revalidation framework.

6.2. OA gave a brief history of the development of the programme. Council noted the change in description of the activity from continuing fitness to practise to revalidation. The name change had proved a
challenge but was now the same name used by other regulators, although the model being used was different.

6.3. Lord Kirkwood of Kirkhope gave Council assurance on the work of the advisory group and thanked them for the opportunity to chair. He advised that the consultation should be used as a listening and learning exercise. He acknowledged that there would be some challenge in response to it but this should not be avoided. Communications should be very clear and make sure that all involved had a clear understanding of what was being proposed.

6.4. Council noted the ‘peer discussion’ element referred to in the consultation. The narrative around this would be reworted to make sure that the benefits of this approach were made clear.

6.5. OA agreed to redraft the flow chart in more positive language and to provide more clarity around timescales.

6.6. The reduced submissions of pharmacy technicians in the pilot were discussed. Work is ongoing with the Association of Pharmacy Technicians UK (APTUK) to understand this and the communications plan will be careful to engage with this group of registrants during the consultation.

6.7. Council agreed the consultation on proposals on revalidation for pharmacy professionals subject to the drafting points made in the meeting.

7. **Chief Executive’s Report**

7.1. DR presented 17.04.C.03, which kept Council abreast of significant developments.

7.2. Council noted that this report would get shorter as corporate reporting and the communications and engagement report developed. Council suggested that the paper could be used to highlight upcoming areas of risk and discussion before they appeared on the performance monitoring report.

7.3. Rachael Oliver (RO) clarified that the online workshop on Quality in Pharmacy was due to finish the following day.

7.4. Council noted the paper.

8. **Engagement and Communications report**

8.1. RO presented 17.04.C.04 which outlined key communications and engagement activities in the last quarter and highlighted upcoming events and activities.

8.2. Council discussed planned engagement events and were encouraged to attend. They agreed that it was important that they were properly briefed before attending.

8.3. Council noted the paper.
9. Policies and procedures reviews

9.1. Matthew Hayday (MH) presented 17.04.C.05 which sought Council’s approval for the policies and documents within its remit that had recently been reviewed.

9.2. Council sought assurance that work would still be done with Public Concern at Work (PCAW) around raising concerns and whistleblowing. MH confirmed that this was the case.

9.3. Council approved:
   i. The prosecution policy and governance policy with no amendments
   ii. The amendments to the raising concerns policy and to delegate authority to the Chief Executive and Registrar to update the policy following the appointment of new directors

10. Any other public business

10.1. The Chair thanked Vivienne Murch as this would be her last Council meeting. The Chair emphasised her long service to the GPhC and the previous regulator.

10.2. There being no further public business to discuss, the meeting ended at 1:35pm

Date of the next meeting:
Thursday 11 May 2017
## Council actions log

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<td>16 Mar 17</td>
<td>114.4.</td>
<td><strong>Performance monitoring report</strong></td>
<td>Claire Bryce-Smith</td>
<td>7 Sep</td>
<td>Open</td>
<td>Analysis of panel member utilisation for Hearings will be undertaken and an update provided to Council in September</td>
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Council requested more information on the scheduling of hearings.
Meeting paper
Council on Wednesday, 07 June 2017

Public business

Standards for the initial education and training standards of pharmacy technicians: consultation report

Purpose
To provide Council with an analysis of the recent consultation on standards for the initial education and training (IET) of pharmacy technicians and our proposed response to the feedback received.

Recommendations
Council is asked to:

i. Note the analysis of the consultation on standards for the IET of pharmacy technicians and related documents;

ii. Discuss the key areas of stakeholder feedback; and

iii. Provide feedback on our proposed way forward.

1. Introduction
1.1. Two of the GPhC’s core activities are setting standards for the (initial) education and training of pharmacy professionals and quality assuring courses leading to registration or annotation. We review our standards and quality assurances processes on a periodic basis to ensure they are up-to-date and fit for purpose. Currently, we are in the middle of a significant review of all our education standards, as stated in our Strategic Plan 2017-2020.

1.2. The revised IET standards for pharmacy technicians discussed in this document are the first set to be reviewed and they will be followed in 2017-2018 by IET standards for pharmacists and education and training
(ET) standards for pharmacist independent prescribers. In addition to that, we will be reviewing our approach to the quality assurance of education at that time.

1.3. At a later date, once the implications of Brexit for the ET of non-UK pharmacists and pharmacy technicians are clearer, we will review our ET standards for those groups. At this point it is not possible to provide a definitive date for that work but Council should be reassured that the education team has been undertaking background work to inform future decisions and the matter is being kept under review.

1.4. In parallel with the development of revised (I)ET standards, we have revised our core practice standards and have replaced our *Standards of conduct, ethics and performance* (2011) with *Standards for Pharmacy Professionals* (2017). An underpinning principle for this round of revised (I)ET standards is that they should map across to our new core practice standards, something we have made clear in the pharmacy technician ET standards consultation document.

1.5. Our consultation was launched in December 2016. It ran for 12 weeks and closed on 1 March 2017.

1.6. In comparison to previous pharmacy education standards consultations, the level of engagement from stakeholders was substantial. We received 76 written responses from organisations (see Appendix A of the consultation report) and 281 from individuals. The vast majority of respondents were pharmacy professionals and the vast majority of those were pharmacy technicians. In addition, we ran 13 engagement events, attended by pharmacy technicians, pre-registration trainee pharmacy technicians, pharmacists, other healthcare professionals, IET course providers, patients and the public (see Appendix B of the consultation report). The 13 events included two patient and public focus groups.

1.7. The analysis report for the consultation is Appendix 1.

2. **Background to the pharmacy technician IET standards**

2.1 The current IET and registration requirements for new pharmacy technician registrants include:

- a part-time national vocational competence qualification set at level 3 in the English/Welsh National Qualifications Framework (and its equivalent in Scotland);
- a part-time national vocational knowledge qualification at the same level; and
- two years of relevant part-time work experience supervised formally by a pharmacist.

2.2 Unlike pharmacist IET, which is almost exclusively full-time and face-to-face, pharmacy technician IET is delivered part-time and either face-to-face or at a distance.

2.3 The purpose of this consultation is to agree revised IET standards and associated documents to replace those which are in force currently.
3. Key themes in the consultation

3.1 In this consultation we chose to ask open ended questions only: the logic being to give respondents maximum freedom in the way they responded. While this approach has enabled respondents to provide rich and wide ranging feedback, it mitigates against providing summary quantitative data. While acknowledging that, responses were analysed fully and in section 4 we discuss the key themes drawn from them.

3.2 For clarity, the responses have been grouped under three headings:

- Parts 1: Learning outcomes;
- Part 2: Standards for IET course providers; and
- Criteria for initial registration as a pharmacy technician.

4. Discussion of the key themes

Standards Part 1: Learning Outcomes

4.1 The coverage and level of learning outcomes

4.1.1 The majority of respondents told us that the learning outcomes were the right ones at the right level (the levels being ‘Knows’, ‘Knows how’, ‘Shows how’ and ‘Does’) and they identified the following themes/issues as being central to them:

1. patient safety,
2. professionalism;
3. accuracy checking and medicines management (we discuss accuracy checking in section 4.2);
4. core safety concepts;
5. clinical and corporate governance; all underpinned by
6. improved links between course providers and employers to integrate learning and work.

4.1.2 We received detailed feedback on some of the learning outcomes and will consider whether particular ones need to be reworded and/or set at a different level (see the analysis report for further details). In particular, respondents fed back that several learning outcomes set at ‘Knows how’ (meaning that a trainee understands how to apply something but is not required to demonstrate that they can apply it) should be set as ‘Does’ (where a trainee must demonstrate they can apply something repeatedly, accurately and safely).

4.1.3 We received feedback from respondents that technical services and underpinning science did not seem to feature prominently in the draft learning outcomes. We want to reassure respondents that it will still be possible to train in technical services areas and trainees who do not do so must understand those...
important roles. Similarly, we want to reassure respondents that underpinning science remains central to the IET of pharmacy technicians and to the role in general. We have noted these points and will revisit the learning outcomes with them in mind to see if we can make our intention clearer.

4.1.4 A further point linked to the learning outcomes is a request from some stakeholders for a syllabus to accompany them. Our experience of using learning outcomes rather than a syllabus for pharmacist IET has been that relying on a syllabus discourages innovation and leads to homogenous provision, whereas learning outcomes encourage course providers to be innovative. Since requiring MPharm degree providers to use learning outcomes (outcomes) rather than a syllabus (inputs), MPharm degrees have become more innovative and we wish to allow the same diversity in pharmacy technician IET. For this reason, we do not propose to issue a syllabus but we recognise the need to work closely with course providers once the standards have been agreed to ensure that they are well understood.

4.1.5 Responses were not uniformly positive and a small number of respondents felt that the level was set too high (although the opposite view was put forward in several engagement events). A similarly small number of respondents felt that learning outcomes could not be set until a clear role had been defined for pharmacy technicians. Although superficially attractive, the varied settings and roles undertaken by pharmacy technicians mitigates against this. Council have also previously discussed the risks in trying to replicate the role of employers (in producing job roles) and education and professional leadership bodies in developing competency frameworks which are a more effective tool for function specific tasks.

4.1.6 Having considered all the responses we think that the learning outcomes are, broadly, the right ones but we propose to revisit them again before returning to Council with a final set. Respondent feedback on which ones should be reconsidered is included in the analysis report.

4.2 The inclusion of accuracy checking in learning outcomes

4.2.1 Accuracy checking was raised by a significant number of respondents, in particular what is commonly known as the ‘final accuracy check’ - where a pharmacy technician checks a medicine just before it is supplied (and after it has been checked clinically by a pharmacist). In our draft learning outcomes, we have included the essential technical knowledge and skills pharmacy technicians need to check accurately in a variety of settings.

4.2.2 The significance of a final check before a medicine is supplied will vary from organisation to organisation depending on a wide variety of governance, risk management and staffing factors. Employers and staff with appropriate accountability will be required to decide at what point in a process the clinical check is carried out and at what point a final check is carried out.

4.2.3 Respondents supported that view, feeling that it was appropriate and necessary for pre-registration trainee pharmacy technicians to train to be accurate in their work and to be able to check medicines, while not agreeing that pre-registration trainee pharmacy technicians would be ready to act as ‘final accuracy checkers’ on completion of their IET.
4.2.4 A majority of respondents told us that a pre-registration trainee pharmacy technician should have the knowledge and skills required to check a medicine at the point of registration but that they may not have the experience or professional maturity needed to accept responsibility for a ‘final accuracy check’. This is reflected in our draft learning outcomes already but given the volume of feedback on this matter we think it is prudent to make our position amply clear in guidance.

Standards part 2: Standards for IET course providers

4.3 The regulator’s role in entry and selection

4.3.1 Currently, admissions criteria for pharmacy technician IET courses are a matter for providers and employers not the GPhC (the same is true for MPharm degrees). We received mixed views from respondents about whether it would be advantageous for there to be a national minimum academic entry requirement or not. As it is our practice to leave the detail of admission criteria for course providers and employers, who understand their applicant base well, we do not propose to introduce such a requirement. We do, however, propose to retain the explicit requirement in our draft standards to consider matters like professional suitability, health and good character as part of the admissions process.

4.4 The need for guidance

4.4.1 In relation to several standards, respondents requested guidance on specific issues. Examples include the meaning of ‘good character checks’ in relation to admissions, ‘appropriately trained and qualified people’ in relation to assessment and supervision and, more generally, who is responsible for what in relation to the delivery of IET. As we explained in our consultation document, the standards will be accompanied by guidance and this is where we will be able to expand on the high-level points made in the standards. As the standards are applicable in three countries and have at least two modes of delivery (distance and face-to-face), to elaborate on every point in the standards themselves would make them rather unwieldy. We propose to produce guidance, based on respondent feedback and our original plans.

4.5 The delivery of IET in Scotland

4.5.1 Training delivery in parts of Scotland varies from the rest of GB in that a small number of Scottish trainees undertake a full-time knowledge qualification at a further education college before moving on to working in a pharmacy part-time for two years while undertaking a part-time competence qualification – the ‘full-time/part-time’ route. This makes it difficult to integrate work experience, knowledge and competence during the full-time year. We are proposing the integration of learning and work in our standards because applying knowledge as soon as it has been acquired is a highly effective way of learning, and the integration of academic knowledge and clinical practice is generally accepted as being the most effective way of delivering healthcare education.

1 Some but not most trainees do work while studying for their knowledge qualification and some have worked prior to starting the course.
4.5.2 To appreciate the scale of the issue, the average number of new pharmacy technician registrants across GB in the four years 2013-2016 was 1210 per annum (4840 in total) but only 73 completed the Scottish full-time/part-time route and registered in the six years 2011-2016.

4.5.3 Note that for pre-registration trainee pharmacy technicians on the Scottish full-time/part-time route, the minimum training period is three years (one year of full-time study plus two years of part-time study and work) but for all other pre-registration trainee pharmacy technicians it is two years of part-time study and work.

4.5.4 During the consultation, Scottish full-time course providers told us that the full-time knowledge qualification served more than one purpose: that is was not just part of a route to registration as a pharmacy technician but also served as a gateway to training in other roles for both community and hospital pharmacies and as an access route into Scottish higher education. We were told by those providers that these kinds of articulation courses were part of the Scottish Government’s strategy for up-skilling 16-19 year olds and should be viewed in that broader context.

4.5.5 While noting the small numbers registering through the full-time/part-time route, providers told us that to de-accredit the full-time course at this time might destabilise financially fragile provision and could cause providers to withdraw from the market.

4.5.6 We have discussed the current position and our new draft standards with Scottish full-time course providers, NHS Education Scotland and the Scottish Qualifications Authority, so that as new qualifications are developed over the next 18 months, the issues we have raised are well understood and are discussed thoroughly. Before bringing the standards back to Council for approval in September, we will look again at criterion 1.2 to see whether any amendments could be made to recognise the different route to registration in Scotland while retaining our general approach to integrated learning.

4.7 Variability in the quality of provision

4.7.1 Some respondents raised concerns about variable quality in course delivery, particularly variability in assessment and the comparability of face-to-face and distance provision. Respondents also raised concerns about the way in which course providers are quality assured by us. We have been quality assuring pharmacy technician courses now for five years and this is an appropriate moment to review what we do. We propose that the best way forward is to collate the concerns about the quality of provision and to feed them in to a workstream examining our accreditation methodology and, in particular, our role in quality assuring pharmacy technician IET courses.
Criteria for initial registration as a pharmacy technician

4.8 The current two-year work experience requirement

4.8.1 During our pre-consultation engagement, we were challenged as to whether the two-year minimum training requirement was proportionate. This prompted us to request feedback about whether it should be retained or not in our consultation. While some respondents did feel that a certain amount of flexibility in the minimum time requirement might be appropriate for some pre-registration trainee pharmacy technicians, particularly those with pharmacy experience, the overwhelming majority felt that two years of work experience was a necessary minimum for most. Points made in favour of retaining the minimum requirement included:

- ensuring patient safety through adequate exposure to practice;
- allowing sufficient time to develop accuracy checking skills;
- allowing sufficient time to experience all the necessary training rotations in hospital; and
- guarding against pre-registration trainee pharmacy technicians being rushed during their IET.

4.8.2 Having reflected on the feedback and the arguments presented we propose that the two-year minimum work experience requirement should be retained.

4.9 Other amendments to initial registration criteria

4.9.1 In the consultation, we proposed two changes to the initial registration criteria for pharmacy technicians: (1) allowing pre-registration trainee pharmacy technicians to train formally under the supervision of pharmacists (as is currently the case) or under the supervision of pharmacy technicians (a new provision) and (2) disallowing pharmacists from registering as pharmacy technicians automatically, requiring them to retrain as a pharmacy technician if they want to register as one.

Allowing Pre-registration trainee pharmacy technicians to be supervised formally by pharmacy technicians (as well as pharmacists)

4.9.2 During their IET, pre-registration trainee pharmacy technicians must be supervised formally by a pharmacist (even if, in reality, they are supervised by pharmacy technicians and others on a day-to-day basis). In our consultation, we proposed that the formal supervision role, including signing off a pre-registration trainee pharmacy technician as being fit to register, should be broadened to include suitably trained and experienced pharmacy technicians.
4.9.3 There was strong support from respondents for allowing pharmacy technicians to supervise pre-registration trainee pharmacy technicians formally and majority support for allowing them to sign off trainees as competent. Points made included:

- pharmacy technicians acting as formal supervisors should be appropriately trained and experienced to undertake the role\(^2\): We agree and will make clear in guidance the requirements for both pharmacists and pharmacy technicians undertaking the supervisor role, if Council agree with the proposal;
- pharmacists make a valuable contribution to pharmacy technician IET and should continue to do so. Again, we agree: our proposal to allow pharmacy technicians to be formal supervisors does not preclude pharmacist from being involved in IET and in many training premises we anticipate that they will be; and
- the strong view of pre-registration trainee pharmacy technicians put to us during an engagement event that as they aspired to become pharmacy technicians, being supervised by their registered peers was the ideal and having to defer to another profession for their competence to be confirmed was undermining.

4.9.4 As the pharmacy technician role evolves to embrace working in non-pharmacy settings we may revisit the formal supervision requirements again to consider whether it might be appropriate to include other professional groups. We may decide to revisit this before the next revision of our IET standards depending on the urgency of the issue going forward.

4.9.5 Having considered the detailed feedback, subject to appropriate training and experience, we propose that pharmacy technicians should be allowed to formally supervise pre-registration trainee pharmacy technicians.

Disallowing pharmacists from registering as pharmacy technicians automatically

4.9.6 There was strong support from respondents for disallowing pharmacists from registering as pharmacy technicians automatically, mainly for two reasons:

- while the professions share common characteristics they are distinct; and
- people should undertake the IET for the profession they intend to practise.

4.9.7 Therefore, we propose that this provision should be removed from the criteria for initial registration as a pharmacy technician.

\(^2\) The need to be appropriately trained and experienced to act in a number of roles linked to IET was made by respondents and this general principle will be emphasised in our guidance.
5 Next steps

5.1 In this paper we have discussed the main findings of the consultation. In light of the findings and Council’s discussion, our suggested next steps are to implement the proposals in this paper by:

- revising the draft standards for the IET of pharmacy technicians (including the learning outcomes);
- revising the current criteria for initial registration as a pharmacy technician;
- issuing guidance on the draft standards; and
- feeding points relating to the quality assurance of courses and our accreditation methodology which are not covered by the revised IET standards into a separate workstream dealing with those matters.

5.2 If our proposals are agreed, the revised standards for the IET of pharmacy technicians, criteria for initial registration as a pharmacy technician and guidance on the standards will be presented to Council in September 2017 for approval.

5.3 If the documents are approved by Council in September 2017, courses built on the new standards should become available from September 2018, the start of the 2018-2019 academic year.

6 Equality and diversity implications

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

6.2 We did however receive useful feedback about equality and diversity issues linked to the draft standards which will require our equality analysis for the implementation of the standards to be updated.

6.3 Several of the points raised are no longer relevant because they are linked to changes we are not proposing to make, for example:

- introducing a national minimum academic entry standard might have disadvantaged applicants with modest academic qualifications; and
- removing the two-year minimum training requirement might have disadvantaged trainees feeling pressured into completing their IET in less than two years but who might struggle to do so for personal reasons, such as (child) care arrangements.

6.4 Some other points were not so much about equality and diversity, rather they were about delivery, for example:

- the possible additional burden of quality assuring links between learning and work potentially disadvantaging community pharmacies with limited resources; and
- the possible disadvantage to pre-registration trainee pharmacy technicians wanting to train in technical services areas if this was no longer an option. We have clarified that this is not the case.

6.5 The updated equality analysis will be presented to Council alongside the updated standards.
7 Communications

7.1 The consultation analysis will be published on our website and publicised through established social media channels.

7.2 A detailed communications plan is being developed to underpin the dissemination and use of the new standards. We have given the plan considerable thought already and it will include:

- reaching out to pharmacy technicians through APTUK and other professional channels to explain the standards;
- running dissemination events through our now well established network of pharmacy technician education and training leads;
- liaising with course developers and awarding bodies at the earliest opportunity in order for them to begin to design courses based on our new standards as soon as possible;
- establishing and then using a new network of educators in further education colleges across GB to explain to them the delivery implications of the new standards;
- supporting course developers and awarding bodies in the development phase leading up to their new courses being considered by us for accreditation.

8 Resource implications

8.1 There are no significant resource implications for the publication of the report.

8.2 Looking beyond the formal agreement of revised standards, the GPhC has invested in two new education policy staff whose remit will be to build capacity in the pharmacy technician education area. Along with accreditation and other colleagues they will lead on the dissemination and use of the new standards.

9 Risk implications

9.1 Education standards are the bedrock on which future practice is built. If these new, more contemporary IET standards are not introduced, the development of the profession may be frustrated, as may the GPhC's stated intention to support improvement in pharmacy (Strategic Plan 2017-2020).

10 Monitoring and review

10.1 A mechanism already in place for monitoring the implementation of new standards is accreditation. Once the standards have been agreed, they will be translated into courses by national awarding bodies and independent course providers. Those courses will be evaluated by expert GPhC accreditors and monitoring and review activities are built in to our accreditation methodology.

10.2 Alongside monitoring and evaluation through accreditation, we will develop other measures to assess the impact of the new standards on training and practice.
Recommendations

Council is asked to:

i. Note the analysis of the consultation on standards for the IET of pharmacy technicians and related documents;

ii. Discuss the key areas of stakeholder feedback; and

iii. Provide feedback on our proposed way forward.

Damian Day, Head of Education
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31 May 2017
Initial education and training standards for pharmacy technicians

A consultation analysis report

About this report

1. This report provides a summary of the responses to the consultation on initial education and training (IET) standards for pharmacy technicians. The consultation ran for 12 weeks and closed on 1 March 2017. We also held a number of engagement events relating to the consultation.

2. The consultation document was set out in three parts:
   a. Part 1: IET standards for pharmacy technicians – learning outcomes
   b. Part 2: standards for IET course providers; and,
   c. Part 3: Changes to the criteria for registration as a pharmacy technician

3. In addition to questions asked on the three parts listed above, we asked for specific feedback on our initial equality analysis.

4. The consultation questions are listed below.

<table>
<thead>
<tr>
<th>Consultation Questions</th>
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<tbody>
<tr>
<td>1. IET standards for pharmacy technicians – learning outcomes: are these the right outcomes, at the right level?</td>
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<tr>
<td>2. Standards for IET course providers: are these the right standards and criteria?</td>
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<tr>
<td>8. Do you have any other comments?</td>
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</table>
5. Each of the questions we asked were ‘open questions’ in an attempt to secure as wide ranging feedback as possible on each of the issues and questions asked.

Who we heard from

6. We received written responses from 76 organisations and 281 individuals. Most of these responses were received electronically through an online survey, with a small number submitted by e-mail.

7. The vast majority of individual respondents (265, around 94 per cent) identified themselves as a pharmacy professional of which around 83 per cent (217) said they were pharmacy technicians while around 16 per cent were pharmacists (43). Just above 3.5 per cent (10) said they were a pre-registration trainee pharmacy technician.

8. The questions in the online survey were used to structure discussions in our engagement events allowing us to capture people’s views and include them in this consultation analysis.

9. Around 320 individuals and representatives of organisations attended these events.
   a. The full list of organisations that responded to the consultation can be found in Appendix A.
   b. Details of the engagements events can be found in Appendix B.

