Council meeting
6 July 2017
14:00 to 15:25 approx
Council Room 1, 25 Canada Square, London E14 5LQ

Public business

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<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Attendance and introductory remarks</td>
<td>Nigel Clarke</td>
</tr>
<tr>
<td>2.</td>
<td>Declarations of interest&lt;br&gt;Public items</td>
<td>All</td>
</tr>
<tr>
<td>3.</td>
<td>Minutes of last meeting&lt;br&gt;Public session on 07 June 2017</td>
<td>Nigel Clarke</td>
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<td>4.</td>
<td>Actions and matters arising</td>
<td>Nigel Clarke</td>
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<tr>
<td>5.</td>
<td>Appointments Committee report&lt;br&gt;For noting</td>
<td>17.07.C.01&lt;br&gt;Elizabeth Filkin</td>
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<td>6.</td>
<td>Consultation on guidance to ensure a safe and effective pharmacy team&lt;br&gt;For approval</td>
<td>17.07.C.02&lt;br&gt;Hugh Simpson</td>
</tr>
<tr>
<td>7.</td>
<td>Progress on the development of new education and training standards&lt;br&gt;For noting</td>
<td>17.07.C.03&lt;br&gt;Damian Day</td>
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<td>8.</td>
<td>Threshold criteria&lt;br&gt;For approval</td>
<td>17.07.C.04&lt;br&gt;Laura McClintock</td>
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<td>9.</td>
<td>Engagement with key stakeholders&lt;br&gt;For noting</td>
<td>17.07.C.05&lt;br&gt;Rachael Oliver</td>
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<tr>
<td>10.</td>
<td>Any other public business</td>
<td>Nigel Clarke</td>
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**Confidential business**

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<tr>
<td>11.</td>
<td><strong>Declarations of interest</strong>&lt;br&gt;<em>Confidential items</em></td>
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<td>12.</td>
<td><strong>Minutes of last meeting</strong>&lt;br&gt;<em>Confidential session</em></td>
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<td>13.</td>
<td><strong>Confidential actions and matters arising</strong></td>
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<tr>
<td>14.</td>
<td><strong>Any other confidential business</strong></td>
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**Date of next meeting**

Thursday, 07 September 2017
Minutes of the Council meeting held on Thursday, 7 June 2017 at 25 Canada Square, London at 10:30am

TO BE CONFIRMED 6 JULY 2017

Minutes of the public session

Present

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

Apologies

Mark Hammond, Jayne Salt

In attendance

Duncan Rudkin (Chief Executive & Registrar)
Megan Forbes (Deputy Chief Executive and Director of Operations)
Claire Bryce-Smith (Director of Inspection and Fitness to Practise)
Francesca Okosi (Director of Organisational Development and Equality, Diversity and Inclusion)
Hugh Simpson (Director of Strategy)
Lyn Wibberley (Chief of Staff)
Matthew Hayday (Head of Governance)
Damian Day (Head of Education)
Laura McClintock (Head of Policy and Standards)
Terry Orford (Head of Customer Services)
Chris Alder (Head of Professionals Regulation)
11. Attendance and introductory remarks

11.1. The Chair welcomed those present to the meeting, in particular Megan Forbes, the new Deputy Chief Executive and Director of Operations and Francesca Okosi, the new Director of Organisational Development and Equality, Diversity and Inclusion.

11.2. The Council recorded its sadness at the death of Peter Noyce, a hugely influential figure in pharmacy. Condolences had been sent to his widow and family.

11.3. A registrant, Marine Vincent, had been seriously injured in the recent terrorist attacks at London Bridge. Members expressed their sympathy and wished her a speedy recovery.

12. Declarations of interest

12.1. Council agreed that members would make any declarations of interest before each item.

13. Minutes of the last meeting

13.1. Minute ref. 5.8 was updated to include Berwyn Owen and Samantha Quaye as having declared an interest as registrant Council members.

13.2. The minutes of the public session held on the 6 April 2017 were confirmed as a fair and accurate record.

14. Actions and matters arising

14.1. One action was outstanding from the Council meeting in March; an update on hearings panels will come to the meeting in September.

15. Annual Report, fitness to practice (FtP) report and accounts

15.1. Duncan Rudkin (DR) presented 17.06.C.01 which asked Council to approve the statutory annual report and accounts for 2016/17.

15.2. Members discussed the report’s narrative and made some drafting suggestions to be clear about our expectations on the responsibilities of employers. This had been an important and high profile strand of work in the year.

15.3. The Council agreed that the Chair could sign these amendments off following the meeting.
15.4. The Chair thanked the Communications and Finance teams and the external auditors for their hard work throughout the year.

15.5. **Council:**
   
i. Approved the combined annual report, annual accounts and fitness to practise report for 2016/17 subject to the amendments above.
   
ii. Authorised the Chair of Council to sign the letter of representation as required by the auditors.

16. **Consultation report: Standards for the initial education and training of pharmacy technicians**

16.1. Damian Day (DD) introduced **17.06.C.02.** This paper provided Council with an analysis of the recent consultation on standards for the initial education and training (IET) of pharmacy technicians and the organisation’s proposed response to the feedback received.

16.2. Digby Emson declared an interest in this item as a registrant and the Chair of a training provider. Samantha Quaye declared an interest as a pharmacy technician and an employee of a training provider for postgraduates in Pharmacy. Evelyn McPhail and Mohammed Hussain, Berwyn Owen, Jo Kember and Elizabeth Mailey declared an interest as registrant members.

16.3. Members discussed whether the proposed level of the qualification would be appropriate at NVQ level 3. DD reiterated that this level would be a minimum and assured Council that this would be monitored and reviewed regularly.

16.4. Consistency of education and training had been a strong theme throughout the responses; this would be considered in the quality assurance process and separated out in the report for full attention. Accreditation would emphasise the links between work and the qualification.

16.5. Hugh Simpson (HS) confirmed that, following feedback from Council, staff would ensure we continued to engage with pharmacy stakeholders as we finalised the standards and developed guidance.

16.6. Council considered the issue of accuracy checking. HS set out that this was an issue we’d discussed in engagement meetings with all stakeholders and had received extensive feedback. DR explained that the GPhC was wary of being too prescriptive at this point on the issue of roles, for example in relation to final accuracy checking, but we would be listening carefully to training providers and employers before presenting the final draft standards to Council for approval.

16.7. Members discussed accreditation and agreed that not only its frequency but also the methods used and their effectiveness would be carefully thought through.

16.8. The theme of supervision of training was discussed. DD fed back that further detail would be provided in guidance to sit alongside the standards and learning outcomes.

16.9. Council discussed the issue of entry criteria with regard to pharmacy technician education and training and whether this should be considered. It was agreed that the issue of recruitment should be considered including any wider implications of moves to values based recruitment as part of our ongoing programme of work.
16.10. Discussion moved on to the future of pharmacy and how registrants’ roles may change. Responses to the consultation were largely from registrants and registrant organisations. The public will be more directly involved in further work, for example in focus groups.

16.11. Members discussed keeping the public at the heart of what the organisation does. Future decisions on strategy would place emphasis on achieving a balance between enabling flexibility around the change in role for some registrants and ensuring patient safety.

16.12. At 7.2 of the cover paper, the penultimate bullet point would be amended to include distance training providers.

ACTION: DD

16.13. Council:
   i. Noted the analysis of the consultation on standards for the IET of pharmacy technicians and related documents;
   ii. Discussed the key areas of stakeholder feedback; and
   iii. Provided feedback on the proposed way forward.

17. Guidance on religion, personal values and beliefs

17.1. Laura McClintock (LM) presented 17.06.C.03. This paper provided Council with the second report of the consultation on religion, personal values and beliefs, which focused on the feedback received in relation to the draft guidance to support standard 1 of the new standards for pharmacy professionals.

17.2. All registrant members declared an interest in this item.

17.3. Members heard that feedback on the guidance had largely been positive with respondents reporting that they found it comprehensive and flexible and that they felt that it empowered them to make professional decisions.

17.4. Changes had been made to language and tone to highlight that a registrant’s religion, personal values and beliefs could make a positive contribution to patient care. The language on referrals had been made more explicit, with general parameters given on legislation to enable professionals to make a clear decision.

17.5. Council welcomed the paper and asked staff to ensure we had checked the paper to ensure appropriate use of ‘must’ or ‘should’ throughout the guidance.

ACTION: LM

17.6. The issue of tone of the guidance was raised, particular whether the guidance could be further amended to ensure it was clear that religion, values and beliefs could have a positive influence on care.

17.7. As the Standards came into effect on the 12 May 2017, Council were keen to agree the guidance as soon as possible. It was agreed than any proposed amendments would be circulated so that the final guidance could be agreed as a group by email following this meeting, with final sign off from the Chair.
17.8. **Council:**

   i. Noted the analysis of consultation responses relating to the draft guidance at appendix 1;
   
   ii. Discussed the key themes and issues relating to the draft guidance; and
   
   iii. Agreed the revised guidance incorporating feedback from the consultation at appendix 2, subject to redrafting as a group, with final sign off from the Chair.

18. **Performance monitoring report**

18.1. DR presented **17.06.C.04**, which reported to Council on operational and financial performance to the end of March 2017.

18.2. Members were reminded that the structure, format and content of the report were evolving. The report would come to a workshop in July to consult with Council on what information they would like presented to them.

18.3. Members went through the report and commented on the following sections:

   **Customer services**

18.4. Members said that they recognised that this had been a difficult time for the customer services team but that missing targets was unacceptable. They sought assurance that procedures had been put in place to ensure that this was not ongoing.

18.5. Terry Orford (TO) clarified that the language used in the cover paper was not accurate and apologised that the targets were described as “narrowly missed”. He reported that the team was now fully staffed and that an in-house trainer had been recruited. Megan Forbes (MF) explained that next quarter’s figures were likely to remain poor as the benefits of these changes would not be visible immediately.

   **Fitness to practise**

18.6. Chris Alder (CA) explained that cases that were awaiting a hearing could not be progressed; many of these are subject to a third party investigation which could hold things up for months. Members asked for more clarity in the data on which cases could not be progressed.

18.7. Council asked whether the number of hearings had increased. Claire Bryce-Smith (CBS) reported that they had and that so far no hearings had been delayed because of a lack of capacity. Hearings were being scheduled further ahead and they were quite tight with little room for error. Issues would be flagged to members should they arise.

18.8. Members asked when they would receive further information on the increase in the number of concerns which they realised would be part of the data and insight strategy. DR stated that the scale of the work should not be underestimated. The recent internal audit on Key Performance Indicators and Management Information had just been to the Audit and Risk Committee (ARC). A project was being put together to respond to the audit findings that will be monitored by the ARC. Council were assured that this item was very much on the agenda as a high priority and that as this strategy was under development the building blocks had to be right.
18.9. The Chair thanked CA for all his work as this would be his last Council meeting. A lot of progress had been made in the timeliness and quality of fitness to practise at the GPhC with Chris as its Head.

Complaints

18.10. Members said that it would be helpful to see how many complaints had been upheld, whether there were any emerging themes and what was being done to resolve them. Matthew Hayday (MH) agreed that in future reports they would look at how this section was presented, refining categories and providing more depth of information.

Finance

18.11. Council asked when the investment policy would be brought for review. MF assured members that this work was underway and in its early stages.

18.12. Council noted and commented upon the performance information provided at Appendix 1.

19. Chief Executive’s report

19.1. DR presented 17.06.C.05, which kept Council abreast of significant developments.

19.2. Council noted the paper

20. Remuneration Committee minutes of last meeting and annual report to Council

20.1. Berwyn Owen (BO) as chair of the Remuneration Committee took members through paper 17.06.C.06 which provided members with minutes of the last Committee meeting on the 27 April 2017 and a report on the Committee’s work from 1 April 2016 to 31 March 2017.

20.2. Council noted the minutes and the Remuneration Committee annual report 2016/17 at Appendix 1.

21. Audit and Risk Committee minutes of last meeting and annual report to Council

21.1. DE as chair of the Audit and Risk Committee took members through paper 17.06.C.07 which provided members with minutes of the last Committee meeting on the 23 May 2017 and a report on the Committee’s work from 1 April 2016 to 31 March 2017.

21.2. Council’s attention was drawn to minute 6.3. where the Committee had asked for some assurance around I.T. security following the recent cyber-attacks on the NHS. MF assured members that there were several layers of protection, with routine security scans and penetration testing in place. Backups of data were made regularly and software updates and patches applied.

21.3. Council noted the minutes and the Audit and Risk Committee annual report 2016/17 at Appendix 1.
22. Policies and procedures reviews

22.1. MH presented **17.06.C.08**. This paper sought Council’s approval for the policies and documents within its remit that have been recently reviewed.

22.2. With regard to the revised anti-bribery policy, Council asked for some assurance on staff awareness. Members agreed that this would go to the ARC.

**ACTION:** MH

22.3. Members discussed the ‘values, conduct, and behaviours for Council members, associates and partners’. MH agreed to check whether including associates in the policy affected whether they could be viewed as employees.

**ACTION:** MH

22.4. At 3.2 Council agreed that the link to ‘demonstrating professionalism online’ should have its own bullet point to give it more emphasis.