What we heard

10. The structure of this section follows that of the consultation document and questionnaire.

11. The consultation comprised open questions only and these were analysed using an iterative coding process which identified themes.

12. Here we report the number of responses we received and summarise the key themes that emerged for each question. Where possible, we have organised the analysis by reporting on the apparent degree of agreement or disagreement with the questions.
Part one of the consultation

13. Part one of the consultation document set out the proposed IET standards and the learning outcomes that pre-registration trainee pharmacy technicians will have achieved on successful completion of their education and training.

Question 1: General comments

“IET standards for pharmacy technicians – learning outcomes: are these the right outcomes, at the right level?”

14. We received 334 responses to this question.

15. Responses from pharmacy professionals and from organisations indicated broad overall agreement that the proposed learning outcomes for the initial education and training of pharmacy technicians were correct.

16. Themes from respondents who indicated unequivocal support for the learning outcomes were:

   - embedding patient safety, professionalism and the standards for pharmacy professionals in training was seen as positive;
   - inclusion of accuracy checking and medicines management in the initial qualification was supported because these skills were now central to the role of a pharmacy technician;
   - inclusion of core safety concepts, clinical and corporate governance and team and multidisciplinary team working was supported; and,
   - the improvement of links between course providers and employers was important to cement knowledge into practice.

17. A minority of respondents indicated clearly their disagreement with the learning outcomes. A summary of views is set out below:

   - A small number of respondents were of the view that the standards for the course were not right and possibly set too high; some also requested clarity on the scope and level of the outcomes to avoid blurring the role of pharmacist and pharmacy technician.
   - A few respondents felt that there was a need for an indicative syllabus for the knowledge learning outcomes for these to be delivered effectively and consistently. It was felt that an indicative syllabus would avoid differing interpretation of the level and depth of knowledge required by different awarding organisations and course providers.

18. Comments from respondents indicating broad agreement only with the IET standards, mainly centred on two areas in particular:

   a. the inclusion of accuracy checking and medicines management; and,
   b. the lack of reference in the draft standards to aseptic technique which was regarded by some as a core role for pharmacy technicians in hospitals.
19. A number of responses to question one highlighted the issue of accuracy checking both in general and in comment on learning outcome 37 set out in the consultation document (Carry out an accuracy check of dispensed medicines and products)

20. A number of key comments (either because they were raised a number of times or because we believe they should be highlighted for reasons of transparency) are summarised below:

- A desire for greater clarity on the definition of accuracy checking and confusion about whether the draft standard referred to “final accuracy checking” and how the standard would compare with the accredited checking pharmacy technician qualification (ACPT), or developing accuracy and self-checking skills in the dispensing process.

- Some, although supporting the inclusion of accuracy checking because they felt it would help the trainee develop robust and consistent self-checking methodology, were concerned that final accuracy checking was not an entry-level activity and not appropriate for newly qualified pharmacy technicians to undertake.

- Some respondents were of the view that accuracy checking and also medicines management required a greater degree of confidence, maturity, experience and further training to undertake safely. A number of these respondents indicated that at least two years post-registration experience was required prior to starting these level 4 qualifications for advanced practice roles and their inclusion in initial education and training of pharmacy technicians was detrimental to patient safety.

- A few respondents expressed the view that there was a difference in the complexity of prescriptions encountered between hospital and community pharmacy settings and that experienced accuracy checking technicians in hospitals not only undertook a technical accuracy check of prescriptions but often provided an additional clinical check too and often identified issues which had been missed first time round. It was stated newly qualified pharmacy technicians would not have the experience to be able to do this.

- Other comments received included concerns that the inclusion of accuracy checking and medicines management could make newly qualified pharmacy technicians more desirable for employers and could also affect career progression and pay bandings for both newly qualified and existing pharmacy technicians.

21. One organisation’s response expressed a view that there needed to be a role definition for pharmacy technician’s before they could give a view on the education and learning outcomes required.
Question 1: Specific comments on learning outcomes

22. The consultation set out proposed learning outcomes. These were grouped under four ‘domains’: person-centred care; professionalism; professional knowledge and skills; and, collaboration.

23. The outcome levels in this standard are based on an established competence and assessment hierarchy known as ‘Miller’s triangle’. There was broad agreement in the responses that most of the learning outcomes were set at the right level (the levels being ‘knows’, ‘knows how’, ‘shows how’ and ‘does’.

24. In addition to the comments on accuracy checking (draft learning outcome 37) a number of comments and questions were received about the drafting of other learning outcomes.

25. For example, questions were raised about the word ‘safety’ in draft learning outcome 32 and whether there needed to be clarification that this would be different to a pharmacist check on clinical appropriateness (Receive prescriptions and check for validity, safety and clarity, taking action to address identified deficiencies).

26. Some respondents raised questions about whether there was duplication between the learning outcomes, specifically draft learning outcomes 37 and 48 (Check their own and others’ work effectively).

27. Specific feedback was also received about draft learning outcome 42 (Including providing first aid) and whether there should be an amendment to the drafting to reflect different settings and the appropriateness of providing first aid, for example, in hospital or community settings.

Question 1: Specific comments on outcome ‘levels’ in the draft learning outcomes

28. A number of respondents suggested that the following outcomes should be ‘Does’ and not ‘Knows how’ as was proposed in the consultation:

- **Learning outcome 9** - ‘Effectively promote healthy lifestyles using available resources and evidence-based techniques’
- **Learning outcome 10** - ‘Be able provide public health advice and recommend recognised health screening or public health initiatives’
- **Learning outcome 29** - ‘Assess a person’s current supply of medication and order appropriate medicines and products’
- **Learning outcome 30** - ‘Accurately review a person’s medication to identify the medicines required’
- **Learning outcome 31** - ‘Order, receive, maintain and supply medicines and other pharmaceutical products safely, legally and effectively’
- **Learning outcome 39** - ‘Ensure the quality of ingredients to produce and supply safe and effective medicines and products’
- **Learning outcome 41** - ‘Safely and legally dispose of medicines and other pharmaceutical products’

29. One respondent suggested that the following outcome should be ‘Knows how’ and not ‘Does’ as was proposed in the consultation:
•  Learning outcomes 32 – ‘Receive prescriptions and check for validity, safety and clarity, taking action to address identified deficiencies’

**Question 1: Additional proposed learning outcomes**

30. A few respondents offered suggestions for further learning outcomes to be added, for example:

- Patient consultations
- Psychology of disease and illness and understanding patients behaviours and attitudes towards illness to support the management of patients with long term conditions
- Pharmacy information technology for example: eHealth, electronic transfer of data, automated ordering/robotic assembly

**Question 1: Additional drafting comments**

31. A number of comments were received about detailed drafting to help remove perceived ambiguity which will all be considered individually.
Part two of the consultation

32. Part two of the consultation set out the proposed standards that IET course providers must meet to deliver the learning outcomes for the IET for pharmacy technicians set out in part one of the consultation.

Question two: General comments

Standards for IET course providers: are these the right standards and criteria?

33. We received 303 responses to this question.

34. Responses from pharmacy professionals and from organisations indicated broad overall agreement that the proposed IET standards for course providers were correct.

Feedback on Domain one – selection and entry requirements

35. Some respondents felt that the entry level and criteria for course entry should be more specific and should include not only English language and numeracy but also science, chemistry and biology minimum requirements. Respondents suggested this would support pharmaceutical principles of formulation and preparation and the basic pharmacological principles for the use of medicines.

36. Some respondents were of the view that there was a need to raise the bar for entry requirements for pharmacy technician education and training. However, there were also concerns that doing so might deter or exclude applications from people without traditional qualifications but with pharmacy work experience, for example, as a dispenser.

37. A number of respondents also stated that the entry criteria should include professionalism and caring characteristics, acknowledging that this may require changes to existing admission and recruitment processes.

38. Some respondents also requested guidance and support from the GPhC for both course providers and employers on what should be covered by good character and health checks. It was also suggested this guidance should cover instances when concerns arise during training that may affect a pre-registration trainee pharmacy technician’s suitability for future registration.

Feedback on Domain three - management, resources and capacity

39. Some respondents commented that the standards should clarify whether the awarding organisation, the course provider or the employer is responsible and accountable for each part of delivery.

40. A few respondents highlighted here a potential conflict between course providers and employers who fund the course provision, citing an example where a course provider may identify insufficient work place support, which may result in loss of business, if the employer subsequently chooses another provider because of the feedback.
41. Some respondents also commented that the standards should include a requirement for staff delivering the course to be actively engaged in pharmacy practice and that trainers in the workplace must have completed training to be a trainer and that workplace training should only be assessed by workplace assessors.

Feedback on Domain four - monitoring, review and evaluation and domain five - course design and delivery

42. A number of respondents felt that there was a need for regular reviews and monitoring of organisations and providers to check they are achieving the same standards.

43. Some respondents suggested having a standardised course across all providers, both face to face and distance learning, to address variability in standards and quality of outputs between providers and awarding organisations. However, some respondents felt that a single qualification would prevent duplication but others also questioned how much duplication there actually was.

44. There was feedback from some respondents that the level of the pharmacy technician qualification should be higher than NVQ level 3 and set at level 4 if accuracy checking and medicines management were included.

45. Concerns were expressed from some respondents about the variability of pre-registration trainee pharmacy technician workplace experience and support between employers and between sectors. It was suggested that the quality of workplace training needed to be standardised. A few respondents were concerned that community pharmacy may be unable to provide appropriate support for the new qualification in the present financial climate.

46. Some respondents suggested that stronger links between course providers and employers to support the workplace training experience of pre-registration trainee pharmacy technicians and regular quality assurance of this would help address the current variability.

47. A small minority of respondents were of the view that pre-registration trainee pharmacy technicians should be treated in the same way as pre-registration pharmacists and only undertake workplace training at approved training sites with a recognised tutor.

48. Feedback was also received about criterion 3.7 (below in italics) that in Scotland, full-time students begin and complete the knowledge element of the qualification first at a further education college and would not be in a workplace learning environment for there to be any liaison or support between the course provider and workplace.

*Each pre-registration trainee pharmacy technician must be supported as a learner in the workplace. There must be systems in place for liaising with course providers regularly about the progress of a pre-registration trainee pharmacy technician.*
Consultation on initial education and training standards for pharmacy technicians

Feedback on Domain six - course assessment

49. A few respondents gave examples of the variability in assessment processes and requirements required by differing awarding organisations. In one example cited by a respondent, assessment criteria had to be met on a number of occasions for a pre-registration trainee pharmacy technician to demonstrate successful completion and in the case of another organisation it was sufficient for a pre-registration trainee pharmacy technician to have met the assessment criteria on one occasion only.

50. A few respondents suggested that there should be an independent assessment of achievement before a pre-registration trainee pharmacy technician could register.

51. Some respondents requested clarification on a number of standards and criteria for example:
   - Criteria 6.3 – ‘Assessment of competence must take place in the workplace’
   - Criteria 6.7 - ‘Assessments must be carried out by appropriately trained and qualified people who are competent to assess the performance of pre-registration trainee pharmacy technician’

52. Respondents acknowledged that assessors would need to be trained but a few respondents queried whether there would be sufficient assessors with current advanced qualifications to assess the new qualification.

53. There were also a few suggestions on changes to wording. For example:
   - Criteria 1.2 - ‘Applicants must be working in a pharmacy environment and be supervised by a pharmacist or pharmacy technician’. There was a suggestion that this could be changed to, ‘Applicants must be working in a pharmacy environment, or have secured a placement as a pre-registration trainee pharmacy technician’

54. A small number of respondents repeated their concerns regarding the inclusion of accuracy checking and medicines management in the learning outcomes of the initial qualification and a few sought clarification as to what would happen if the pre-registration trainee pharmacy technician failed to pass the accuracy checking section of the qualification (i.e. would they then fail to qualify as a pharmacy technician).
Part three of the consultation

55. Part three of the consultation set out proposals for changes to the criteria for registration as a pharmacy technician in three particular areas:

- Pre-registration trainee pharmacy technicians being able to train under the direction, guidance or supervision of a pharmacy technician or pharmacist
- Introducing some flexibility into the two year work experience and set minimum hours requirement for the training period
- Removing the option that current or recently registered pharmacists in Great Britain or Northern Ireland are able to register as a pharmacy technician automatically

56. This part of the consultation also explored general issues of quality and work based training, impact of the proposals and provided an opportunity for respondents to make any other comments.

Question three: general comments and feedback

Now that pharmacy technicians are an established registrant group, we think that pre-registration trainee pharmacy technicians should be able to be supervised by the registrant group they intend to join. Do you have any comments about this proposed change and its potential impact?

57. The current registration criteria require pre-registration trainee pharmacy technicians to train under the direction, guidance or supervision of a pharmacist only. The proposal is to enable pre-registration trainee pharmacy technicians to train under the direction, guidance or supervision of a pharmacy technician or a pharmacist.

58. In question three consultees were asked whether they had any comments about this proposed change and its potential impact. We received 333 responses to this question.

59. The majority of responses from pharmacy professionals and from organisations agreed with the proposal to allow pre-registration trainee pharmacy technicians to train under the direction, guidance of a pharmacy technician or a pharmacist.

60. The most frequently cited reasons for supporting this change were the following:

- The proposal recognises the profession of pharmacy technician as distinct from that of pharmacists
- Pre-registration trainee pharmacy technicians should be supervised by the registrant group they will be joining and need to work with registrants who have the appropriate technical knowledge, are doing the job they are training to do and who can show them what the role entails.
- Supervision by pharmacy technicians already happens in hospitals where many areas are managed by pharmacy technicians, so this should happen in other sectors too.

61. There was also recognition that both pharmacists and pharmacy technicians should be involved in supervision, pharmacists especially for their clinical expertise and knowledge. A small number of respondents said that allowing pharmacy technicians to supervise pre-registration trainee pharmacy technicians would assist pharmacists with time management and free up pharmacists to undertake more
61. Consultation on initial education and training standards for pharmacy technicians. There were however mixed views as to whether the final sign-off of the learning outcomes should still remain with a registered pharmacist.

62. In addition, there was strong support for the view that those supervising, irrespective of whether a pharmacist or pharmacy technician, need a minimum amount of experience, specific qualifications and training and should be competency assessed before acting as a supervisor.

63. The minority of responses from pharmacy professionals and from organisations disagreeing with this proposal gave the following reasons:

- Pre-registration trainee pharmacy technicians should only train under pharmacist supervision as pharmacist input in training was essential
- Pharmacists were more qualified with greater clinical understanding to provide pre-registration trainee pharmacy technicians with guidance and support
- It was beneficial for pre-registration trainee pharmacy technicians to be trained by pharmacists as this gives pre-registration trainee pharmacy technicians a good understanding of the different professional responsibilities and roles.

64. Respondents disagreeing also raised concerns about the quality of the training received by pre-registration trainee pharmacy technicians if they were supervised by newly registered pharmacy technicians, unless there was guidance on who can supervise and under what circumstances.
Question four: General comments and feedback

Do you have any comments about whether we should keep the two-year work experience requirement or whether we should introduce a change, and about any potential impact?

65. Under the present criteria, a pre-registration trainee pharmacy technician must undertake at least two years’ work experience in the UK, and this includes a set minimum hours requirement for their work experience period. We asked for views on whether this should remain, or whether some flexibility should be introduced so that trainees able to meet all the learning outcomes in less than two years could be allowed to do so, with appropriate safeguards.

66. We received 343 responses to this question.

67. The majority of responses from pharmacy professionals and from organisations supported keeping the work experience requirement of two years.

68. The most frequently cited reason in support of maintaining the status quo was that two years was needed for the pre-registration trainee pharmacy technician to acquire sufficient depth of knowledge and range of practical experience. It was stated it should remain because valuable learning takes place during this time and this is necessary especially if the proposed standards are to include accuracy checking and increased clinical content.

69. From a patient safety perspective, two years was felt to be a necessary minimum for the pre-registration trainee pharmacy technician to demonstrate their competence as an accuracy checker. Respondents from the hospital sector were also of the view that anything less than two years was not appropriate or adequate for hospital pharmacy because of rotations through dispensary, aseptics and medicines management.

70. Respondents indicated pre-registration trainee pharmacy technicians could not be able to spend sufficient time in the different sections to gain adequate experience and demonstrate consistent competence.

71. Other comments included:

- Support for maintaining not only the two years but also the minimum number of hours requirement
- Concern that reducing the two year work experience may pressurise students to finish earlier, because an increase in salary would be seen as an incentive, or that course providers or employers may rush learners to complete before they were ready in order to meet service needs. Others were concerned that fast tracking could have an impact on the quality of training and threaten patient safety.

72. A minority of respondents who favoured maintaining the two year work experience requirement did however acknowledge that a degree of flexibility in the work experience requirement would be beneficial for those with previous work experience in pharmacy for example dispensers, assistant technical officers, or pharmacists who wish to qualify and register as pharmacy technicians.

73. Some respondents favoured introducing some flexibility to the two year work experience, in recognition that pre-registration trainee pharmacy technicians work at different rates and those able to meet all the
learning outcomes in less than two years using accreditation of prior learning of previous work experience or training in pharmacy. This may include experience such as a dispenser with a level 2 qualification or an overseas qualified pharmacist, who should not be required to complete the two year requirement in order to be eligible for registration.

74. A number of respondents although supporting flexibility in the overall duration still felt that a set minimum number of hours should be maintained to safeguard against a pre-registration trainee pharmacy technician who worked only very few hours from qualifying. It was felt that it would be unlikely for them to have gained sufficient experience to demonstrate consistent competence.

75. A minority of respondents favoured extending the work experience requirement beyond two years. Reasons cited for extension included a longer length of work experience being required to gain thorough experience and understanding to ensure consistent competence especially as the proposed standards include accuracy checking. It was also suggested that a longer qualification would enable pre-registration trainee pharmacy technicians to experience both hospital and community sectors and perhaps other healthcare settings.

76. Some respondents suggested that not only should the work experience be longer but the level of the qualification should also be higher than NVQ level 3, if the core qualification is to include what is currently regarded as advanced practice. It was suggested that a higher level pharmacy technician qualification was required in view of the types of roles and tasks registered pharmacy technicians now routinely undertake, citing parity with other supporting healthcare professional roles such as nurse associates and dental technicians by way of example.
Question five: General comments and feedback

We suggest that pharmacists wanting to register as pharmacy technicians should have to complete the same initial education and training as pre-registration trainee pharmacy technicians, although they could apply to have their prior learning and experience recognised by the course provider. Do you have any comments about this proposed change and its potential impact?

77. At present, current or recently registered pharmacists can automatically register as a pharmacy technician. The proposal is to remove this option and to require pharmacists, wishing to register as a pharmacy technician, complete the same IET as a pre-registration trainee pharmacy technician, although they can have prior learning and experience recognised by the course provider.

78. We received 332 responses to the question above.

79. The majority of responses from pharmacy professionals and from organisations agreed with the proposal to remove the option enabling current or recently registered pharmacists in Great Britain or Northern Ireland to register as a pharmacy technician automatically.

80. The most frequently cited reasons for supporting removal included the following:
   • the professions are different, in relation to the training, knowledge and skills set required to work as a pharmacy technician
   • pharmacists wanting to register as pharmacy technicians should meet the same IET outcomes for pre-registration trainee pharmacy technicians but that prior education and training should be recognised by course providers.

81. A number of respondents suggested that specific training or programmes could be developed for those wishing to change roles from pharmacist to pharmacy technician and a few suggested that this may be useful for overseas qualified pharmacists wishing to register as pharmacy technicians here.

82. The minority of responses from pharmacy professionals and from organisations disagreeing with this proposal gave the following reasons:
   • pharmacists are trained to a more advanced level than pharmacy technicians and have the knowledge and skills to work as a pharmacy technician from their degree and pre-registration training
   • making pharmacists do lesser qualifications does not make sense.

83. A few respondents questioned how pharmacists can supervise and train pharmacy technicians but then not be able to register as a pharmacy technician and fulfil that role.
Question six: General comments and feedback

Do you have any comments about workplace training and the quality assurance of initial education and training?

84. We received 287 responses to this question.

85. A number of respondents felt that the level of GPhC oversight of the current pharmacy technician qualification was good and some also praised the workplace training and support that they had personally received during their training.

86. A minority of respondents felt that there should be protected learning time for pre-registration trainee pharmacy technicians.

87. Other themes emerging from the responses repeated what we heard in response to question two:

- A number of respondents repeated their view that workplace training should be standardised to overcome the current variability of workplace experience and support between employers and between sectors.

- Some respondents suggested that links between the course provider and employer should be strengthened, and that this should be quality monitored and assured. Suggestions for how the monitoring and assurance role could be conducted included utilising support of HEE quality monitoring processes and tools or for the GPhC to accredit workplace training programmes.

- A minority of respondents felt that consistency in workplace training and supervision of PTPS in the workplace could be helped if pre-registration trainee pharmacy technicians were treated in the same way as pre-registration pharmacists and were to undertake workplace training at approved training sites with a recognised tutor. Some respondents also felt that persons supervising should have a minimum amount of experience post registration and be trained and assessed as competent to be a supervisor.

- A number of respondents felt that there should be a standardised course and that quality assurance of organisations and course providers should be strengthened. Respondents felt that it was important to ensure that organisations and course providers are meeting the same standards and using consistent robust assessment processes, irrespective of whether the course provision was college-based face to face or distance learning.

- A minority of respondents suggested that there should be a national exam or some kind of independent assessment towards the end of the qualification.
Question seven: General comments and feedback

Do you think there is anything in the standards or suggested changes to the criteria for registration that disproportionately affects any particular group over others?

88. We received 272 responses to this question. The majority of respondents were of the view that neither the standards nor the suggested changes to the criteria for registration would disproportionately affect any particular group over others.

89. Of those who felt that some groups may be disproportionately affected in relation to one or more of the protected characteristics, a few respondents were of the view that if the qualification changed to an apprenticeship qualification targeted towards the young, people of older ages or of different nationalities could be disadvantaged.

90. A few respondents also felt that if the course entry level requirements were raised, this may mean that applicants with several years of pharmacy experience as dispensers or counter assistants may be discouraged from applying as they may not have achieved the required qualifications before leaving school. One respondent felt that entry requirements should not include a specific GCSE level in Maths and English as this may create artificial barriers and suggested that alternative qualifications should be considered.

91. A few respondents were concerned that any changes to the criteria for registration such as changes to the two year and minimum hours work experience requirement could potentially disadvantage those who may need to work part-time because of caring responsibilities, health issues or a disability as they may not be able to achieve the learning outcomes in a shorter time frame. One respondent commented that the requirement to final check prescriptions could disproportionately affect trainees with dyslexia.

92. Other respondents felt that one or more of the following groups or sectors could be disproportionately affected:

- Hospital pharmacy sector as there appeared to be a reduced emphasis on technical services, quality assurance, preparation and aseptics in the proposed learning outcomes.
- Hospital pharmacy in general as the learning outcomes appeared more relevant to community pharmacy practice.
- Pharmacy technicians who wish to work in hospital technical services or industry as opposed to clinical ward or dispensary based work as the new qualification may not adequately prepare then for work in those sectors.
- Existing pharmacy technicians who do not have additional accuracy checking or medicines management qualifications.
- Independent community pharmacies as they may find the additional quality assurance of work place experience too burdensome.
- Independent community pharmacies that may have insufficient resources and infrastructure to support the work place learning and assessment required by the new qualification.
Question eight: General comments and feedback

Do you have any comments?

93. We received 150 responses to this final question which was included to ensure respondents could raise any concerns which did not relate to the previous seven questions.

94. Some respondents repeated and expanded on concerns they had raised in response to previous questions, while others raised new issues.

95. Some concerns were expressed about our statement in the consultation document (page 11) that our research had shown that the standards would need to be updated as ‘we need to remove references to some obsolete technical procedures’. The question was raised about whether this would impact on numbers of pharmacy technicians with skills and knowledge to work in this sector of hospital pharmacy practice.

96. Concerns were expressed about the potential impact of the proposals on the full-time college courses in Scotland which support part-time employed pre-registration trainee pharmacy technicians. A few respondents raised concerns that these courses may no longer be viable if there is a move to one combined qualification. It was suggested that there should be the possibility to continue with a full-time course followed by a work placement in a similar way to the structure of the pharmacists’ qualification.

97. It was suggested that further discussion would be required with Further Education colleges and the pharmacy sector to address this. Concerns were also raised that advanced courses available in Scotland to aid career progression were not mentioned in the consultation.

98. There was general support in responses to question eight for the proposed IET standards. Further support was given for the inclusion of accuracy checking and medicines management as these were perceived to be core skills to enable the pharmacy technician work force to effectively contribute to patient care.

99. However contrary views were received that the proposed IET standards including accuracy checking and medicines management which feels like a ‘dumbing down’ of the role as this doesn’t take into account the level of experience required to do these tasks effectively or take into account the impact that this may have on patient safety.

100. Concern was also expressed that the inclusion of accuracy checking and medicines management in the IET standards would reduce opportunity for future career progression.

101. Support was given for one qualification that was the same for both hospital and community pharmacy providing assurance that all pre-registration trainee pharmacy technicians meet the same standards.

102. In relation to the duration of the proposed qualification, a view was expressed that there should not be loss of specialist skills to fit the qualification into a shorter time span. If knowledge and skills to cover accuracy checking and medicines management are now core requirements for the pharmacy technician role these should be included in the IET standards but not at the expense of losing technical operational expertise with medicines.
103. A suggestion that a new learning outcome concerning risks and prevention of antimicrobial resistance could be included which would support the delivery of the UK Five Year Antimicrobial Resistance Strategy 2013 to 2018.

104. In relation to the registration criteria a concern that a five year time frame currently permitted for completion of the pharmacy technician qualification may be too long.

105. Finally, a request was received for greater clarity as to when the new IET standards would be introduced.
Appendix A: Organisations that responded to the consultation

<table>
<thead>
<tr>
<th>No.</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>1</td>
<td>Greater Manchester West Mental Health NHS Foundation Trust</td>
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<tr>
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<td>Stockport NHS Foundation Trust</td>
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<td>Norfolk and Norwich University Hospital</td>
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<td>6</td>
<td>Hospital Workforce Development Group (NE &amp; N Cumbria)</td>
</tr>
<tr>
<td>7</td>
<td>North Essex Partnership University NHS Foundation Trust</td>
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<tr>
<td>8</td>
<td>NHS</td>
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<tr>
<td>9</td>
<td>HEE NE Pharmacy Subgroup</td>
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<td>10</td>
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<td>11</td>
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<td>12</td>
<td>Health Education England - London and South East (pharmacy leads group)</td>
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<td>Health Education England - London and South East (pharmacy workforce group)</td>
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<td>Salford Royal NHS Foundation Trust</td>
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<td>23</td>
<td>School of Pharmacy, University of East Anglia</td>
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<td>24</td>
<td>Royal Surrey County, Ashford &amp; St Peters, Frimley Health</td>
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<tr>
<td>25</td>
<td>NHS Sheffield CCG</td>
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<tr>
<td></td>
<td>Consultation on initial education and training standards for pharmacy technicians</td>
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<tr>
<td>26</td>
<td>Hampshire hospitals NHS Foundation Trust</td>
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<tr>
<td>27</td>
<td>East Sussex Local Pharmaceutical Committee</td>
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<td>28</td>
<td>South West regional IQA’S</td>
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<td>Rowlands Pharmacy</td>
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<td>30</td>
<td>The Pharmacy Department, Walsall Healthcare NHS Trust</td>
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<td>31</td>
<td>APTUK</td>
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<tr>
<td>32</td>
<td>North Cumbria University Hospitals NHS Trust</td>
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<td>36</td>
<td>Health Education England</td>
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<td>Health education England - Thames Valley</td>
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<td>38</td>
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<td>Edinburgh College</td>
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<td>49</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
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<td>University Hospitals Southampton NHS FT</td>
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<td></td>
<td>Consultation on initial education and training standards for pharmacy technicians</td>
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<td>Royal Brompton and Harefield foundation trust</td>
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<td>NHS Pharmaceutical Aseptic Services Group (PASG)</td>
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<td>Lancashire Teaching Hospital NHS Foundation Trust</td>
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<td>58</td>
<td>NHS Technical Specialist Education and Training</td>
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<td>59</td>
<td>NHS Pharmacy Education and Development Group UK - Pharmacy Technician and Support Staff sub-group</td>
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<td>Pharmacy Department Sandwell &amp; West Birmingham Hospitals NHS Trust</td>
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<td>Pharmacy Education and Training Leads, NHS Wales</td>
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<td>NHS Tayside</td>
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<td>West Midlands Technical Services Group</td>
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<td>NHS Ayrshire &amp; Arran</td>
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<td>Heart of England Foundation Trust – Pharmacy</td>
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<td>UCLH</td>
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<td>Area Professional Pharmaceutical Committee, NHS Ayrshire &amp; Arran</td>
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<td>Centre for Pharmacy Postgraduate Education</td>
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<td>Pharmacy Voice</td>
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<td>Pharmacists’ Defence Association</td>
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<td>National Pharmacy Association</td>
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Appendix B: Engagement events

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<tr>
<td>1</td>
<td>Westminster Kingsway College</td>
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<td>2</td>
<td>APTUK professional committee meeting</td>
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<tr>
<td>3</td>
<td>Combined East of England event</td>
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<td>4</td>
<td>West Midlands Regional Dispensary Manager’s Meeting</td>
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<td>5</td>
<td>NHS Education for Scotland</td>
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<td>6</td>
<td>Patient and public focus group (London)</td>
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<td>7</td>
<td>North East &amp; North Cumbria regional meeting with E&amp;T leads</td>
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<td>8</td>
<td>Preston College</td>
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<td>9</td>
<td>London &amp; South East Pharmacy Technician Education Programme Director/Leads meeting</td>
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<td>10</td>
<td>APTUK London branch meeting</td>
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<td>11</td>
<td>West College Scotland</td>
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<tr>
<td>12</td>
<td>Patient and public focus group (Glasgow)</td>
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<tr>
<td>13</td>
<td>Scottish further education colleges, NHS Education Scotland and the Scottish Qualifications Authority</td>
</tr>
</tbody>
</table>

A patient focus group and stakeholder event on three active consultations (threshold criteria, Religion, personal values and beliefs and PT IET) was held in Cardiff, but unfortunately there was insufficient time to discuss PT IET.
Meeting paper

Council on Wednesday, 07 June 2017

Public business

Standards for pharmacy professionals: additional consultation

Purpose
To provide Council with the second report of the consultation on religion, personal values and beliefs, which focuses on the feedback we received in relation to the draft guidance to support standard 1 of the new standards for pharmacy professionals.

Recommendations
Council is asked to:

i. Note the analysis of consultation responses relating to the draft guidance (Appendix 1);
ii. Discuss the key themes and issues relating to the draft guidance; and
iii. Agree the revised guidance incorporating feedback from the consultation (Appendix 2).

1. Introduction

1.1. On 6 April 2017, Council noted the first of two reports on our consultation on religion, personal values and beliefs, and discussed the key themes and issues presented within the report. The first report focused primarily on issues related to standard 1 of the new standards for pharmacy professionals (Pharmacy professionals must provide person-centred care) and the anticipated impact of that change on pharmacy professionals, employers, and users of pharmacy services.

1.2. At that meeting, Council approved the revised wording of the examples under standard 1 of the standards for pharmacy professionals, which subsequently came into effect on 12 May 2017.

1.3. During the consultation on the proposed changes to the examples under standard 1, we also sought feedback on draft supporting guidance. The guidance was designed to reflect the broad range of situations when a pharmacy professional’s religion, personal values or beliefs might impact on their willingness to provide certain services, and give practical information about the behaviours expected of pharmacy professionals in applying the standards.

1.4. This paper discusses the second report of the consultation, which focuses on the feedback we received in relation to the draft guidance.
2. Key considerations

Consultation, analysis and reporting

2.1 The consultation was open for 12 weeks between 13 December 2017 and 7 March 2017. The questionnaire included two questions focusing specifically on the draft guidance. Firstly, a question asking about the coverage of the guidance (with a yes/no option in response), coupled with an open question asking what more, if anything, should be included.

2.2 The second report on the consultation (Appendix 1) includes a qualitative analysis of the responses from individuals and organisations, as well as a quantitative analysis of the online survey responses from individuals.

2.3 Similarly to the analysis presented in the first report of the consultation, we have considered every response received, as well as notes from stakeholder events and one to one meetings in developing our qualitative analysis of themes and issues relating to the guidance.

2.4 Detailed information about the consultation and engagement process, our approach to analysis and reporting, and the numbers of both organisational and individual respondents is set out in detail in the first report.

What we heard: feedback on the draft guidance

2.5 The second report of the consultation includes a detailed summary of the feedback on the draft guidance. In brief, the guidance was found to reflect the range of situations when a pharmacy professional’s religion, personal values or beliefs might impact on their willingness to provide certain services.

2.6 Many respondents felt that overall the guidance was comprehensive, and clearly set out the relevant factors for pharmacy professionals to consider in this context. A number of pharmacy organisations and pharmacy professionals commented that the guidance reflected their own views and expectations of how pharmacy professionals should manage these scenarios in practice.

2.7 In particular, organisations representing different groups of service users, as well as many members of the public, felt that the guidance correlated with what patients and service-users would expect from their pharmacy professionals, and welcomed the emphasis on treating people as individuals, with their own values, needs and concerns.

2.8 Some respondents did however express a view that the guidance did not address all relevant issues or provide sufficient detail on these. There were a number of suggestions for how the guidance might be further improved or expanded. These have been set out in detail in the consultation report.

2.9 The draft guidance (Appendix 2) has now been revised to reflect the feedback from the consultation, which includes:

a. Reviewing the language and tone of the guidance to highlight that a pharmacy professional’s religion, personal values and beliefs can make a positive contribution in providing safe and effective care to a diverse population. This is intended to address concerns that the tone of the previous guidance framed religion in negative terms as an obstacle to good patient care.

b. Making explicit the position on referrals, specifically that referral to another health professional may still be an appropriate option in certain circumstances. However, the guidance clearly states that this
may not always be the case, for example if a service is not accessible or available elsewhere for the patient, or where referral could be deemed discriminatory under legislation.

c. Clarifying that pharmacy professionals are not expected to provide services that are not clinically appropriate for the person, and that they should still use their professional judgement when making decisions. This is intended to address concerns that pharmacy service users may be able to demand any services they want, even when not clinically appropriate.

d. Strengthening references in the guidance relating to employers’ responsibilities for creating and maintaining fair working environments, to make clear the statutory responsibilities employers have to ensure there is no discrimination or harassment against pharmacy professionals in the workplace due to their religion or belief, or perceived religion or belief.


3. **Equality and diversity implications**

3.1 Council has previously noted a full analysis of the effects on equality consistent with our responsibilities as set out in the Equalities Act 2010. This included an overview of the work we have completed to inform our understanding of the equality and diversity dimensions of the proposed changes; to identify any trends or issues that apply to people who share protected characteristics; and, to consider the potential impact on this range of equality groups.

3.2 The equality and diversity implications of the draft guidance were included in the full analysis previously presented to Council. We have not identified any further equality and diversity implications that have not already been addressed.

4. **Communications**

4.1 Following on from the launch of the new standards, and ahead of the publication of the guidance, we produced a set of frequently asked questions intended to explain what the changes to the standards mean in practice and address some of the misconceptions raised throughout the consultation process. This was published on our website and is accessible to pharmacy professionals and the public, as well as other stakeholders.

4.2 If Council is minded to approve the draft guidance we will promote this through various communications channels and publish this on our website alongside our existing suite of guidance to support the new standards.

5. **Resource implications**

5.1 The resource implications for this work, including communication and implementation of the new standards, have been accounted for in existing budgets.
6. **Risk implications**

6.1 The standards and guidance underpin our regulatory work and it is important that they reflect Council’s commitment to promoting a culture of professionalism and the delivery of compassionate person-centred care. It is also vital that the standards and guidance reflect the relevant legal framework.

7. **Monitoring and review**

7.1 The standards will be kept under regular review although our experience, and that of other health professional regulators, is that a full review should be commenced within a five year period.

7.2 The supporting guidance, once approved, will be reviewed as and when appropriate, in particular to ensure any changes to the legal framework in Great Britain or the European Union is taken into account.

**Recommendations**

Council is asked to:

(1) Note the analysis of consultation responses relating to the draft guidance (Appendix 1);
(2) Discuss the themes and issues relating to the draft guidance; and
(3) Agree the revised guidance incorporating feedback from the consultation (Appendix 2).

*Laura McClintock, Head of Policy and Standards*
*General Pharmaceutical Council*
*Laura.McClintock@pharmacyregulation.org*
*Tel 020 3713 8079*

30 May 2017
Consultation on religion, personal values and beliefs

Second report of the consultation

1. This is a supplementary report analysing responses to our consultation on religion, personal values and beliefs, specifically focusing on the feedback we received in relation to the draft guidance to support the standard 1 of the new standards for pharmacy professionals. This report should be read in conjunction with the first report of the consultation which focused primarily on issues related to relevant examples under standard 1 of the new standards for pharmacy professionals (Pharmacy professionals must provide person-centred care) and the anticipated impact of that change on pharmacy professionals, employers, and users of pharmacy services.

2. The consultation was open for twelve weeks, beginning on 13 December 2016 and ending on 7 March 2017. Similarly to the analysis presented in the first report of the consultation, we have considered every response received, as well as notes from stakeholder events and one to one meetings in developing our qualitative analysis of themes and issues relating to the guidance.

3. In addition to the qualitative analysis presented in this and the first report, the first report also included quantitative analysis of all of the consultation survey responses by individuals and the background of individual respondents. For context, the quantitative analysis of the question relating to the draft guidance is included below.

4. Detailed information about the consultation and engagement process, our approach to analysis and reporting, the methodology used and the numbers of both organisational and individual respondents have been provided in the first report which can be found here.

Policy background

5. On 6 April 2017, Council noted the first report on the consultation and discussed the key themes and issues presented within the report. Council also noted an analysis of the equality and diversity implications of the proposed approach. At that meeting, Council approved the revised wording of the examples under standard 1 of the standards for pharmacy professionals, which subsequently came into effect on 12 May 2017.

6. During the consultation on the proposed changes to the examples under standard 1, we also sought feedback on draft supporting guidance. The guidance is intended to support pharmacy professionals in using their judgement to meet the standards for pharmacy professionals. The guidance has been designed to reflect the broad range of situations when a pharmacy professional’s religion, personal values or beliefs might impact on their willingness to provide certain services, and give practical information about the behaviours expected of pharmacy professionals in applying the standards. In particular, we
asked respondents for their views on whether the guidance adequately covers the broad range of situations that pharmacy professionals may find themselves in, and whether there is anything else, not already covered in the guidance, that they would find useful.

7. A more detailed outline of the relevant policy background and context is set out in the first report of the consultation.

A: Analysis of individual online survey responses

8. The consultation questionnaire included two questions focusing specifically on the guidance. Firstly, a question asking about the coverage of the guidance (with a yes/no option in response), coupled with an open question asking what more, if anything, should be included.

9. Our approach to the analysis of the quantitative, binary answers is presented in more detail in the first report of the consultation.

10. It should be noted that our quantitative analysis highlights differences between two pairs of subsets of respondents: members of the public and pharmacy professionals; and respondents with religious beliefs and with no religious beliefs. Again, the rationale for presenting results for these subsets, and the methodology for creating these groups, is set out in more detail in the first report of the consultation.

Consultation question

Q2: Does the revised guidance adequately reflect the broad range of situations that pharmacy professionals may find themselves in?

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<tr>
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<td>871</td>
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</table>

11. Looking at the question related to the guidance specifically, we found 56.2% of all respondents agreed that the revised guidance adequately reflected the broad range of situations that pharmacy professionals might find themselves in. There were, however, some notable differences between members of the public on the one hand where the level of agreement was 42.8%; and pharmacy professionals on the other hand where agreement is higher at 73.4%. Between those with religious beliefs and those with no religious beliefs, this difference is more marked, with 48.3% of those with religious beliefs agreeing, compared to 89.8% of those with no religious beliefs.

B: Qualitative analysis of consultation responses

12. The open question allowed respondents to expand on what else, if anything, should be added to the guidance.
13. This section of the report provides a qualitative analysis of the feedback that we heard specifically in relation to the guidance. This includes feedback from organisations and individuals, as well as from engagement events and meetings with organisations.

14. Our approach to qualitative analysis is set out in more detail in the first report of the consultation and is not duplicated here.

What we heard: views on the draft guidance

15. The guidance was found to reflect the broad range of situations when a pharmacy professional’s religion, personal values or beliefs might impact on their willingness to provide certain services. We heard through the consultation that pharmacy professionals may have an objection to providing a variety of services, with some people providing real-life examples, and that many respondents felt these were adequately reflected in the guidance. Many respondents gave positive feedback that the guidance did not focus solely on emergency hormonal contraception, but referenced a range of other services and situations where service-users might be affected.

16. Many respondents felt that overall the guidance was comprehensive, and clearly set out the relevant factors for pharmacy professionals to consider in this context. A number of pharmacy organisations and pharmacy professionals commented that the guidance reflected their own views and expectations of how pharmacy professionals should manage these scenarios in practice.

17. In particular, organisations representing different groups of service users, as well as many members of the public, felt that the guidance correlated with what patients and service-users would expect from their pharmacy professionals, and welcomed the emphasis on treating people as individuals, with their own values, needs and concerns. These groups also welcomed the inclusion of guidance on specific areas such as communication, privacy and confidentiality, which they felt were of fundamental importance to service-users.

18. Some respondents did however express a view that the guidance did not address all relevant issues or provide sufficient detail on these. There were a number of suggestions for how the guidance might be further improved or expanded. These have been set out in more detail below.

Taking responsibility, including referrals

19. Many respondents felt that the guidance was not unduly prescriptive or inflexible, and empowered pharmacy professionals to use their own judgement in deciding what would be appropriate for people in their care, in different situations. As to the potential impact of the guidance, some pharmacy professionals felt that it would help them to navigate complex situations in practice, and help service-users understand what they can expect from their pharmacy professionals.

20. Conversely, some respondents felt the guidance should be more detailed and prescriptive in how the new standard should be put into practice. Some respondents felt that the guidance did not go far enough to explain how pharmacy professionals are expected to take responsibility to ensure care is not compromised because of personal values and beliefs, and sought further clarity on this point.

21. Many respondents, including a number of pharmacy organisations, felt that the wording relating to referrals could be more explicit in the guidance. Some respondents suggested that the guidance should clearly state what would be expected from pharmacy professionals when their religion, person values or
beliefs might impact on their willingness to provide a service, specifically whether and when referral to another pharmacy professional or service provider is an option. There were many who felt that the guidance should give more information about the circumstances in which a referral would not be considered an appropriate option, for example, if a service is not accessible or available elsewhere for the patient.

22. Some respondents suggested that the guidance should be explicit that pharmacy professionals must not jeopardise care if they are not going to provide the service themselves, particularly with regard to timeliness. A number of respondents felt that the guidance should include a requirement for pharmacy professionals to document discussions and maintain a clear audit trail, especially in circumstances when a pharmacy professional does not provide the service.

23. A number of respondents also asked for more guidance for pharmacy professionals working in more isolated pharmacies to help them, or their employers, put in place the right working arrangements to ensure consistent delivery of services.

24. Some respondents were concerned that the new approach could give rise to situations where pharmacy service users could demand any services they want even when not considered clinically appropriate. Others commented that sometimes a refusal of services might be acceptable, and in the best interest of the service user, in terms of their clinical needs. This is different to refusing to provide services on ethical or moral grounds. A number of respondents wanted the guidance to address how such situations should be managed in practice and to clarify pharmacy professionals’ responsibilities in this context.

25. Participants across the different groups, including members of the public, highlighted that the responsibilities should be set out clearly in the guidance so that those considering or about to enter the professions are informed about the standards expected of pharmacy professionals at an early stage.

26. A large proportion of comments related to how pharmacy professionals would handle different situations, and how it might be beneficial to include examples or case studies to demonstrate how different aspects of the new approach would work in practice. Many of these requests were general in nature rather than requests for case studies or examples on specific issues.

The role of employers

27. Many respondents noted that the guidance recognises the important role of employers and felt that this was positive. However, some respondents felt that the guidance could go further to highlight the responsibilities of employers to create and maintain fair working environments. Some felt that this might help to reduce the risks of discrimination or harassment against pharmacy professionals in the workplace due to their religion or belief, or perceived religion or belief.

28. Some employers also asked for further clarification and examples about how the change would be implemented, both what is expected from pharmacy organisations and employers more broadly, as well as more locally in the workplace particularly in situations where the change would have an impact on existing employees. Other respondents, including some employers, did not feel that there was anything further to add to the guidance.

29. Similarly, a number of respondents felt that the guidance should include further advice on employment issues, for example, how the new approach would relate to the recruitment of employees. Some respondents asked for more information to help employers understand and apply the law in this area,
including their responsibilities in workplace, the rights of employees (including job applicants), and the rights of service-users.

30. Some respondents also asked for more guidance on how employers should support employees and manage situations of religious observation in the workplace by employees. Equally, some respondents asked for guidance on providing care and advice that recognises the patient’s values or beliefs, or how cultural and social factors could have an impact. Example scenarios included in both of these cases were, for example, fasting, using non-animal based products, and prayer.

31. A number of respondents also felt that the role of the entire pharmacy team should be made more explicit, including frontline staff who often have the first contact with patients in these situations. This was raised in the context of the importance of training the whole pharmacy team on issues such as effective communication, including using the appropriate body language and tone.

**Tone and language**

32. Some respondents felt that the overall tone of the guidance seemed to problematise religion, personal values and beliefs, almost as if to say these do not have a place in healthcare. They felt that the guidance unnecessarily framed these issues in negative terms, as obstacles to good patient care.

33. Some respondents also suggested that the wording in relation to religion, personal values and beliefs should be more neutral. Others felt that the guidance should do more to recognise pharmacy professionals’ rights to practise in line with their religion, personal values and beliefs, as well as the positive contribution personal values and beliefs can have on care.

**Other legal and regulatory issues**

34. A number of respondents asked for further information or advice about the relevant legal framework, including the Equality Act 2010 and the Human Rights Act 1998, as well as employment legislation. While some respondents recognised the limitations of the regulator in terms of providing legal advice, others felt that the guidance should provide more information about equalities and employment law, and how this would interact with the standards and guidance.

35. Some respondents also asked for further information about fitness to practise implications where a pharmacy professional does not meet the standards and suggested that this should be included in the guidance. Others felt that the guidance should be expanded to include information about how people can raise concerns about pharmacy professionals who are not meeting the new standards.