22.5. **Council approved:**

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

23. Any other public business

23.1. The Chair thanked Lyn Wibberley (LW) as this would be her last Council meeting. She was appreciated for her contribution of sound advice and support over a long period. The organisation owed her a great debt for her style, humour and attention to detail.

23.2. **There being no further public business to discuss, the meeting ended at 14:25**

**Date of the next meeting:**

Thursday 6 July 2017
## Council actions log

<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Ref.</th>
<th>Action</th>
<th>Owner</th>
<th>Due date</th>
<th>Status</th>
<th>Comments/update</th>
</tr>
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<tbody>
<tr>
<td>16 Mar 17</td>
<td>114.4.</td>
<td><strong>Performance monitoring report</strong>&lt;br&gt; Council requested more information on the scheduling of hearings.</td>
<td>Claire Bryce-Smith</td>
<td>7 Sep</td>
<td>Closed</td>
<td>Analysis of panel member utilisation for Hearings will be undertaken and an update provided to Council in September. This has been added to the Council planner.</td>
</tr>
<tr>
<td>7 June 17</td>
<td>16.12.</td>
<td><strong>Consultation report: Review of criteria for the registration of pharmacy technicians:</strong> At 7.2 of the cover paper, the penultimate bullet point would be amended to include distance training providers.</td>
<td>Damian Day</td>
<td>6 Jul</td>
<td>Closed</td>
<td>This has been updated</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Guidance on religion, values and beliefs:</strong> Staff were asked to ensure that the paper was checked to ensure appropriate use of ‘must’ or ‘should’ throughout the guidance</td>
<td>Laura McClintock</td>
<td>6 Jul</td>
<td>Closed</td>
<td>All references to ‘should’ and ‘must’ have been reviewed. Where the word ‘must’ is used, it relates to legal requirements, or where there is a specific regulatory standard. All references to ‘should’ reflect guidance only.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Guidance on religion, values and beliefs:</strong> It was agreed that any proposed amendments would be circulated so that the final guidance could be agreed as a group by email following this meeting, with final sign off from</td>
<td>All</td>
<td>6 Jul</td>
<td>Closed</td>
<td>Revised guidance was circulated to Council by email and signed-off by the Chair. The guidance has now been published on the website.</td>
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## Policies and procedures reviews:

*22.2.* Council asked for some assurance on staff awareness of the anti-bribery policy. Members agreed that this would go to the ARC.

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<th>Date</th>
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<th>Description</th>
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<tr>
<td>6 Jul</td>
<td>Closed</td>
<td>This was scheduled to be reported to ARC at their October meeting.</td>
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*22.3.* Regarding the ‘values, conduct, and behaviours for Council members, associates and partners’, it was agreed to check whether including associates in the policy affected whether they could be viewed as employees.

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<th>Date</th>
<th>Status</th>
<th>Description</th>
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<tbody>
<tr>
<td>6 Jul</td>
<td>Open</td>
<td>Work was underway to check this point and would be reported to Council via email.</td>
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Meeting paper
Council on Thursday, 06 July 2017

Public business
Chair of the Appointments Committee – annual report

Purpose
To inform Council of the Appointments Committee’s work over the past year

Recommendations
The Council is asked to note the paper

1. Introduction
1.1. Council established an independent Appointments Committee (AC) to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), the Fitness to Practise Committee (FtPC) and the Registration Appeals Committee (RAC) (full remit at Appendix 1). The AC has a duty to report to Council annually on its work.

2. Training and development
2.1. The following training and development workshops took place in 2016/17:

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<tr>
<th>DATE</th>
<th>ATTENDEES</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>September 2016</td>
<td>New IC and FtPC members</td>
<td>Induction and unconscious bias training</td>
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<tr>
<td>December 2016</td>
<td>IC, FtPC and RAC chairs</td>
<td>Chairs’ performance review training</td>
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<tr>
<td>November/December 2016</td>
<td>IC, FtPC and RAC</td>
<td>New pharmacy standards training</td>
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<tr>
<td>February 2017</td>
<td>IC, FtPC and RAC chairs</td>
<td>PSA Chairs’ conference - role of the PSA, dishonesty and conduct outside practice; the challenge of chairing</td>
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</table>
2.2. Participant feedback is collected from all training and has generally been positive this year (in particular, the induction training and unconscious bias sessions for new members). The impact of training in specific areas is monitored via the Outcomes Review Groups for each committee, and this contributes to the design of the forward training programme.

2.3. The GPhC holds regular six-monthly meetings for the chairs of the committees. These allow chairs to share information on cases, case management and procedure, to make suggestions to improve process and, where possible, streamline hearings. I and relevant staff attend for all or part of these meetings.

2.4. The face-to-face training focus for 2017 will focus on the quality of determination writing and on “case theory” – how best to identify the real wrong/mischief in a case and determine the risk to public protection and confidence in the pharmacy professions, and, where appropriate, the balance between the two.

2.5. Beyond that, the AC is conscious of the cost to the organisation of face-to-face training for the committees, and are keen to limit it to those topics which benefit from interaction and discussion with colleagues. To facilitate this, the office is developing our e-learning programme.

3. **Quality Assurance**

3.1. Feedback on committee member performance is gathered by a variety of means. Online feedback forms are completed by chairs, members and the secretariat for each hearing or meeting. In addition, the regular Outcomes Review Group meetings provide detailed review. A protocol determines whether any concerns raised in any way are dealt with at the time by a chair, staff, included in the annual performance review information or passed to me. If I need to take immediate action to raise a matter with a chair or member I phone the person or arrange a meeting for a discussion.

3.2. The Appointments Committee has dealt with allegations or self-declarations via the more formal suspension and removal procedure three times in the past year. These resulted in one six-month suspension, one letter of advice, and one instance where no further action was deemed necessary.

3.3. The GPhC’s risk and assurance framework and approach includes both internal audit and occasional external reviews of critically important governance policies and processes. As part of this ongoing workstream, the office commissioned an external review of our internal feedback mechanisms relating to the work of the Investigating and Fitness to Practise Committees, to ensure that they were in line with legislation, best practice and the GPhC’s organisational policy and values. This review, which was carried out by Anna van der Gaag, was completed at the end of April 2016.

3.4. The review was favourable overall and concluded that the current mechanisms were broadly aligned with the values of the GPhC and were working well, while making a number of recommendations on how these processes could be improved further. The Appointments Committee welcomed these, and in May this year the Audit and Risk Committee received an update on their implementation (all either completed or in progress).
3.5. **Annual performance review**
As part of performance management I review the performance of chairs and deputy chairs annually in a formal appraisal meeting, and they review the performance of the members. Prior to the review meeting I observe the chair at a hearing, read some determinations and transcripts, and receive feedback gathered through the year from hearing/meeting feedback forms (improved, online versions for these are currently being piloted). Those being reviewed are asked to complete self-appraisal forms. These meetings provide an opportunity to reflect on the work, to identify training needs and to appreciate the work undertaken.

3.6. All chairs and deputy chairs except one have either already been appraised, or are scheduled to be appraised by June 2017. One member’s appraisal remains to be scheduled.

4. **Resignations, recruitment and committee population**

4.1. **2016 Committee refresh**
In 2016, the second and final terms of office of 27 chairs, deputy chairs and members (including that of Patrick Milmo, FtPC Chair) came to an end. Also, the workload of the committees had been steadily increasing and the AC needed to ensure the organisation had enough people to cope with future predicted, as well as current, demand. So, for the first time since the inception of the GPhC, the AC carried out a major recruitment exercise to refresh the committee population.

4.2. The AC took the decision to split the necessary recruitment into phases. Details of the first and second phases (pharmacy technician recruitment in December 2015, and identification of uplifts for September from the existing reserve pool in January 2016), together with information on the early stages of the third phase - the 2016 recruitment campaign for chairs, lay and registrant members - can be found in last year’s report.

4.3. The larger campaign for 29 chairs, deputy chairs, lay members and pharmacist members began in February 2016. The recruitment campaign attracted an unprecedented response of over a thousand applications for the various roles. This presented a resource challenge for both the office and the Committee, but it did mean there was a very high calibre of candidates to choose from. I am happy to say the campaign and selection process ran smoothly and was successful; 29 new members were appointed in June. They underwent a thorough onboarding programme of induction, training and observation throughout the summer, and started their terms of office in September. That process continues, with informal mentoring and legal adviser support for the new chairs to complement the wider training sessions.

4.4. **Casual vacancies**
There was a small flurry of movement earlier in the year, for the best of reasons, but fortunately there was enough leeway available to the AC after the recent round of recruitment to be able to deal with them without re-advertising:
i. Michael Caplan was appointed Chair of FtPC in December – he replaced Michael Simon, who was raised to the bench that month as a circuit judge and had therefore had to resign from his role with us.

ii. The recently appointed reserve deputy FtPC chair Fayyaz Afzal, was also been raised to the bench in February and as a result had to resign his post with us.

iii. The AC welcomed Andrew Popat, who was appointed as reserve deputy chair of FtPC in December 2016.

iv. David Clark, who was one of the May 2016 appointments as a reserve deputy Chair of IC, was moved from IC to fulfil that role in FtPC; and

v. James Kellock was appointed as a reserve deputy chair for FtPC, in addition to his long-standing post as deputy chair of RAC.

4.5. See Appendix 2 for a list of all the new recruits, resignations and uplifts during the past year.

5. **Equality, diversity and inclusion**

5.1. The statutory committees strive to promote and reflect equality, diversity and inclusion when performing their regulatory functions. Appointments are made on merit, and the Appointments Committee has introduced anonymisation of applications for longlisting and shortlisting. The Appointments Committee and the scheduling staff try to ensure that the people appointed and allocated to the statutory committees reflect the diversity of the public they serve and the registrant population. This year’s diversity statistics for the committees, compared with the statistics from the 2015 survey, can be found at Appendix 3.

5.2. The Appointments Committee is, as always, aware that more needs to done to attract high calibre applicants from underrepresented groups. Accordingly, recent recruitment campaigns have been designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible, from which the Committee could appoint on merit. This included features and advertisement in a wide range of print and online media, an open evening, and presence at events such as the Pharmacy Show and use of social media such as Twitter, Facebook and LinkedIn.

5.3. The AC reported on the diversity statistics for the pharmacy technician recruitment last year. Diversity statistics for the 2016 recruitment of chairs, lay and registrant members can be found at Appendix 4.

5.4. 2015’s well-received ED&I training was rerun in September 2016 for the new members.
6. Appointments Committee

6.1 Jonathan Harris, registrant member of the Committee, retired in September 2016 as his final term of office had expired. In his place the Appointments Committee welcomes Karen Hong, who is head of medicines management at a clinical commissioning group.

6.2 My final term of office as chair of the Appointments Committee comes to an end on 31 July 2017. Council reviewed the Appointments Committee role and remit last June, after which planning commenced for the recruitment of my successor. The appointment panel was made up of the Chair of Council and a lay and a registrant member of Council, with Rosie Varley as the independent assessor. I am happy to announce that at the time of writing an appointment has now been made subject to contract.

6.3 The current Deputy Chair, Geoff Pears, will retire at the end of September, when his final term of office comes to an end; recruitment is under way for his successor.

7. Concluding remarks

7.1 I can provide the Council with assurance that the work of the Appointments Committee and my own work as Chair – with the responsibility for quality assurance and performance management of the individuals which that involves – is not just operating well procedurally, but is also meeting the Council’s expectations as to respect, fairness and public confidence.

Recommendations
The Council is asked to note the paper

Elizabeth Filkin, Chair, Appointments Committee
General Pharmaceutical Council

Questions via Elaine Mulingani

elaine.mulingani@pharmacyregulation.org

Tel 020 3713 7817

9 June 2017
Appendix 1

Excerpt from Appointments Committee remit

The Council has established an Appointments Committee with the remit set out below.

1. Under delegated powers from the Council and in accordance with the GPhC (Statutory Committees and their Advisers) Rules 2010:
   - To select and appoint appropriate persons to serve as members of the statutory committees including as chairs and deputy chairs;
   - To draft and submit to Council for approval the procedure for the suspension and removal of a member of a statutory committee, or any person on the reserve list;
   - To, where appropriate, suspend or remove from office members, including chairs and deputy chairs, of the statutory committees; and
   - To oversee procedures for the training, development, performance review and appraisal of members, including chairs and deputy chairs, of the statutory committees and, as appropriate, training for persons on a reserve list.

2. To advise the Council on the minimum competencies it considers are required for appointment as a chair, deputy chair or other member of a statutory committee, whilst having regard to best practice on competencies required for membership of quasi-judicial committees, as disseminated by the Judicial Studies Board or the PSA or any successor bodies.

3. The Appointments Committee must maintain a reserve list of appropriate persons who are eligible to serve as members of each of the statutory committees.