36. A number of respondents referred to the guidance produced by the General Medical Council, which they perceived as better. Some felt that the guidance should include similar language to that of the GMC guidance, specifically inclusion of terms such as ‘conscience’ or ‘conscientious objection’.

37. Finally, some respondents were concerned that the current approach could become problematic should, for example, legislation around assisted dying change, and that the guidance should address this point. Others commented that it would be unwise for the guidance to attempt to cover all eventualities or to reference hypothetical, future legal changes.
In practice:
Guidance on
religion, personal
values and beliefs

June 2017
The General Pharmaceutical Council is the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. As part of our role, we set the standards that pharmacy professionals have to meet throughout their careers.
About this guidance

This guidance should be read alongside the standards for pharmacy professionals which all pharmacy professionals must meet. It gives further guidance to pharmacy professionals on applying standard 1, when their religion, personal values or beliefs might impact on their willingness to provide certain services.

Pharmacy professionals should use their professional judgement in applying this guidance in practice and be able to justify their decisions. This guidance cannot cover every situation and does not give legal advice on equalities-related issues. However, it sets out the key factors for pharmacy professionals to consider when applying the standards in this context.

Pharmacy professionals should satisfy themselves that all members of the team are familiar with the issues raised within this guidance and understand their own responsibilities in relation to religion, personal values and beliefs in pharmacy.

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:

- obtain consent to provide care and pharmacy services
- involve, support and enable every person when making decisions about their health, care and wellbeing
- listen to the person and understand their needs and what matters to them
- give the person all relevant information in a way they can understand, so they can make informed decisions and choices
- consider the impact of their practice whether or not they provide care directly
- respect and safeguard the person’s dignity
- recognise and value diversity, and respect cultural differences – making sure that every person is treated fairly whatever their values and beliefs
- recognise their own values and beliefs but do not impose them on other people
• take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs

• make the best use of the resources available

This guidance is intended to:

• reflect the broad range of situations when a pharmacy professional’s religion, personal values or beliefs might impact on their willingness to provide certain services

• help pharmacy professionals understand what it means to take responsibility for ensuring that person-centred care is not compromised

• outline the key factors that pharmacy professionals should consider, to make sure people receive the care they need as a priority

• apply whether pharmacy professionals are working in a healthcare setting (such as a hospital, secure accommodation, care home, primary care or community pharmacy setting), another setting, or providing services in person or online

We have a range of guidance on our website to help pharmacy professionals apply our standards. As well as considering this guidance, all pharmacy professionals and pharmacy owners should read our guidance on confidentiality.

The legal framework

Pharmacy professionals must make sure that they keep up to date and comply with the law, and with any NHS or employment policies and contractual responsibilities of their employer that apply to their particular area of work.

In the context of religion, personal values and beliefs in pharmacy, it is important that pharmacy professionals understand and keep to the relevant framework of equalities and human rights legislation.

For example, the Equality Act 2010 protects individuals from direct and indirect discrimination, and harassment, because of nine ‘protected characteristics’¹ including religion or belief. Protection applies in the workplace, the provision of services and other contexts, and is subject to defined exceptions.

We recognise that all protected characteristics have equal status. This guidance deals specifically with religion and belief as well as personal values, as these can particularly impact on professionals’ decision-making in practice. It is also important to note that within equality law, religion means any

¹ The ‘protected characteristics’ are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.
religion, including a lack of religion. Belief means any religious or philosophical belief, and includes a lack of belief.

Also, the Human Rights Act 1998 incorporates the European Convention on Human Rights into UK law. Article 9 protects the right to freedom of thought, conscience and religion. This right is subject to qualification and cannot be used to support an action that disproportionately infringes the rights and freedoms of others.

The legislation in this area is complex, and there is significant and developing case law on equalities and human rights issues. It is not for our standards or supporting guidance to set out the law in detail or give legal advice. This means that pharmacy professionals need to understand how the law applies to them and get legal advice when they need it.

Employers must also keep to the relevant employment, human rights and equalities law, and must not discriminate against pharmacy professionals because of their stated or perceived personal values or beliefs, including religion.

1 Religion, personal values and beliefs in pharmacy

We recognise and respect that a pharmacy professional’s religion, personal values and beliefs may be central to their lives and can make a positive contribution to their providing safe and effective care to a diverse population. In some cases, a pharmacy professional’s religion, personal values or beliefs may affect their day-to-day practice, and whether they feel able to provide certain services. This might include, for example, services related to:

- contraception (routine or emergency)
- fertility medicines
- hormonal therapies
- mental health and wellbeing
- substance misuse
- sexual health

Pharmacy professionals have the right to practise in line with their religion, personal values or beliefs as long as they act in accordance with equalities and human rights law and make sure that person-centred care is not compromised.

Pharmacy professionals must not discriminate against a person based on their own – or the person’s – religion, personal values or beliefs, or lack of religion or belief. They should be sensitive to cultural, social, religious and clinical factors, and recognise that these can guide a person’s choices.

It is important that pharmacy professionals work in partnership with their employers and colleagues to consider how they can practise in line with their religion, personal values and beliefs without compromising care. This includes thinking in advance about the areas of their practice which may be
affected and making the necessary arrangements, so they do not find themselves in the position where a person’s care could be compromised.

If a pharmacy professional is unwilling to provide a certain service, they must take steps to make sure the person asking for care is at the centre of their decision-making, so they can access the service they need in a timely manner and without hindrance. For example, this might include considering any time limits or other barriers to accessing medicines or other services, as well as any adverse impact on the person.

Pharmacy professionals are not expected to provide services which are not clinically appropriate for the person. They should use their professional judgement when making decisions about what is clinically appropriate for the individual person, and discuss alternative options with the person, if necessary. Pharmacy professionals should keep in mind the difference between religion, personal values or beliefs, and a professional clinical judgement.

**Taking responsibility**

People receive safe and effective care when pharmacy professionals take responsibility for ensuring that person-centred care is not compromised by personal values or beliefs. The way this is done will depend on the individual situation, and the specific needs and circumstances of the person asking for care.

We want to be clear that referral to another health professional may be an appropriate option, and this can include handover to another pharmacist at the same, or another, pharmacy or service provider.

Pharmacy professionals must use their professional judgement to decide whether a referral is appropriate in each individual situation, and take responsibility for the outcome of the person’s care. This includes considering the impact of their decision on the person asking for care, and meeting their legal responsibilities.

There are a number of factors for pharmacy professionals to consider when deciding whether a referral is appropriate in the circumstances. In particular, pharmacy professionals should make sure:

- people receive the care they need as a priority
- people are provided with all the relevant information to help them access the care they need, and
- people are treated as individuals, fairly and with respect

A referral may not be appropriate in every situation: for example, if a service is not accessible or readily available elsewhere for the person, or if, due to the person’s vulnerability, a referral would effectively obstruct timely access to the service. Again, pharmacy professionals should use their professional judgement to decide what is appropriate in individual cases.
### 2 Factors to consider

Below are some of the key factors that pharmacy professionals should think about when providing person-centred care. This includes situations when religion, personal values and beliefs might have an impact on their willingness to provide certain services.

#### 2.1 Work location and range of services

Pharmacy professionals should use their professional judgement to make sure the person asking for care is able to receive or access the services they need. Pharmacy professionals should think in advance about the range of services they can provide, the roles they feel able to carry out, and how to handle requests for services sensitively.

Pharmacy professionals should not knowingly put themselves in a position where they are unwilling to deliver or arrange timely care for a person. They should consider whether this means that, in some cases, certain professional roles will not be appropriate for them.

Pharmacy professionals should also consider:

- the suitability of the location, environment and working hours of the role they choose to work in: for example, an isolated pharmacy in a rural area, or on an out-of-hours rota
- the full range and type of services which their pharmacy is contracted to provide, including whether these are provided regularly or occasionally, and
- whether they will be working on their own and are aware of other local pharmacy professionals who will be willing and able to provide the service if they feel unable to do so, and what the other service providers’ opening hours are

#### 2.2 Openness between the pharmacy professional and their employer

Pharmacy professionals should work in partnership with their employers and colleagues to create open and honest work environments. They should be open with their employer about any ways in which their religion, personal values or beliefs might impact on their willingness to provide certain pharmacy services.

Pharmacy professionals should also:

- tell their employer, as soon as possible, if their religion, personal values or beliefs might prevent them from providing certain pharmacy services, and
- work in partnership with their employer to make sure adequate and appropriate arrangements are put in place
2.3 Making the care of the person the priority

Pharmacy professionals have an important role in treating every person as an individual, adapting the care to meet their needs, and putting the person at the centre of their decision-making. They should:

- work with the person asking for care, and others that may need to be involved, so the person can come to an informed decision about how they can access the care and services they need
- understand the needs of the person and any specific barriers they may face
- not assume that the person knows about the options available to them
- check the person understands the full range of information, including any significant risks which may be associated with the care they are seeking or the pharmacy professional’s recommendations, to make it as easy as possible for the person to receive care
- be open to having discussions about how the person’s religion, personal values or beliefs might relate to their care: for example, by giving advice on taking medicines during periods of fasting or giving advice about supplying non-animal-based medicines, and
- recognise when a person may need extra care or advice – for example, a distressed or vulnerable person or in a matter involving safeguarding – and act when necessary

2.4 Handling requests sensitively

Pharmacy professionals should be sensitive in the way that they communicate with people asking for care and not imply or express disapproval or judgement. In handling requests, they should:

- make sure the person is treated sensitively by using appropriate facilities or arrangements, such as a consultation room if available
- 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
- safeguard, respect and maintain the privacy, dignity and confidentiality of people asking for care, and make sure the person is not made to feel uncomfortable, embarrassed or distressed

3  Questions to ask yourself

Below are some key questions that pharmacy professionals should ask themselves when thinking about how they can ensure and demonstrate that they have provided person-centred care in this context:
• Have I considered the range of services I feel able to provide?
• Have I been open with my employer about the services I feel able to provide?
• Is the work location and environment suitable for me?
• Are the right arrangements in place to make sure people come first?
• Have I made the care of the person my priority?
• Have I considered the impact of my actions on the person?
• How do I handle requests sensitively, without embarrassing the person?

4 Employers and pharmacy professionals working together

Employers have important responsibilities for creating and maintaining a person-centred environment, and ensuring the safe and effective delivery of pharmacy services. This includes considering the needs of the people in their area and how the pharmacy can best meet their expectations and needs as a priority.

Also, employers have responsibilities towards pharmacy professionals and the wider pharmacy team. Everyone has the right to be treated with dignity and respect in the workplace, and employers should be sensitive to the religion, personal values and beliefs of pharmacy professionals, and create and maintain fair working environments. Employers must keep to the relevant employment, human rights and equalities law. They must not unlawfully discriminate against pharmacy professionals because of their stated or perceived religion, personal values or beliefs.

Employers must have governance and staff management processes in place so they can support and enable pharmacy professionals to provide continuous care in a non-discriminatory way for the people using their pharmacy services, throughout the opening hours of the pharmacy. They should consider and review these workplace processes to make sure that these are appropriate, and in line with the law.

Pharmacy professionals who are employed or seeking employment should have open and honest conversations with their employers about any ways in which their religion, personal values or beliefs might impact on their willingness to provide certain pharmacy services. This will enable employers to put in place ways of working to ensure the consistent provision of services and compliance with their NHS contract. Pharmacy professionals should discuss with their employer any necessary arrangements that may be needed, so that the pharmacy services provided are not adversely affected by their personal values and beliefs.

The pharmacy team is often the first point of contact so employers should make sure that the team is aware of this guidance. Employers should also make sure the team understands the importance of treating people sensitively when they request a pharmacy service or care which may not be in line with their religion, personal values or beliefs, so that the person’s care is not compromised.
There is a significant amount of advice and guidance available from other professional sources to help employers understand and apply the law in this area. This includes detailed information for employers on their responsibilities in the workplace, the rights of employees (including job applicants) and the rights of people who use pharmacy services.

Other sources of information

You can get more information and guidance from professional bodies, indemnity insurance providers, and from other independent bodies such as those listed below:

- ACAS – ‘Religion or belief and the workplace’
- Association of Pharmacy Technicians, UK
- Citizens Advice
- Equalities and Human Rights Commission
- Equalities and Human Rights Commission – ‘Religion or belief guidance for employers’
- Equalities and Human Rights Commission Scotland
- Equalities and Human Rights Commission Wales
- European Convention on Human Rights
- Guild of Healthcare Pharmacists
- National Pharmacy Association
- Royal Pharmaceutical Society

Relevant legislation

- The Equality Act 2010
- The Human Rights Act 1998
Performance Monitoring Report

Purpose
To report to Council on operational and financial performance to the end of March 2017

Recommendations
The Council is asked to note and comment on the performance information provided at Appendix 1.

1. Introduction
1.1. This paper reports on operational and financial performance to the end of March 2017.
1.2. The sections below provide an executive summary of key areas to note within the report.

2. Customer services
2.1. During the quarter, the 3 contact centre KPIs were narrowly missed. However, the team has been undergoing a period of considerable change, operating with staffing numbers significantly below the required level and new staff joining who are in training. Whilst the training continues, existing staff are becoming more experienced and additional staff are still to join the team; both of which will help to ensure a return to achieving the KPIs in future as the team becomes established.

3. Fitness to Practise
3.1. Compared with the previous quarter, performance across this quarter improved in 3 out of the 5 standards. Quarter 4 also saw the highest number of Stream 1 cases closed this year. 96% of all concerns raised were triaged in 3 working days this quarter, while the number of cases triaged (507) was the highest this year.
3.2. Whilst performance in relation to the percentage of Stream 2 cases closed or referred to the IC within 10 months reduced this reporting period, this reflected the deliberate focus on progressing the oldest cases through the investigation stage. Importantly, 203 Stream 2 cases were closed or referred to the IC in quarter 4, the second highest number of cases closed or referred to the IC this year.
3.3. Similarly, there was a reduction in the performance of the IC during quarter 4 in relation to the percentage of cases which were closed or referred within 12 months, as these older cases have been moving through.
4. Inspection

4.1. The number of routine inspections over the period increased to 1,003. The average number of inspections completed increased from an average of 292 in Quarter 3 to an average of 334 in Quarter 4.

4.2. The number of pharmacies not inspected for 36 months or more reduced for the second quarter in succession from 4,864 to 4,378. As forecast, we have completed in excess of 300 inspections per month and in excess of 900 in this quarter.

5. Human Resources

5.1. The total number of permanent leavers for this period equates to a turnover rate of 9.7% compared to the turnover rate of 20.9% for 2016. Although this is a significant improvement, it should be noted that there has been a high level of leavers during the month of April 2017. We would therefore anticipate that the 9.7% will increase in the next reporting period.

6. Finance

6.1. The actual surplus year to date is £266K versus a forecast surplus of £154K (the variance to the original budget is a positive variance of £1,269K against a budget deficit of £1,003K).

7. Equality and diversity implications

7.1. The purpose of this report is to report on operational and financial performance. There are no direct equality and diversity implications.

8. Communications

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

9. Resource implications

9.1. Resource implications are addressed within the report.

10. Risk implications

10.1. Failure to maintain an accurate register and/or carry out our other regulatory functions efficiently and effectively could have implications on patient safety, and a significant impact on the GPhC’s reputation.

10.2. Failure to accurately forecast/budget for revenues and expenditure could lead to inappropriate or inconsistent fee policies which could have an adverse impact on the GPhC’s reputation.
11. Monitoring and review

11.1. Council will receive a performance monitoring report on a quarterly basis, providing an update of the delivery of the GPhC’s regulatory functions and finances.

Recommendations

The Council is asked to note and comment on the performance information provided at Appendix 1.

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

31 May 2017
Performance Monitoring Report: end March 2017
1. Customer services

1.1 Registrations

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th></th>
<th>2016/17</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q3</td>
<td>Q4</td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>852</td>
<td>398</td>
<td>243</td>
<td>2,800</td>
</tr>
<tr>
<td>Pharmacy technicians</td>
<td>394</td>
<td>318</td>
<td>248</td>
<td>441</td>
</tr>
<tr>
<td>Registered pharmacies</td>
<td>176</td>
<td>92</td>
<td>99</td>
<td>88</td>
</tr>
</tbody>
</table>

The annual growth of the register continues across both pharmacist and pharmacy technician registrant types, although the rate for pharmacy technicians has decreased over the year end March 2017 at 1.1% compared with the previous two years at 1.6% for 2015/16 and 1.3% for 2014/15. We have seen a 20% reduction in new entrant pharmacy technicians over the last year despite increased completion of a key PT trainee qualification. Quarter one for 17/18 would seem to be broadly in line with previous year figures at this stage.

The rate of increase for registered pharmacists is 3.8% for the year ending March 2017 compared with 3.1% in 2016 and 2.9% in 2015. However, new entrants have also reduced year on year by circa 10%.

1.2 Registration Totals

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Budgeted</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>53,967</td>
<td>53,068</td>
<td>899</td>
</tr>
<tr>
<td>Pharmacy technicians</td>
<td>23,318</td>
<td>23,271</td>
<td>47</td>
</tr>
<tr>
<td>Registered pharmacies</td>
<td>14,403</td>
<td>14,417</td>
<td>-14</td>
</tr>
</tbody>
</table>

[Register totals as at 22:00 31 Mar, 2017]
1.3 Median application processing times for pharmacists

<table>
<thead>
<tr>
<th>Median application processing times for pharmacists (working days)</th>
<th>Median application processing times for pharmacy technicians (working days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application receipt to approval</td>
<td>Application receipt to approval</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Application receipt to entry</td>
<td>Application receipt to entry</td>
</tr>
<tr>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

Medians calculated for applications during the period 1 January 2017 to 31 March 2017

1.4 Contact Centre

<table>
<thead>
<tr>
<th>Phone</th>
<th>2015/2016</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>Calls made to GPhC</td>
<td>14,096</td>
<td>9,210</td>
</tr>
<tr>
<td>Calls answered within 20 seconds (KPI &gt; 80%)</td>
<td>83.8%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Calls abandoned (KPI &lt; 5%)</td>
<td>2.10%</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

Correspondence

| Emails actioned within 2 days (KPI > 90%) | 97.7% | 100% | 100% | 92.6% | 80.0% | 89.3% |

During the quarter, the 3 KPI’s were narrowly missed. However, the CCC has been undergoing a period of considerable change, with the team operating with staffing numbers significantly below the required numbers, and with new staff joining who are in the process of being trained and gaining the necessary experience. Whilst this process will continue, the existing staff are now more experienced and new staff are still to join the team, which will help to ensure a return to achieving the KPI’s in future as the new team becomes established.
### 1.5 Continuing Professional Development

#### Call and submission data

<table>
<thead>
<tr>
<th></th>
<th>2014-15 Call</th>
<th>2016 Call (2.5% sample pilot)</th>
<th>2017 Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records requested</td>
<td>19,197</td>
<td>1798</td>
<td>1544</td>
</tr>
<tr>
<td>Submitted by deadline</td>
<td>17,802</td>
<td>1,687 (93.8%)</td>
<td>1416 (91.7%)</td>
</tr>
<tr>
<td></td>
<td>(92.7%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Submission issues

<table>
<thead>
<tr>
<th></th>
<th>2014-15 Call</th>
<th>2016 Call (2.5% sample pilot)</th>
<th>2017 Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extensions granted</td>
<td>450 (2.3%)</td>
<td>58 (3.2%)</td>
<td>34 (2.2%)</td>
</tr>
<tr>
<td>Incomplete</td>
<td>1,400 (7.3%)</td>
<td>145 (8.1%)</td>
<td>110 (7.1%)</td>
</tr>
<tr>
<td>Problems</td>
<td>17 (0.1%)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Non-compliance action

<table>
<thead>
<tr>
<th></th>
<th>2014-15 Call</th>
<th>2016 Call (2.5% sample pilot)</th>
<th>2017 Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st reminder</td>
<td>1,160 (6.0%)</td>
<td>1454 (80.9%)</td>
<td>680 (44%)</td>
</tr>
<tr>
<td>2nd reminder</td>
<td>687 (3.5%)</td>
<td>111 (6.2%)</td>
<td>388 (25.1%)</td>
</tr>
<tr>
<td>Entered into remediation</td>
<td>137 (0.7%)</td>
<td>253 (14.1%)</td>
<td>53 (3.4%)</td>
</tr>
<tr>
<td>Notice of intention to remove</td>
<td>407 (2.1%)</td>
<td>182 (10.1%)</td>
<td>65 (4.2%)</td>
</tr>
<tr>
<td>Notice of removal</td>
<td>213 (1.1%)</td>
<td>52 (2.9%)</td>
<td>0*</td>
</tr>
</tbody>
</table>

#### Overall compliance

<table>
<thead>
<tr>
<th></th>
<th>2014-15 Call</th>
<th>2016 Call (2.5% sample pilot)</th>
<th>2017 Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met requirements at 1st attempt</td>
<td>19,027 (99.9%)</td>
<td>1451 (80.7%)</td>
<td>1393 (90.2%)</td>
</tr>
<tr>
<td>Met requirements at 2nd attempt</td>
<td>246 (13.7%)</td>
<td>0*</td>
<td>0*</td>
</tr>
<tr>
<td>Removal for non-compliance</td>
<td>170 (0.9%)</td>
<td>25 (1.4%)</td>
<td>0*</td>
</tr>
<tr>
<td>Voluntary removal from register</td>
<td>23 (1.3%)</td>
<td>1 (0.1%)</td>
<td>8 (0.5%)</td>
</tr>
<tr>
<td>Deleted from register</td>
<td>1 (0.1%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Failed to renew registration</td>
<td>10 (0.5%)</td>
<td>3 (0.2%)</td>
<td>0</td>
</tr>
<tr>
<td>CFTP pilot participation</td>
<td>6 (0.3%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Notice of intention to remove</td>
<td>407 (2.1%)</td>
<td>182 (10.1%)</td>
<td>65 (4.2%)</td>
</tr>
<tr>
<td>Notice of removal</td>
<td>213 (1.1%)</td>
<td>52 (2.9%)</td>
<td>0*</td>
</tr>
</tbody>
</table>

#### Overall compliance rating

<table>
<thead>
<tr>
<th></th>
<th>2014-15 Call</th>
<th>2016 Call (2.5% sample pilot)</th>
<th>2017 Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met requirements at 1st attempt</td>
<td>19,027 (99.9%)</td>
<td>1451 (80.7%)</td>
<td>1393 (90.2%)</td>
</tr>
<tr>
<td>Met requirements at 2nd attempt</td>
<td>246 (13.7%)</td>
<td>0*</td>
<td>0*</td>
</tr>
<tr>
<td>Removal for non-compliance</td>
<td>170 (0.9%)</td>
<td>25 (1.4%)</td>
<td>0*</td>
</tr>
</tbody>
</table>

*pending as call is on-going
About the data

Figures are presented as annual call cycles. 2014-15 calls commenced in October 2014 and ended in June 2015. The 2016 and 2017 calls use a sampling approach of 2.5% of the professional registers.

The 2017 call is on-going and is not yet representative of the final degree of compliance with CPD requirements.

Data was extracted on 12th April 2017.

Commentary

1 Incomplete refers to having approval to submit fewer entries than usually required (9 per year) as a result of periods away from practice, such as parental or sick leave.

2 Problem submissions are those that are submitted in formats that cannot be accepted and therefore it is not possible to process them.

3 In 2017, only 44% of the registrants were issued with a first reminder compared to 80% in the call prior, suggesting that the reminder preceding the deadline is becoming more effective in the CPD process.

4 There has been just over a 10% decrease in the proportion of registrants entered into remediation as the 2017 call included a number of registrants who were previously entered into the remedial measures process.

5 As with periods of remediation, there has been a significant decrease in the instances of sending notices of intent to remove registration.
2. **Fitness to Practise (FtP)**

2.1 **Fitness to Practise performance standards**

<table>
<thead>
<tr>
<th></th>
<th>2016/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td>All cases triaged during this period</td>
<td>433</td>
</tr>
<tr>
<td>Of which cases triaged within 3 working days</td>
<td>313</td>
</tr>
<tr>
<td>%</td>
<td>72.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2016/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td>All stream 1 cases closed pre-IC</td>
<td>168</td>
</tr>
<tr>
<td>Of which closed within 3 months</td>
<td>128</td>
</tr>
<tr>
<td>%</td>
<td>76.2%</td>
</tr>
<tr>
<td>All stream 2 cases closed pre-IC or referred to the IC $^1$</td>
<td>204</td>
</tr>
<tr>
<td>Of which closed or referred within 10 months</td>
<td>148</td>
</tr>
<tr>
<td>%</td>
<td>72.5%</td>
</tr>
<tr>
<td>All cases closed or referred at IC</td>
<td>50</td>
</tr>
<tr>
<td>Of which reach IC within 12 months</td>
<td>23</td>
</tr>
<tr>
<td>%</td>
<td>46.0%</td>
</tr>
<tr>
<td>All FTP committee cases closed</td>
<td>26</td>
</tr>
<tr>
<td>Of which closed within 24 months</td>
<td>19</td>
</tr>
<tr>
<td>%</td>
<td>73.1%</td>
</tr>
</tbody>
</table>

Cases closed 1 January 2017 to 31 March 2017, which may have been opened at any time.
Compared with the previous quarter, performance across this quarter improved in 3 out of the 5 standards - percentage of cases triaged within 3 days, percentage of Stream 1 cases closed within 3 months and the percentage of cases closed by the FtPC within 24 months. Quarter 4 also saw the highest number of Stream 1 cases closed this year. 96% of all concerns raised were triaged in 3 working days this quarter, while the number of cases triaged (507) was the highest this year.

Whilst performance in relation to the percentage of Stream 2 cases closed or referred to the IC within 10 months reduced this reporting period, this reflected the deliberate focus on progressing the oldest cases through the investigation stage, in line with our strategy. As a result, at the end of Quarter 4, only 23% of cases over 12 months old remain in the investigation stage. Importantly, 203 Stream 2 cases were closed or referred to the IC in quarter 4, the second highest number of cases closed or referred to the IC this year.

Similarly, in line with the strategy above, there was a reduction in the performance of the IC during Quarter 4 in relation to the percentage of cases which were closed or referred within 12 months, as these older cases have been moving through. As previously reported, we anticipate that performance of the IC will fluctuate as this is dependent upon the age mix of cases progressing through the fitness to practise process.
2.2 Cases allocated and closed

Across the quarter, the number of concerns received and allocated increased from 458 in quarter 3 to 518 in Quarter 4 - this equates to a monthly average of 172 concerns being received, compared with 153 in the previous quarter. At the end of March 2017 our total caseload stands at 685 a reduction when compared with the caseload of 731 at the end of March 2016.
### 2.3 Caseload age profile

<table>
<thead>
<tr>
<th>Age profile</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feb</td>
<td>Mar</td>
</tr>
<tr>
<td>Under 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>433</td>
<td>424</td>
</tr>
<tr>
<td>%</td>
<td>59.5%</td>
<td>58.0%</td>
</tr>
<tr>
<td>6-12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>172</td>
<td>156</td>
</tr>
<tr>
<td>%</td>
<td>23.6%</td>
<td>21.3%</td>
</tr>
<tr>
<td>12-14 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>29</td>
<td>45</td>
</tr>
<tr>
<td>%</td>
<td>4.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>15 months old and over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>94</td>
<td>106</td>
</tr>
<tr>
<td>%</td>
<td>12.9%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>728</td>
<td>731</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The age profile of our open caseload continues to remain relatively stable with the majority of cases now under 12 months old and increasing, in line with our plan to manage newer cases at the front end of the process efficiently, whilst progressing older cases through the various fitness to practise processes to closure. This can be seen at the front end by the number of cases between 6-12 months old remaining largely stable with the larger majority of cases (at 56%) being under 6 months old. The proportion of our caseload over 12 months has reduced from 177 cases at the end of Quarter 3, to 160 cases at the end of Quarter 4. Furthermore there has been a significant shift in the progress of these older cases - 77% are now past the investigation stage on their way to closure and will be concluded from April to the end of the year. Over half of the remaining cases over 12 months old still within the investigation stage are subject to third party intervention and therefore we are unable to progress our investigation until other agencies have completed their enquiries. The remaining investigations are scheduled for completion by the end of June, apart from 2 which require Court Orders to ensure disclosure of key evidence.
### 2.4 Cases over 15 months

<table>
<thead>
<tr>
<th>Age profile</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>February</td>
<td>March</td>
</tr>
<tr>
<td>15-19 months</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>33.0%</td>
</tr>
<tr>
<td>20-24 months</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>22.3%</td>
</tr>
<tr>
<td>25-29 months</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>21.3%</td>
</tr>
<tr>
<td>30-34 months</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>10.6%</td>
</tr>
<tr>
<td>35-39 months</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>5.3%</td>
</tr>
<tr>
<td>40-42 months</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2.1%</td>
</tr>
<tr>
<td>43-49 months</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4.3%</td>
</tr>
<tr>
<td>50 months or more</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

The direction of travel in relation to our caseload of open cases over 15 months remains broadly in line with our plan to progress the oldest cases through to closure and is being sustained. The vast majority of these cases (at 75%) are past the investigation stage, a significant improvement and are scheduled for closure at FtPC, or are in the process of being scheduled for a hearing at FtPC between now and the end of the year.
2.5 Cases closed by stage

The average number of cases closed at IC and FtPC continues to remain stable, despite a rise in the number of cases closed by both committees at the end of March. Notably we saw an increase in Stream 1 and Stream 2 case closures throughout the quarter. There were a higher number of concerns which were closed as being out of jurisdiction, although this increase is in line with the higher number of concerns received throughout the quarter.
2.6 DBS referrals

The Disclosure and Barring Service (DBS) and Disclosure Scotland (DS) Referrals Panel considered 10 matters during this quarter, of which 2 were referred to the DBS.

2.7 Appeals

During this quarter 1 appeal was concluded. A registrant challenged a Fitness to Practise Committee decision on number of grounds – the appeal claimed that the committee had failed appropriately to consider relevant guidance and evidence presented by the registrant, failed to apply the law correctly and had imposed a sanction of removal which was excessive and disproportionate. The High Court dismissed the appeal.

No new appeals were brought during quarter 4, and at the end of the quarter there were 3 ongoing appeals (all of which are scheduled to be determined in July 2017).
2.8 Interim orders

Interim Order applications are sought in circumstances where the GPhC considers that an order is necessary to protect the public, is in the public interest or is necessary to protect the registrant. Compared with quarters 1, 2 and 3, the average number of interim order applications remained stable across Quarter 4, at around 4 per month. When considering matters which may justify an interim order application, these represent an operational priority for the team. Despite the increase in number of interim order applications being managed, the team has been able to sustain good performance and completed applications in an average of 2.1 weeks. This period is taken from the time we receive information justifying the need for an IO order to the date on which the FtPC makes the decision to impose an interim order.
3. Inspection

3.1 Inspections undertaken

<table>
<thead>
<tr>
<th></th>
<th>Routine inspections</th>
<th>Follow up inspections</th>
<th>Visits before registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacies</td>
<td>1,003</td>
<td>38</td>
<td>81</td>
</tr>
</tbody>
</table>

Figures above relate to inspection activity between 1 January 2017 and 31 March 2017.

The number of routine inspections over the period increased to 1,003. The average number of inspections completed increased from an average of 292 per month in Quarter 3 to an average of 334 in Quarter 4.

3.2 Pharmacy premises not inspected

<table>
<thead>
<tr>
<th>Months since previous inspection</th>
<th>2015/16</th>
<th>2016/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>February</td>
<td>March</td>
</tr>
<tr>
<td>36-38 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>1,087</td>
<td>1,165</td>
</tr>
<tr>
<td>%</td>
<td>26.00%</td>
<td>25.60%</td>
</tr>
<tr>
<td>39-41 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>1,218</td>
<td>1,160</td>
</tr>
<tr>
<td>%</td>
<td>29.10%</td>
<td>25.50%</td>
</tr>
<tr>
<td>42-47 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>1,558</td>
<td>1,705</td>
</tr>
<tr>
<td>%</td>
<td>37.20%</td>
<td>37.50%</td>
</tr>
<tr>
<td>48 months or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>327</td>
<td>516</td>
</tr>
<tr>
<td>%</td>
<td>7.80%</td>
<td>11.30%</td>
</tr>
<tr>
<td>Total</td>
<td>4,190</td>
<td>4,546</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Of all registered pharmacies</td>
<td>14,390</td>
<td>14,393</td>
</tr>
<tr>
<td>%</td>
<td>29.10%</td>
<td>31.60%</td>
</tr>
</tbody>
</table>

Figures correct as at 31 March 2017
3.3 Age profile of pharmacies not inspected for 48 months and over

<table>
<thead>
<tr>
<th>Months since previous inspection</th>
<th>East</th>
<th>North</th>
<th>South</th>
<th>West</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>48 – 50 Months</td>
<td>No.</td>
<td>240</td>
<td>167</td>
<td>178</td>
<td>161</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>68.6%</td>
<td>65.5%</td>
<td>90.4%</td>
<td>59.6%</td>
</tr>
<tr>
<td>51 – 53 Months</td>
<td>No.</td>
<td>98</td>
<td>66</td>
<td>15</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>28.0%</td>
<td>25.9%</td>
<td>7.6%</td>
<td>27.0%</td>
</tr>
<tr>
<td>54 – 59 Months</td>
<td>No.</td>
<td>12</td>
<td>20</td>
<td>4</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>3.4%</td>
<td>7.8%</td>
<td>2.0%</td>
<td>13.0%</td>
</tr>
<tr>
<td>+60 Months</td>
<td>No.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>0.0%</td>
<td>0.8%</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total</td>
<td>No.</td>
<td>350</td>
<td>255</td>
<td>197</td>
<td>270</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Figures correct as at 31 March 2017

The number of pharmacies not inspected for 36 months or more reduced for the second quarter in succession from 4,864 to 4,378. As forecast, we have completed in excess of 300 inspections per month and in excess of 900 in this quarter to keep on top of the flow of pharmacies through the age categories. Our two newest ‘floating’ inspectors have provided additional resilience and, as a consequence, we have significantly reduced the number of pharmacies that had not been inspected in a particular part of the East region.

We have, though, seen an increase in the number of pharmacies not inspected for more than 54 months from 36 to 74. Our overall productivity will, over time, enable us to keep to a 54 month maximum but there will be occasional fluctuations due to the previous historical spikes in inspection that occurred before our revised approach was introduced (i.e. there were particular periods where more inspections were carried out meaning a larger batch of pharmacies comes into a particular age bracket at one time, often disproportionately in individual geographical regions). However, the flow of pharmacies overall will be reducing as fewer enter the 36 month+ category and there has been a significant reduction in the 36-38 months (659 to 451) and 39-41 months categories (1201 to 669). This reflects the fact that we will now see those pharmacies first inspected under the new approach three years ago coming back into the figures.
### 3.4 Top 5 standards ranked as not met

<table>
<thead>
<tr>
<th>Standard no.</th>
<th>Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3</td>
<td>Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely</td>
<td>39</td>
</tr>
<tr>
<td>1.1</td>
<td>The risks associated with providing pharmacy services are identified and managed</td>
<td>28</td>
</tr>
<tr>
<td>1.2</td>
<td>The safety and quality of pharmacy services are regularly reviewed and monitored</td>
<td>27</td>
</tr>
<tr>
<td>4.2</td>
<td>Pharmacy services are managed and delivered safely and effectively</td>
<td>22</td>
</tr>
<tr>
<td>1.6</td>
<td>All necessary records for the safe provision of pharmacy services are kept and maintained</td>
<td>21</td>
</tr>
</tbody>
</table>

### 3.5 Top 5 standards ranked as good

<table>
<thead>
<tr>
<th>Standard no.</th>
<th>Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training</td>
<td>387</td>
</tr>
<tr>
<td>2.4</td>
<td>There is a culture of openness, honesty and learning</td>
<td>322</td>
</tr>
<tr>
<td>1.2</td>
<td>The safety and quality of pharmacy services are regularly reviewed and monitored</td>
<td>315</td>
</tr>
<tr>
<td>1.1</td>
<td>The risks associated with providing pharmacy services are identified and managed</td>
<td>287</td>
</tr>
<tr>
<td>4.2</td>
<td>Pharmacy services are managed and delivered safely and effectively</td>
<td>251</td>
</tr>
</tbody>
</table>

The above rankings relate to inspections carried out between: 1 January 2017 – 31 March 2017

The top 5 standards rated as good and the top 5 standards rated as not met are the same as the previous quarter.
4. Complaints

4.1 Formal complaints and negative feedback by category

The complaints report is now based on two full years of data reported across consistent quarters. An annual pattern of complaints is evident. In both 2015/16 and 2016/17, the volume of complaints in quarter two was approximately twice that of quarter one, with successive reductions in Q3 and Q4. Data from individual complaints supports the analysis that this quarterly variance is linked to the annual cycle of registration renewals. These complaints consist mainly of the way in which payments are made and what complainants feel is the inefficiency of the overall process.
In terms of overall numbers, there were 160 complaints in 2016/17 compared to 189 in the previous year, a reduction of 15.3%. The greatest reduction was in complaints about fees, where 36 were received in 2015/16 compared to none this year. At the same time, complaints about GPhC processes increased year-on-year from 66 to 81 (up 23%), Outcome of a Decision from 27 to 33 (up 22%), and Staff Conduct from 11 to 18 (up 64%). No complaints regarding Equality & Diversity were received in 2016/17.

In Q4 of this year, the design and operation of GPhC processes attracted the highest number of complaints, specifically in relation to the registration renewal process. The conclusions drawn at the end of the GPhC investigating a concern continues to account for the majority of complaints classed as 'Outcome of a Decision.' In the majority of cases, such complaints have been the result of the complainant not understanding/accepting our threshold criteria or the limits of our power as a regulator.
### Education

#### 5.1 Accreditation and recognition activity

<table>
<thead>
<tr>
<th>Course</th>
<th>Type</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td>MPharm degree</td>
<td>Accreditation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Reaccreditation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Interim visit</td>
<td>0</td>
</tr>
<tr>
<td>Independent prescribing</td>
<td>Accreditation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Reaccreditation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Monitoring visit</td>
<td>1</td>
</tr>
<tr>
<td>Level 2 medicines counter assistant and dispensing assistant</td>
<td>Accreditation</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Reaccreditation</td>
<td>1</td>
</tr>
<tr>
<td>OSPAP</td>
<td>Reaccreditation</td>
<td>0</td>
</tr>
</tbody>
</table>

The volume of events was high for the January to March period, as is typical for this time in the academic year. Two of the MPharm accreditations that took place were Step 7 events – the last step in the process for achieving full accreditation. As a result of these events, two providers, the University of Birmingham and Durham University are expected to graduate their first cohort of MPharm students this summer, subject to successful examination board meetings.

One new independent prescribing programme was successfully accredited, which will bring the total number of accredited programmes to 44.
6. Human Resources

6.1 Headcount Overview

The data below summarises the headcount position during the period of 1\textsuperscript{st} January 2017 – 31\textsuperscript{st} March 2017. The turnover rate for permanent staff excludes those employees who were/are on a fixed term contract. The total number of leavers for this period was 8, comprising of 5 permanent employees and 3 staff on fixed term contracts.

The total number of permanent leavers for this period equates to a turnover rate of 9.7\% compared to the turnover rate of 20.9\% for 2016. Although this is a significant improvement, it should be noted that there has been a high level of leavers during the month of April 2017. We would therefore anticipate that the 9.7\% will increase in the next reporting period.

The stability rate has been calculated based upon the number of permanent employees with more than 12 months employment at GPhC. On the 31\textsuperscript{st} March 2017, there were 163 permanent employees who had more than a 12 month employment at GPhC. The stability percentage has slightly dropped from the previous reporting figure of 82.1\%.

<table>
<thead>
<tr>
<th>GPhC</th>
<th>31\textsuperscript{st} March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headcount</td>
<td>220</td>
</tr>
<tr>
<td>Permanent</td>
<td>205</td>
</tr>
<tr>
<td>Fixed Term Contract</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total Leavers</strong></td>
<td><strong>8</strong></td>
</tr>
<tr>
<td>Permanent leavers</td>
<td>5</td>
</tr>
<tr>
<td><strong>Turnover – Permanent</strong></td>
<td><strong>9.7%</strong></td>
</tr>
<tr>
<td><strong>Stability – Permanent staff</strong></td>
<td><strong>79.5%</strong></td>
</tr>
</tbody>
</table>
6.2 Organisational Absence – Absence Percentages

The table below details the absence percentages for the organisation and the individual Directorates at GPhC. In total 314 days in were lost due to absence in this period. The Operations Directorate represents the highest absence percentage and the HR team has prioritised activity with the departmental managers concerned.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Absence % Jan 17 – Mar 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>2.1%</td>
</tr>
<tr>
<td>Executive Office</td>
<td>0.6%</td>
</tr>
<tr>
<td>FTP</td>
<td>1.9%</td>
</tr>
<tr>
<td>OD / EDI</td>
<td>3.2%</td>
</tr>
<tr>
<td>Operations</td>
<td>3.3%</td>
</tr>
<tr>
<td>Strategy</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

The table below compares the GPhC absence percentage (during January 2017 – March 2017) against external areas. The external figures have been taken from the CIPD (Chartered Institute of Personnel and Development) Annual Survey Report 2016.

<table>
<thead>
<tr>
<th>Data Description</th>
<th>Absence %</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPhC</td>
<td>2.1%</td>
</tr>
<tr>
<td>CIPD - All Organisations</td>
<td>3.3%</td>
</tr>
<tr>
<td>CIPD - Central Government</td>
<td>4.8%</td>
</tr>
<tr>
<td>CIPD - Local Government</td>
<td>4.6%</td>
</tr>
<tr>
<td>CIPD - Health</td>
<td>4.8%</td>
</tr>
</tbody>
</table>
6.3 Summary

The headcount has increased from the last reported figure of 210 which was taken at the end of December 2016. On the 31st March 2017 the headcount was in total 220.

The turnover figure for this period was 9.7%. This figure represents a huge drop when compared to the turnover figure of 20.9% in 2016. With a high level of leavers in the month of April we do anticipate that this figure will go up as we progress through 2017.

The GPhC absence percentages compare favourably against the CIPD data however under recording of absence may still be occurring in some areas. Encouraging more comprehensive recording across directorates continues to be a specific business objective for the HR team during 2017.

As referenced in the previous report, the HR team delivered management training in this period. The general feedback from the sessions has been very encouraging which demonstrates the value for GPhC in delivering this training. It was particularly satisfying to have achieved a 100% attendance from all line managers within GPhC, from Chief Executive to Supervisor level. In total the HR team took 65 delegates through this training.

6.4 Looking Ahead

The HR team issued the first set of HR Quarterly Reports in April, covering the first 3 months of 2017. The quarterly reports are designed to increase awareness, identify areas of concern and drive improvement in key HR areas. The HR teams are proactively using this data to work in partnership with line managers in tackling these areas.

In the next period the HR team will continue to work through the HR business plan. The next period key projects include the return to work review project, the exit interview review project, the design of further management training (this time focusing on recruitment and equality, diversity and inclusion), a learning and development strategy and establishing the newly formed Employee Forum.
**Summary of the Total GPN organisation to 31 March 2017**

The year to date position for the organisation overall is a **variance of £112K against the most recent forecast** including interest and tax.

- **The actual surplus year to date is £266K versus a forecast surplus of £154K.** (The variance to the original budget is a positive variance £126K against a budget deficit of £409K).

**Income**

Income is above forecast by 28K (0.13%). (Income is above original budget by £723K (0.3%).)

**Reforecast:**

Pharmacist income was 0.5% ahead of forecast and pharmacy technicians 0.2% for the year. Premises and Pre-Registration income were marginally below forecast for the year 0.2% and 1.5% respectively. The main driver for the positive overall variance was higher than unexpected income from the letting of hearing space. Grant income was also high in March due to the accelerated release of grant income against the CRM project.

**Original budget:**

Compared to the original budget income is 3% higher than anticipated. A higher than expected number of pharmacists and the accelerated release of grant income were the main contributors to the increase. This was offset by a plateau in the number of premises and lower number of students at the second exam sitting.

**Expense**

The main area of savings against forecast occur in IT **costs £65K** due to adjustments made to support contracts and timing delays for IT projects. **Event costs are £44K** below budget with engagement events costing less than expected. Total **employee costs were £39K below budget** with savings of £41K in training being partially offset by other staff

**Professional costs** was the only area to exceed forecast expectations, the main reasons were panel firms costs which were approximately £37K above forecast. Professional fees were also overspent as the need for legal and clinical advisors for FTP hearings has increased during the year. Consultancy costs were behind forecast by £53K with a some planned pieces of work not going ahead. Medical reports was the next biggest area of overspend with the use of external firms for medical assessments not generating the savings expected.

**Original budget**

When comparing actual expenditure to original budget the expenditure savings were approximately 2.3%. The most significant savings were in **IT costs** with savings around £842K, 35% of this is due to a combination of renegotiating contract terms and the initial costs for the service transformation falling under consultancy rather than IT costs. **Total employee costs** were also underspent £485K with delays to recruitment and a lower number of accreditation events taking place this year. The two main areas of increased expenditure occur in **professional costs £663K** with all areas being higher than budget due to increased volumes in FTP. Financial costs are also higher than budget expectations £575K due to the acceleration in the amortisation of the CRM project.

**Total organisation overhead by month**

**Expenditure by Cost Category**

**Headcount Actual vs Budget/Forecast**
The balance sheet as at 31 March 2017 shows a strong net position for the organisation.

Fixed Assets total £4.3M and relate to works carried out to the Canada Square office, office equipment purchased and CRM phase 1 development. The remaining depreciation on the CRM project was released during the year.

Current Assets of £28.6M includes cash held in bank accounts £27.0M and relates primarily to registrants renewal fees paid in advance. The debtors figures include the cost recovery for high court appeals. We have now made a provision against the awarded costs as we are currently recovering 14% of outstanding costs. Prepayments include rent and rates which are paid quarterly in advance.

Current Liabilities include deferred income in relation to the fees paid in advance for all registrant groups. Grant income in relation to CRM phase 1 was released in March 2017 to match the accelerated release of depreciation. The remaining grant income relates to the building and will be released over the remaining term of the lease.

Long term Liabilities include the Landlords contribution to the office fit out which has been offset by the

Investments

The above table details how reserve funds are currently invested including current account balance.
Meeting paper

Council meeting on Wednesday, 07 June 2017

Public business

Chief Executive and Registrar’s report

Purpose
To keep Council abreast of significant developments

Recommendations
The Council is asked to note this paper

1. Consultation on revalidation

1.1 On 24 April we launched our consultation on revalidation for pharmacy professionals. As well as carrying out a number of stakeholder engagement events across Great Britain, we have produced a toolkit of materials for the consultation to help professionals and organisations to promote the consultation amongst their own networks. The consultation will run until 17 July.