4. Other than as specified above, the Committee has no executive responsibilities or powers.
### New members in 2016/17

#### New members from September 2016

<table>
<thead>
<tr>
<th>Role</th>
<th>Chair FtPC until 20/12/16</th>
<th>Chair FtPC from 20/12/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Michael Simon</td>
<td>Michael Caplan</td>
</tr>
<tr>
<td>Dep Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dep Chair FtPC - Full</td>
<td>Angela Black</td>
<td></td>
</tr>
<tr>
<td>Dep Chair FtPC - Reserve</td>
<td>Sarah Hamilton</td>
<td></td>
</tr>
<tr>
<td>Dep Chair FtPC – Reserve (until 17/2/17)</td>
<td>Fayyaz Afzal</td>
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<tr>
<td>Dep Chair FtPC – Reserve (from 20/12/17)</td>
<td>Andrew Popat</td>
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<tr>
<td>Dep Chair FtPC - Reserve</td>
<td>Louise Price</td>
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<tr>
<td>Dep Chair FtPC – Reserve (from 18/2/17)</td>
<td>David Clark</td>
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<tr>
<td>Dep Chair FtPC – Reserve (from 2/3/17)</td>
<td>James Kellock</td>
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<tr>
<td>Dep Chair IC - Full</td>
<td>Penny Howe</td>
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<tr>
<td>Dep Chair IC - Reserve</td>
<td>Manuela Grayson</td>
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<tr>
<td>Dep Chair IC – Reserve (until 18/2/17)</td>
<td>David Clark</td>
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<tr>
<td>Pharmacist member</td>
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<tr>
<td>Full member FtPC</td>
<td>Stephen Simbler</td>
<td></td>
</tr>
<tr>
<td>Full member FtPC</td>
<td>Deborah Grayson</td>
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<tr>
<td>Full member FtPC</td>
<td>Vaishally Patel</td>
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<td>Patricia North</td>
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<tr>
<td>Full member FtPC</td>
<td>Raj Parekh</td>
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<td>Full member FtPC</td>
<td>Sam Stephenson</td>
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<tr>
<td>Reserve (all committees)</td>
<td>Darren Powell</td>
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<tr>
<td>Reserve (all committees)</td>
<td>Frances Akor</td>
<td></td>
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<tr>
<td>Reserve (all committees)</td>
<td>Graeme Mitchell</td>
<td></td>
</tr>
<tr>
<td>Reserve (all committees)</td>
<td>Man Yui Hung</td>
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<tr>
<td>Reserve (all committees)</td>
<td>Karen Harrowing</td>
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<td>Full member FtPC</td>
<td>Claire Bonnet</td>
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<tr>
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<td>Isobel Leaviss</td>
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<tr>
<td>Reserve - all committees</td>
<td>Melissa D’Mello</td>
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<tr>
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<td>Nicola Bastin</td>
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</tr>
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<td>Full Membership Details</td>
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<tr>
<td>----------------------</td>
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<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>Michael Glickman, Ian Spafford, Tim Spencer-Lane, Sheba Joseph</td>
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</tr>
<tr>
<td>Uplifted from reserve to full membership at end September 2016</td>
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<td>Dep Chair</td>
<td>Philip Geering, Peter Watkin Jones</td>
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<tr>
<td>Pharmacist member</td>
<td>Surinder Bassan, Gail Curphey, Gazala Khan</td>
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<tr>
<td>Lay member</td>
<td>Elena Feeney, Wendy Golding, Alexander Mills</td>
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<tr>
<td>Pharmacy technician</td>
<td>Ifat Reader, Alice Robertson-Rickard, Carolyn Tetlow, Nalini Varma, Stephen Greep</td>
<td></td>
</tr>
<tr>
<td>member</td>
<td>Minel Gohil, Katherine Watkinson, Penny Hopkins, Leigh Setterington, Sheetal Jogia</td>
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Monitoring diversity – EDI statistics for the committees

1. Chronological diversity comparison - 2015 and 2017

### Gender

<table>
<thead>
<tr>
<th>Year</th>
<th>Male (%)</th>
<th>Female (%)</th>
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<tr>
<td>2015</td>
<td>47.8%</td>
<td>52.2%</td>
</tr>
<tr>
<td>2017</td>
<td>56.2%</td>
<td>44.8%</td>
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### Age

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<tr>
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<th>25-34 years</th>
<th>35-44 years</th>
<th>45-54 years</th>
<th>55-64 years</th>
<th>65+</th>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
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### Ethnicity

<table>
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<th>Black</th>
<th>Asian</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2017</td>
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</tbody>
</table>

### Disability

<table>
<thead>
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<th>Year</th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Chairs versus overall committee diversity comparison – 2017

Gender

- Chairs 2015: Male 84.6%, Female 15.4%
- Chairs 2017: Male 53.2%, Female 46.8%
- Overall 2017: Male 56.2%, Female 43.8%

Age 2017

Ethnicity 2017

- White 89.0%, Black 5.5%, Asian 0.0%, Not disclosed 5.5%

Disability 2017

- Yes 78.9%, No 21.1%
- Overall 2017: Yes 5.5%, No 94.5%
3. Overall committee population versus UK and Registrant – 2017

Gender 2017

Disability 2017

Ethnicity 2017

Age 2017
EDI statistics for 2016 recruitment

**Lay**

**Pharmacist**

**Chair FtPC/Lay**

**Appendix 4**
Meeting paper

Council meeting on Thursday, 06 July 2017

Public business

Consultation on guidance to ensure a safe and effective pharmacy team

Purpose
To present to Council the consultation on draft guidance to ensure a safe and effective pharmacy team, with a particular focus on unregistered pharmacy staff.

Recommendations
The Council is asked to approve for consultation the draft guidance to ensure a safe and effective pharmacy team.

1. Background

1.1. There has been a range of work undertaken over the last five years to enhance our understanding of issues within the pharmacy team. In September 2012, following the introduction of statutory regulation of pharmacy technicians, Council identified the need for further work in relation to five themes:

- Understanding the pharmacy workforce
- The need to embed professionalism
- Team based issues (including developing clinical governance in community)
- Leadership and management
- Education and training requirements

1.2. For the past two years we have been promoting the concept of person-centred professionalism through our work around the standards for pharmacy professionals as well as looking at how the education and training of the pharmacy team should evolve to respond to the new challenges and opportunities they face.

1.3. In February 2015, Council considered a paper which set out a co-ordinated programme of work to progress issues relating to the pharmacy team, including looking at the education and training requirements for unregistered pharmacy staff.

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1 https://www.pharmacyregulation.org/sites/default/files/Council%20September%202012%20understanding%20issues%20within%20pharmacy%20team.pdf
1.4. In July 2015, we published a discussion paper, *Tomorrow’s pharmacy team: future standards for the initial education and training of pharmacists, pharmacy technicians and pharmacy support staff*. This looked at the policies for health, pharmacy and pharmacy education provision in each of the countries of Great Britain and what the policies may mean for the future roles of the whole pharmacy team and the education and training they will need to carry them out. We heard feedback that all members of the pharmacy team should have a common set of skills and abilities including professionalism, good communication skills, and effective working in multi-professional teams.

1.5. Throughout 2016 we undertook an internal review of the wider issues surrounding unregistered pharmacy staff. We considered our legislative framework, our various internal and external policies including our quality assurance processes, and we analysed feedback from the reviews of our professional and education standards, and the regulation of pharmacies (including inspection). Through this we realised that we needed to look again at how we can ensure a safe and effective pharmacy team.

1.6. In March 2017, Council agreed to update the regulatory framework for the education and training of unregistered pharmacy staff, and to develop and consult on guidance for pharmacy owners to sit underneath principle 2 of the standards for registered pharmacies (that ‘staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public’).

2. **Objectives**

2.1. Our proposals were developed to meet the following objectives agreed by Council:

- To strengthen and assure the framework around staffing within pharmacy
- To consider whether we can use our tools more effectively to assure the public that the pharmacy team has the appropriate skills, qualifications and competencies to provide safe and effective care
- To ensure accountability for staff training moves away from pharmacists, to employers
- To look beyond narrow and outdated definitions of ‘support staff’ and consider opportunities to update our approach to cover unregistered staff which would include other groups who are involved in pharmacy services from registered pharmacies.

3. **Key considerations**

3.1. The GPhC minimum training requirements policy, which was approved by Council in 2011, places a responsibility on individual pharmacists to ensure staff working in a pharmacy are competent for the role they undertake.

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4 [https://www.pharmacyregulation.org/sites/default/files/developing_an_updated_regulatory_framework_for_unregister ed_pharmacy_staff_march_2017.pdf](https://www.pharmacyregulation.org/sites/default/files/developing_an_updated_regulatory_framework_for_unregister ed_pharmacy_staff_march_2017.pdf)

3.2 The current policy framework is out of date and does not reflect the diversity of roles within pharmacy. It references the standards of conduct, ethics and performance which have since been replaced by the new standards for pharmacy professionals; it refers to national occupational standards which have been reviewed (the new versions of which are soon to be introduced); but, most importantly, the regulatory approach is significantly out of step with the modern approach to pharmacy regulation supported by Council.

3.3 This is because it places accountability for training and delegation on pharmacists, rather than employers, it does not reflect the role of pharmacy technicians which, since the policy was developed, are now a regulated profession, and it focuses on narrow rules which no longer provide the right level of assurance.

3.4 There is an opportunity to update the regulatory framework to more appropriately ensure the safe and effective practice of unregistered pharmacy staff. This has included developing guidance for pharmacy owners to sit under the standards for registered pharmacies.

3.5 The draft guidance covers all staff within the pharmacy team, including non-registrant managers, and describes our expectations about how pharmacy owners will need to assess and assure the competence of their staff, taking into account a minimum level of competence for staff involved in the dispensing process and the supply of medicines.

3.6 While the draft guidance focuses on the role of the pharmacies we regulate, we are aware that unregistered pharmacy staff work across a range of other settings, including hospitals and GP surgeries. Although it is not within our legal remit to regulate these other settings, we hope that this guidance will be helpful for others.

3.7 The draft guidance for pharmacy owners, supporting the standards for registered pharmacies, would replace the existing policy on minimum training requirements for dispensing / pharmacy assistants and medicines counter assistants.

3.8 The guidance sets out:

- the key areas that should be considered to ensure a safe and effective pharmacy team.
- the pharmacy owner’s responsibility to ensure unregistered pharmacy staff are competent for their roles and the tasks they carry out.
- the pharmacy professional’s responsibility to ensure that anyone they delegate a task to is competent and appropriately trained, and exercise proper oversight.
- that unregistered pharmacy staff who are involved in the dispensing and supply of medicines must be competent to a level equivalent to the relevant knowledge and skills of a nationally recognised Level 2 qualification\(^6\), or are undertaking training towards this.
- the importance of staff in managerial or leadership positions (who may or may not be a registered pharmacy professional) understanding that pharmacy professionals have a responsibility to prioritise patient safety.

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\(^6\) This indicates that a person has knowledge and understanding of facts, procedures to complete well-defined tasks. They are aware of the range of information that is relevant to the area of work and can interpret information and ideas to inform actions (Ofqual Level Descriptors, 2015).
4. **Timetable**

4.1 The consultation will run for 12 weeks from July to October 2017. We expect to provide Council with an analysis of the responses in late 2017, to inform a decision on the proposed changes to the regulatory framework for unregistered pharmacy staff, including the new guidance for pharmacy owners.

5. **Equality and diversity implications**

5.1 In all stages of our development work we have considered whether there are any significant equality implications, either positive or negative, for registrants or members of the public. We have not identified any significant negative equality or diversity implications of our proposals and expect there to be a positive benefit for patients and the public. However we have asked a specific question in the consultation to ensure we receive feedback on any relevant issues.

5.2 Throughout the development of this work, a detailed analysis of the equality and diversity implications of the proposed changes continues to be updated as any new aspects are identified.

6. **Communications**

6.1 It is important that we communicate to key interest groups to provide clarity about the proposed changes to the accountability framework and our immediate intentions in relation to accreditation of courses for unregistered pharmacy staff.

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

6.3 The consultation will be published on the GPhC website and in Regulate, and targeted emails will be sent to our stakeholders. We will also arrange or attend a series of meetings and events to seek feedback on our proposals.

7. **Resource implications**

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

8. **Risk implications**

8.1 There are risks that will need to be carefully managed for any move away from our current approach. A significant change such as this could see changes to the market in course provision, variation in the quality of training, and uncertainty if we do not communicate effectively.

8.2 Equally, if we do not change our approach, we risk approving courses which do not reflect employers’ needs and the changing nature of the provision of pharmacy services, restricting the way pharmacies operate and innovate.

8.3 This is an opportunity to ensure pharmacy services, and associated roles, are developing to reflect what is needed across different employers in various settings.
**Recommendations**

The Council is asked to approve for consultation the draft guidance to ensure a safe and effective pharmacy team.

**Tess Stone, Policy Manager**
General Pharmaceutical Council
tessa.stone@pharmacyregualtion.org
02037137956

**Hugh Simpson, Director of Strategy**
General Pharmaceutical Council
hugh.simpson@pharmacyregulation.org
02037137803

19 June 2017
Consultation on guidance to ensure a safe and effective pharmacy team

July 2017
Contents

About the GPhC
Overview
The consultation process
Introduction
Part 1: The framework
Part 2: The guidance
How we will use your responses
Consultation response form
Consultation questions
Equality monitoring
Appendix A: Collated consultation questions

The deadline for responding to this consultation is 11 October 2017.
About the GPhC

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

Our main work includes:

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

We know that effective team working is an essential part of providing good-quality care. The introduction to our Standards for registered pharmacies explains the purpose of the standards:

‘to create and maintain the right environment, both organisational and physical, for the safe and effective practice of pharmacy’.