2. Judicial Review

2.1 On 12 April the High Court handed down its judgment in relation to the Pharmacists’ Defence Association’s application for judicial review of the new standards for pharmacy professionals. The PDA’s application for permission to seek a judicial review in relation to the standards was refused.

2.2 The judgment affirms a number of important principles, including that pharmacy professionals should be expected to meet the standards at all times.

3. Standards for pharmacy professionals

3.1 The standards for pharmacy professionals came into effect on 12 May. The nine standards describe how safe and effective care is delivered through person-centred professionalism, and replace the standards of conduct, ethics and performance.

3.2 In launching the standards, we wrote to all registrants to ask them to reflect on how to apply the standards in their practice. We also wrote to all superintendent pharmacists, and asked them to discuss with those who own and govern their pharmacies how they will fulfil their shared responsibility to create an environment in which pharmacy professionals working in their pharmacies are able to meet these standards.
5. **Director of Organisational Development and Equality, Diversity and Inclusion**

5.1 We have appointed Francesca Okosi as our new Director of Organisational Development, Equality, Diversity and Inclusion. Francesca, who brings a breadth and depth of HR, OD, EDI, wider governance and senior leadership experience, takes up her appointment on 5 June.

6. **Providing safe and effective services online**

6.1 The Care Quality Commission (CQC) announced in April that it had brought forward a programme of inspections of providers of online primary care services and had taken action against a number of providers of online services.

6.2 Alongside this we inspected a number of pharmacies linked to online prescribing to assess whether they were meeting our standards and identified a number of areas for improvement.

6.3 We continue to work closely with the CQC, General Medical Council (GMC) and Medicines and Healthcare products Regulatory Agency (MHRA) to share intelligence where we have concerns and take action where necessary.

7. **Pharmacy education in Scotland**

7.1 On 5 May, at the NHS Education for Scotland (NES) annual excellence in education conference, Professor Rose-Marie Parr, the Chief Pharmaceutical Officer (CPO) for Scotland, announced that the Scottish Cabinet Secretary for Health and Sport had accepted the recommendation of the CPO’s advisory group on Scottish pharmacy education to introduce an integrated five-year MPharm degree in Scotland.

7.2 The degree will replace current arrangements where Scottish pharmacy students undertake a four-year MPharm degree followed by a separate year of pharmacist pre-registration training. Three working groups will take forward the advisory group’s recommendation. The GPhC was represented on the advisory group by the Head of Education.

**Recommendations**

The Council is asked to note this paper

__Duncan Rudkin, Chief Executive and Registrar__

General Pharmaceutical Council

duncan.rudkin@pharmacyregulation.org
Tel 020 3713 7811
Minutes of the Remuneration Committee meeting held on Thursday, 27 April 2017 at 25 Canada Square, London at 11:00am

TO BE CONFIRMED 28 SEPTEMBER 2017

Minutes of the public session

Present
Berwyn Owen (Chair)
Nigel Clarke until item 6
Rob Goward
Alan Kershaw
Janet Rubin

Apologies
Elizabeth Mailey

In attendance
Duncan Rudkin (Chief Executive & Registrar)
Matthew Hayday (Head of Governance)
Vivienne Murch (Director of Organisational Development and Equality, Diversity and Inclusion)
Stuart Walsh (Head of Human Resources)
Helen Dalrymple (Council Secretary)

1. Attendance and introductory remarks
   1.1. The Chair welcomed those present.

2. Declarations of interest
   2.1. The Committee agreed that members would make any declarations of interest before each item.
3. Minutes of the last meeting
   3.1. The minutes of the public session held on the 29 September 2016 were confirmed as a fair and accurate record.

4. Actions and matters arising
   4.1. The Committee noted that all actions were open and had been deferred to the next meeting on the 28 September 2017. This was in consideration of the new membership of the Committee.

5. Remuneration Committee performance review
   5.1. Matthew Hayday (MH) presented 17.04.Rem.01. This paper enabled the Committee to reflect on its performance in 2016/17.
   5.2. The Committee discussed how they could get a wider view of their performance from the organisation. They agreed that this could be problematic in that their remit was quite narrow and deep. Staff who had not worked directly with the Committee would find it difficult to comment on its performance.
   5.3. It was suggested that thought be given to commissioning an external body to conduct the next performance review of the Committee. This would be timely in terms of new staff in key roles and new Committee membership.
       ACTION: MH
   5.4. The Remuneration Committee noted the outcome of the survey.

6. Remuneration Committee annual report to Council
   6.1. MH introduced 17.04.Rem.02; this paper presented the draft Remuneration Committee annual report for the period 1 April 2016 to 31 March 2017 for approval by the Committee.
   6.2. The Committee asked that the membership at 3.2 be updated to include Berwyn Owen and that the date at 3.3 be amended to 2017.
       ACTION: MH
   6.3. It was also requested that a sentence be added at 4.3 explaining why the daily fee had been raised for the non- legally qualified chairs of the Fitness to Practise and Registration Appeals Committees and Recognition Panel team leaders.
       ACTION: MH
   6.4. The Remuneration Committee agreed the draft annual report 2016/17 subject to the suggested amendments.
7. **Staff pay review 2017**

7.1. All staff present declared an interest in this item.

7.2. DR introduced paper **17.04.Rem.03**. This paper sought agreement for the proposal to implement increases in staff pay effective from 1 June 2017. The budget provisionally agreed by Council for alteration to staff pay for 2017/18 was set at 2.5% of the salary budget.

7.3. The committee heard that recommendations for individuals’ pay increases had been approved by the Directors and the Chief Executive and Registrar. There was provision in the 2017/18 budget to cover the proposed increase.

7.4. Members questioned how far the relatively high staff turnover was linked to pay. Vivienne Murch (VM) explained that this had been carefully analysed and that the issue was a complex one. Duncan Rudkin (DR) suggested that the matrix of grades and pay was currently one-dimensional and may have to become more complex to cover both general and specialist roles.

7.5. The committee sought clarification on a couple of points:

- At 1.3 ‘the organisation’s ability to pay’ should be added to factors of progression within the grade ranges
- At 2.3 the wording should be changed to make it clear that 9 of the staff who would not receive a pay increase had already resigned.

7.6. The Committee agreed an increase of 2.5% of the current year salary bill (excluding the CE&R and Directors) for staff remuneration, effective from 1 June 2017, to implement the recommended performance increases.

8. **Expenses – staff and non-staff policy reviews**

8.1. All present declared an interest in this item.

8.2. MH presented **17.04.Rem.04**, which proposed amendments to the expenses policy for approval by the Committee.

8.3. The Committee:

- i. Agreed the proposed amendments to the expenses policy for non-staff for associates;
- ii. Agreed that Council members would adopt the expenses policy for non-staff and recommend this to Council for approval; and
- iii. Recommended the staff expenses policy to the CE & R for approval

9. **Review of the Remuneration Committee terms of reference**

9.1. MH presented **17.04.Rem.05** which outlined the terms of reference for approval by Council.
9.2. The Committee agreed the terms of reference with no amendments and recommend them for approval by Council.

10. Any other public business
10.1. There being no further public business to discuss, the meeting ended at 12:40pm

Date of the next meeting:
Thursday 28 September 2017
Meeting paper

Council on Wednesday, 07 June 2017

Public business

Remuneration Committee’s Annual Report to Council

Purpose
To provide Council with a report on the Remuneration Committee’s work from 1 April 2016 to 31 March 2017

Recommendations
Council is asked to note the Remuneration Committee annual report 2016/17 at Appendix 1.

1. Introduction
1.1. At its meeting on 27 April 2017 the Remuneration Committee considered a draft report on its work during the previous financial year. The report was approved subject to a small number amendments being agreed by the chair of the committee.

1.2. The final report, as approved by the chair, is attached at Appendix 1.

Recommendations
Council is asked to note the Remuneration Committee annual report 2016/17 at Appendix 1.

Matthew Hayday, Head of Governance
General Pharmaceutical Council

matthew.hayday@pharmacyregulation.org

Tel 020 3713 7809

24 May 2017
Remuneration Committee annual report 2016/17

1. Introduction

1.1. The Council established the Remuneration Committee (the committee) to support it by overseeing the arrangements for remuneration within the organisation. This annual report is divided into three sections reflecting the key duties of the committee as set out in its terms of reference, and the key areas of focus set out in the 2015/16 annual report.

1.2. This annual report provides a high-level summary of the work carried out by the committee from 1 April 2016 to 31 March 2017, demonstrating how the committee has performed against each area detailed in its terms of reference.

2. Chair’s overview

2.1. The Remuneration Committee has continued to provide assurance to Council throughout 2016/17 on the GPhC’s remuneration processes through delivering the work required to meet its terms of reference.

2.2. The committee’s workload was comparable to last year and an additional meeting was not required. Workshop sessions continue to provide committee members with insight and context on both the organisation and the external environment on areas that are relevant to but outside of the terms of reference. This year, in line with the outcome of the committee’s performance review from 2015/16, the committee also considered the areas of strategic risk that could impact on the work of the committee.

2.3. The committee held a discussion about the remuneration strategy for recruiting the successor to Elizabeth Filkin CBE, chair of the appointments committee. This role is crucial to the delivery of a number of the GPhC’s regulatory functions and the committee welcomed the experience and input of its two new independent committee members.

2.4. The changes to the membership of the Committee are described in detail later in this report. However, the previous chair, Liz Kay, came to the end of her term as a Council member on 31 March 2017 and had chaired the committee from its beginnings, when the GPhC was first established, and in shadow form prior to that. The Committee has significantly benefited from Liz’s chairing and has a strong history of effective working. Council, the Committee and the GPhC are grateful for her dedication and commitment.

3. Meetings and membership

3.1. The committee met on 28 April 2016 and 29 September 2016 and was quorate on each occasion.
3.2. Membership comprised: Liz Kay (chair), Sarah Brown, Nigel Clarke, Berwyn Owen, Janet Rubin and Rob Goward (independent members from September 2016).

3.3. Liz Kay and Sarah Brown’s terms of office as Council members ended on 31 March 2017 and, as a result, the September 2016 meeting of the remuneration committee was their last. The committee expressed their sincere thanks for their work and contributions over the period of their membership and in particular thanked Liz Kay for her commitment as chair of the committee.

3.4. In line with the committee’s decision to appoint an additional independent committee member, two independent committee members were appointed in time to attend the September 2016 meeting. Both independent members bring significant HR experience and the committee is confident that this will address the need identified in the committee performance review.

4. Principal areas of review

**Remuneration of the Chief Executive & Registrar, directors and employees**

4.1. In line with its terms of reference, the committee considered the remuneration of the Chief Executive & Registrar, directors and employees and agreed with the recommendations proposed. As context to the committee’s discussions a workshop item was held on recruitment and retention to assure the committee over its concerns in relation to turnover. The committee’s other work in this area focused on:

- Assurance on the implementation of the revised Performance Development Review process and compliance with the new arrangements;
- Reviewing the breakdown of staff pay awards to ensure that increases were awarded fairly and without discrimination; and
- Seeking assurance on the arrangements for staff mandatory training and compliance with attendance.

**Remuneration of Council members**

4.2. The committee recommended to Council that there should be no change to the remuneration rates for the Chair and members of Council. This included the discretionary payments for the Council members who chaired the non-statutory committees. The committee noted that it could benefit from further independent advice on setting the remuneration for Council members and senior staff and in line with the committee’s recommendation the Terms of Reference were amended to accommodate an additional member, enabling the appointment of a second independent member.

**Remuneration of associates**

4.3. The committee received assurance that the remuneration arrangements for associates remained competitive and did not require amendment, except for two specific associate roles. The committee received and approved a paper that outlined the case for raising the daily fee of non-legally qualified
chairs of the Fitness to Practise and Registration Appeals Committees and Accreditation and Recognition Panel team leaders. The Committee agreed to the two increases on the basis that they improved the parity of remuneration across similar associate roles.

**Expenses policies**

4.4. The committee received assurance about the implementation of the separate staff and non-staff expenses policies. It was reported to the committee that there was broadly positive feedback on both policies and the committee approved the non-staff policy for a further two years for associates and recommended the staff policy to the CE&R and the non-staff policy to Council (for Council members).

5. **Review of effectiveness**

5.1. In line with best practice, and with its terms of reference, the committee undertakes an annual review of its effectiveness.

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

- The committee’s performance overall was rated as fully satisfactory or above average.

- The importance of the involvement of independent advice was reiterated from previous surveys. As described earlier, the committee appointed two experienced independent committee members to address this need.

6. **Conclusion**

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

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

- reviewing any proposal for amendments to the pay framework; and

- making better use of benchmarking data for remuneration decisions across staff, Council member and associate groups.

Berwyn Owen            Matthew Hayday
Chair, Remuneration Committee         Head of Governance
22 May 2017
Minutes of the Audit and Risk Committee meeting held on Tuesday, 23 May 2017 at 25 Canada Square, London at 10:00am

TO BE CONFIRMED 19 JULY 2017

Minutes of the public session

Present

Digby Emson (Chair)
Helen Dearden
Mark Hammond
Mohammed Hussain

Apologies

Jayne Salt, Duncan Rudkin

In attendance

Matthew Hayday (Head of Governance)
Ruth McGregor (Head of Finance and Procurement)
Pascal Barras (Risk and Assurance Manager)
Jenny Brown (Grant Thornton)
Sarah Hillary (Moore Stephens) — to Minute 6.17
Bill Mitchell (Moore Stephens) — to Minute 6.17
Jane Caswell (Moore Stephens)
Helen Dalrymple (Council Secretary)

1. Attendance and introductory remarks

1.1. The Chair welcomed all present to the meeting. He introduced Helen Dearden who was at her first meeting as the independent committee member. Apologies had been received from new committee member Jayne Salt as she had a previous longstanding engagement. They had also been received from Duncan Rudkin (DR) due to illness and the Committee wished him a speedy recovery.
1.2. The Chair recorded the Committee’s thanks to the outgoing chair, David Prince. He was appointed Chair in 2013 and his wisdom, experience and ability to effectively challenge management, had been hugely appreciated.

1.3. Thanks were also extended to Grant Thornton as this would be the last meeting of their current contract.

1.4. The Chair explained that Sarah Hillary (SH) and Bill Mitchell (BM) would be leaving the meeting at 11:00 as they had an external event to attend. This meant that items on the agenda would be taken out of order to ensure that they were present for internal audit matters.

2. Declarations of interest

2.1. Members were asked to declare an interest at the start of each item.

3. Minutes of the last meeting

3.1. The minutes of the public session of the meeting held on the 25 January 2017 were agreed as a true record.

4. Actions and matters arising

4.1. The committee noted that all actions and matters arising were either covered under substantive agenda items or had been closed.

5. Annual Report and Accounts

Review of Annual Report and accounts 2016/17

5.1. Matthew Hayday (MH) presented 17.05.ARC.01; the Committee were asked to review the statutory annual report and accounts for 2016/17 before their submission to Council.

5.2. The Committee made minor drafting points on the Fitness to Practise (FtP) and Accounts sections of the report.

5.3. Ruth McGregor (RM) agreed to circulate an updated report following the external auditor’s comments

ACTION: RM

The Audit Findings – External Audit

5.4. Jenny Brown (JB) from Grant Thornton presented 17.05.ARC.02 and reported that the outcome had been satisfactory.

5.5. The Committee:

i. Reviewed the draft annual report and accounts for 2016/17 and recommended them to Council
ii. Reviewed the key issues memorandum prepared by the external auditors

6. Internal audit reports

(i) Internal audit annual report 2016/17 – Head of I.A.’s opinion

6.1. Sarah Hillary (SH) of Moore Stephens presented the report. The report highlighted two key issues; an absence of clear corporate strategies around data in the Key Performance Indicators and Management Information audit and a creep in scope around the Interim Events audit.

6.2. The Committee were assured that Moore Stephens were content with the management’s response to these audits and aware that some proposed changes would be implemented as part of the service transformation programme.

6.3. Members discussed the threat to I.T. security in relation to the Business Continuity audit and recent events with the NHS cyber threat; they felt that Council would want to seek some assurance around our I.T. security. MH agreed to discuss this with the Chair of Council and if appropriate provide this at the next Council meeting.

ACTION: MH

6.4. With regard to the Integrity of the Register internal audit report; the Committee requested that they were sighted on any remedial action.

ACTION: MH

6.5. The Committee discussed the change in assurance ratings from green towards amber-green and amber when compared with last year. Bill Mitchell (BM) explained that this could be due to the audit reports having a more advisory focus than they had previously but that it was too early to determine if there was a trend. Members agreed that the context of the internal audits had changed in that until recently they had been conducted in a stable environment that was now undergoing significant change.

6.6. MH agreed to add the individual inter audit report assurance ratings to the Annual Report.

ACTION: MH

(ii) Internal audit plan 2017/18 and strategy 2017-20

6.7. BM presented the internal audit plan and strategy to the Committee; this had come to the previous meeting in January and had been reviewed by the Senior Leadership Group (SLG).

6.8. Members discussed the plan and strategy; they agreed that these papers would come back to the Committee after the specific detail of the audits were finalised with DR.

(iii) Internal audit performance report 2016/17 Q4 – including internal audit reports

6.9. BM presented the performance report and told the Committee that the plan for Q4 had been completed. The committee then went through each of the internal audit reports:
Management Information and Key Performance Indicators

6.10. This report had an amber rating. The Committee noted the references to silo working mentioned in the report and discussed how to promote a culture of joined up strategy and working. MH informed members that data quality training would be provided for all staff in addition to the current training on data protection and information governance. This was in addition to the development of new systems. A project was being set up with representatives from across the organisation to encourage ownership of data and collective responsibility for it. It was acknowledged that cultural change could not be achieved with new systems alone.

6.11. The Committee said that this would be a good opportunity to discuss with Council how data was reported to them; what they would like to see and how frequently. MH explained that this was coming to the Council workshop in July and that the organisation was working up to a new style of report by June 2018.

6.12. Members agreed that they would like to be provided with a documented road map of what measures were being taken in response to the report. They were keen to monitor and track the recommendations in terms of the risks to the organisation. They felt that this should also be shared with the Efficiency and Effectiveness Advisory and Assurance Group. (EEAAG).

ACTION: MH

Equality, Diversion and Inclusion (EDI)

6.13. The report, which had a green-amber rating, was well received; members heard that past inconsistencies were being resolved and the report showed this.

6.14. The Committee asked for an update following the review of EDI in FtP IN 2013. MH said that he would provide this and schedule it for a future meeting of Council.

ACTION: MH

6.15. Members also discussed the need to ensure that the language used when discussing EDI was specific and meaningful.

European Professional Card (EPC)

6.16. BM presented this report which had a green-amber rating. He highlighted that the risk area related mainly to the fact that the professionals themselves and the Home Member State were responsible for validating the documents and issuing their EPC. The risks were currently contained as there were low numbers of applications; should this rise then current systems may not be effective.

6.17. The Committee agreed that this should be monitored and that if numbers were to increase then it would be necessary to seek advice.

Business Continuity Management and I.T. Disaster Recovery

6.18. Jane Caswell (JC) took the Committee through the report which had a green-amber rating. The recommendations were around implementing training or awareness of the plans for all staff and devising a test schedule; both of these were in hand.
6.19. Members discussed the fact that a full test could sometimes be valuable in that it would highlight areas that were not joined up properly. Pascal Barras (PB) said that he would feed this in to future planning.

**ACTION:** PB

*Review of Inspection SharePoint Tool Functionality*

6.20. This report had a green-amber rating. There were no priority one recommendations; feedback had been shared with the Corporate Business Support and Development team to act as ‘lessons learnt’ for future projects.

*Internal Audit Follow Up*

6.21. This report showed that two 2015/16 audits did not yet have implemented recommendations; the HR Strategy, Systems and Succession Planning audit and the Data Quality for Better Regulation audit.

6.22. PB explained that both sets of recommendations would be addressed in the recent Management Information and Key Performance Indicators audit response which would come to the Committee in detail in July.

6.23. **The Committee:**
   1. Noted the Q4 2016/17 Internal audit plan performance;
   2. Noted the GPhC’s performance in implementing agreed recommendations;
   3. Approved the internal audit plan 2017/18 and strategy 2017-20

**7. Committee performance review 2016/17**

7.1. MH presented paper 17.05.ARC.04 which enabled the Committee to reflect on its performance in 2016/17.

7.2. The Committee agreed that they would like MH to arrange training and development for Committee members in terms of financial knowledge, anti-fraud and cyber security awareness and experience of other regulators’ audit and risk committees.

**ACTION:** MH

7.3. The Committee asked that question 11 on the questionnaire was changed to be more specific for next year.

**ACTION:** MH

7.4. The question of committee members’ attendance was discussed. The absences had been unavoidable and this would be reflected in the Committee’s annual report to Council.

7.5. **The Committee:**
   1. Noted the outcome of the survey
   2. Discussed and agreed the actions required to address the issues raised in the report
8. Committee annual report to Council

8.1. MH presented 17.05.ARC.05; the draft Audit and Risk Committee annual report to Council for the period 1 April 2016 to 31 March 2017 for approval by the Committee.

8.2. The Committee agreed that the internal audit report ratings should be added at 3.10 for clarity.

ACTION: MH

8.3. The matter of unavoidable absences and areas for Committee member development would be added at 5.2.

ACTION: MH

8.4. The Committee discussed what the key areas of focus should be for the next 12 months. They agreed to add the risks of Service Transformation and to closely monitor responses to the Management Information and Key Performance Indicators audit. They also agreed that there would be reference to the theme of silo working as this had come up at a couple of points in the meeting. They acknowledged the increase in recommendations and sought to assure Council that they would continue to pay close attention to this. The appointment of the external auditors would also be added.

ACTION: MH

8.5. The Committee discussed and agreed the draft annual report to Council subject to the above amendments.

9. Review of Audit and Risk Committee’s terms of reference

9.1. MH presented 17.05.ARC.06 which asked the Committee to agree the terms of reference for approval by Council. Only minor amendments had been made to reflect staffing changes.

9.2. The Committee agreed the terms of reference for approval by Council

10. Follow up report on Statutory Committees’ internal feedback review

10.1. MH presented 17.05.ARC.07; this paper updated the Committee on how the recommendations of last year’s external review of our statutory committee internal feedback mechanisms had been implemented.

10.2. Mohammed Hussain (MHu) declared an interest as a former member of one of the statutory committees.

10.3. The Committee asked to know more about mentoring and support for members of the statutory committees. MH agreed to look into this and circulate his findings to the Committee.

ACTION: MH

10.4. The Committee thanked Elaine Mulingani for her comprehensive summary.

10.5. The Committee noted the report.
11. Appointment of external auditors

11.1. The Invitation to Tender had been circulated to members; RM explained to the Committee that there was little difference in the documents to what had been used last time. There had been a change in the route to procurement in that a different, more appropriate portal was now being used.

11.2. A presentation had been scheduled for 2 August and the panel was confirmed.

11.3. The Committee approved the Invitation to Tender that was circulated to members via email.

12. Any other public business

12.1. There being no further public business to discuss, the meeting ended at 11:50.

Date of the next meeting:
Wednesday 19 July 2017
Meeting paper
Council on Wednesday, 07 June 2017

Public business
Audit and Risk Committee’s Annual Report to Council

Purpose
To provide Council with a report on the Audit and Risk Committee’s work from 1 April 2016 to 31 March 2017

Recommendations
Council is asked to note the Audit and Risk Committee annual report 2016/17 at Appendix 1.

1. Introduction
1.1. At its meeting on 23 May 2017 the Audit and Risk Committee considered a draft report on its work during the previous financial year. The report was approved subject to a small number amendments being agreed by the chair of the committee.

1.2. The final report, as approved by the chair, is attached at Appendix 1.

Recommendations
Council is asked to note the Audit and Risk Committee annual report 2016/17 at Appendix 1.

Matthew Hayday, Head of Governance
General Pharmaceutical Council

matthew.hayday@pharmacyregulation.org

Tel 020 3713 7809

24 May 2017
Audit and Risk Committee annual report 2016/17

1. Introduction

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

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

1.3. This annual report provides a high-level summary of the work carried out by the committee from 1 April 2016 to 31 March 2017, demonstrating how the committee has performed against each area detailed in its terms of reference, and the key areas of focus set out in last year’s report.

2. Meetings and membership

2.1. The Committee met in May, July and October 2016 and in January 2017 and was quorate on each occasion.

2.2. Membership comprised: David Prince (Chair), Digby Emson, Mark Hammond, Mohammed Hussain and the independent member, Hilary Daniels. The Committee noted its thanks for the contributions from David Prince and Hilary Daniels who left the Committee on 31 March 2017. The Committee welcomed Helen Dearden as the new independent Committee member and Jayne Salt as a new Committee member, both of whom joined in April 2017.

3. Principal areas of review

3.1. In this section, each area of the Committee’s work has been in line with requirements set out in its remit.

3.2. Governance, risk management and internal control

3.3. The Committee reviewed the organisation’s risk register at each meeting, making recommendations to inform the subsequent review by Council. The committee challenged management’s view on some principal areas of risk, identifying where the level of risk should be higher and where risks overlap directorate areas, and asked the Senior Leadership Group (SLG) to consider whether the controls were sufficiently robust. In particular the Committee challenged the SLG to monitor the risks in relation to human resources, with a particular focus on staff turnover.
3.4. The committee continued to monitor the development of the risk management framework within the organisation and reviewed the SLG’s re-working of the strategic risk register to align with the new strategic approach for 2017-20. The committee challenged the executive around the risks associated with the transformation programme and debated the draft risks that would form the basis for an entry in the strategic risk register.

3.5. The presentation of assurance reviews at each meeting has enabled the Committee to review a number of issues in some detail. The assurance reviews were derived from the Committee’s review of strategic risk and were conducted on the following topics during the year:

- internal communications
- human resources
- investment policy
- service transformation

3.6. In accordance with best practice the Committee held a private session at its meeting in May 2016 with the internal and external auditors. No issues of substance were raised.

3.7. **Internal audit**

3.8. With the internal auditors, Moore Stephens, the committee reviewed the annual internal audit plan which had been developed with SLG. This ensured that there was a systematic and prioritised review of policies, procedures and operations and that the focus of internal audit was on higher risk areas.

3.9. The progress of implementation of recommendations made during previous audits continued to be monitored. An internal audit progress report was considered at each meeting and the committee received assurance on actions identified in the reports via the follow up report. This confirmed that there has been timely and effective follow up of most recommendations. Others were superseded by subsequent events and the Committee is monitoring those.

3.10. The following internal audits were carried out during the year and received assurance ratings of either green/amber or amber:

- business continuity / disaster recovery (green/amber)
- core financial controls (green/amber)
- interim events (amber)
- European professional card (green/amber)
- evidence room (green/amber)
- SharePoint review (green/amber)
- integrity of the register (amber)
• key performance indicators and management information (amber)
• equality, diversity and inclusion (green/amber)

3.11. The internal auditors also advised on the transformation programme in an advisory capacity and, as such, this work did not require an assurance rating.

3.12. The committee agreed to the deferral of one internal audit in strategy to allow for a number of planned developments. This audit will be carried out within the next three year audit strategy. The days from this audit were reassigned to allow more in depth reviews for the Share Point Review, Integrity of the Register, Interim Events and Key Performance Indicator and Management Information audits.

3.13. While audit assignments vary year to year, 2016/17 saw an increase in green/amber and amber rated reports and an increase in the number of Priority 1 recommendations being made, as well as more recommendations overall. This reflects the areas that management have asked internal audit to review and is noted both in the head of internal audit opinion and in the annual governance statement within the annual report.

3.14. The auditors have concluded that there is an adequate system of risk and internal control to address the risk that management’s objectives are not fully achieved.

3.15. **External audit**

3.16. The Committee received the output of the external auditors’ work in relation to the annual report and accounts 2015/16 at its May 2016 meeting, as described below.

3.17. The Committee reviewed and approved the external audit plan for the year 2016/17 at its January 2017 meeting.

3.18. **Financial reporting**

3.19. The Committee reviewed the statutory annual report and accounts. The Committee considered the report of the external auditors and was assured that the financial statements were a true and fair view of the GPhC’s affairs for the financial year 2015/16.

3.20. Following some minor amendments, and a recommendation to expand on the proactive work done by the GPhC in relation to equality, diversity and inclusion, the Committee recommended the annual report, accounts and statement of internal control for adoption by Council. The approved annual report and accounts were subsequently laid before the Westminster and Scottish Parliaments on 28 June 2016.

4. **Review of key areas of focus**

4.1. The committee’s 2015/16 annual report suggested a number of areas that should be considered by the committee in addition to cyclical items. Achievements during the year include:
  • reviewing the revised strategic risk register in light of the new 2017-20 strategy
• undertaking a follow-up review to ensure that all the actions that arose from the Committee’s assurance reviews were either complete or in progress

• agreeing the process for appointing external auditors for 2017/18. This process has been delayed; however, the Committee has been assured that a provider will be in place in time to start work in late 2017.

5. **Review of effectiveness**

5.1. In line with the committee’s terms of reference and with best practice, the committee undertakes an annual review of its effectiveness over the preceding financial year.

5.2. Committee members, along with a sample of Council members and staff, completed a reflective survey in April 2017 and discussed the findings at its meeting on 23 May 2017. The key findings of that review were:

• that some members had not been able to attend all of the committee meetings for unavoidable personal reasons which are not expected to reoccur; and

• training for committee members would be sourced including finance for non-finance members, anti-fraud and cyber security awareness and experience of other regulators’ audit and risk committees.

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

6.1. Over the past year the Audit and Risk Committee has met the requirements of its terms of reference and has been able to provide assurance to Council on the organisation’s audit and risk management processes.

6.2. As an advisory body the Committee therefore assists with, but is not a substitute for, Council’s overall responsibility for good governance, exercised for example by the periodic risk reviews and performance monitoring reports as well as through the minutes and reports of this committee.

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

• monitoring of the risks in relation to Service Transformation;

• monitoring the responses to the Management Information and Key Performance Indicators audit including the risks in relation to silo working and cultural change;

• maintaining oversight of the number of recommendations made and level of assurance in the forthcoming audit reports for 2017/18 in light of the outcome of this year’s work; and

• the appointment of the external auditors.

6.4. Finally, I would like to thank committee members, and in particular those outgoing members, for their diligence and commitment, and the officers and auditors for their professional support in our work.
Digby Emson
Chair, Audit and Risk Committee

Matthew Hayday
Head of Governance

31 May 2017
Meeting paper

Council on Thursday, 07 June 2017

Public business

Policy and Procedure Review

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

Recommendations
The Council is asked to approve:

i. the updated Terms of Reference of the Audit and Risk Committee

ii. the Terms of Reference of the Remuneration Committee with no changes

iii. the revised Anti-Bribery Policy

iv. the adoption of the Non-staff Expenses Policy by Council members

v. the Values, Conduct and Behaviours for Council members, associates and partners and rescind; Values of GPhC Council, Code of Conduct for Council members, associates and partners, and Council member Behavioural Framework

vi. the updated Return to Registration policy

1. Introduction

1.1. Authority in a number of policy areas is reserved to Council within the Scheme of Delegation. This paper presents the review of a number of those policies and documents and asks for Council’s approval.

2. Terms of Reference of the Audit and Risk Committee

2.1. The terms of reference (ToR) of the Audit and Risk Committee have been updated to reflect changes in senior staff including the appointment of the Deputy Chief Executive and Director of Operations. There have been no other changes.

2.2. The Audit and Risk Committee considered the revised ToR at its meeting on 23 May 2017 and recommended them to Council for approval.
2.3. The proposed amendments to the ToR can be found at appendix 1.

3. **Terms of Reference of the Remuneration Committee**

3.1. The Remuneration Committee reviewed its ToR at its meeting on 27 April 2017 and recommended them to Council with no amendments.

3.2. The ToR can be found at appendix 2.

4. **Anti-Bribery Policy**

4.1. The GPhC’s policy on anti-bribery has been significantly updated to reflect current practice and changes within the GPhC’s governance framework, such as the revised Raising Concerns Policy. Council is asked to approve the policy with a 3 year review period (subject to any changes in legislation or best practice).

4.2. The updated policy can be found at appendix 3.

5. **Non-Staff Expenses Policy**

5.1. The Remuneration Committee reviewed the Non-Staff Expenses Policy at its meeting on 27 April 2017. The committee approved the updated policy for associates and partners and recommended the policy to Council for adoption by Council members.

5.2. The following changes were approved by the Remuneration Committee:
   
   - the policy now specifies that for Council members complying with the relevant policy will ensure that no tax liability is incurred by the Council member in respect of expenses. This does not affect associates or partners
   - expenses will now be reimbursed for Council members via payroll

5.3. The updated policy can be found at appendix 4.

6. **Values, Conduct and Behaviours for Council members, associates and partners**

6.1. Previously, the Council has approved three separate policies:
   
   - Values of GPhC Council
   - Code of Conduct for Council members, associates and partners
   - Council member Behavioural Framework

6.2. These policies addressed similar areas and in some places the content overlapped as a result. The new policy has combined the original policy areas and simplified them by removing any duplicated content. The policy also makes clear it applies to Council members, associates and partners.

6.3. The new policy can be found at appendix 5. Council is asked to approve this and rescind the previous three policies.
7. **Return to Registration**

7.1. The policy has been reviewed and requires no significant amendments. The only amendments that have been made are to reflect the recently approved and implemented Standards for Pharmacy Professionals.

7.2. The policy can be found at appendix 6.

8. **Equality and diversity implications**

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

9. **Communications**

9.1. The revised policies and documents will be placed on the GPhC’s intranet and, as they are externally facing, on the website.

10. **Resource implications**

10.1. There are no resource implications arising from this paper.

11. **Risk implications**

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

12. **Monitoring and review**

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

**Recommendations**

The Council is asked to approve:

i. the updated Terms of Reference of the Audit and Risk Committee

ii. the Terms of Reference of the Remuneration Committee with no changes

iii. the revised Anti-Bribery Policy

iv. the adoption of the Non-staff Expenses Policy by Council members

v. the Values, Conduct and Behaviours for Council members, associates and partners and rescind; Values of GPhC Council, Code of Conduct for Council members, associates and partners, and Council member Behavioural Framework

vi. the updated Return to Registration policy
Matthew Hayday, Head of Governance
General Pharmaceutical Council
matthew.hayday@pharmacyregulation.org
Tel 020 3713 7809

24 May 2017
Appendix 1

Terms of reference of the Audit and Risk Committee

Effective from xxxxxx

1. Constitution

1.1 The Council has established the Audit & Risk Committee to support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council’s oversight responsibilities. The Committee is a non-executive committee and has no executive powers except as set out in these Terms of Reference.

1.2 Under the Council’s Scheme of Delegation, the Committee has delegated authority to:

- Monitor the Council’s risk management arrangements
- Approve the internal audit programme
- Advise the Council on the comprehensiveness and reliability of assurances and internal controls, including internal and external audit arrangements, and on the implications of assurances provided in respect of risk and control.

1.3 The Committee may request the attendance of any employee or member, as set out in section 6 of these Terms of Reference, and may incur expenditure for the purpose of obtaining advice in terms of section 8 below.

2. Accountability and reporting

2.1 The Committee is accountable to the Council. The minutes of each Audit & Risk Committee meeting shall be circulated to the Council. The Committee shall report to the Council annually on its work.

2.2 The Committee may also submit separately to the Council its advice on issues where it considers that the Council should take action. Where the Committee considers there is evidence of ultra vires transactions or evidence of improper acts, the Chair of the Committee should raise the matter at a formal Council meeting.
3. **Membership**

3.1 The Committee, including its Chair, is appointed through arrangements agreed by the Council. The Committee shall have five members, but may operate with fewer while a vacancy exists, provided the quorum is maintained. The Committee members shall include Council members, excluding the GPhC Chair and including at least one lay member and one registrant member, and may include up to two external members with appropriate audit and risk management experience.

3.2 The Council will appoint one of the Council members serving on the Committee as Chair, based on relevant background and skills. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

4. **Remit**

4.1 The duties of the Committee are as follows:

*Governance, risk management and internal control*

The Council is the governing body of the GPhC and determines the governance policy and framework for the organisation. The Committee supports the Council by reviewing and advising the Council on the operation and effectiveness of the arrangements which are in place across the whole of the Council’s activities that support the achievement of the Council’s objectives. In particular, the Committee will review the adequacy of:

- All risk and control related disclosure statements, together with any accompanying internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Council;
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- The policies for ensuring compliance with relevant regulatory, legal, governance and code of conduct requirements;
- The policies and procedures for all work related to fraud and corruption

4.2 In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions. It will also seek reports and assurances from directors and
managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control together with indicators of their effectiveness.

4.3 In reviewing risk management arrangements, the Committee should draw attention to areas where:

- risk is being appropriately managed and controls are adequate (no action needed)
- risk is inadequately controlled (action needed to improve control)
- risk is over-controlled (resource being wasted which could be diverted to another use)
- there is a lack of evidence to support a conclusion (if this concerns areas which are material to the organisation’s functions, more audit &/or assurance work will be required).

4.4 **Internal audit**

The Committee shall:

- Ensure that there is an effective internal audit function that complies with any applicable standards and provides appropriate independent assurance to the Council, Audit & Risk Committee, and Chief Executive & Registrar;
- Consider the appointment of the internal auditors, the cost of the service and any questions of resignation or dismissal and make appropriate recommendations to the Council;
- Ensure that the Head of Governance makes adequate resource available to the internal audit function;
- Approve the internal audit strategy, operational plan and work programme proposed by the Head of Governance;
- Consider the major findings of internal audit work, and management’s response;
- Ensure co-ordination between the internal and external auditors;
- Annually review the effectiveness of internal audit.

4.5 **External audit**

The Committee shall:

- Consider the appointment and performance of the external auditor, the audit fee and any questions of resignation or dismissal and make appropriate recommendations to the Council;
• Discuss and agree with the external auditor, before the audit commences, the nature and scope of the audit as set out in the external audit plan and their local evaluation of audit risks;

• Review the work and findings of the external auditor, consider the implications and management’s responses to their work;

• Review all external audit reports, including agreement of the annual audit letter before submission to the Council and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

4.6 **Financial reporting**

The Committee shall:

• Review the statutory annual report and financial statements before submission to the Council, focusing particularly on:
  
  • The annual review of governance arrangements and other disclosures relevant to the Terms of Reference of the Committee;
  • Changes in, and compliance with, accounting policies and practices;
  • Unadjusted mis-statements in the financial statements;
  • Major judgmental areas;
  • Significant adjustments resulting from the audit.

• Ensure that the systems for financial reporting to the Council, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Council.

4.7 The Committee may approve the purchase of non-audit services from the statutory external auditors or the outsourced internal auditors. If time does not permit referral of this to the Committee, approval may be given by the Chair and reported to the Committee at its next meeting.

5. **Quorum**

5.1 A quorum shall be three members of the Committee.

6. **Attendance**
6.1 Only Committee members shall be entitled to attend meetings of the Committee. The Chief Executive & Registrar, Deputy Chief Executive and Director of Operations, Head of Governance and representatives from the internal auditors shall normally attend meetings. Representatives from the external auditors shall attend meetings as required for relevant items. The Council Chair and other Council members may attend meetings at the invitation of, or with the agreement of, the Chair of the Committee.

6.2 The Committee may request any employee or member to attend a meeting to assist with its discussions on any particular matter or to provide any information it may reasonably require in order to fulfil its remit. All employees and members are directed to co-operate with any reasonable request made by the Committee.

6.3 The Committee may ask any or all non-members to withdraw for all or part of a meeting if it so decides. In such an instance, the Chair shall ensure that a proper record is made of the meeting.

7. **Access**

7.1 The senior representatives of internal audit and external audit shall have free and confidential access to the Chair of the Committee. At least once a year, the Committee should provide an opportunity to meet privately with the external and internal auditors.

8. **Authority**

8.1 The Committee is authorised by the Council to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

8.2 The Committee may obtain legal or other independent professional advice and secure the attendance of external advisers with relevant experience and expertise if it considers this necessary, within the budget approved by the Council.

9. **Secretariat**

9.1 The Head of Governance shall ensure that appropriate secretariat support is provided to the Chair and to the Committee.

10. **Dealing with concerns**

10.1 Processes have been agreed by Council for raising concerns (Raising Concerns policy ref: GG/2015/96).
10.2 Within these processes, the Chair of the Audit & Risk Committee is identified as a point of contact for individuals who still have concerns having followed the policy or where they feel the matter is so serious that it cannot be discussed with a member of senior management.

10.3 Further information on how matters are handled is detailed within the Raising Concerns policy.

10.4 The Chair of the Audit and Risk Committee will receive appropriate training in this area.

11. Frequency of meetings

11.1 The Committee shall meet not less than three times a year. The external or internal auditors may request a meeting if they consider that one is necessary.
Appendix 2

Terms of reference of the Remuneration Committee

Effective from xx

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

1.1 Under delegated powers from the Council and within the Council’s policies:

- To approve or reject (not amend) the remuneration packages, including the basis on which performance would be assessed and any bonuses awarded, for the Chief Executive & Registrar and those directors who report directly to the Chief Executive & Registrar;

- To approve or reject the overall remuneration framework for the remainder of the GPhC’s employees (the responsibility to make recommendations on remuneration packages for directors and the overall remuneration framework falls to the Chief Executive & Registrar alone, as does the decision-making on remuneration for the GPhC’s employees other than the Chief Executive & Registrar and those directors who report directly to the Chief Executive & Registrar).

- To advise the Council on remuneration policy for Council members.

- To determine the remuneration and expenses policy for non-statutory committee members, and those associate groups established under legislation (statutory committee members, legal and clinical advisers to statutory committees, assessors and visitors), including advising on appropriate remuneration for any recipients of honoraria;

- To advise the Chief Executive and Registrar on the staff expenses policy.

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

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

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

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

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

3. Authority

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

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

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

4. Composition

4.1 The Committee, including its Chair, is appointed through arrangements agreed by the Council. The Committee has up to six members comprising:

- Up to four Council members, including the Chair of the Council, at least one lay member and one registrant member; and

- Up to two external members with appropriate experience.

4.2 Where possible, one of the Council members serving on the Committee shall be designated as Chair, based on relevant background and skills, as this should facilitate the process of reporting to the Council. If this is not the case at any time, the Council should give serious consideration to the appointment of an independent chair. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

4.3 The members of the Senior Leadership Group shall have the right to attend and speak at meetings of the Committee, except that they shall not be present during discussions relating directly to their own positions. Others may be called upon to attend and speak at the invitation of the Chair of the Committee.
5. **Quorum**

5.1 A quorum shall be three members of the Committee.

6. **Frequency of Meetings**

6.1 The Committee shall meet not less than once a year.
Anti-Bribery Policy

1. Anti-Bribery Statement

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

1.2 The GPhC does not tolerate any form of bribery.

2. Procedure statement

2.1 The Bribery Act 2010 came into force on 1 July 2011. The offences under the Act can be summarised as:

1) bribing another person;
2) receiving a bribe;
3) bribing a foreign public official; and
4) failing to prevent bribery.

2.2 Directors and senior officers may be guilty of offences if they are implicated either actively or passively. For avoidance of doubt, a glossary of terms and definitions relating to bribery can be found at Annex 1.

3. GPhC Commitment

3.1 Anti-bribery procedures are committed to from the top level of the organisation; Council and committee members, the Chief Executive & Registrar and Senior Leadership Group members complete a register of interests and a register of gifts and hospitality which are published and updated regularly.

3.2 Our Council applies the 7 Principles of Public Life (Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, and Leadership) to all its work and decision making.

3.3 All GPhC Council members, committee members, associates and partners are required to uphold values based upon the 7 principles of public life and comply with a code of conduct and behavioural standards. Similar arrangements are in place for employees.
4. **Gifts, Hospitality, Entertainment and Expenses**

4.1 All those associated with the GPhC must not engage in any activity that might lead to, or suggest a conflict of interest with our regulatory.

4.2 The offering, or giving, of gifts, hospitality and entertainment must:
- not be given or received with the intention of influencing a third party to obtain or retain business or business advantage, to reward the provision or retention of business or business advantage, or in an explicit or implicit exchange for favours or benefits;
- not constitute an offence under the Bribery Act 2010;
- be given at a corporate level, not an individual level;
- not include cash or a cash equivalent;
- be appropriate, reasonable, proportionate, given in good faith and at an appropriate time; and
- be given openly.

5. **Your Responsibilities**

5.1 You must ensure that you have read and understood this policy. You must comply with it and its terms when acting on behalf of the GPhC. You must inform the GPhC of the details of any third party engaged by you, in line with the authority framework and procurement policy, on behalf of the GPhC and you must ensure that they agree to be bound by, and comply with, the terms of this policy.

6. **Record Keeping Provisions – Purchases**

6.1 You must ensure that you retain purchase documentation identifying and relating to any third party or other person engaged by you on behalf of the GPhC.

7. **Risk Management and Due Diligence**

7.1 As part of its regular risk management processes, the organisation assesses the nature and extent of its exposure to risks of bribery, and the measures taken to mitigate those risks. The strategic risk register is updated every quarter by the Senior Leadership Group and is reviewed at every meeting of the Audit & Risk Committee and subsequent meeting of Council.

7.2 The assessment of bribery risk will, in part, be informed by due diligence exercised through GPhC Human Resources, whistleblowing and financial and procurement policies and procedures.
8. **Penalties**

8.1 Violations of the UK Bribery Act 2010 are a serious matter and could result in significant criminal and/or civil penalties. Penalties include imprisonment for up to 10 years for individuals committing the offence, together with unlimited fines.

8.2 Fines imposed on individuals will not be paid by the GPhC. A violation will also result in disciplinary action by the GPhC up to, and including, termination of employment or other contract.

8.3 While the GPhC is not a commercial organisation, third parties with which it associates must be mindful of their responsibility to prevent bribery on their behalf. Penalties for corporate offences include unlimited fines for the business. Senior Officers who were aware of the bribes may also face penalties.

9. **Communication**

9.1 The anti-bribery policy will be shared with all staff via the policy and procedure library on the intranet. It will also be published on the GPhC’s website as part of the organisation’s governance and assurance framework. The register of interests is published via the GPhC website as well as the register of gifts and hospitality for Council members, external committee members and members of the Senior Leadership Group.

9.2 This policy will be communicated to our suppliers, contractors, and business partners who will be asked to review it and abide by its terms.

10. **Guidance and Raising Concerns**

10.1 If an instance of bribery is suspected or detected internally, it should be raised through the usual line management chain. Where the circumstances mean this is not possible or appropriate the raising concerns policy should be used, which explains that serious concerns can be raised with Chief Executive and Registrar, or other named senior individual, directly so that the matter can be resolved efficiently and effectively.