This consultation is about guidance to support those standards, and in particular our desire to strengthen and assure the regulatory framework around unregistered pharmacy staff.

In the past, individual pharmacists have been accountable to the GPhC for the training of staff – which should be the responsibility of the pharmacy owner.

The draft guidance makes it clear that the pharmacy owner is accountable for making sure unregistered pharmacy staff are competent for their roles.

This strengthened accountability for pharmacy owners does not change the important responsibility of individual pharmacists – particularly the responsible pharmacist – to delegate tasks only to people who are competent, or to those that are in training and under supervision.

The draft guidance covers all pharmacy staff, including non-registrant managers. It will describe our expectations about how pharmacy owners will need to assess and assure the competence of their staff, taking into account a minimum level of competence for staff who are involved in dispensing and supplying medicines.

The draft guidance focuses on the role of the pharmacies we regulate. However, we realise that unregistered pharmacy staff work in a range of other settings, including hospitals and GP surgeries. Although we do not regulate these other settings, we hope this guidance will be helpful for others.

The new guidance, supporting the Standards for registered pharmacies, is intended to replace the existing policy on minimum training requirements for dispensing/pharmacy assistants and medicines counter assistants.

We are consulting until 11 October 2017 on the draft guidance for pharmacy owners to ensure a safe and effective pharmacy team.

This consultation document has two sections:

- **Part 1: The framework**
  
  This explains what is changing and why. It sets out what we do now, what we propose to do differently, and what we have taken into account when considering the changes.

- **Part 2: The guidance**
  
  This summarises the key elements of the guidance for pharmacy owners to ensure a safe and effective pharmacy team.
The consultation process

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

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

How to respond

You can respond to this consultation in a number of different ways. You can go to www.pharmacyregulation.org/XXX and fill in an online version there or fill in the questionnaire at the end of this document.

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

consultations@pharmacyregulation.org with the subject 'XXX consultation'

or post it to us at:

xxxx Consultation response
Policy and Standards Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ

Comments on the consultation process itself

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

feedback@pharmacyregulation.org

or post them to us at:

Governance Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ

Please do not send consultation responses to this address.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive. Our governing council will receive the analysis in late 2017, and will take the responses into account when considering the
proposed changes we want to make to the regulatory framework for unregistered pharmacy staff, including the new guidance for pharmacy owners.

We will publish the analysis of the responses we receive to this consultation. You will be able to see this on our website www.pharmacyregulation.org
**Introduction**

We publish standards which set out the requirements for the provision of pharmacy services at or from a registered pharmacy\(^1\) and also standards which set out the behaviours and attitudes that are expected of pharmacy professionals\(^2\). Together these standards are designed to:

- create and maintain the right environment for the safe and effective practice of pharmacy
- provide assurance of the safety of, and encourage improvement in the quality of, services provided to patients and the public

As part of our work to review the initial education and training standards for pharmacists, pharmacy technicians and independent prescribers, we think it is right to look at the education and training of unregistered pharmacy staff.

We have carried out a range of consultations and evaluation exercises in the last two years. These have given us useful background and insight into the roles and functions of, and accountability for, unregistered pharmacy staff working in registered pharmacies.

Employers, and in particular owners of registered pharmacies, have a vital role in making sure the pharmacy team, including unregistered pharmacy staff, are competent for their roles.

**Who are unregistered pharmacy staff?**

There is an important distinction between registered pharmacy staff and unregistered pharmacy staff.

Registered pharmacy professionals have obligations and responsibilities as regulated professionals. This involves meeting all the standards we set for education and training, continuing professional development, and professional conduct.

Unregistered pharmacy staff are staff within the pharmacy team who are not regulated by the GPhC but are involved in pharmacy services at or from a registered pharmacy. They are primarily accountable to their employer. In the context of registered pharmacies, this will generally be the pharmacy owner. It is the pharmacy owner who is responsible for the impact their work has on patients and the public.

Unregistered pharmacy staff work in a variety of roles including as dispensers, medicines counter assistants, delivery drivers and pharmacy managers. They may work full time, part time or just in holidays. Their responsibilities can include: providing information and advice on symptoms and products; selling and supplying medicines; receiving and collecting prescriptions, including assembling and dispensing prescribed items; delivering medicines; ordering, receiving and storing pharmaceutical stock; and leading and managing teams.

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1. [https://www.pharmacyregulation.org/sites/default/files/Standards%20for%20registered%20pharmacies%20September%202012.pdf](https://www.pharmacyregulation.org/sites/default/files/Standards%20for%20registered%20pharmacies%20September%202012.pdf)
2. [https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)
Part 1: The framework

The GPhC has a range of regulatory powers covering registered professionals (pharmacists and pharmacy technicians) but these do not extend to unregistered pharmacy staff. We also set standards for registered pharmacies which must be met by pharmacy owners.

When the GPhC was established in 2010 we inherited a number of policies and procedures for ‘support staff’. We see this term as outdated and not consistent with approaches to quality governance and team work. But we know that the staff covered by this term are often the first point of contact with patients and the public, and they have an important contribution to make within the pharmacy team.

Pharmacy services, and the roles required to deliver them, are changing due to a range of factors including societal change and patient needs. We are committed to making sure training provision can be flexible in responding to changes in healthcare needs and professional practice.

The current policy framework is out of date and does not reflect the diversity of roles within pharmacy. It is time to review and update our approach to make sure it is sufficiently flexible and focused on outcomes, to reflect the needs of patients and the public both now and in the future.

History

Before 2005, there were no education and training requirements for unregistered pharmacy staff. This included staff dispensing and supplying medicines. From January 2005, the Royal Pharmaceutical Society of Great Britain (RPSGB) policy stated that pharmacists had a professional obligation to make sure that dispensing/pharmacy assistants and medicines counter assistants were competent in the areas in which they were working. They had to be qualified to a minimum standard equivalent to the relevant units of the Pharmacy Service Skills Scottish/National Vocational Qualification (S/NVQ) Level 2 qualification, or be training towards this.

In 2010 GPhC adopted the RPSGB’s minimum training requirements for unregistered pharmacy staff, and took over the accreditation of dispensing assistant and medicines counter assistant courses. The terms ‘medicines counter assistant’ and ‘dispensing assistant’ do not represent precise roles. ‘Dispensing assistant’ in particular is an umbrella term for a variety of roles supplying medicines to the public.

The GPhC minimum training requirements policy³, which was formally approved by Council in 2011, places a responsibility on individual pharmacists to make sure staff working in a pharmacy are competent for the role they undertake.

The current framework

At the moment we set minimum training requirements for dispensing assistant and medicines counter assistant roles, where training must be started within three months of being in the role. We

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also assess training courses through an approval process\(^4\) so we can assure the quality of courses. This is a professional rather than a statutory requirement and does not apply to non-registrant managers.

Setting education and training requirements for such diverse roles, and accrediting courses, may no longer be suitable for a dynamic workforce and with the changes that are happening in the provision of pharmacy services, such as the growth of public health services. It also appears at odds with our statutory framework, where our powers of accreditation are explicitly for courses leading to registration as a pharmacist or pharmacy technician. Although our current approach provides some consistency, there are a range of historic exemptions to the policy which – as time passes – do not provide the right level of assurance. We want to create more appropriate and transparent accountability. We also want to make sure that training more accurately reflects the changing nature of how services are provided by the pharmacy team.

We want to make sure that we can more effectively assure the public that the pharmacy team has the appropriate skills, qualifications and competencies to provide safe and effective care.

**What we are proposing**

We have reviewed our current framework of non-statutory accreditation of training programmes for unregistered pharmacy staff. Following this consultation on the new guidance for pharmacy owners, and subject to our governing council’s approval, we would no longer approve individual training programmes and qualifications for unregistered pharmacy staff.

Pharmacy owners would be responsible for selecting appropriate training for their staff and we would provide assurance of this through our regulation of registered pharmacies. This is because pharmacy services, and the roles required to deliver them, continue to develop and we want to make sure that training provision can be flexible in responding to these changes.

This would not change the important dual responsibility between pharmacy owners and pharmacy professionals to make sure that any member of staff involved in dispensing and supplying medicines has the knowledge and skills to carry out their tasks safely and effectively.

\(^4\) [https://www.pharmacyregulation.org/education/approval-courses](https://www.pharmacyregulation.org/education/approval-courses)
Part 2: The guidance

Our Standards for registered pharmacies describe the outcomes we expect to see for patients and the public. By setting outcomes, we are enabling owners and pharmacy professionals to use their judgement in how best to meet those outcomes for their pharmacy.

How they go about meeting the outcomes may vary depending on the environment, including patients and local health needs. It is important that pharmacy owners take responsibility for considering how best to organise and train their teams to meet our standards. However, we do need to consider the knowledge, skills and competencies within the pharmacy team as a whole, and we have incorporated key elements of the minimum training requirements policy into the draft guidance.

We have developed guidance to support principle 2 of the Standards for registered pharmacies, which says ‘Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public’.

The guidance sets out:

- the key areas that should be considered to ensure a safe and effective pharmacy team
- the pharmacy owner’s responsibility to make sure unregistered pharmacy staff are competent for their roles and the tasks they carry out
- the pharmacy professional’s responsibility to make sure anyone they delegate a task to is competent and appropriately trained, and to exercise proper oversight
- that unregistered pharmacy staff who are involved in the dispensing and supply of medicines must be competent to a level equivalent to the relevant knowledge and skills of a nationally recognised Level 2 qualification\(^5\), or are training towards this
- the importance of staff in managerial or leadership positions (who may or may not be a registered pharmacy professional) understanding that pharmacy professionals have a responsibility to prioritise patient safety

Please read the draft guidance in the next section for more information on how to apply the standards for registered pharmacies.

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\(^5\) This means that a person has knowledge and understanding of facts and procedures to complete well-defined tasks. They are aware of the range of information that is relevant to the area of work and can interpret information and ideas to inform actions. (Ofqual Level Descriptors, 2015)
Registered pharmacies guidance: 
a safe and effective pharmacy team

1 About this guidance

Principle 2 of our Standards for registered pharmacies sets out our clear expectations that ‘Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public’.

This guidance gives further advice to pharmacy owners on how to meet this principle. It should be read with our Standards for registered pharmacies⁶ and our Inspection decision making framework⁷. The main focus of this guidance is the pharmacy owner’s responsibility for unregistered pharmacy staff – staff in the pharmacy team who are not registered with the General Pharmaceutical Council (GPhC) but are involved in providing pharmacy services at or from a registered pharmacy.

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Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

2.1. There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided

2.2. 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

Unregistered pharmacy staff work in a variety of roles including as dispensers, medicines counter assistants, delivery drivers and pharmacy managers. They may work full time, part time or just in holidays. Their responsibilities can include: providing information and advice on symptoms and products; selling and supplying medicines; receiving and collecting prescriptions, including assembling and dispensing prescribed items; delivering medicines; ordering, receiving and storing pharmaceutical stock; and leading and managing teams.

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⁶ https://www.pharmacyregulation.org/sites/default/files/Standards%20for%20registered%20pharmacies%20September%202012.pdf
2 Introduction

We recognise that the needs of people who receive care from pharmacy continue to evolve. Pharmacy services, and the roles required to deliver them, are developing to reflect this change. We want to strengthen the framework to make sure the pharmacy team are able to respond to the new challenges and opportunities they face.

How teams are governed, led and managed, and how individuals within teams work together, will have a significant impact on the quality of care received by patients and people using services from registered pharmacies.

These teams are often made up of registered pharmacy professionals – pharmacists and pharmacy technicians – and unregistered pharmacy staff. There is an important distinction between registered and unregistered pharmacy staff. Registered pharmacy professionals have obligations and responsibilities as regulated professionals. This involves meeting all the standards we set for education and training, continuing professional development, and professional conduct.

This is not the case for unregistered pharmacy staff who are not regulated by the GPhC and are primarily accountable to their employer. In the context of registered pharmacies, this will generally be the pharmacy owner. It is the pharmacy owner who is responsible for the impact their work has on patients and the public. To meet our standards and deliver the right outcomes for patients and people using pharmacy services, pharmacy owners will need to make sure registered and unregistered pharmacy staff can work safely and effectively.

Pharmacy owners must make sure that everyone in the pharmacy team is familiar with the standards and understands the importance of their being met. If the registered pharmacy is owned by a ‘body corporate’ (for example a company or an NHS organisation) the superintendent pharmacist also has that responsibility. Those responsible for the overall safe running of the pharmacy must take into account the nature of the pharmacy, the range of services provided and, most importantly, the needs of patients and people who use pharmacy services.
Governance

Pharmacy owners are responsible for creating the right culture and environment in their pharmacies, both physical and organisational. But the pharmacy team – pharmacy professionals and unregistered pharmacy staff – also have an important role. Although the principles of good governance are consistent across all types of pharmacies, we recognise that pharmacies will be managed differently, in a style suitable for their structure and the services they provide.

It is vital to have appropriate governance arrangements to ensure the delivery of safe, high-quality pharmacy services and to monitor and improve standards of care. These cover everything from the systems, processes and controls used in a pharmacy, through to how risks are identified and managed – and acting when there are opportunities to do things in new and better ways.

Although there are a number of different ways to ensure good governance, pharmacy owners should make sure:

- staff numbers and roles are appropriate for the services provided and are systematically reviewed in line with changing services and workloads
- there are appropriate staffing plans in place to cover absence
- everyone in the pharmacy team knows what their duties and responsibilities are, and understands what the duties and responsibilities of other members of the team are
- unregistered pharmacy staff work within the limits of their competence and refer to pharmacy professionals when needed
- they are open to innovation and development of roles that are appropriate to how the pharmacy operates
- risk assessments, that are specific to the pharmacy and the team working there, are carried out and procedures are put in place to effectively manage risks
- everyone in the pharmacy team knows how to assess and reduce risks for the tasks they carry out
- everyone in the pharmacy team has the knowledge and confidence to raise concerns about safety, and make suggestions for improvement
- everyone in the pharmacy team understands the principles of privacy and confidentiality and is able to put these into practice
- everyone in the pharmacy team understands their responsibilities for keeping records up to date, complete and accurate, and for storing and sharing information in line with established procedures
4 Education and training requirements

All staff must be competent and appropriately trained for the role they carry out, or be in training for that role.

Pharmacy services, and the roles required to deliver them are changing due to a range of factors including societal change and patient needs. Education and training requirements for such a diverse workforce should be flexible and proportionate to allow the pharmacy team to respond to changes in professional practice.

Although there are a number of ways to make sure the pharmacy team have enough suitably qualified and skilled staff at all times to meet the needs of the people using the service, pharmacy owners should make sure:

- a role-specific induction is carried out for all new members of the pharmacy team
- they assess the competence of staff when they start in their role and make an informed judgement on what further knowledge or training they may need. This should include considering the staff member’s previous education and training, qualifications held, and work experience, as well as monitoring their performance
- unregistered pharmacy staff who are involved in dispensing and supplying medicines are competent to a level equivalent to the relevant knowledge and skills of a nationally recognised Level 2 qualification, or are training towards this
- unregistered pharmacy staff who need further education and training to meet the required competency level for their role are enrolled on an appropriate training programme within three months of starting in their role
- all staff receive appropriate training to enable them to work effectively in their role, and remain under the supervision of another person while they are in training
- the needs of their patients and local communities are identified and staff are trained accordingly
- training covers a common set of skills and abilities including professionalism, good communication skills, and effective working in multi-professional teams
- they recognise and address differences in competency requirements for specific practice settings and for the types of services being delivered in that setting
- they have an understanding of relevant training provision so they can make decisions on what courses are appropriate for staff. This may include speaking directly to course providers about training needs
- they maintain complete and accurate records of training for all staff
5 Knowledge, skills and development

To maintain a competent and empowered pharmacy team, it is vital that learning and development continues beyond initial education and training. It is for owners and pharmacy professionals to encourage and enable reflection on performance, and identify learning and development needs. Staff should be empowered to use their judgement, make decisions where appropriate and be proactive in the interests of patients and the public.

Although there are a number of ways to make sure the skills mix of staff remains appropriate for the services provided by the pharmacy, pharmacy owners should make sure:

- they give full consideration to the knowledge, skills and development of staff within their teams, and that the skills mix is appropriate for the services provided by the pharmacy
- essential elements of training are identified for each role within the team and these are proactively reviewed and reassessed, in response to changing needs and circumstances
- they can demonstrate that training has been carried out and is being put into practice
- individual and team development plans are in place to manage skills gaps
- they take a tailored approach to training which is continued throughout individuals’ employment and that the knowledge and skills of pharmacy staff remain up to date
- all staff are encouraged to reflect on their performance, particularly those still in training, and that any learning and development needs are identified
- they have considered whether they can make protected time available for training
6 Maintaining a person-centred environment

Having staff with the right knowledge and skills is one part of being able to provide safe and effective care. It is equally important for the pharmacy team to demonstrate the attributes and qualities that people who use pharmacy services expect to see. It is often these interpersonal skills that can put patients at ease and make the difference to the care they receive.

Although there are a number of ways to encourage person-centred behaviour, pharmacy owners should make sure:

- the pharmacy team provides compassionate care which is adapted to meet the needs of each person
- all staff in the pharmacy team know how to establish an individual’s communication and language needs
- everyone in the pharmacy team can adjust their style of communication, and recognise and reduce barriers to effective communication
- everyone in the pharmacy team can recognise the possible signs associated with abuse and vulnerable people
- the pharmacy team helps individuals to make informed choices about their health and wellbeing
- the pharmacy team works with other healthcare providers to provide ‘joined-up’ care for the benefit of patients
- people who use pharmacy services can easily see who staff are and the role they are carrying out
7 Management and leadership roles

There is also an important role for managers who have responsibility for leading and managing teams, and for co-ordinating many aspects of the day-to-day pharmacy operations. Staff in managerial or leadership positions – who may or may not be registered pharmacy professionals – have significant influence over the culture, practices and environment of the pharmacy business, and the delivery of pharmacy services.

Although there are a number of ways to make sure managers understand their responsibilities and the responsibilities of the rest of the pharmacy team, pharmacy owners should make sure:

- managers understand how to manage appropriately any personal or organisational goals, incentives or targets without compromising safe and effective care
- there are appropriate processes for assessing that managers have the competence, skills and experience needed, to carry out their role
- managers understand the legal and regulatory framework in which they are working and the contractual responsibilities of their employer
- managers understand that the pharmacists and pharmacy technicians they manage have obligations and responsibilities as regulated pharmacy professionals, and are accountable to the GPhC
- managers understand that pharmacy professionals must make patient safety a priority and take action to protect the wellbeing of patients and the public
- pharmacy professionals are supported and empowered to handle challenging situations confidently and professionally, whether that means having the right conversations with managers or knowing when and how to raise a concern
- managers make sure the pharmacy team know and understand the procedures in place in the pharmacy
8 Pharmacy professionals

This guidance is intended to help pharmacy owners. However, individual pharmacy professionals also have important responsibilities in respect of the pharmacy team.

In our Standards for pharmacy professionals, standard 9 says:

**Pharmacy professionals must demonstrate leadership**

Applying the standard

Every pharmacy professional can demonstrate leadership, whatever their role. Leadership includes taking responsibility for their actions and leading by example. Wherever a pharmacy professional practises, they must provide leadership to the people they work with and to others. There are a number of ways to meet this standard and below are some examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- take responsibility for their practice and demonstrate leadership to the people they work with
- assess the risks in the care they provide and do everything they can to keep these risks as low as possible
- contribute to the education, training and development of the team or of others
- delegate tasks only to people who are competent and appropriately trained or are in training; and exercise proper oversight
- do not abuse their position or set out to influence others to abuse theirs
- lead by example, in particular to those who are working towards registration as a pharmacy professional

There is an important dual responsibility between pharmacy owners and pharmacy professionals to make sure that any member of staff involved in the sale and supply of medicines has the knowledge and skills to carry out their tasks safely and effectively.

Pharmacy professionals should be able to satisfy themselves that anyone they delegate a task to is competent and appropriately trained to carry out the task. They should make sure unregistered pharmacy staff understand what they cannot and must not do, and know when to refer to a pharmacy professional.

Pharmacy professionals should encourage staff to ask patients appropriate questions and to actively listen to make sure they are giving suitable advice. To improve the quality of services and care, pharmacy professionals should encourage the pharmacy team to record, review and learn from mistakes or incidents.

It is important for pharmacy professionals to review the progress of staff they manage or oversee (for example, by way of appraisal), give honest and constructive feedback, and take reasonable steps to deal with any concerns within the pharmacy team.

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9 Other sources of information

You can get more information from professional bodies, education providers and other independent bodies. Below are some possible sources of information and guidance:

Royal Pharmaceutical Society (RPS) accredited training and providers
https://www.rpharms.com/professional-development/accredited-events-and-training

The Centre for Pharmacy Postgraduate Education (CPPE)
https://www.cppe.ac.uk/

Wales Centre for Pharmacy Professional Education (WCPPE)
https://www.wcppe.org.uk/

Care Quality Commission (CQC) – Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 (fit and proper persons)
http://www.cqc.org.uk/content/regulations-service-providers-and-managers

The Scottish Qualifications Authority (SQA)
http://www.sqa.org.uk/sqa/66814.html

City and Guilds
http://www.cityandguilds.com/

Pearsons

Boots UK
http://www.boots-uk.com/

Buttercups Training
https://www.buttercupstraining.co.uk/

CIG Healthcare Partnership
http://www.counter-intelligence.co.uk/

National Pharmacy Association (NPA)
https://www.npa.co.uk/

Scientia Skills
http://www.scientiaskills.co.uk/
How we will use your responses

After the consultation, we will publish a report summarising what we heard.

Responding as an individual:

If you respond as a private individual, we will not list your name in the published report or publish your response.

Occasionally, the GPhC may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). On these rare occasions, the GPhC will usually anonymise responses or ask for consent from respondents, but please be aware that we cannot guarantee confidentiality.

Responding on behalf of an organisation:

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

Occasionally, the GPhC may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). On these rare occasions, the GPhC will usually anonymise responses or ask for consent from respondents, but please be aware that we cannot guarantee confidentiality.
Consultation response form

Response to the consultation on guidance to ensure a safe and effective pharmacy team

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

Are you responding:

☐ as an individual – please go to section A

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

Are you responding:

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

Section A – Responding as an individual

Please tell us your:

- name:
- address:
- email:

Where do you live?

- England
- Scotland
- Wales
- Northern Ireland
- other (please give details)

Are you responding as:

- a member of the public
- a pharmacy professional or owner – please go to section A1
- a pre-registration trainee
- a student
- other (please give details)

Section A1 – Pharmacy professionals

Are you:

- a pharmacist
- a pharmacy technician
- a pharmacy owner

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

- community pharmacy
- hospital pharmacy
- primary care organisation
- pharmacy education and training
- pharmaceutical industry
- other (please give details)
Section B: Responding on behalf of an organisation

Please provide a brief description of what your organisation does and its interest in this particular consultation:


Please tell us your

- name:
- job title:
- organisation:
- address:
- email:
- a contact name for enquiries:

Please choose the option below which best describes your organisation:

- organisation representing patients or the public
- organisation representing pharmacy professionals or the pharmacy sector
- independent pharmacy (1-5 pharmacies)
- Multiple pharmacy (6 or more pharmacies)
- NHS organisation or group
- research, education or training organisation
- other (please give details)

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

☐ Please keep parts of my organisation’s response confidential

Please explain which parts you would wish to keep confidential and why:


Consultation questions

We recognise the need for flexible and modern education and training which can reflect the different requirements across sectors. There is a clear role for owners and pharmacy professionals in building teams that cut across traditional boundaries and in ensuring the safe and effective practice of their pharmacy teams.

We are particularly interested in your views on the following points, although we welcome your comments on any issues that you want to raise about the draft guidance to ensure a safe and effective pharmacy team.

<table>
<thead>
<tr>
<th>The new framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the moment, through the existing minimum training requirements, individual pharmacists are accountable to the GPhC for the training of staff, which should be the responsibility of the owner. The new framework will make it clear that the pharmacy owner is accountable for making sure unregistered pharmacy staff are competent for their roles.</td>
</tr>
</tbody>
</table>

1. Do you agree with the proposed approach?
   Yes/No. Please explain your reasons for this.

<table>
<thead>
<tr>
<th>Draft guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have developed guidance which sets out the key areas that are needed to ensure a safe and effective pharmacy team, with a specific focus on unregistered pharmacy staff. It covers:</td>
</tr>
<tr>
<td>• governance</td>
</tr>
<tr>
<td>• education and training requirements</td>
</tr>
<tr>
<td>• knowledge, skills and development</td>
</tr>
<tr>
<td>• maintaining a person-centred environment</td>
</tr>
<tr>
<td>• management and leadership roles</td>
</tr>
</tbody>
</table>

2. Does the proposed guidance adequately cover the key areas to ensure a safe and effective team?
   Yes/No

3. Is there anything else not covered in the guidance that you would find useful? Please give details.

<table>
<thead>
<tr>
<th>Training requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>The draft guidance makes it clear that unregistered pharmacy staff who are involved in dispensing and supplying medicines need to be competent to a level <strong>equivalent to the relevant knowledge and skills of a nationally recognised Level 2 qualification</strong>, or are training towards this.</td>
</tr>
</tbody>
</table>

4. Do you agree with the minimum level of competence for unregistered pharmacy staff who are involved in dispensing and supplying medicines?
   Yes/No. Please explain your reasons for this.

The guidance makes it clear that all unregistered pharmacy staff who need further education and
training to meet the required competency level for their role should be enrolled on an appropriate training programme within **three months** of starting in their role.

5 Do you agree with our proposed approach?  
Yes/No. Please explain your reasons for this.

**Impact**

We want to know how the proposed changes to the framework for the education and training of unregistered pharmacy staff may affect pharmacy owners, pharmacy professionals, unregistered pharmacy staff, and people using pharmacy services.

6 What impact do you think the proposals will have on **pharmacy owners**?  
(No impact, mostly positive, partly positive, positive and negative, partly negative, mostly negative)

7 What impact do you think the proposals will have on **pharmacy professionals**?  
(No impact, mostly positive, partly positive, positive and negative, partly negative, mostly negative)

8 What impact do you think the proposals will have on **unregistered pharmacy staff**?  
(No impact, mostly positive, partly positive, positive and negative, partly negative, mostly negative)

9 What impact do you think the proposals will have on **people using pharmacy services**?  
(No impact, mostly positive, partly positive, positive and negative, partly negative, mostly negative)

10 Do you have any other comments?

We believe the guidance to ensure a safe and effective pharmacy team should have positive implications for people. We have not identified any implications that would discriminate against or unintentionally disadvantage any individuals or groups who share the particular protected characteristics set out in the Equality Act 2010.

11 Do you think the proposals might have an impact on certain individuals or groups who share any of the protected characteristics?  

Yes/No  
If ‘Yes’, please explain and give examples.
**Equality monitoring**

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

We want to make sure everyone has an opportunity to respond to this consultation on guidance to ensure a safe and effective pharmacy team. This equality monitoring form will provide us with useful information to check that this happens.

Your responses will not be analysed together with your consultation questions.

You do not have to answer these questions if you would prefer not to.

**What is your sex?**

Please tick one box

- Male
- Female
- Other

**What is your sexual orientation?**

Please tick one box

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

**Do you consider yourself disabled?**

Disability is defined in the Equality Act 2010 as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. Please tick one box.

- Yes
- No
- Prefer not to say

**What is your age group?**

Please tick one box

- 16 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 + years
What is your ethnic group?

Choose the appropriate box to indicate your cultural background. Please tick one box.

White
- British
- Irish
- Gypsy or Irish traveller
- Other white background (please fill in the box at the end of this section)

Black or Black British
- Black Caribbean
- Black African
- Other black background (please fill in the box at the end of this section)

Mixed
- White and black Caribbean
- White and black African
- White and Asian
- Other mixed background (please fill in the box at the end of this section)

Asian or Asian British
- Indian
- Pakistani
- Bangladeshi
- Other Asian (please fill in the box at the end of this section)

Chinese or Chinese British
- Chinese or Chinese British

Arab
- Arab

Other
- Prefer not to say
- Other ethnic group background (please give more information in the box below)
What is your religion?

Please tick one box

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- None
- Other (please give more information in the box below)
- Prefer not to say
Meeting paper

Council on Thursday, 06 July 2017

Public Business

Education work programme update

Purpose
To update Council on our work to deliver the key strategic priority of education, training and the pharmacy team.

Recommendations
Council is asked to note this paper

1. Introduction

1.1 Council has set out its wider strategic aim to support and improve the delivery of safe, effective care and uphold trust in pharmacy.

1.2 This is set out in more detail in our Strategic Plan in which Council identifies a key priority to ensure that, “the pharmacy team have the necessary knowledge, attitudes and behaviours.”

1.3 This strategic priority builds on a considerable amount of preparatory work including Council’s wider consultation from 2015 on Tomorrow’s Pharmacy Team.

1.4 The paper and the consultation which sat alongside it, set out some wider principles which underpin the key education and training priorities which stakeholders felt would be required if the workforce was to be able to respond not only to today’s challenges, but also the challenges of the future. These were:

- Professionalism;
- Good communications skills; and,
- Collaborative team working.

2. Our approach

2.1 It has become apparent as we have engaged with Council, external stakeholders from pharmacy and the education sector, as well as the wider public policy community including governments across the UK, that the scale of work required is perhaps more significant than even conceived in our 2015 paper.

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2.2 By adopting the strategic approach to education and training, as set out in the Strategic Plan 2017-20, we have been able to review education initiatives for both of our registrant groups, as well as the wider workforce, to create a programme of work for the next three years and beyond.

2.3 It is our aim to bring updates, such as this, to Council on a periodic basis so that we can:

- provide assurance to Council of progress made to date;
- receive feedback on the overall programme; and,
- consider prioritisation (including things we wish to bring forward, or de-prioritise)

3. How we are managing the work programme

3.1 This work programme is a highly significant one and we have set up an internal education programme board to ensure the senior leadership team is able to track progress on an ongoing basis.

3.2 The outputs of that group will also inform updates to Council, such as this paper.

3.3 We have also begun work to bring together an external advisory group to ensure we are receiving input the full range of stakeholders, specifically in the development of our standards for pharmacist education and training. We are seeking to ensure representation from:

- The Pharmacy Schools Council (PhSC);
- British Pharmaceutical Students’ Association (BPSA);
- pharmacy representative bodies;
- pharmacy education and training experts;
- the national health education commissioning/delivery bodies;
- patient and public representatives.

3.4 In addition to the groups above, we will be inviting both the Pharmaceutical Society of Northern Ireland (PSNI) and the Association of Pharmacy Technicians UK (APTUK) to attend.

3.5 The structure of the advisory group has been informed by the successful work of the Continuing Fitness to Practise Advisory group.

4. Progress update: standards for the initial education and training of pharmacy technicians

4.1 The standards for the initial education and training of pharmacy technicians are in the most advanced state of readiness of any of the standards discussed here. To date we have:

- issued draft standards for consultation;
- analysed responses and produced a report;
• discussed the report (and our proposed way forward) at Council.

4.2 Having taken the views of consultation respondents and Council into account, our next steps will be to:

• refine the standards in light of those views;
• continue our engagement with key education stakeholders as we finalise proposals;
• present a final draft of the standards to Council in September 2017.

5. Progress update: education and training standards for pharmacist independent prescribers

5.1 As a prelude to consulting on new education and training standards for pharmacist independent prescribers, in 2016 we issued a discussion paper on one important aspect of the current standards: the practice supervision of pharmacist independent prescribers. It is our intention to publish the full analysis report alongside the consultation on draft standards but the consultation found high levels of support for our proposals, including the proposal that independent prescribing training could be supervised by suitably qualified and experienced pharmacist independent prescribers.

5.2 The feedback we have received has given us the confidence to move forward to developing a full, revised set of standards. The planned phases are:

• pre-consultation engagement events, in which we will be meeting with all schools of pharmacy delivering pharmacist independent prescribing courses, meeting with key organisations including the RPS, RCGP and NMC \(^3\) and running further engagement events for other independent prescribing course providers and commissioners;
• draft revised standards based on our discussion document and feedback from the pre-consultation events;
• present draft standards for consultation to Council in November 2017.

5.3 Our strategic approach to engagement is to look to integrate our engagement meetings on initial education and training for pharmacists, with, where possible, meetings on training for independent prescribing\(^4\). This requires us to: look to build early engagement including pilot initiatives in England and equivalent initiatives in Scotland and Wales; communicate the direction of travel for prescribing to stakeholders; and, communicate our outline timetable.

5.4 Our work programme timetable sets out an ambitious timetable to have new education and training standards for education and training for independent prescribers approved by mid-2018.

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\(^3\) The NMC is consulting on new standards for independent prescribing courses at the moment. Both we and they have shared our thinking with each other as our work has progressed.

\(^4\) To be as efficient as possible, these meetings will cover pharmacist initial education and training, standards for the education and training of pharmacist independent prescribers (mentioned in the previous section) and the quality assurance of pharmacy education.
6. Progress update: standards for the initial education and training of pharmacists

6.1 Planning for the development of new standards has already begun. We have written to a wide range of stakeholders and are scheduling meetings and semi-structured interviews with the following individuals and organisations:

- all schools of pharmacy;
- pharmacist pre-registration training leads;
- the national pharmacy education commissioning bodies (HEE/NEES/WEDS);
- the RPS; and
- the BPSA.

6.2 We expect to complete the majority of these meetings by the end of September or early October 2017.

6.3 Drafting work will begin in earnest once we have gathered and analysed the views of the stakeholders above and we aim to present draft standards for consultation to Council in mid-2018.

6.4 It is our intention to present fully redrafted standards to Council in the autumn of 2018. However, we will need to keep this timetable under review and will come back to Council after our pre-consultation meetings with an update on key issues and risks.

6.5 There are, in particular, a number of key interdependencies in relation to government initiatives across the UK in relation to integration of the structure of pharmacist education and training as well as funding issues which are outside of our role and responsibility.

6.6 In addition to engagement with the education stakeholders, we will also need to engage with ministers to ensure we can consider these issues appropriately.

6.7 It is important to note that the current standards, including course learning outcomes, have been in force since 2011 and revised ones are unlikely to be introduced until the 2018-2019 academic year at the earliest – that is seven years later. This workstream is an important priority for Council.

7. Progress update: quality assurance of the initial education and training of the pharmacy team

7.1 Council has expressed a clear desire for us to review the effectiveness of our quality assurance mechanisms for the education and training of pharmacist and pharmacy technician education and training.

7.2 There are some specific issues to be addressed, such as the structure and focus of our accreditation processes for pharmacist and pharmacy technician education and training, but we want to think more broadly as well. In that context, we intend to:

- Review the core principles underpinning our quality assurance work;
- Ensure our work is consistent with those principles;
• Continue to engage with, and with others who have roles in relation to quality management and quality control in education and training; and,

• Ensure our work programme is informed by evidence, gathering evidence where it is lacking.

7.3 Specific areas we are committed to reviewing, informed by the work set out in 7.2 above, includes a review of:

• our accreditation methodology for pharmacist and pharmacy technician education and training;

• our role in the assessment of competence in education and training; and

• our ongoing role, and that of other organisations, in the quality assurance of pharmacist pre-registration training.

7.4 Of all the workstreams, this will be the most complex and most likely to generate a series of outputs over an extended period of time.

7.5 Council will receive a more detailed plan for this workstream in September.

8. Equality and diversity implications

8.1 There are no equality and diversity implications associated with this update paper but it is central to our education and training work.

8.2 All our education and training standards include equality and diversity standards and we think it is important to move them forward in at least two ways:

• to take account of the learning from our recent work on the performance of Black-African candidates in our Registration Assessment5 and our more general knowledge of differential performance by ethnicity in that examination; and

• to require education and training providers to demonstrate how the design and delivery of courses actively takes in to account the diversity of their student/trainee cohorts.

8.3 All education and training standards are accompanied by an equality impact assessment, which is updated as standards are developed and as relevant issue come to light.

9. Communications

9.1 We continue to engage regularly with key stakeholders in relation to our education work programme. The consideration of this paper in public enables us to be open and transparent about our overall timetable and progress to date.

9.2 We meet regularly with key stakeholders in pharmacy and will need to continue to do so, particularly across Great Britain, to ensure we take account of any initiatives from governments in England, Scotland and Wales, as well as working closely with colleagues at the Pharmaceutical Society of Northern Ireland.

9.3 Communications colleagues, as well as directors for Scotland and Wales, are members of our internal education programme board.

10. **Resources**

10.1 This programme of work is a significant resource challenge, both for staff in the GPhC, but also the commitment it requires for stakeholders in their engagement with us and in developing responses to our consultations.

10.2 We are keeping the resource requirements of this work programme under continuous review, particularly taking into account any assessment scale of some of the work required as we develop our quality assurance workstream and receive initial feedback from stakeholders on the review of standards for the initial education and training of pharmacists.

11. **Risk implications**

11.1 Pharmacy is developing rapidly and practice is underpinned by education and training. All our education and training standards are more than five years old and require revision to ensure that they reflect the state of contemporary practice and the needs of the future workforce.

11.2 It should be borne in mind that pharmacists joining an undergraduate cohort in 2018 will be eligible to register no earlier than 2023 and pharmacy technicians joining a training cohort in the same year will be eligible to register no earlier than 2020. The inevitable consequence of this is that introducing revised standards in a timely manner is essential to the development of the pharmacy workforce and delays will hamper this.

11.3 Through our internal education programme board we keep risks associated with this work under review and will feed back regularly to Council and the Audit and Risk Committee.
**Recommendations**
Council is asked to note this paper

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29 June 2017
Meeting paper

Council on Thursday, 06 July 2017

Public business

Consultation on revised threshold criteria

Purpose
To provide Council with a report on the feedback from the consultation on revised threshold criteria

Recommendations
Council is asked to:

(1) Note the analysis of responses to our consultation on revised threshold criteria (Appendix 1)
(2) Discuss the key issues and themes relating to the revised threshold criteria
(3) Agree the revised threshold criteria (Appendix 2)

1. Introduction

1.1. The Pharmacy Order 2010 allows Council to define ‘threshold criteria’, which the Registrar (including the Registrar’s delegates) must use to determine whether an allegation should be referred to the Investigating Committee. The current criteria have been in place since 2010.

1.2. Threshold criteria are a simple, but important, mechanism to ensure the right cases are referred to the Investigating Committee. Their use enables the swift and proportionate resolution of relatively minor matters. They are used by internal decision-makers involved in investigating concerns and provide a framework to ensure proportionate, fair and consistent decisions are made across our investigations.

1.3. Between December 2016 and March 2017, we consulted on revised criteria. The purpose of the review was threefold: to test the criteria periodically as part of our good governance arrangements; to update references to the standards of conduct, ethics and performance; and, to identify opportunities to improve drafting.

1.4. This paper discusses the report analysing the responses to the consultation, as well as the anticipated impact of the revised criteria. It is important to note however that the revised criteria do not set the threshold for referral at a different level.

2. Consultation, analysis and reporting

2.1. The consultation was open for 12 weeks and closed on 7 March. We received 68 responses from a range of stakeholders, including pharmacy professionals, pharmacy owners, professional bodies, legal firms and other regulators. We also held three patient and public focus groups in London, Cardiff and Glasgow and two
stakeholder events in Cardiff and Glasgow. Additionally, we arranged meetings with the Professional Standards Authority and two legal firms.

2.2. The survey and engagement focused on three key questions and we asked stakeholders for their views on:

- whether the revised threshold criteria are clear and understandable;
- if it is clear how we apply the criteria in practice; and,
- whether the criteria will help ensure that the right cases are referred to the Investigating Committee.

2.3. The consultation report (Appendix 1) includes detailed information about our engagement and consultation process as well as our approach to analysis and reporting. The report also includes a summary of the feedback that we heard during the consultation and the anticipated impact of the proposed changes. We have however set out some of the key issues and themes below.

3. Key considerations

3.1. The feedback on the criteria, across the online survey, focus groups and engagement activities, was very positive. The majority (75%) agreed that the criteria were clear and understandable and would help ensure the right cases are referred to the Investigating Committee. They were thought to be fair, simple, succinct and reflected the expectations of the GPhC and the public. Within this group, some respondents sought further clarity on various aspects of the decision-making process and how some of the criteria would be defined.

3.2. Some respondents felt that the proposed criteria were either unclear, too broad or open to interpretation. This was also reflected by a small number at the focus groups and stakeholder events. The main reason given for a perceived lack of clarity was the framing of the criteria in the negative. Some respondents also felt that the wording in relation to health was unclear, and that we could better explain how public interest considerations interacted with the criteria.

3.3. A number of those that did not support the proposals felt there was a risk of inconsistent decisions being made, mainly due to their perception that the criteria are too broad. Some respondents, amongst both those that did and did not support the proposals, highlighted the importance of guidance for stakeholders and decision-makers in both understanding and applying the criteria in practice.

3.4. Some respondents queried the potential impact of the proposed criteria. Some believed there could be an increase in cases being referred to the Investigating Committee while one organisation offered an alternative view – that there could be an increase in cases closed early without proper scrutiny.

Proposed changes

3.5. Having reflected on the feedback, we are recommending some drafting changes to the criteria which we think will improve clarity and, through this greater clarity, support good decision-making. These changes include:

- Reframing the criteria in the positive, to improve clarity and aid understanding. This diverges from the drafting in the Pharmacy Order, but we have received clear legal advice that this will support understanding.
- Redrafting the criteria relating to health, to clarify that this relates to allegations where there is adverse physical or mental health, which presents a risk to the registrant’s ability to practise safely or effectively.
- Making explicit the public interest test within the guidance to sit alongside the criteria.

3.6. We have also developed detailed operational guidance, which will be published alongside the new threshold criteria when these are launched.

3.7. For completeness, we have included a copy of the threshold criteria on which we consulted alongside a copy of the amended criteria, which reflects the feedback from the consultation. These are set out in Appendix 2.

**Ensuring operational readiness**

3.8. There are a number of steps to be taken to ensure that we are operationally prepared for the introduction of the new criteria. This includes finalising operational guidance for staff and undertaking a schedule of training with staff to ensure that the criteria are being applied correctly in practice. This will also include quality assurance mechanisms so we can react to any issues that arise and monitor the new approach.

3.9. We are taking a cautious approach to implementation and proposing a launch date of January 2018. This takes into account other internal priorities, enables us to complete our programme of training for staff and ensures that all operational tools are ready.

3.10. Council should note that the threshold criteria are not seeking to make any assessment about impairment of fitness to practise, but simply whether a case should be referred. We will therefore continue to use the current criteria until the new criteria are introduced.

4. **Equality and diversity implications**

4.1. The fitness to practise process must be free from discrimination and fair to all registrants that have a concern raised against them. Equality and diversity implications were considered during the course of the consultation and no relevant matters were identified or raised either through responses to the consultation, engagement with stakeholders or through our equality impact assessment.

5. **Communications**

5.1. If Council agrees the revised criteria a more detailed communications plan will be prepared to ensure that stakeholders are aware of the new approach in the run up to the launch in January 2018.

6. **Resource implications**

6.1. All resource implications for will be met through existing budgets.

7. **Risk implications**

7.1. Threshold criteria are one of a range of tools that we have to support good decision-making. By having an effective consultation and regular review of the threshold criteria, as well as adopting a cautious approach to implementation, we believe we are mitigating any risks around decision-making.
8. Recommendations

Council is asked to:

(1) Note the analysis of responses to our consultation on revised threshold criteria (Appendix 1)
(2) Discuss the key issues and themes relating to the revised threshold criteria
(3) Agree the revised threshold criteria (Appendix 2)

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21 June 2017
Appendix 1

Consultation on revised threshold criteria

Analysis of consultation responses

Introduction

1. This report sets out the analysis of responses to our consultation on revised threshold criteria. It follows the structure of the formal consultation document and questionnaire, and summarises the key issues and themes that emerged in the consultation responses.

About the consultation

2. The consultation was open for twelve weeks, beginning on 13 December 2016 and ending on 7 March 2017. To ensure we heard from as many individuals and organisations as possible an online survey was available for individuals and organisations to complete during the consultation period, and we organised a number of engagement events aimed at pharmacy professionals, patients and members of the public held across Great Britain.

Survey responses

3. We received 68 survey responses to the consultation. Of those who submitted a response, 19 were from organisations and 49 from individuals, including registrants, a pre-registration trainee and a member of the public. The vast majority of individual respondents (48, around 94 per cent) identified themselves as a pharmacy professional. Around 80 per cent (38) of those describing themselves as “pharmacy professionals” were pharmacists, while around 19 per cent (9) were pharmacy technicians.

4. We also heard from a patient group, law firms, professional and representative bodies (including pharmacy organisations and healthcare regulators) and several pharmacy multiples.

5. It should be noted that while there were 68 responses to the quantitative, questions (with a yes/no answer in response), the number of responses were much lower to the qualitative, open questions. The full list of organisations responding to the consultation can be found in appendix A.

Engagement events

6. Recognising the technical nature of this consultation, engagement events were a critical part of our consultation activities and were particularly useful in reaching those groups who were less likely to respond to the consultation via the online form, including individual patients and members of the public. The questions in the online survey were used as a structure for discussion in our engagement events.

7. We held five events across Great Britain, including three focus groups and two stakeholder events. We also held a number of individual meetings with key stakeholders, including the Professional Standards
Authority, to hear their views on the consultation. A full list of the events held during the consultation is included in appendix B.

Our approach to analysis

8. The great majority of responses were submitted through SmartSurvey using the formal consultation questionnaire. Responses to the questions (with a yes/no answer in response) have been reported giving both the numbers of responses as well as percentages.

9. A coding framework was developed to identify different issues and themes coming up in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

10. Open questions were analysed using this coding framework. The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered and coded through the iterative analysis process.

11. The main issues and themes are presented in this report in the narrative under each relevant question. Finally, the coding frame was used to analyse both responses to the formal consultation survey, as well as notes from meetings and events, and other responses that we received.

What we heard

12. Overall, the proposed criteria were received very positively throughout. The feedback across both the survey responses and engagement events was very similar with the majority supporting the proposals. A small number of respondents expressed less positive views. They felt the criteria were either unclear, too broad or open to interpretation. Some offered solutions for how they could be improved, including detailed guidance, training for GPhC staff and reframing the criteria in the positive.

13. In response to several questions, we heard similar, repeated, views on some issues, for example the clarity of the criteria, so we have grouped these under the relevant question to avoid repetition. Also, a range of respondents to the consultation, as well as several at focus groups, highlighted a desire for explanatory materials including a decision process map that sets out the sequence or hierarchy of decisions and examples of case studies that could help define more clearly how the new criteria would work in practice.

14. We also heard feedback on a number of areas that were outside the immediate scope of the consultation including general comments GPhC investigatory processes and the accountability of non-registrant staff. We will consider these, and other issues raised that were outside the scope of this consultation, under relevant project streams.

15. The next section presents key issues and themes raised under each consultation question and follows the order of the questionnaire.
Clear and understandable

1. The Pharmacy Order 2010 allows us to have threshold criteria, which help us decide whether a case should be referred to the investigating committee. Do you think the proposed threshold criteria are clear and understandable?

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Applying the criteria in practice

2. The criteria are used by decision-makers within the GPhC who are involved in investigating concerns to decide whether the case should be referred to the investigating committee. Do you think how we apply the criteria in practice is clear?

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Please explain why

We were encouraged that the majority of respondents, and those that attended focus groups and stakeholder events, believed it was clear how the criteria would be applied in practice. They thought the decision-making process was clearly set out and simpler than the current criteria. A small number of those that responded positively also commented on some areas where clarity could be further improved such as what criteria needs to be met in order to for a case to be referred to an Investigating Committee and case studies to improve understanding. A law firm thought it would be an improvement if the criteria stated that a case will only be referred when the evidence supports it.

Many respondents who thought the criteria were unclear also believed it was equally unclear how they were to be applied in practice. Some respondents thought certain aspects within each of the criteria required further explanation such as potential risk or in the public interest. Others required clarity around whether all criteria needed to be met before a case is referred to the Investigating Committee.

Some respondents thought public confidence was at risk if decision making is poor and believed further information on who was making decisions, and the qualifications of those decision makers, was needed. One organisation was concerned that the revised threshold criteria may allow cases to be closed prematurely and therefore potentially result in a risk to public protection. It was also concerned with how proportionality and insight would be assessed in the process, the latter particularly against the wider public interest. It also raised concerns on how the public interest would interact with the criteria.

Some respondents commented on how ‘harm’ is considered. Some agreed that it is right to focus not on the harm itself but on the circumstances in which the harm arose. Others were concerned that the proposed criteria do not include express references to harm. For example, some felt that this could lead to all dispensing errors being referred to the Investigating Committee, as they could all be considered as a potential risk to patient safety. Others who had concerns believed additional guidance would help all stakeholders understand how the criteria would be applied.
Proportionate, fair and consistent decisions

3. These criteria give us a framework to make sure we make proportionate, fair and consistent decisions in all investigations. Do you think the proposed threshold criteria will make sure the right cases are referred to the investigating committee?

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Please explain why

A significant majority of responses from the survey, alongside feedback from focus groups and stakeholder events, were in support that the right cases would be referred to the Investigating Committee. Many respondents felt the criteria were flexible, fair and that a range of factors, including individuals who have shown insight and learned from the incident, would be taken into account. However, many of those that agreed also felt that guidance was needed to ensure consistent decision-making.

A number of organisations, and some pharmacy professionals, thought the criteria could lead to inconsistent decision-making. This was on account of them being too broad and subjective. Many thought training for individuals applying the criteria, and regular review of decisions, was necessary to address any potential inconsistencies in decision-making. In contrast, some respondents thought that the proposed changes would reduce the amount of time it takes for the Investigating Committee to resolve concerns, would allow the Investigating Committee to devote more time to the right cases and therefore would improve decision-making. Some respondents welcomed the inclusion of a public interest consideration as it could reduce unnecessary referrals to the Investigating Committee.

One organisation believed the simplification of the criteria could be problematic and that the proposed criteria may not capture the full range of issues that registrants present the GPhC with. Another organisation was concerned that the proposed changes could result in the realistic prospect test (a test which is used at the Investigating Committee stage) being brought forward in the process, which would raise issues of transparency and due process. The same organisation also had concerns that the proposed criteria could remove cases from the process early with no external scrutiny. They also highlighted a potential risk that patients may be dissuaded from making a complaint if they do not see the criteria as clear or the process for referral as transparent.
Other comments

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

Some respondents sought clarity over why changes were being proposed in the first place whilst others highlighted the operational impact that the changes would have in their line of work e.g. training/formal education for pre-registration trainees. Others had queries about the impact the changes would have more generally. For example, some respondents queried how cases were assessed and by whom whilst others spoke positively of how proposed changes to the criteria would align the new standards for pharmacy professionals. Another respondent thought the proposed approach would reduce the amount of time it takes for the Investigating Committee to resolve concerns.
Equality analysis

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

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6. Do you have any comments on the potential impact of the criteria?

In response to this question many respondents reiterated key points from their earlier answers, including comments that the criteria are clear and well set out. Some added that the impact depended on the accompanying guidance and how that will ensure consistent decision-making. Some respondents thought there may be an impact on public confidence, and confidence in the GPhC, if incorrect decisions are taken under the new criteria or cases are closed prematurely. Similarly another organisation stated that the criteria need to be clear and applied fairly or there will be a risk to public confidence.

One organisation believed that the proposed threshold criteria is likely to increase the length of an investigation, and the resources required to carry it out, in some cases and this may have a negative impact on those directly affected by the investigation. One respondent was concerned it could lead to an increase in fear of prosecutions and under reporting of incidents.
Appendix A: Organisations that responded

- Action against Medical Accidents
- Blake Morgan LLP
- Charles Russell Speechlys LLP
- BLM
- Professional Standards Authority
- Royal Pharmaceutical Society
- Association of Pharmacy Technicians UK
- General Optical Council
- National Pharmacy Association
- Boots Pharmacists’ Association
- Pharmacy Voice
- Pharmacists’ Defence Association
- Community Pharmacy Scotland
- Celesio UK
- Boots UK
- Rowlands Pharmacy
- Area Professional Pharmaceutical Committee NHS Ayrshire & Arran
- University of Bradford
- Northumberland, Tyne and Wear NHS Foundation Trust/Guild of Healthcare Pharmacists
Appendix B: GPhC engagement events

Events: Focus groups and stakeholder engagement events

Patient and public focus group - Cardiff
Stakeholder engagement event - Cardiff
Patient and public focus group - Glasgow
Stakeholder engagement event - Glasgow
Patient and public focus group - London
### Revised threshold criteria

*(approved by Council and set out in the consultation document)*

The registrar will not refer a case to the IC if:

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

**Health**
- there is no self-harm or risk of self-harm, and
- there is no harm or risk of harm to patients and the public

### Revised threshold criteria

*(amended to reflect consultation feedback and for approval)*

The registrar should not refer a case to the IC unless the evidence as a whole suggests that:

**Conduct, performance**
- it presents an actual or potential risk to patient or public safety
- it undermines, or is likely to undermine, confidence in the pharmacy professions
- there has been a serious or persistent failure to meet any of the standards for pharmacy professionals, or
- the honesty or integrity of the registrant can no longer be relied upon.

**Health**
- there is adverse physical or mental health which presents a risk to the registrant’s ability to practise safely or effectively.

And it is in the public interest to refer
Meeting paper

Council meeting on Thursday, 06 July 2017

Public business

Engagement and communications report

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

Recommendations
The Council is asked to note this paper.

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

2. Standards for pharmacy professionals
2.1. The standards for pharmacy professionals came into effect on 12 May 2017.
2.2. Ahead of the launch, we sent targeted emails to; registrants, pharmacy support groups and other stakeholders, superintendent pharmacists and organisations representing patients and the public, to announce the date of implementation and to share an advance copy of the standards. We also promoted the standards through an article and blog in Regulate and through our social media platforms.
2.3. We also coordinated media briefings between Duncan Rudkin and the major pharmacy trades, which resulted in extensive media coverage both before and after the standards coming into effect across all of the main pharmacy titles.
2.4. On the day of launch, Duncan Rudkin and Laura McClintock gave a presentation about the standards to a full theatre at the Clinical Pharmacy Congress in London and answered questions from the audience. Their session was streamed live via Periscope. We also promoted the standards to Congress attendees through activity on our conference stand.
2.5 All pharmacy professionals received a further email on launch day to promote the new standards. Communications were also sent to pre-registration pharmacist trainees, students (via their education and training providers) and superintendent pharmacists.

2.6 These communications highlighted the launch of our new ‘GPhC Standards’ app, which is available to download via app stores and features our standards, guidance and supporting resources. The email also included a link to a video produced in-house featuring pharmacy professionals and a member of the public discussing what the standards mean to them and highlighting key themes in the new standards.

2.7 Over 10,000 people have so far visited the landing page for the new standards on our website. This landing page includes a link to a resource ‘toolkit’ which included pre-written tweets and links to relevant webpages, the standards ‘wheel’ graphic, downloadable poster and pre-written news story to help stakeholders to notify their audiences about the launch. Resources from the toolkit have been used by a range of organisations, including the PSNC, RPS, APTUK, WCPPE and Healthcare Professionals Crossing Borders, to promote the new standards to their members.

2.8 Since the launch, we have continued to promote the standards through our social media platforms and at a range of events, including the Pharmacy Law and Ethics Association Annual Seminar, the APTUK annual conference and the events held for the revalidation consultation.

2.9 We have also seen continued engagement with the video (which has now been viewed over 4900 times) and the app (which has already been downloaded by 1750 users). We have continued to upload new content to the app, including the first in a series of ‘Focus on’ articles which aim to support pharmacy professionals to reflect on how they can meet the standards. This article was produced with Age UK and focuses on raising awareness of how pharmacy professionals can help older people with some of the challenges they can face within a pharmacy setting.

3. **Consultation on revalidation for pharmacy professionals**

3.1 The consultation on revalidation for pharmacy professionals launched on 24 April and is open until 17 July 2017.

3.2 The consultation has been extensively promoted through Regulate, emails to all registrants and to stakeholders, and social media posts.

3.3 Journalists across the main pharmacy titles were briefed by Duncan Rudkin and Osama Ammar ahead of the consultation launch. This has resulted in extensive coverage across the pharmacy titles. We have also arranged for pilot volunteers to speak to key publications about their experiences in the pilot, to help secure further coverage during the consultation.

3.4 We have held focus groups for patients and the public, and consultation events for registrants and key pharmacy stakeholders, in Glasgow, London, Manchester and Cardiff. These events have been well-attended and the discussions have been positive and constructive.
3.5 We have also worked closely with local and national pharmacy organisations across Great Britain to identify opportunities to speak at their events, to a diverse range of audiences from across pharmacy. We have so far participated in 24 local and national events, with at least six more scheduled before the end of the consultation. Please see the appendix for a full list of events.

3.6 A webinar about the consultation was held on 27 June 2017 to enable registrants who have not been able to attend an event to hear the presentations and ask questions.

3.7 Ahead of the consultation closing on 17 July, we have done a final push to encourage responses to the consultation, including through emails to registrants and other stakeholders and an article and blog in Regulate. These communications highlighted a video we have made, which features Duncan introducing the consultation, two pilot volunteers speaking about their experiences and the patient representative on the advisory group explaining why revalidation is important for improving patient care.

4. Annual report

4.1. The annual report, annual fitness to practise report and annual accounts were laid in both the UK Parliament and Scottish Parliament on 26 June 2017. The report was also provided to the Welsh Assembly in both Welsh and English.

4.2. The combined reports have also been published on our website and sent via email to key stakeholders including parliamentarians, pharmacy organisations and organisations representing patients and the public.

4.3. For the first time we have produced an infographic highlighting key numbers and highlights from the annual report, which is also available on our website

5. Public affairs activity

5.1. We have continued to actively monitor relevant developments, including in relation to the General Election and the Queen’s Speech, and have provided updates to staff members and to Council.

5.2. A key priority in the next quarter will be to seek opportunities to engage with health ministers with responsibility for pharmacy and health professional regulation, and other key parliamentarians, including members of the Health Select Committee.

6. Recent meetings

6.1. Listed in Appendix 2 is a non-exhaustive selection of significant meetings held since April 2017.
6.2. Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC in order to minimise overlap and to ensure that they have the most up-to-date supporting material.

7. **Upcoming events and activities**

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

7.2. **RPS Conference, Birmingham, 3-4 September**: Nigel Clarke will speak to delegates on 'Revalidation for pharmacy professionals: moving forward to implementation'. We will also have a stand.

7.3. **Pharmacy Show, Birmingham, 8-9 October**: GPhC speakers will present to delegates on 'Revalidation for pharmacy professionals: moving forward to implementation' and 'Quality, standards and the role of the pharmacy team'. We will also have a stand.

7.4. **Revalidation consultation**: Appendix 2 lists our upcoming revalidation engagement events in the final weeks of this consultation.

8. **Equality and diversity implications**

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

8.2. A key focus during the consultation on revalidation for pharmacy professionals has been to seek the views of people using pharmacy services and organisations that represent them. Alongside the focus groups with individual members of the public, we have also sought meetings with organisations representing people who use pharmacy services, including those with protected characteristics. Meetings are already planned with the Race Equality Foundation, the Patients Association and Scottish Health Council, and we are continuing to seek further meetings with a diverse range of organisations.
Recommendations

The Council is asked to note this paper

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Tel 020 3713 7961

28 June 2017
Appendix 1

Events

1. Consultation on revalidation for pharmacy professionals

Events held so far:

- British Pharmaceutical Students Association Annual Conference (04/04/2017-05/04/17)
- Patient focus group, London (12/04/2017)
- Boots Pharmacists Association AGM (25/04/17)
- Patient focus group, Edinburgh (09/05/17)
- Registrant focus group, Edinburgh (09/05/17)
- Clinical Pharmacy Congress (12/05/17-13/05/17)
- Patient focus group, London (18/05/17)
- Northamptonshire and Milton Keynes Local Pharmaceutical meeting (18/05/17)
- Community Pharmacy North Yorkshire meeting (18/05/17)
- Hampshire and Isle of Wight Local Pharmaceutical meeting (18/05/17)
- Patient focus group, Cardiff (23/05/17)
- Registrant focus group, Cardiff (23/05/17)
- Hertfordshire Local Pharmaceutical Committee meeting (24/05/17)
- Patient focus group, Manchester (25/05/17)
- Registrant focus group (25/05/17)
- Joint regulatory stand at Scottish Parliament (30/05/17)
- Health Education England London and South East Pharmacy Technician Education Leads meeting (06/06/17)
- APTUK London branch meeting (08/06/17)
- Dudley Local Pharmaceutical Committee (12/06/17)
- Guild of Healthcare Pharmacists meeting, Glasgow (14/06/17)
- CQC inspectors event, London (15/06/17)
• Gloucestershire APTUK branch meeting, Cheltenham (15/06/17)
• APTUK national officers meeting, London (17/06/17)
• Kent Local Pharmaceutical Committee meeting, Sevenoaks (20/06/17)
• NHS Scotland conference, Glasgow (20/06/17 – 21/06/17)
• Avon Local Pharmaceutical Committee meeting, Clifton, Bristol (21/06/17)
• East Sussex Local Pharmaceutical Committee meeting, Uckfield (22/06/17)
• Bedfordshire Local Pharmaceutical Committee meeting, Luton (22/06/17)
• GPhC webinar (27/06/17)
• Shropshire and Telford Local Pharmaceutical Committee meeting (27/06/17)
• Health Education England London and South East meeting, London (28/06/17)
• Avon Local Pharmaceutical Committee, Keynsham, Bristol (28/06/17)
• APTUK conference 2017, Cardiff (02/07/17 – 03-07-17)

Events due to take place:

• Swindon and Wiltshire Local Pharmaceutical Committee meeting, Marlborough (06/07/17)
• Coventry Local Pharmaceutical Committee meeting, Binley Woods (06/07/17)
• Cambridgeshire and Peterborough Local Pharmaceutical Committee meeting, Brampton (11/07/17)
• South Staffordshire Local Pharmaceutical Committee meeting, Hednesford (12/07/17)
• Gloucestershire Local Pharmaceutical Committee meeting, Twigworth (13/07/17)
• Herefordshire & Worcestershire Local Pharmaceutical Committee meeting, Worcester (13/07/17)

2. Other events:

• Day Lewis Foundation programme (24/04/17)
• Professional Debate: Assisted Dying (organised by WCPPE and RPS) - Laura McClintock speaking (25/04/17)
• PLEA Annual Seminar- Hugh Simpson speaking (17/05/17)
• Policy-UK Community Pharmacy event- Hugh Simpson speaking (24/05/17)

List of meetings:

Listed below is a non-exhaustive selection of significant meetings held during the two months since the last Chief Executive and Registrar’s report to Council.
Initials are as follows: Nigel Clarke (NC), Duncan Rudkin (DR), Hugh Simpson (HS), Claire Bryce-Smith (CBS), Damian Day (DD)

Chair (Nigel Clarke):

- Rebalancing Programme Board meeting (with HS)
- Meeting with Chief Executive, Association of Pharmacy Technicians UK
- Meeting with Chair, Welsh Pharmacy Board & Director for Wales, Royal Pharmaceutical Society
- Meeting with Chief Pharmaceutical Officer Wales
- Revalidation Consultation Stakeholder Events
- Meeting with Chair, Professional Standards Authority
- Meeting with Chairman, Non-Executive Director & Head of Education & Training, Health Education England (with HS)

Staff:

- Professional Standards Authority Seminar with the National Guardian for the NHS (DR)
- Meeting with Director for England, Royal Pharmaceutical Society (DR, HS)
- Meeting with Director, Wales Centre for Pharmacy Professional Education (CBS)
- Rebalancing Programme Board meeting (NC with HS)
- King’s Fund Seminar - Views from the frontline: How can we improve hospital care? (HS)
- Chief Executives Legislation Group (CELG) meeting (DR with HS)
- Meeting with Chief Pharmaceutical Officer, England (DR)
- CQC Regulation of GP Programme Board Meeting (CBS)
- Clinical Pharmacy Congress - speaking (DR)
- Meeting with Chief Executive, Association of Pharmacy Technicians (HS with NC)
- Revalidation Consultation Stakeholder events (HS)
- CQC Four Nations Roundtable on Regulation of Digital Health Providers (CBS)
- Meeting with Programme Director, Integrated Pharmacy Across Care Settings (IPACS), NHS Digital (CBS, HS)
- Meeting with Director and Chief Operating Officer, PDA (CBS)
- HEE Pharmacy Assurance Programme Board (HS)
- Meeting with Clinical Director, Medicines Management & Pharmacy Services, Leeds Teaching Hospitals NHS Trust (CBS)
- Meeting with Chair, Pharmacy Schools Council (HS)
- Fitness to Practise Directors Meeting (CBS)
- Joint Inspection Team Meeting with CQC (CBS)
• Meeting with Chief Executive, Professional Standards Authority (DR)