10.2 Suppliers, contractors and other third parties can make contact confidentially with the GPhC by emailing GovernanceTeam@pharmacyregulation.org or by writing to:

> Head of Governance  
> General Pharmaceutical Council  
> 25 Canada Square  
> Canary Wharf  
> London E14 5L
10.3 Anyone raising a concern in good faith will not be criticised or penalised in any way, even if it is shown, after investigation, that they were mistaken. Any reprisal or victimisation against anyone who has raised a genuinely-held concern will not be tolerated, and itself will be treated as a disciplinary matter.

Policy author: Matthew Hayday  
Job title: Head of Governance  
Policy reference: GG/2017/153  
Effective from: xxxxxx  
Review date: xxxxxx  
Agreed by:  

Appendix 1
Glossary of terms

**Bribery:** ‘Giving or receiving something of value to influence a transaction’\(^1\). Examples include gifting those in a position to influence decisions through monies, ‘free’ entertainment, ‘free’ holidays, or ‘free’ services.

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

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

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\(^1\) [www.sfo.gov.uk](http://www.sfo.gov.uk)
Non-Staff Expenses Policy

1. Introduction and purpose

1.1 As an equal opportunities organisation the GPhC maintains an expenses policy to ensure that individuals are not either financially disadvantaged or advantaged because of genuine business expenses.

1.2 Any expenses policy should be easily understood and should not be open to a wide range of interpretation. Expenses should be directly and solely related to GPhC business. It is important to set clear guidelines. Nonetheless, anyone claiming expenses should be encouraged to seek advice from the GPhC’s finance or governance team on the hopefully rare occasions when they have an expense that does not appear to be covered by the policy, so as to facilitate a reasonable and pragmatic approach.

1.3 If at all possible, advice should be sought before the expense is incurred. It is nevertheless recognised that there may occasionally be circumstances where someone claiming expenses will need to make a reasonable judgement about what is appropriate, for example, when a genuine emergency occurs and tickets need to be booked or arrangements altered at the last minute.

1.4 The expenses policy should be equitable and inclusive, signalling that the GPhC values diversity and is keen to recruit people from a broad range of backgrounds. Provisions for parents, carers or people with disabilities are referred to below.

1.5 Childcare or carer’s costs

It is important that the GPhC is able to understand and engage with the broad range of its stakeholders, including parents and carers. The GPhC should therefore aim to assist and encourage parents and carers to join the GPhC. Where appropriate, the GPhC will meet reasonable childcare and carer’s expenses on production of a receipt. Either the Head of Governance or Head of Finance (depending on availability) will determine the appropriateness and reasonableness of claims on a case by case basis.
1.6 **People with disabilities**

Again, it is important that the GPhC values diversity and seeks to recruit people from a broad range of backgrounds. Expenses may therefore be adjusted to cover the requirements of people with disabilities, such as taxis instead of public transport where necessary. Any such adjustments would be subject to approval by the Head of Governance or the Head of Finance on a case by case basis.

1.7 Complying with the non-staff expenses policy will ensure that no tax liability is incurred by Council members in respect of expenses. Other claimants of expenses will need to ensure that they have arrangements in place to assess any tax liability that could result from expenses.

1.8 It should be noted that the final decision on whether to reimburse any expense rests with the GPhC. Submitting a claim or invoice does not mean that expenses will be reimbursed automatically.

2. **Purpose of Policy**

2.1 The policy is intended to provide clear information and guidance on expenses that may be claimed which are wholly, necessary, and exclusively incurred during your business on behalf of the GPhC.

3. **Policy statement**

3.1 The GPhC expenses policy for non-staff is set out at Appendix 1.

4. **Application of policy**

4.1 This expenses policy applies to Council members, associates, partners and other groups that incur expense in undertaking activity on behalf of the GPhC. Staff matters are dealt with separately in the Staff Expenses Policy.

5. **Measurement and evaluation**

5.1 This policy is reviewed by the Remuneration Committee annually and is recommended to Council for adoption for Council members each year.
Non-Staff expenses policy
Reference: GP/2017/144

Policy author: Matthew Hayday
Job title: Head of Governance
Policy reference: GP/2017/144
Effective from: xx
Review date: xx
Agreed by: xx
Non-Staff Expenses Policy

1. General

1.1. This policy applies to all who are eligible to claim expenses for undertaking business on behalf of the GPhC, but who are not members of GPhC staff. Business means a meeting or activity being undertaken on behalf of the GPhC.

1.2. You should make travel and accommodation bookings at the earliest reasonable opportunity in order to obtain the best rates. Charges for late alterations or cancellations should be avoided as far as possible.

1.3. Expense claims should be supported by receipts in all cases other than for bus and tube travel or parking meters. Receipts must be itemised. Summary credit card receipts will not be accepted.

1.4. The GPhC will accept electronic claims and invoices for expenses accompanied by scanned or photographed receipts and email confirmations for travel and hotel bookings to improve efficiency in processing expenses. You must keep a copy of original receipts for a year in case they are required for audit purposes.

1.5. You must not attempt to alter or amend receipts. If there is a part claim on a receipt this should be made clear with an explanatory note. Claims with amended or altered receipts will not be reimbursed.

1.6. The GPhC does not reimburse expenses for postage of expense claims or invoices nor provide prepaid envelopes.

1.7. You should use the most cost-effective means of travel. In London, this means bus and tube using a cost-effective means of payment such as an Oyster card or contactless payment method.

1.8. No out-of-pocket expenses other than those detailed below will normally be payable.

1.9. All associates and partners must invoice for expenses. Council members, witnesses and volunteers should make expenses claims using the expense form. Council members’ expenses will be reimbursed via payroll. Other individuals eligible to claim expenses for GPhC business should seek advice from their staff point of contact on whether to use an expenses claim form or invoice.
1.10. You are expected to act honourably and sensibly within the spirit of this policy. Any questions about whether a particular expense is payable should be raised with the Head of Governance or Head of Finance.

1.11. All claims or invoices must be submitted within three months of the expenditure being incurred or the claim may be forfeited. Claims or invoices will be reimbursed in line with the GPhC’s standard 30 day term.

2. Travel – general

2.1. Individuals should use the most cost-effective means of ticket purchase for travel. Tickets should be booked as far in advance as possible.

2.2. Reimbursement for travel expenses will be based on journeys from your home address to the place at which you are undertaking business for the GPhC or the actual journey, whichever is the shorter. If the cost of the journey is greater than that from your home address then the GPhC will only reimburse the equivalent cost of the journey from your home on the same day. Evidence of both costs (such as a screen shot from the booking page) must be provided with the claim.

3. Train and air travel

3.1. If you travel by air and rail while on GPhC business, you must travel standard or economy class.

3.2. Where the total time spent on a train or plane on a single leg of a journey (meaning one flight or one train journey, not the total time travelling) is in excess of 5 hours, an upgrade to the next class of travel will be allowed, but you must ask for the agreement of the Chief Executive and Registrar before booking.

3.3. When travelling by rail you must purchase the lowest price ticket option available, and where possible, book tickets in advance. You may only book an open ticket if you do not know when your business will end and you have sought advanced authorisation from your staff point of contact. If your business ends three or more hours earlier than planned you may claim for another ticket or amendment costs.

3.4. Rail cards (16-25, Senior, or any other type) will be reimbursed if you can demonstrate that the savings to the GPhC are greater than the cost of the rail card over the lifetime of the rail card. You will need to get prior authorisation. Rail cards will not be reimbursed where they are not cost effective, for example, for a single journey, and have not been authorised in advance.
4. **Tube and Bus**

4.1. It is not always practical to obtain a receipt for tube or bus travel, particularly when using a cost-effective means of payment such as an Oyster card or contactless payment method. Tube and bus fares may therefore be claimed without a receipt.

5. **Taxis**

5.1. The use of taxis is not an entitlement and you must seek prior authorisation before using taxis. Taxis are only to be used in exceptional circumstances and you must submit an explanatory note with the receipt when making a claim or submitting an invoice. Claims without prior authorisation and reasonable explanation will not be accepted.

6. **Car**

6.1. Mileage may be claimed in line with HM Revenue & Customs rates, where the use of a car is the most cost-effective means of travel. Costs of car parking may be claimed on the basis of receipts. Costs of parking meters may be claimed without a receipt. Mileage claims will not be accepted for travel in London as public transport offers much more effective options.

6.2. No payment will be made for congestion charges, charges for fixed penalty notices or charges where a vehicle has been clamped or towed away.

6.3. It is your responsibility to ensure that you have appropriate car insurance in place for business travel.

7. **Overseas travel**

7.1. No overseas travel may be claimed unless prior approval has been given by the Head of Governance or Head of Finance.

8. **Accommodation and breakfast**

8.1. The costs of accommodation and breakfast may be claimed when it is impractical to travel home after a meeting, or to travel from home to a morning meeting. This means where journeys are longer than 3 hours and require individuals to leave home before 6.00am for a meeting or depart
8.2. The GPhC will negotiate rates for hotels that are convenient to the location of its meetings. Overnight accommodation for business in London must be booked by GPhC staff.

8.3. If you have a membership or scheme that is more cost effective for staying in London than the GPhC hotel booking, you may claim for this if this has been authorised in advance.

8.4. The maximum cost that will be reimbursed for hotel accommodation and breakfast is an average of £150 including VAT per night over the total number of nights in London and £130 per night including VAT outside of London. It may occasionally be necessary to exceed the maximum negotiated rates for accommodation, for example, if a late booking is necessary, but you must get approval from your staff contact point first.

8.5. Claims above the maximum rate will not be reimbursed unless authorised in advance. Costs other than accommodation, such as newspapers and the use of a minibar are the responsibility of the individual and will not be reimbursed by the GPhC.

8.6. Room service charges (the additional charge for having food delivered to your room) will not be reimbursed.

9. Subsistence

9.1. The cost of lunch or dinner, when required, may be claimed up to the following limits. The cost of alcoholic drinks will not be reimbursed:

- Breakfast: £6. This expense is available when no overnight stay is involved; provided the start time for the business means that the individual would have to leave home before 6.00am. Where accommodation is booked for an overnight stay breakfast should be included in the hotel rate. Separate claims for breakfast will not be accepted.
- Lunch: £8 maximum. This expense is available where the period of absence is for more than 8 hours with no official lunch provided.
- Dinner: £30 maximum in London, £25 maximum outside London. This expense is available where the period of absence is for more than 12 hours with no official food provided.

9.2. The period of absence should be calculated on the actual time of absence based on the departure time from your home and the time of arrival back at home. The calculation must be based either on your home address or actual journey, **whichever is the shorter**.

9.3. The cost of travel to and from restaurants will not be reimbursed in any circumstances.
9.4. Room service charges (the additional charge for having food delivered to your room) will not be reimbursed.

9.5. In line with HMRC guidance, service charges included within the total allowance can be claimed as part of a complete subsistence claim. If you leave a tip, cash or otherwise, this cannot be claimed.

10. Childcare or carer’s costs

10.1. The reasonableness of any claims for childcare or carer’s expenses must be determined on a case by case basis by the Head of Governance or Head of Finance. Subject to this, reasonable childcare and carer’s expenses will be met, on production of a receipt.

11. People with disabilities

11.1. Expenses may be adjusted to cover the requirements of people with disabilities, for example, taxis instead of public transport where necessary.

12. Witness expenses

Loss of earnings

12.1. Many employers will allow employees time off to attend hearings without loss of earnings. If your employer will not permit this, the GPhC will reimburse net loss of earnings, depending on the period of absence, with documentary evidence (for example, payslip or letter from your employer). The following maximum limits apply to ordinary (factual) witnesses:

- £33.50 for a period of 4 hours or less,
- £67 per day for a period exceeding 4 hours

12.2. The maximum limits are higher for "professional" witnesses, whose evidence relates to matters arising out of their profession and who belong to one of the following professions: pharmacist, doctor, dentist, veterinary surgeon, solicitor, barrister or accountant. If you believe that you are a professional witness, you should obtain advance authorisation from the Fitness to Practise team. Reimbursement will be subject to documentary evidence as above and the following upper limits:

- £83.50 for a period of 2 hours or less
- £117 for a period of 2-4 hours
- £174 for a period of 4-6 hours
- £234 per day for a period in excess of 6 hours
Reimbursement of locum fees (witnesses only)

12.3. If you are a pharmacist, doctor or other healthcare professional, your employer (or yourself, if you are the proprietor of the business) can claim for the cost of employing a locum to cover the period of your absence.

12.4. You will need to obtain advance authorisation from the Fitness to Practise team, the claim must be supported by a receipted invoice for the locum fees and reimbursement will be subject to an overall ceiling of £160. If you (rather than your employer) make the claim, you must confirm whether the locum is a person connected to you, e.g. family member or colleague, etc.

Claims in respect of non-witnesses

12.5. The GPhC will not normally reimburse the cost of a non-witness accompanying you to the hearing. Exceptions can however be made, with advance authorisation, for example, in respect of someone accompanying a child witness or an older witness or disabled witness, or where the witness has to bring a young child and needs someone to help care for that child.

Expert witnesses

12.6. An expert witness is someone who has been asked to give evidence, usually opinion evidence, because of expertise in a particular field.

12.7. The GPhC will agree fees, in advance, for preparing a report and attending a hearing, and the GPhC will reimburse travel and accommodation expenses in line with this policy.
Appendix 5

Values, conduct and behaviours for Council members, associates and partners
Effective from 1T

1. Values

1.1 The Council has adopted the 7 principles of public life (Nolan) as its values for Council members, associates and partners (including independent committee members), as distinct from those of the organisation, and each group undertakes to apply them in the exercise of its role, as governing board of the GPhC for Council members and in the individual roles of associates and partners:
   i. Selflessness - Holders of public office should act solely in terms of the public interest
   ii. Integrity - Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships
   iii. Objectivity - Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias
   iv. Accountability - Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this
   v. Openness - Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing
   vi. Honesty - Holders of public office should be truthful
   vii. Leadership - Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

2. Scope

2.1 As well as Council members, there are a number of non-employee groups who help the GPhC to fulfil its regulatory functions. We use the broad terms ‘associate’ and ‘partner’ to describe these groups.
Associates and partners fill a variety of roles, providing a wide range of knowledge and skills to support the GPhC’s work.

2.2 Council members, associates and partners are required to observe the same code of conduct and standards of behaviour, although not all provisions may be equally relevant to all groups. This is intended to promote consistency in standards and enhanced performance throughout the GPhC. Where appropriate, associates may also need to comply with legislative and other requirements and codes of conduct relevant to their specific functions.

3. **Code of Conduct**

3.1 The GPhC is committed to protecting, promoting and maintaining the health, safety and well-being of members of the public, and in particular those who need or use the services of pharmacy professionals or the services provided at a registered pharmacy.

3.2 Members, associates and partners:

- are committed to fully upholding the principles of public life and, in addition, they are committed to ethical and lawful conduct
- are professional and demonstrate good behaviours in their roles
- do not attempt to exercise individual authority within the organisation, unless expressly authorised by the Council
- co-operate and work collaboratively with colleagues
- recognise that when communicating in a public space, such as at an event or through social media, their opinions are likely to be interpreted as being representative of the GPhC and their personal behaviour is likely to be interpreted as being endorsed by the GPhC and reflective of its values. This is despite whatever efforts they may make to distinguish clearly the views as their own. They consider carefully this risk before engaging in communications that may be associated with the GPhC or topics that could be related to the work of the GPhC and avoid being drawn into negative, unconstructive discussions (see demonstrating professionalism online)
- adhere to the principle of collective responsibility in decision making that they are involved in
• maintain confidentiality at all times, working within the GPhC’s information governance and security policies and the law

• avoid any behaviour that may impair the ability of the GPhC, the Council or a committee to perform its functions or to enjoy the confidence of stakeholders such as the public and patients, registrants and parliaments

• keep in mind the competencies required for their role and seek to demonstrate these throughout their tenure

• are properly prepared for Council or committee deliberations.

• promote equality and diversity and treat others with respect in accordance with the GPhC’s equality, diversity and inclusion policy

• observe the all applicable GPhC standards and policies, including those in respect of:
  
  o conflicts of interests
  o gifts & hospitality
  o education & training
  o attendance at meetings
  o performance appraisal

• disclose to the Chair or the Associates and Partners Manager, as soon as a situation arises, any commitment or activity which may be perceived as a potential conflict of interest in respect of the role they undertake with the GPhC

• challenge any action or behaviour by a fellow member or associate or partner which appears not to comply with this code. The GPhC’s policy on whistleblowing can be found here.

• inform their chair or staff lead of any reason why they may be liable to be suspended or removed from the Council or a committee under the provisions of the GPhC (Constitution) Order, the GPhC’s rules and/or standing orders. The Chair must inform the Chief Executive & Registrar of any reason
why he or she may be liable to be suspended or removed from the Council under the provisions of the GPhC (Constitution) Order and standing orders

3.3 Any action which may be a breach of this code will be considered in line with the GPhC’s governance framework and may be dealt with in accordance with the GPhC’s ability to suspend, remove or take other action against its members, associates and partners.

4. Behavioural Standards

4.1 Members, associates and partners are professional and display good standards of behaviour in their roles. The statements below, although not exhaustive, illustrate the types of behaviour the GPhC expects from members, associates and partners (please note not all may be equally relevant to all groups):

4.2 The Behavioural Statements

i. Good Corporate Behaviour
This is characterised by members, associates and partners engaging in constructive challenge internally, whilst speaking with a single voice externally:

A.1 Acting in the public interest
Putting the interests of the public first, never forgetting the duty to use the position for public benefit not personal advantage

A.2 Considering the impact of the Council’s work
Analysing strategic direction to ensure it supports improvement of public safety and wellbeing and considering the impact on all communities

A.3 Challenging the status quo
Constructively challenging the status quo and probing effectively to achieve the best outcomes for the public whom the GPhC exists to serve

A.4 Building constructive relationships
Displaying empathy and respect for others and building constructive relationships across boundaries

A.5 Holding others to account
Values, conduct and behaviours for Council members, associates and partners

Reference: xxxxxx

Holding others to account for performance of delegated responsibilities, working within the distinction between the non-executive and executive role in line with the GPhC’s governance policy

A.6 **Weighing up risk**
Balancing the cost (whether financial or resource) against the benefit and considering the overall impact including the risks and opportunities of different strategic approaches

ii. **Good personal behaviour**
This is characterised by members, associates and partners demonstrating courtesy, listening and respect in dealings with each other, with the organisation’s staff, and with stakeholders:

B.1 Modelling behaviours in line with the GPhC’s commitment to equality, diversity and inclusion

B.2 Displaying a high level of probity, integrity, objectivity and fairness in working with the GPhC and being accountable and responsible for behaviours and actions

B.3 Supporting and hold themselves to account for a collective decision taken. Accepting personal responsibility for their part in whether the GPhC succeeds or fails

B.4 Accepting challenge on their own perspective

B.5 Embracing change when it is needed, remaining open to adapting their position in light of others’ views or new information

B.6 Giving and accepting feedback positively and constructively

B.7 Listening to and actively seeking to understand issues from a range of different perspectives, including individual and minority views

B.8 Learning from others and taking responsibility for their own learning

B.9 Developing an understanding and raising questions in areas other than just those in which they have an interest or in which they have specialist knowledge. Contributing their experience and knowledge to shape improvement
Return to Registration Policy

Effective from xxxxxx

1. Introduction and purpose

1.1 This new Return to Registration policy replaces the interim policy and requires all applicants applying to re-register to map their current level of competence against the GPhC’s Standards for pharmacy professionals – the core standard for all registrants, and submit a portfolio of evidence to demonstrate their current competence within their intended scope of practice.

1.2 To be eligible for registration the Registrar needs to be satisfied that the applicant is:
   - appropriately qualified
   - fit to practise
   - and where necessary has met such additional requirements relating to education, training or experience as the Registrar considers appropriate to the applicant’s case (Article 20 (1)(a) of the Pharmacy Order 2010).

1.3 At initial registration the applicant had demonstrated that they were appropriately qualified. The purpose of the policy is therefore to ensure that persons wishing to return to the register demonstrate that they continue to be competent to practise within their intended scope of practice and continue to be fit to practise. Additional professional requirements in the form of further education, training or experience can be required either before or after re-registration. Applicants are informed in the guidance notes on completing a return to registration application that their CPD record may be called for review within the first year of re-registration to check whether any additional education, training or experience identified in their personal development plan had been completed.

2. Procedure statement

2.1 Persons who are:
   - former RPSGB registrants making an application to register with the GPhC and who have never been on the GPhC register before or
   - former GPhC registrants making an application to register more than 12 months since their last entry on the GPhC register

are required to provide a portfolio of evidence with their application for return to registration to demonstrate their current professional competence within their intended scope of practice.
3. **Application of procedure**

3.1 The policy applies to all return to registration applications received after 26 September 2012.

The criteria for registration as a pharmacist and the criteria for registration as a pharmacy technician have been amended to reflect the revised policy. The registration criteria, the application for return to registration and the guidance notes on how to complete the application form and provide a portfolio of evidence are on the website:

[http://www.pharmacyregulation.org/registration/registering-pharmacist/previous-registration-rpsgb-or-gphc](http://www.pharmacyregulation.org/registration/registering-pharmacist/previous-registration-rpsgb-or-gphc)

3.2 The portfolio of evidence is evaluated by trained evaluators who make a recommendation to the Registrar. The evaluators evaluate the portfolio against the following criteria:-

i. Whether the applicant has demonstrated their understanding of the GPhC's standards for pharmacy professionals and the relevance of these to their intended scope of practice.

ii. Whether the applicant has made a realistic self-assessment of how they currently meet the standards for pharmacy professionals relevant to their intended scope of practice and evaluated how their learning to date has prepared them for this.

iii. The relevance of the CPD, education, training and experience to the applicant’s intended scope of practice.

iv. Whether the CPD, education, training and experience undertaken is sufficient to demonstrate current competence.

v. The recency of the CPD, education, training and experience.

vi. The quality and authenticity of any supporting evidence.

vii. Whether the applicant’s proposed plans for addressing any gaps identified on the self-assessment framework are sufficient and if completed likely to address the learning need identified.

viii. Whether the personal development plan is realistic and achievable.
3.3 The evaluators can recommend that the applicant is registered or that the applicant is refused registration. The evaluators must give reasons for their recommendation. The decision to accept the recommendation or not is for the Registrar or his delegate.

3.4 There is a right of appeal to the Appeals Committee if the application for registration is refused.

4. Measurement and evaluation

4.1 The quality of the applications received are monitored to identify whether any changes need to be made to the application form or guidance to support applicants in submitting portfolios of evidence that contain sufficient information for evaluation.

4.2 Evaluators’ recommendations to the Registrar are monitored for consistency and to identify whether there are any equality and diversity implications not previously identified and that may necessitate a review earlier than planned.

4.3 The outcome of any appeals will be reviewed to identify learning points.

4.4 Follow up training for evaluators will be provided at 6 to 9 monthly intervals to review progress and share learning that can inform future policy development.

4.5 Other than charging the standard application and registration fees we are not charging for evaluating the portfolios of those applying to return to the register. The numbers of applications received and the cost of evaluations will be monitored. The matter will be brought back to Council if it is felt an additional charge is required to cover the cost, consistent with our fees policy.

Policy author: Terry Orford
Job title: Head of Customer Services
Policy reference: GP/2017/150
Effective from: xxxxxx
Review date: xxxxxx
Agreed by: