

# Council meeting

7 September 2017

13:45 to 15:30 approx.

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

## Public business

<b>1. Attendance and introductory remarks</b>	Nigel Clarke
<b>2. Declarations of interest</b> <i>Public items</i>	All
<b>3. Minutes of last meeting</b> <i>Public session on 06 July 2017</i>	Nigel Clarke
<b>4. Actions and matters arising</b>	Nigel Clarke
<b>5. Standards for the initial education and training of pharmacy technicians</b> <i>To approve the standards</i>	17.09.C.01 Hugh Simpson
<b>6. Registration Assessment</b> <i>To note the report on the June 2017 sitting</i>	17.09.C.02 Damian Day
<b>7. Performance monitoring and annual plan progress report</b> <i>To note the report</i>	17.09.C.03 Duncan Rudkin
<b>8. Chair appointment process</b> <i>To agree the process for reappointing the Chair</i>	17.09.C.04 Duncan Rudkin
<b>9. Minutes of Audit and Risk Committee meeting</b> <i>To note the minutes of the July 2017 meeting</i>	17.09.C.05 Digby Emson
<b>10. Any other public business</b>	Nigel Clarke

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## Confidential business

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<b>11. Declarations of interest</b> <i>Confidential items</i>	All
<b>12. Minutes of last meeting</b> <i>Confidential session on 06 July 2017</i>	Nigel Clarke
<b>13. Confidential actions and matters arising</b>	Nigel Clarke
<b>14. Minutes of Audit and Risk Committee</b> <i>To note the confidential minutes from the July 2017 meeting</i>	17.09.C.06 Digby Emson
<b>15. Any other confidential business</b>	Nigel Clarke

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## Date of next meeting

Thursday, 12 October 2017

Minutes of the **Council** meeting held on **Thursday, 6 July 2017** at 25 Canada Square, London at 14:00

**TO BE CONFIRMED 7 SEPTEMBER 2017**

## *Minutes of the public session*

### **Present**

Nigel Clarke (Chair)

Digby Emson

Mark Hammond

Mohammed Hussain

Jo Kember

Alan Kershaw

Elizabeth Mailey

Arun Midha

Berwyn Owen

David Prince

Samantha Quaye

Jayne Salt

### **Apologies**

Mary Elford, Evelyn McPhail

### **In attendance**

Duncan Rudkin (Chief Executive & Registrar)

Megan Forbes (Deputy Chief Executive and Director of Operations)

Francesca Okosi (Director of Organisational Development and Equality, Diversity and Inclusion)

Hugh Simpson (Director of Strategy)

Laura McClintock (Chief of Staff)

Matthew Hayday (Head of Governance)

Joanne Martin (Quality Assurance Manager)

Rachael Oliver (Head of Communications)

Helen Dalrymple (Council Secretary)

## **24. Attendance and introductory remarks**

- 24.1. The Chair welcomed Elisabeth Davis who was observing the meeting. She had been appointed Chair of the Appointments Committee as of August 2017. The Chair also welcomed Laura McClintock (LM) to her first Council meeting as Chief of Staff.

## **25. Declarations of interest**

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

## **26. Minutes of the last meeting**

- 26.1. **The minutes of the public session held on the 7 June 2017 were confirmed as a fair and accurate record.**

## **27. Actions and matters arising**

- 27.1. Minute ref. 22.3 – work was underway to check whether including associates in the policy affected whether they could be viewed as employees. This would be reported to members via email.

## **28. Chair of the Appointments Committee – annual report**

- 28.1. Elizabeth Filkin (EF), Chair of the Appointments Committee, presented paper **17.07.C.01**. This informed Council of the Appointments Committee's work over the past year.
- 28.2. Members were pleased to have had explicit assurance that the Committee had worked well and met Council's expectations, both from the Chair and from the external review that was carried out in April 2016.
- 28.3. EF extended her thanks to the staff who had undertaken a large recruitment campaign. Council heard that the Committee and staff had tried to ensure a greater diversity of panel members and that this was reflected in the statistics at Appendix 3.
- 28.4. The Chair formally thanked EF as this was her last Council meeting as Chair of the Appointments Committee. He thanked her for her outstanding service over a long period of time. Council owed her and her team a considerable debt for the smooth running of the Committee.
- 28.5. **Council noted the paper.**

## **29. Consultation on guidance to ensure a safe and effective pharmacy team**

- 29.1. Hugh Simpson (HS) presented **17.07.C.02**. This paper presented to Council the consultation on draft guidance to ensure a safe and effective pharmacy team, with a particular focus on unregistered pharmacy staff.

- 29.2. Digby Emson declared an interest in this item as a registrant and the chair of a training provider. Samantha Quayle declared an interest as a pharmacy technician and an employee of a training provider for postgraduates in pharmacy. Mohammed Hussain, Berwyn Owen, Jo Kember and Elizabeth Mailey declared an interest as registrant members
- 29.3. Members were keen to ensure the proper use of the terms 'must' and 'should' were used accurately throughout the consultation and HS agreed that this would be reviewed.

**ACTION:** HS

- 29.4. Council discussed ways in which the consultation could be sharpened up and how it could be made clearer that it related to the whole team. It was noted that the theme of raising concerns could be strengthened so that there was a clear expectation of leaders and managers that they would always give such concerns due consideration.
- 29.5. HS told members that staff numbers and risk awareness would be picked up in thematic inspections; risk awareness was key.
- 29.6. Members highlighted the issue of staff being competent to the equivalent of a level 2 qualification. Some felt that equivalency was inoperable and could cause standards to drop.
- 29.7. HS explained that it was expected that the consultation would encourage discussion around this and that guidance would provide clarity. Joanne Martin (JM) said that it was desirable to future proof the guidance as any changes in the structure of qualifications could be mapped on to this. Professionalism was to be encouraged; a shift in thinking was required from compliance to accountability.
- 29.8. Council agreed that the question of being qualified to the equivalent of a level 2 would be removed from the guidance for now; the onus would then be on those who wanted more flexibility to request this in the consultation.
- 29.9. Members also discussed whether leadership should be given a more prominent place in the guidance and whether it should include examples such as online pharmacies. HS agreed to consider this.
- 29.10. All agreed that communications were crucial. The discussion at the meeting had itself gone some way to identifying areas that needed clarity and careful language. The organisation would have to be sure to explain the levers and responsibilities to both registrants and the public.
- 29.11. **Subject to the Chair agreeing the changes suggested above; Council approved for consultation the draft guidance to ensure a safe and effective pharmacy team.**

### **30. Education work programme update**

- 30.1. HS presented **17.07.C.03**, which updated Council on work to deliver the key strategic priority of education, training and the pharmacy team.
- 30.2. Members were told that regular updates on the status of this work would be brought to Council meetings and used as an opportunity to challenge and record progress. Council discussed the fact that conversations on this had taken place in workshop mode and that it was important that this was also recorded in public.

- 30.3. Duncan Rudkin (DR) suggested that a regular report on workshop activity be tabled at Council meetings. Members welcomed this and reiterated that it was important that such matters were recorded in public.
- 30.4. Council discussed the idea of conducting a regulatory impact analysis on this work. Members also asked that digital skills were mentioned more specifically in the programme. HS identified a drafting omission in that the Commission on Human Medicines (CHM) and the Medicines and Healthcare Products Regulatory Agency (MHRA) should be added to key organisations in 5.2 as they had also been consulted.
- 30.5. **Council noted the paper**

### **31. Consultation on revised threshold criteria**

- 31.1. LM presented **17.07.C.04**. This paper provided Council with a report on the feedback from the consultation on revised threshold criteria.
- 31.2. Digby Emson, Samantha Quaye, Mohammed Hussain, Berwyn Owen, Jo Kember and Elizabeth Mailey all declared an interest as registrant members of Council.
- 31.3. Members welcomed the fact that the criteria were reframed in the positive for clarity and improved understanding.
- 31.4. There was discussion of the public interest. LM confirmed that legal advice was sought on whether to incorporate the public interest test alongside the criteria and noted that a referral decision would involve a balancing exercise between the threshold criteria and the public interest. However, it was noted that the evidential stage must be separate to consideration of the public interest. It was agreed that any supporting guidance should explain what factors may be taken into account when considering the public interest, with reference to other sources of relevant legal guidance, as appropriate.
- 31.5. There was a question about the change in the drafting from “the registrar will not refer a case...” to “the registrar should not refer a case...” LM confirmed that this change was made to align to the legislation, and supported by legal advice.
- 31.6. Council required some assurance around equality, diversity and inclusion in Fitness to Practise processes. A report on this would come to members in due course.

**ACTION: DR**

- 31.7. **Council:**
- i. **Noted the analysis of responses to the consultation on revised threshold criteria (Appendix 1)**
  - ii. **Discussed the key issues and themes relating to the revised threshold criteria**
  - iii. **Agreed the revised threshold criteria (Appendix 2)**

### **32. Engagement and communications report**

- 32.1. Rachael Oliver (RO) presented **17.07.C.05**, a quarterly report which kept Council abreast of engagement and communications with stakeholders.
- 32.2. A verbal update was added to the report, stating that the guidance on religion, personal values and beliefs had been published and promoted. The guidance had been subject to extensive media coverage and the response so far had been positive.
- 32.3. The Chair added that there was to be an item on Rebalancing at the Pharmacy Show in October that would be of interest.
- 32.4. **Council noted the paper.**

### **33. Any other public business**

- 33.1. **There being no further public business to discuss, the meeting ended at 15:20**

#### **Date of the next meeting:**

Thursday 7 September 2017



## Council actions log

Meeting date	Ref.	Action	Owner	Due date	Status	Comments/update
16 Mar 17	114.4.	<b>Performance monitoring report</b> Council requested more information on the scheduling of hearings.	Claire Bryce-Smith	7 Sep	Closed	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.
	22.3.	<b>Policies and procedures reviews:</b> 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.	Matthew Hayday	6 Jul	Closed	Work was underway to check this point and would be reported to Council via email.
6 Jul 17	29.3	<b>Consultation on guidance to ensure a safe and effective pharmacy team:</b> Review of the use of terms 'must' and 'should' throughout the consultation.	Hugh Simpson	7 Sep	Closed	Completed
	31.6	<b>Consultation on revised threshold criteria:</b> A report on equality, diversity and inclusion in Fitness to Practise processes would be brought to Council in due course	Claire Bryce-Smith		Open	This has been added to the forward agenda for Council. A date for this paper has yet to be decided.



# Meeting paper

Council on Thursday, 07 September 2017

Public business

## Standards for the initial education and training of pharmacy technicians

### Purpose

To present to Council the final standards for the initial education and training of pharmacy technicians and proposed changes to the criteria for registration as a pharmacy technician

### Recommendations

The council is asked to

- i. agree the new standards for the initial education and training of pharmacy technicians (at Appendix 1);
- ii. agree to the proposed changes to the criteria for registration as a pharmacy technician;
- iii. note the approach to developing a supporting evidence framework;
- iv. agree to production of a supplementary evidence framework to be approved by the Chief Executive; and
- v. note the revised equality impact assessment and its implications for the GPhC's work (at Appendix 2).

### 1. Introduction

- 1.1. Between 8 December 2016 to 1 March 2017 we consulted on our draft standards for the initial education and training of pharmacy technicians (the standards). The purpose of the consultation was to receive formal feedback on the draft standards, to build on the detailed pre-consultation engagement, and allow new draft standards and associated documents to replace those which are in force currently.
- 1.2. We presented the report on the feedback from the consultation to Council in June 2017 and have considered feedback Council provided in any changes we have made to the standards. During this time, we have also continued to discuss the draft proposals and standards with stakeholders to ensure the final drafting reflects the outputs from the consultation and are practicable for both pre-registration trainee pharmacy technicians as well as awarding bodies and course providers.
- 1.3. In considering the feedback received, including key issues raised, we are proposing some changes in drafting to the standards, presented in section 2 below.

- 1.4. Many respondents to the consultation also requested guidance on a number of the standards. As Council will recall, in response to this feedback we planned to develop supporting guidance for course designers, developers and providers.
- 1.5. As a result of our discussions with key stakeholders we have a better understanding about the type of supporting information which would be helpful. The key themes emerging were:
  - 1.5.1. the desire for additional contextual information and guidance;
  - 1.5.2. additional technical detail on some of the requirements in the standards; and
  - 1.5.3. further detail about the requirements and evidence which would be required as part of accreditation and approval.
- 1.6 Based on this feedback, we have drafted an evidence framework targeted at course designers, developers and providers in applying the standards, discussed further in section 3 below. The evidence framework is intended to provide additional information and clarity about the standards as well as evidence that would be required for accreditation or recognition of pharmacy technician courses.
- 1.7 In addition to the standards, the consultation also sought feedback about three proposed changes to the criteria for registration as a pharmacy technician. These proposed changes were to:
  - 1.7.1 allow pre-registration trainee pharmacy technicians to train under the direction, supervision or guidance of a pharmacy technician or pharmacist;
  - 1.7.2 introduce some flexibility into the two-year work experience and set minimum hours requirements for the training period; and
  - 1.7.3 remove the option that current or recently registered pharmacists in Great Britain or Northern Ireland are able to register as a pharmacy technician automatically.
- 1.8 As part of its discussion on the consultation report in June, Council has already provided feedback on the changes to the criteria for registration as a pharmacy technician, proposed in the consultation, and recommendations are set out in section 4 below.

## **2 Standards for the initial education and training of pharmacy technicians**

- 2.1 The purpose of the standards is to give early-career pharmacy technicians a broad base of knowledge, skills and competencies that means they can work in a range of pharmacy settings across all the countries in Great Britain.
- 2.2 A key feature of the draft standards for the initial education and training of pharmacy technicians is the alignment with the standards for pharmacy professionals. A key component of Council's strategy is to promote professionalism by ensuring the pharmacy team have the necessary knowledge, attitudes and behaviours. It is for this reason that we have aligned the education standards with our core professional standards (as we have done in our proposals for revalidation in pharmacy).
- 2.3 The nine principles of the standards for pharmacy professionals are embedded throughout the standards. The explicit emphasis on person-centred care and the needs of patients, as well as professionalism, will help ensure pre-registration trainee pharmacy technicians demonstrate the right skills, knowledge and professional behaviours to practise as a pharmacy professional.

2.4 The standards have two parts:

- Part 1: Learning outcomes
- Part 2: Standards for initial education and training course providers

2.5 As the pharmacy technician course is vocational in nature, pre-registration trainee pharmacy technicians are expected to apply what they learn in practice, throughout their training. The standards make clear that both knowledge and competency elements of the course should be integrated throughout their training.

2.6 Due to the importance of applying what they learn in the workplace, the standards allow for flexibility in how the course is delivered. That delivery can be face-to-face, at a distance, or a combination of the two; but these standards will apply to everyone training to be a pharmacy technician in Great Britain, through any of these modes of delivery.

#### New learning outcomes

2.7 We received feedback through the consultation that certain essential knowledge and skills elements, such as science, were missing from the learning outcomes set out in the consultation document. We considered this feedback against a range of factors, especially the diversity of the workplaces of pre-registration trainee pharmacy technicians, and discussed proposed changes to the learning outcomes internally and with external stakeholders from the educational and workplace sectors. Having tested our thinking, we have added five new learning outcomes (at Appendix 3) to the standards.

2.8 Additionally, we have consolidated some learning outcomes to remove duplication and made minor amendments to wording to ensure consistency between the learning outcome and the assigned outcome level.

#### Accuracy checking

2.9 As has been raised previously, we received a significant amount of feedback about the inclusion of accuracy checking in the standards (learning outcome 40). Specifically, whether this learning outcome related to an “in-process” accuracy check or a “final accuracy check”

2.10 The standards set a requirement that pharmacy technicians need to have the knowledge and skills to check accurately in a variety of settings. As the workplace of each pharmacy technician will vary, and the role of pharmacy technician continues to evolve in the future, the standards require this degree of flexibility to enable them to be prepared to work in a wide range of roles and workplaces.

2.11 Having reflected on the feedback and engaged with various leaders in the educational and professional sectors, the key concern expressed was about how the standards would prepare pre-registration trainee pharmacy technicians to apply the technical skills of accuracy checking in those workplace situations where the wider concepts of professionalism, autonomy and accountability are most prevalent, for example when a final accuracy check is being carried out.

2.12 To support this, the standards are, as with our other standards, outcome focussed and designed so that trainees can demonstrate their rounded professional ability rather than focusing on the current management and process management systems.

- 2.13 The learning outcomes need to cover both the technical check of a medicine, but also the trainee’s ability to apply professional judgement (learning outcome 13), to recognise and work within the limits of their knowledge and skills (learning outcome 14), to respond effectively to any errors found in the medicine being assembled for dispensing (learning outcome 16) and to use information effectively to make effective decisions (learning outcomes 17).
- 2.14 The decision about whether a pharmacy technician has the appropriate competencies to carry out a “final” accuracy check is for the employer. They will have observed the pharmacy technician check accurately in the context in which they are working, using the standard operating procedures and other safeguards in their workplace, and they are in the appropriate position to delegate the level of responsibility of a “final accuracy check” to their staff. It may well be that a pre-registration trainee pharmacy technician who has been working in the same environment for the full period of their training may be competent as a final accuracy checker on day one, but someone who may be less experienced or has moved jobs while training, might need a period of consolidation, support, or additional training before the employer feels that they can carry out that role safely.
- 2.15 For the reasons above, we have not included the word “final” in the learning outcome. Whether a newly-registered pharmacy technician is able to undertake a “final accuracy check” will require consideration of their technical skills, to check items for their accuracy, as well as the necessary professional behaviours and experience in the role, and an understanding of the context and standard operating procedures of their workplace.
- 2.16 The evidence framework will, however, provide this additional context, particularly how the key learning outcomes around professionalism are critical to prepare pre-registration trainee pharmacy technicians for the additional responsibilities associated with tasks such as final accuracy checking. This will be set out clearly in the evidence framework for course providers, employers and pre-registration trainee pharmacy technicians.

### Relationship between course providers and employers

- 2.17 Through feedback from the consultation, we heard that communication between course providers and employers could be improved. The standards provide clarity that employers and course providers must work together to provide an educational experience in which learning supports work and work supports learning. Our standards require each to cooperate with the other and they cannot operate in isolation.
- 2.18 In response, we have highlighted in the evidence framework the three core documents course providers must have, to demonstrate the steps they have taken to ensure there is an active link between the employer, pre-registration trainee pharmacy technician and themselves, throughout the delivery of the course. Our accreditation and recognition processes will ensure there are demonstrable and verifiable links between course providers and employers, as required by the standards.

### Minimum entry requirements

- 2.19 We have considered the feedback received from both the consultation, engagement with stakeholders and Council regarding minimum entry requirements. In response, we have included an additional minimum requirement in criteria 1.2, in addition to English language and numeracy requirements and good character and health checks:
- Other academic requirements or experience equivalent to national level 2 or above.

- 2.20 The minimum entry requirements ensure the right applicants are accepted onto the course, but also must ensure appropriate access for a wide range of suitable applicants. The addition of this requirement should futureproof the standards, whilst not unnecessarily excluding some applicants who have the appropriate workplace experience but not formal qualifications, from applying.
- 2.21 Furthermore, course providers are able to include additional minimum entry requirements as they see fit, to ensure applicants with the right background knowledge or skills apply. This criteria allows course providers this degree of flexibility whilst recognising the importance of equivalent experience to allow for equal access to people who may not have formal qualifications.
- 2.22 However, as a result of the feedback, we will be providing further detail and guidance in the evidence framework to guide course providers in developing their selection criteria so that our expectations are clear, and that confidence is upheld through appropriate and robust selection.
- 2.23 In addition, we will also set out for Council as part of our work programme on quality assurance, how we intend to gather improved evidence and better understand the impact of minimum entry requirements. We recognise the need to balance carefully the need to secure confidence in the system – of which entry criteria forms one part – as well as the regulatory impact and potentially substantial implications if changes excluded a large portion of potential applicants.
- 2.24 We intend to keep this issue under regular review.

### **Assessment of competence**

- 2.25 We also received feedback about the practicalities of assessing competence in the workplace, under ‘Domain 6: Course assessment’. As the pharmacy technician course is vocational, we believe competency assessment decisions must be based on observation of a pre-registration trainee pharmacy technician’s skills in the workplace.
- 2.26 Considering this, we have revised the wording of criteria 6.3 to clarify that course providers must assess decisions of competence in the workplace and other appropriate environments. Although this does not exclude expert witness testimony as part of the evidence to inform the assessment decision, it may not be the sole form of evidence to inform the assessment decision of competence. Further clarity about this criteria will also be included in the evidence framework, to ensure course providers are aware of the levels of independent assessment of competence required in the workplace.

## **3 Evidence framework for initial education and training course providers**

- 3.1 In relation to several standards, feedback from the consultation requested guidance on specific issues. Examples include the meaning of ‘good character checks’ in relation to admissions, ‘appropriately trained and qualified people’ in relation to assessment and supervision and, more generally, who is responsible for what in relation to the delivery of initial education and training.
- 3.2 The evidence framework will support the standards in both the design and delivery of the course. It has a dual purpose: to provide clarity and assistance to course designers and developers to create appropriate courses that will meet the standards; and to course providers, pre-registration trainee pharmacy technicians and employers about some key concepts in the learning outcomes such as accuracy checking, leadership and

working in a multidisciplinary team. Additionally, the document makes clear that accreditors will use the evidence framework as part of its resources in accreditations of pharmacy technician courses.

- 3.3 Our discussions with a range of external stakeholders about the standards following the consultation have informed the development and drafting of the evidence framework. Requests for clarity expressed during the consultation, such as those above, have also informed the drafting process.
- 3.4 Given the document is technical, detailed and the first of its kind for pharmacy technician course providers, we propose to publish the draft evidence framework on our website for comment, once the standards are approved and published. As this will be an operational document, we do not intend to hold formal consultation. We will, however, be inviting stakeholders and other interested parties to provide feedback on the draft evidence framework. The purpose of this engagement is to test the evidence framework for clarity, robustness and coverage of content, and usability.
- 3.5 This approach will allow course providers to view the draft evidence framework at the earliest opportunity, alongside the standards, whilst providing an opportunity to feedback on the document, prior to its final publication. This will also be supported by engagement with the awarding bodies and course providers, during this period of time.
- 3.6 Once we have received feedback from all the key stakeholder organisations on the evidence framework, the document will be subject to internal approval and sign-off processes and kept under regular review. We will report back to Council when evidence framework has been approved.

## 4 Criteria for registration as a pharmacy technician

- 4.1 Feedback received through our consultation and engagement supported two proposed changes to the criteria for registration as a pharmacy technician. We seek Council's agreement to the two changes below:
  - allow pre-registration trainee pharmacy technicians to train under the direction, supervision or guidance of a pharmacy technician or pharmacist;
  - remove the option that current or recently registered pharmacists in Great Britain or Northern Ireland are able to register as a pharmacy technician automatically.
- 4.2 Subject to Council's approval, we plan to communicate these changes to interested parties so that they make any necessary changes in advance of the standards and new criteria which will apply from September 2018. We will bring back the drafting changes to the registration criteria for formal approval at a future meeting.
- 4.3 We have also considered feedback related to minimum requirements for pharmacy technicians, in becoming supervisors of pre-registration trainee pharmacy technicians. Although we do not set minimum requirements for pharmacists to supervise pre-registration trainee pharmacy technicians, we do provide guidance for tutoring pharmacists and pharmacy technicians.
- 4.4 We recognise that this is an important area to explore further and the need to be clear about our expectations of this new supervisory role. We are actively engaging with educational bodies to gain insight about what, if any, further guidance would be required. We will present our findings in October, alongside the revised criteria for registration as a pharmacy technician.

## New approved pharmacy technician courses

4.5 The current requirements to register as a pharmacy technician includes:

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

4.6 The criteria for registration as a pharmacy technician lists the accredited and recognised knowledge and competency courses.

4.7 As the new standards have purposely integrated knowledge and competency elements of the learning outcomes, awarding bodies and course providers will be required to develop a programme that clearly demonstrates how these elements are integrated. Although this model may not necessarily result in a single qualification, the awarding body or course provider must demonstrate how knowledge and competency elements are combined throughout the course, to gain accreditation or recognition.

4.8 This will require changes to the criteria for registration as a pharmacy technician to include the newly accredited and recognised programmes or courses. These changes will be made once the new courses have been designed and accredited or recognised in 2018, prior to implementation.

## Two-year work experience and set minimum hours requirements

4.9 As part of the consultation on the draft standards, we asked respondents whether they felt we should retain a two-year work experience requirement or provide additional flexibility. The overwhelming majority of respondents to the consultation felt that two years of work experience was a necessary minimum for most pre-registration trainee pharmacy technicians.

4.10 Generally, two years is the required time to complete a National (or Scottish) Vocational Qualification, which aligns with our current requirement. Further, these are the first set of learning outcomes we have created for pharmacy technicians. In light of the responses to the consultation and these considerations, we consider it prudent to maintain the two-year work experience and set minimum hours requirements, until a time where pre-registration trainee pharmacy technicians have completed the new courses based on this set of standards.

4.11 We appreciate that there may be scope for this to change in the future. This would be based on evidence of how pre-registration trainee pharmacy technicians are performing which would allow us to better assess, what, if any, is an appropriate time period to achieve these learning outcomes; or if the new standards provide a level of quality assurance and robustness that remove these time-based requirements altogether.

## 5 Quality Assurance and Accreditation

5.1 The consultation raised some valuable input from respondents about our quality assurance process. The report on feedback received from the consultation outlined some of the concerns from respondents about our quality assurance processes for pharmacy technician courses. A number of respondents also felt that the level of GPhC oversight of the current pharmacy technician qualification was good.

- 5.2 As Council is aware, we are in the early stages of examining our quality assurance and accreditation approach and methodology. This review will consider the wider context of quality assurance and accreditation including: core principles to apply across both registered professions; the national education quality assurance processes in higher and further education; the inter-relationship with commissioners and providers of education; as well as our own accreditation processes.
- 5.3 Quality assurance and accreditation is a critical component of our education work and we recognise that the implications of this review are potentially far reaching. We intend to have further discussions with Council in 2017 before reporting back formally with a proposed scope for this workstream, which will set out the proposed strategy for this review of quality assurance of pharmacy education as well as a draft timetable.
- 5.4 In the interim we will continue to use our current quality assurance and accreditation methodology to accredit or recognise new pharmacy technician courses against the new standards, for implementation from September 2018. Following the recommendations of the review, we will present to Council any proposed changes which would significantly impact the quality assurance processes for pharmacy technician courses.

## 6 Implementation and next steps

- 6.1 We plan to publish the new standards in October 2017, following approval, and for new courses which meet the new standards to come online from September 2018. It is our intention to publish the draft evidence framework alongside the standards for comment and to publish a final version of the evidence framework in early 2018.
- 6.2 As is the case with the implementation of any education standards, a phasing in period will be required. Currently persons seeking registration as a pharmacy technician must apply for registration as a pharmacy technician within five calendar years of commencement on a recognised course, or within two years of completing the last recognised course, whichever is sooner.
- 6.3 Based on this allowance, the criteria for registration as a pharmacy technician will clearly set out the parameters of the phasing by providing:
- the commencement dates of pharmacy technician courses which meet the new standards; and
  - the final possible registration date for pre-registration trainee pharmacy technicians who completed courses based on the current standards.
- 6.4 As mentioned above, these changes will be made to the criteria for registration as a pharmacy technician once the accreditation and/or recognition of the pharmacy technician courses have been completed in 2018.

## 7 Equality and diversity implications

- 7.1 We have considered the equality implications of the new standards and changes to the criteria for registration as a pharmacy technician, consistent with our responsibilities as set out in the Equalities Act 2010. We have conducted a full equality and diversity analysis which is at Appendix 2.
- 7.2 This includes an overview of the work we have completed to inform our understanding of the equality and diversity dimensions of the proposed changes. We aimed to identify any trends or issues that apply to people who share protected characteristics and considered potential negative impacts on these groups.

7.3 Our conclusions have been informed by: a qualitative analysis of responses to the consultation; the available data or evidence relating to groups of people with protected characteristics; and, our extensive engagement with a wide variety of stakeholders. The analysis assists Council to consider whether the changes to the standards should be approved; it is also designed to enable discussion about whether any further work is required to ensure we meet Council's commitment to equality diversity and inclusion.

7.4 In addition, many of the points raised related to proposed changes are not relevant anymore, because they were linked to changes that we are no longer proposing to make, such as removing the two-year minimum training requirement, or specifying if a "final accuracy check" was included in the standards.

## 8 Communications

8.1 The standards will be published on our website and publicised through established social media channels.

8.2 Awarding bodies and course providers will also be notified of the new standards and requirements relating to accreditation or recognition of new courses as well as the opportunity to comment on the draft evidence framework.

8.3 A detailed communications plan has been updated throughout this process to underpin the dissemination and use of the new standards as well as contributing to our engagement on the draft evidence framework.

8.4 As mentioned previously, we have engaged with key stakeholders in revising the standards, including awarding bodies and course providers. Following publication, we plan to:

- reach out to pharmacy technicians through APTUK and other professional channels to explain the standards;
- run dissemination events through our now well established network of pharmacy technician education and training leads;
- liaise with course developers and awarding bodies to gather comments on the evidence framework and to begin to design courses based on our new standards as soon as possible;
- establish and then use a new network of educators in further education colleges across Great Britain, including distance providers, to explain to them the delivery implications of the new standards; and
- support course developers and awarding bodies in the development phase leading up to their new courses being considered by us for accreditation.

## 9 Resource implications

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

## 10 Risk implications

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

10.2 Additionally, the integration of knowledge and competency elements is expected to require some awarding bodies or course providers to make changes to the structure and delivery of their courses. We are actively engaging with awarding bodies and course providers to maintain an up-to-date understanding of the implications of the new standards for them and mitigating any associated risks in designing, developing and delivering courses.

## 11 Monitoring and review

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

11.2 As mentioned above, following the outcomes of our review of quality assurance and accreditation, we will present any proposed changes to the quality assurance of pharmacy technician courses as required.

11.3 Alongside monitoring and evaluation through accreditation, we intend to develop an annual census to improve our data on pre-registration trainee pharmacy technicians and any potential impacts of the new standards.

## Recommendations

The council is asked to

- i. agree the new standards for the initial education and training of pharmacy technicians (at Appendix 1);
- ii. agree to the proposed changes to the Criteria for registration as a pharmacy technician;
- iii. note the approach to developing a supporting evidence framework;
- iv. agree to production of a supplementary evidence framework to be approved by the Chief Executive; and,
- v. note the revised equality impact assessment and its implications for the GPhC's work (at Appendix 2).

**Damian Day, Head of Education**

General Pharmaceutical Council

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23 August 2017

## **Appendix 1 – Standards for the initial education and training of pharmacy technicians**

# **Standards for the initial education and training of pharmacy technicians**

### **About us**

**The General Pharmaceutical Council regulates pharmacists, pharmacy technicians and registered pharmacies in Great Britain.**

### **What we do**

Our main work includes:

- setting standards for the education and training of pharmacists and pharmacy technicians, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards of conduct and performance that pharmacy professionals have to meet throughout their careers
- setting the standards of continuing professional development that pharmacy professionals have to achieve 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.

## Introduction

Pharmacy professionals play a vital role in ensuring public and patient safety by providing safe and effective care. The safety of people is at the heart of these standards and must be central to the education and training of pharmacy technicians across all learning environments.

Public and patient safety is not a separate requirement – it is embedded in all these standards and criteria. Course providers and employers must prioritise public and patient safety in all aspects of the course and its delivery.

This document sets out the standards for the initial education and training for anyone seeking to train and register as a pharmacy technician in Great Britain. Awarding bodies or course providers will need to meet the standards and criteria set out in this document to have their pharmacy technician course approved by us.

These standards should be considered alongside the criteria for registration as a pharmacy technician, the evidence framework for course providers and also our standards for pharmacy professionals. Combined, these four documents provide a full picture of the initial education and training requirements for pharmacy technicians.

Embedded within these education standards are the standards for pharmacy professionals, which are the professional standards trainees will be expected to meet, once they join the register.

## The standards and registration as a pharmacy technician

The purpose of initial education and training is to give early-career pharmacy technicians a broad base of skills and qualities that means they can work in a range of pharmacy settings across all the countries in Great Britain.

Overall, registration as a pharmacy technician requires applicants to complete:

- one of the approved knowledge and competency training programmes
- a minimum of two years relevant work-based experience in the UK under the supervision, direction or guidance of a pharmacist or pharmacy technician to whom the applicant was directly accountable for no less than 14 hours per week.

Pharmacy technician education is flexible in its delivery. The standards combine both knowledge and competency elements, to allow trainees to learn based on experience of clinical, operational and scientific practices and procedures. As such, it can be delivered face-to-face, at a distance, online or a combination of these and the standards apply to all these delivery methods.

## Standards for the initial education and training of pharmacy technicians

The standards consist of two parts:

- Part 1: learning outcomes – includes the skills, knowledge, understanding and professional behaviours a trainee must demonstrate at the end of their initial education and training
- Part 2: standards for initial education and training course providers – sets out the key features of courses that deliver the learning outcomes in part 1 of the standards.

The standards include the term ‘person-centred care’ and refer to a ‘person’ throughout. This means ‘the person receiving care’. However, although we have not specifically mentioned carers or patients’ representatives, these

terms apply to them too depending on the context. This is consistent with our use of 'person' in our standards for pharmacy professionals.

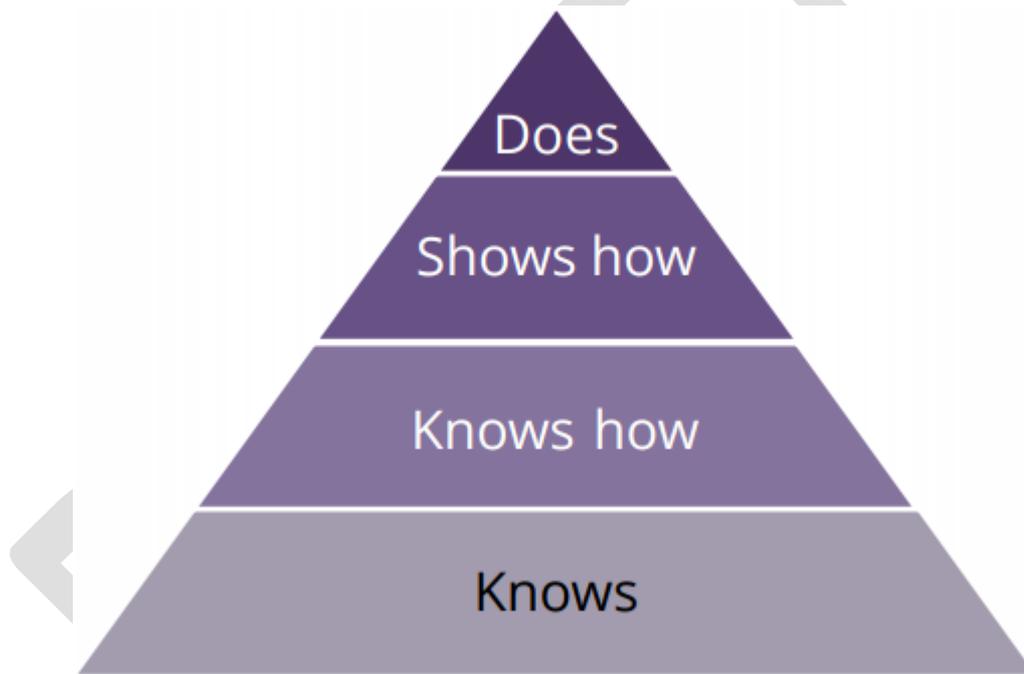
DRAFT

## Part 1: Learning outcomes

**Standard:** On successful completion of their initial education and training, pre-registration trainee pharmacy technicians will have achieved the learning outcomes in these standards.

### Describing and assessing outcomes

The outcome levels in this standard are based on an established competence and assessment hierarchy known as 'Miller's triangle':



As what is being assessed at each of the four levels is different, the assessment methods needed are different too – although there will be some overlap. Generally, achieving one level of Miller's triangle requires achieving and exceeding the preceding level.

<b>Level 1 – Knows</b>	This is knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).
<b>Level 2 – Knows how</b>	Context-based tests – a pre-registration trainee pharmacy technician knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.
<b>Level 3 – Shows how</b>	A pre-registration trainee pharmacy technician is able to demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examinations (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.
<b>Level 4 – Does</b>	Acting independently and consistently in a complex but defined situation. Evidence for this level is provided when a pre-registration trainee pharmacy technician demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably. Assessments may include OSCEs or other observed assessments.

## Level of study

Initial education and training for pharmacy technicians is a vocational learning experience, combining learning and work. Courses must be designed and delivered to at least Level 3 in the National Qualifications Framework (England and Wales) or Level 6 in the Scottish Qualifications and Credit Framework.

## Domains of study

The learning outcomes fall under four domains:

1. Person-centred care
2. Professionalism
3. Professional knowledge and skills
4. Collaboration

All domains and learning outcomes have equal importance.

## 1. Person-centred care

### Learning outcomes

Pre-registration trainee pharmacy technicians will:

1. Involve, support and enable every person when making decisions about their health, care and wellbeing	Does
2. Optimise a person's medicines to achieve the best possible outcomes	Does
3. Listen to the person, and understand their needs and what matters to them	Does
4. Give the person all relevant information in a way they can understand, so they can make informed decisions and choices	Does
5. Instruct people in the safe and effective use of their medicines and devices	Does
6. Obtain relevant information from people – including patients, carers and other healthcare professionals – and use it appropriately	Does
7. Recognise and value diversity, understand cultural differences and make sure that every person – patients, colleagues and others – is treated fairly whatever their values and beliefs	Does
8. Adapt information and communication to meet the needs of particular audiences	Does
9. Apply the principles of information governance and ensure patient confidentiality	Does
10. Effectively promote healthy lifestyles using available resources and evidence-based techniques	Knows how
11. Be able to provide public health advice and recommend recognised health screening or public health initiatives	Knows how
12. Understand how to safeguard people, particularly children and vulnerable adults	Knows how

## 2. Professionalism

### Learning outcomes

Pre-registration trainee pharmacy technicians will:

13. Apply professional judgement in the best interests of people	Does
14. Recognise and work within the limits of their knowledge and skills, and refer to others when needed	Does
15. Understand how to work within the local, regional and national guidelines and policies	Knows how
16. Respond effectively to complaints, incidents and errors and in a way that demonstrates person-centred care	Does
17. Use information to make effective decisions	Does

18. Take personal responsibility for the health and safety of themselves and others, and following up any concerns about the workplace which might put them, or others, at risk	Does
19. Demonstrate leadership skills within their scope of practice as a trainee	Does
20. Recognise when their performance or the performance of others is putting people at risk and respond appropriately	Does
21. Raise concerns even when it is not easy to do so	Does
22. Act openly and honestly when things go wrong	Does
23. Effectively use a variety of methods, including feedback, to regularly monitor and reflect on practice, skills and knowledge	Does
24. Carry out a range of relevant continuing professional development (CPD) activities	Does
25. Reflect and act on feedback or concerns, thinking about what can be done to prevent something happening again	Does

### 3. Professional knowledge and skills

#### Learning outcomes

Pre-registration trainee pharmacy technicians will:

26. Provide a safe, effective and responsive pharmacy service	Does
27. Take personal responsibility for the legal, safe and efficient supply of medicines	Does
28. Understand the basic principles of biology, microbiology, physiology, and chemistry	Knows how
29. Understand the basic pharmacological principles to the use of medicines in relation to disease processes and the treatment of identified clinical conditions	Knows how
30. Confirm the suitability of a person's medicines for use	Does
31. Accurately retrieve and reconcile information about a person's medicines	Does
32. Assess a person's present supply of medicines and order appropriate medicines and products	Does
33. Order, receive, maintain and supply medicines and other pharmaceutical products safely, legally and effectively	Knows how
34. Receive requests for medicines, including prescriptions, and check for their validity, safety and clarity, taking action to deal with any problems	Does
35. Effectively use systems to support the safe supply of medicines	Does
36. Accurately assemble prescribed items	Does

37. Apply pharmaceutical principles to the safe and effective formulation, preparation and packaging of medicines and products	Knows how
38. Ensure the quality of ingredients to produce and supply safe and effective medicines and products	Knows how
39. Issue prescribed items safely and effectively and take action to deal with discrepancies	Does
40. Carry out an accuracy check of dispensed medicines and products	Does
41. Accurately perform pharmaceutical calculations to ensure the safety of people	Does
42. Recognise adverse drug reactions and interactions and respond appropriately	Does
43. Safely and legally dispose of medicines and other pharmaceutical products	Knows how
44. Respond appropriately to medical emergencies, including providing first aid	Knows how
45. Identifies and responds effectively to errors and near misses	Does
46. Apply the principles of clinical governance	Does
47. Understand the principles of audit and quality-improvement strategies, and how to implement recommendations effectively	Knows how
48. Understand the principles of risk management	Knows how

## 4. Collaboration

### Learning outcomes

Pre-registration trainee pharmacy technicians will:

49. Demonstrate effective team working	Does
50. Communicate and work effectively with members of the multidisciplinary team	Does
51. Check their own and others' work effectively	Does
52. Take part in the learning and development of others	Does
53. Prioritise time and resources effectively to achieve objectives	Does

## Part 2: Standards for initial education and training course providers

### Domain 1 – Selection and entry requirements

**Standard 1: Selection processes must be open, clear, unbiased and keep to relevant legislation to identify applicants with the right attributes to train as a healthcare professional.**

#### Criteria to meet these standards

1.1 Entry requirements must ensure that applicants are fit to practise as trainees at the point of selection.

1.2 Selection criteria must be clear and unambiguous. They must include as a minimum:

- meeting specified English language requirements
- meeting specified numeracy requirements
- other academic requirements or experience equivalent to national level 2 or above
- taking account of good character checks
- taking account of health checks.

1.3 Applicants must be working in a pharmacy environment or have secured a placement as a pre-registration trainee pharmacy technician and be supervised by a pharmacy professional.

1.4. Selectors must apply the selection criteria consistently, in an unbiased way and in line with relevant legislation. They should be trained to do this and training should include equality, diversity and inclusion.

### Domain 2 – Equality, diversity and inclusion

**Standard 2: All aspects of pharmacy technician education and training must be based on principles of equality and diversity and keep to all relevant legislation.**

#### Criteria to meet this standard

2.1 Equality and diversity must be embedded in course design and delivery.

2.2 Equality and diversity data must be used in designing and delivering courses, and in planning the whole experience of being a pre-registration trainee pharmacy technician.

2.3 Reasonable adjustments must be made to course delivery and assessment to help pre-registration trainee pharmacy technicians having specific needs to meet the learning outcomes. Teaching, learning and assessment may be modified for this purpose but learning outcomes may not.

## Domain 3 – Management, resources and capacity

**Standard 3: Courses must be planned and maintained using transparent processes which must show who is accountable for what at each stage of initial education and training. The education and training facilities, infrastructure, leadership, staffing and staff support must be adequate to deliver the course.**

### Criteria to meet this standard

3.1 All courses must be backed up by a defined management plan which must include:

- a schedule of roles and responsibilities, in the learning and training environments and in the workplace
- lines of accountability, in the learning and training environments and in the workplace
- defined structures and processes to manage delivery
- processes for identifying and managing risk.

3.2 There must be agreements in place outlining the roles and responsibilities of all those involved in delivering a course.

3.3 Each pre-registration trainee pharmacy technician must have a learning agreement covering all the learning and training environments. This must outline roles, responsibilities and lines of accountability, and must say how trainees will be supported during the course. Course providers must explain how they will be reassured that learning agreements will be implemented in full.

3.4 All course providers must have pharmacy professionals involved in the design and the delivery of the course.

3.5 In all the learning and training environments, there must be:

- appropriately qualified and experienced staff
- sufficient staff from relevant disciplines to deliver the course and support pre-registration trainee pharmacy technicians' learning
- sufficient resources to deliver the course
- facilities that are fit for purpose
- access to appropriate learning resources.

3.6 Everyone involved in managing and delivering the course must understand their role and must be given support to carry out their work effectively.

3.7 Each pre-registration trainee pharmacy technician must be supported as a learner in the workplace. There must be systems in place for liaising with course providers regularly about the progress of a pre-registration trainee pharmacy technician.

## Domain 4 – Monitoring, review and evaluation

**Standard 4: The quality of courses must be monitored, reviewed and evaluated in a systematic and developmental way.**

### Criteria to meet this standard

4.1 All relevant aspects of courses must be monitored, reviewed and evaluated systematically. When issues are identified they must be documented and dealt with within agreed timescales.

4.2 There must be a quality-management structure in place that sets out procedures for monitoring and evaluation. This must include who is responsible, and the timings for reporting, review and taking action when appropriate.

4.3 There must be systems in place to monitor and evaluate the standard of teaching, learning and assessment to make sure that quality is maintained across all learning environments.

4.4 Course monitoring and review must take into account the external environment, especially pharmacy, to make sure that courses stay up to date as they are delivered.

4.5 Feedback to pre-registration trainee pharmacy technicians must be a part of monitoring, review and evaluation processes.

## Domain 5 – Course design and delivery

**Standard 5: Courses must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent teaching and learning strategy. The design and delivery of training must take account of stakeholders' views and must ensure that trainees practise safely and effectively.**

### Criteria to meet this standard

5.1 Courses must be designed and delivered using strategies which bring together knowledge, competence and work experience.

5.2 The GPhC's standards for pharmacy professionals must be part of all courses and used actively. This is to make sure that pre-registration trainee pharmacy technicians know what will be expected of them when they are registered.

5.3 There must be a course teaching and learning strategy which sets out how trainees will achieve the outcomes in part 1 of these standards.

5.4 Courses must be designed and delivered to develop the skills, knowledge, understanding and professional behaviours required to meet the learning outcomes in part 1 of these standards.

5.5 Awarding bodies and course providers must get the views of a range of stakeholders – including patients, the public and employers – and take account of them when designing and delivering the course.

5.6 Courses must be revised when there are significant changes in practice, to make sure they are up to date.

5.7 Pre-registration trainee pharmacy technicians must be supervised using an agreed system in all learning and training environments, to ensure patient safety at all times.

5.8 Pre-registration trainee pharmacy technicians must only carry out tasks in which they are competent, or are learning under supervision to be competent in, so that patient safety is not compromised.

5.9 Course regulations must be appropriate for a course that leads to professional registration. That is, they must prioritise professionalism, patient safety, and safe and effective practice.

5.10 All course providers and employers must have procedures to deal with concerns. Serious concerns that may affect a pre-registration trainee pharmacy technician's suitability for future registration must be reported to the GPhC.

## Domain 6 – Course assessment

**Standard 6: Courses must have an assessment strategy which assesses required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The assessment strategy must assess whether a pre-registration trainee pharmacy technician's practice is safe.**

### Criteria to meet this standard

6.1 Courses must have an assessment strategy which ensures that assessment is robust, reliable and valid.

6.2 The assessment strategy must assess the learning outcomes in part 1 of these standards. Methods used must be appropriate for what is being assessed; and teaching, learning and assessment must be aligned.

6.3 The assessment strategy must include a methodology to assess decisions of competence in the workplace and other appropriate environments.

6.4 Patient safety must come first at all times, and the assessment strategy must assess whether a pre-registration trainee pharmacy technician is practising safely as a trainee.

6.5 Monitoring systems must be in place in all learning and training environments. The systems must assess a pre-registration trainee pharmacy technician's progress towards meeting the learning outcomes in part 1 of these standards. They must ensure that a pre-registration trainee pharmacy technician's practice is safe at all times, as a trainee. Causes for concern must be dealt with as soon as possible.

6.6 Agreements must be in place between course providers and the workplace, regarding the roles and responsibilities for assessment.

6.7 Assessments must be carried out by appropriately trained and qualified people who are competent to assess the performance of pre-registration trainee pharmacy technicians.

6.8 There must be independent quality assurance of assessment processes. Quality assurance processes should be conducted by an external and appropriately qualified person or organisation, that is not an employee of the course provider and has no involvement with the pre-registration trainee pharmacy technician in their day-to-day work.

6.9 Pre-registration trainee pharmacy technicians must receive appropriate and timely feedback on their performance, to support their development as learners and professionals.

6.10 Assessment regulations must be appropriate for a course that leads to professional registration. That is, they must prioritise professionalism, patient safety, and safe and effective practice.

## Domain 7 – Pre-registration trainee pharmacy technician support and the learning experience

**Standard 7: Pre-registration trainee pharmacy technicians must be supported in all learning and training environments to develop as learners and professionals during their initial education and training.**

### Criteria to meet this standard

7.1 There must be a range of systems in place to support trainees to achieve the learning outcomes in part 1 of these standards, including:

- induction
- effective supervision
- an appropriate and realistic workload
- personal and academic support
- time to learn
- access to resources.

7.2 There must be systems in place for pre-registration trainee pharmacy technicians to meet regularly with workplace colleagues to discuss and document their progress as learners.

7.3 Pre-registration trainee pharmacy technicians must have support available to them covering academic study, general welfare and career advice.

7.4 Pre-registration trainee pharmacy technicians must have access to pharmacy professionals who are able to act as role models and give professional support and guidance.

7.5 Pre-registration trainee pharmacy technicians must have the opportunity to work in multidisciplinary environments.

7.6 There must be clear procedures for pre-registration trainee pharmacy technicians to raise concerns. Any concerns must be dealt with promptly, with documented action taken when appropriate. Pre-registration trainee pharmacy technicians must be made aware of the GPhC's guide to raising concerns about pharmacy education and training.

7.7 Everyone supporting pre-registration trainee pharmacy technicians must take into account the GPhC's guidance on tutoring for pharmacists and pharmacy technicians in their work.

## Other supporting documents

**Standards for pharmacy professionals** GPhC (2017)

**Criteria for registration as a pharmacy technician** GPhC (2013)

*Evidence framework* GPhC (2017)

**How to raise a concern with the GPhC**

**Guidance on tutoring for pharmacists and pharmacy technicians** GPhC (2014)

**Accreditation and Recognition of Pharmacy Technician programmes** GPhC (2010)

*Guidance on student fitness to practise procedures in schools of pharmacy* GPhC (2017)

# Development of the standards, and registration criteria for the initial education and training of pharmacy technicians

Analysis of the effects on equality

<b>EA completed by:</b>	
<b>Signed:</b> _____	<b>Date:</b> _____
<b>Name:</b> Juliette Becuwe _____	<b>Date:</b> 26.07.2017 _____

<b>EA approved by:</b>	
<b>Signed:</b> _____	<b>Date:</b> _____
<b>Name:</b> _____	<b>Date:</b> _____

## 1. Aims and purpose of the project/policy

1.1 This Equality Impact Analysis (EIA) focuses on the equality and diversity implications of proposed changes from the review of the standards for the initial education and training of pharmacy technicians (the standards). As part of the consultation, we also sought feedback on the following three proposed changes to the criteria for registration as a pharmacy technician:

- Allowing pre-registration trainee pharmacy technicians (trainees) to be supervised by a pharmacist or a pharmacy technician during their training (currently they must be supervised by a pharmacist)
- Removing the option that current or recently registered pharmacists in Great Britain or Northern Ireland are able to register as a pharmacy technician automatically, and
- Removing the obligation for trainees to undertake at least two years' work experience in the UK prior to registration.

1.2 Part 2 of the standards includes a separate domain dedicated to equality and diversity. This aims to ensure that course developers and providers collect and consider equality and diversity data, including

those related to the protected characteristics, and demonstrate how it is used to continually inform and influence the design and delivery of their courses.

1.3 The EIA aims to help ensure that our future standards do not unfairly affect groups with protected characteristics<sup>1</sup>. It focuses on how protected characteristics have been considered in the standards development process and especially through our stakeholder engagement. In carrying out this analysis, we have considered the potential equality and diversity implications of the revised standards.

1.4 We aim to be proactive in facilitating opportunities for people with the widest possible range of experience and perspectives to engage with our work, and by doing so to ensure that we are not acting in a way that is incompatible with a Convention right<sup>2</sup> and meeting our Public Sector Equality Duty under the Equality Act 2010<sup>3</sup>. To meet Section 149 of the Equality Act 2010 we have due regard to each of the following statutory objectives:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

1.5 In preparing this analysis, we have considered all of the statutory objectives under Section 149 of the Equality Act 2010.

1.6 The EIA includes an overview of the work we have completed to inform our understanding of the equality and diversity dimensions of the proposed changes. We aimed to identify any trends or issues that apply to people who share protected characteristics and considered potential negative impacts on these groups.

1.7 The EIA has been informed by our quantitative and qualitative analysis of responses to the consultation; the available data and/or evidence relating to groups of people with protected characteristics; and, our extensive engagement with a wide variety of stakeholders. The analysis assists Council to consider whether the changes to the standards should be approved and/or subject to further amendment before introduction.

1.8 We sought to identify and mitigate any adverse impact on groups of people with a protected characteristic. This includes future pharmacy technicians, people involved in their education and patients or members of the public interacting with them and using their services.

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<sup>1</sup> The Equality Act 2010 prohibits direct or indirect discrimination, or harassment on the basis of a protected characteristic (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation). There is a fundamental distinction between direct discrimination, on the one hand, and indirect discrimination on the other (Sections 13 and 19). Direct discrimination is where an individual receives less favourable treatment because of a protected characteristic. Indirect discrimination concerns a provision, criterion or practice that puts someone with a protected characteristic at a particular disadvantage, compared with people who do not share the protected characteristic (Section 19). However, a provision, criterion or practice that causes a particular disadvantage is lawful if it is a proportionate means of achieving a legitimate aim.

<sup>2</sup> The Human Rights Act 1998, Section 6f

<sup>3</sup> The Equality Act 2010, Section 149

## Policy context

- 1.9 Although the pharmacy technician profession has been an important role in pharmacy for some time, professionals have only had to be on our statutory register since 2011. The current standards were developed in 2010. It is important that all our standards are reviewed and updated regularly, and we initiated this review to make sure that the future standards reflect both the present and changing roles of pharmacy technicians.
- 1.10 Following pre-consultation engagement with various stakeholders and a reference group of experts who were involved in the development of the standards, we consulted on our proposed standards between December 2016 and March 2017. We then analysed consultation responses, incorporated comments in our revised standards and consulted with pharmacy technician practice and education experts to confirm final modifications<sup>4</sup>.
- 1.11 Our Council will consider the revised standards and registration criteria in September 2017 and if it approves them, the new standards are due to come into effect in autumn 2018.
- 1.12 Once we have finalised the standards, we will take steps to engage with course providers and prepare to accredit and quality assure courses leading to registration or annotation. As part of the accreditation and quality assurance process, awarding bodies and course providers are responsible for providing evidence showing how they meet or apply each of our standards and criteria, to gain accreditation or recognition. This is one of the ways we assure the implementation of the new standards, including standards specifically focusing on equality and diversity aspects.
- 1.13 In addition, as part of the monitoring of the implementation of the standards we are also committed to a review of our quality assurance and accreditation process. Section 7 of the EIA focuses on this review.
- 1.14 We are also developing an evidence framework to support the implementation of the standards. This guide will support and assist course developers and designers as they implement the standards.

## 2. Review of available information and/or data

### Developing our evidence-base

- 2.1 We have carried out a systematic and evidence-based approach to our policy development, including an assessment of the equality and diversity dimensions of our proposals.
- 2.2 Through our evidence gathering we have identified certain areas where it would be beneficial to gather more evidence and data to inform policy development, as there are gaps in comparison to the data we collect on future pharmacists. As pharmacy technicians are a relatively newly regulated profession and a number of registrants have been grandparented<sup>5</sup>, the available data in relation to equality and diversity indicators has been limited.

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<sup>4</sup> [Standards for the initial education and training standards of pharmacy technicians: Consultation report](#)

<sup>5</sup> Since 2005 anyone training as a pharmacy assistant must do so by undertaking a training course that we accredited. Prior to June 2011 anyone working as a qualified pharmacy technician could have their qualification 'grandparented' to allow them to continue working as a pharmacy technician without need to undertake an accredited training course. This recognition

2.3 We are currently considering how to address this issue in regard to education and training data. We are looking at how we can bridge this evidence gap by collecting more and targeted trainee data from awarding bodies and education providers. This work will form part of our review of the accreditation and quality assurance.

### Legal framework

2.4 Part 5 of Pharmacy Order 2010 focuses on education, training and acquisition of experience. Article 45(1)(b) state that Council must set:

*“(i) the standards of education, training and experience that providers of education and training must meet in order to enable a person undertaking such education or training, or acquiring such experience, to achieve the standards referred to in sub-paragraph (a) having regard, in particular, to the outcomes to be achieved, and*

*(ii) any requirements to be satisfied for admission to, and continued participation in, education and training for prospective pharmacists or prospective pharmacy technicians, which may include requirements as to fitness to practise unimpaired by health”.*

2.5 Article 45(6)(b) also stipulates that Council must publish a statement of:

*“(a) the criteria by reference to which the standards of education, training and experience referred to in paragraph (1)(b)(i) are set, and*

*(b) the criteria that will be taken into account in deciding whether to grant approval under paragraph (4), as they exist from time to time”.*

2.6 In developing the standards we also gave due regard to our statutory objectives under Section 149 of the Equality Act 2010 and we believe that the proposals align with our overarching legal objective which is the protection of the public<sup>6</sup>.

### The pharmacy technician profession

*General Pharmaceutical Council (GPhC) register data: characteristics of pharmacy technicians in Great Britain*

2.7 The information on our register enables us to understand the demographic make-up of the current pharmacy technician profession. The below data portrays a snapshot of those professionals on this register on 6 July 2017.

2.8 There are limits to the data we currently collect on sexual orientation, gender reassignment, marriage/civil partnership, pregnancy/maternity. As a result, we recently modified our Equalities Monitoring Form to collect further protected characteristics data from pharmacy technicians registering with us to address this gap.

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process involved the pharmacist supervising the pharmacy technician to complete a Declaration of Competence confirming the technicians in areas covered by the Level 3 qualifications.

<sup>6</sup> The Pharmacy Order 2010, Article 6(1)

2.9 The majority of the pharmacy technicians are aged between 25 and 54 years old (82 per cent). The number of pharmacy technicians is relatively evenly split between three age ranges (25 - 34 years, 35 - 44 years and 45 - 54 years).

Age	Number	Percentage
16 - 24 years	543	2%
25 - 34 years	5,804	25%
35 - 44 years	6,457	28%
45 - 54 years	6,781	29%
55 - 64 years	3,571	15%
65+ years	198	1%
Not provided	2	0%
Total	23,358	100%

2.10 69 per cent of pharmacy technicians state they do not have a disability but 31 percent did not respond to this question.

Disability	Number	Percentage
No	16,081	69%
Yes	114	0%
Not provided	7,163	31%
Total	23,358	100%

2.11 The vast majority of pharmacy technicians (85 per cent) described themselves as 'White' and nine per cent as 'Asian'. Only two per cent of pharmacy technicians described themselves as 'Black'.

Ethnicity	Number	Percentage
Asian	2,142	9%
Black	453	2%
Mixed	111	0%
Other	150	1%
White	19,803	85%
Not provided	699	3%
Total	23,358	100%

2.12 The vast majority of pharmacy technicians (89 per cent) are women.

Sex	Number	Percentage
Female	20,698	89%
Male	2660	11%
Total	23,358	100%

2.13 36 per cent of the pharmacy technician profession identify as Christians and 22 per cent stated they did not have a religion. However 33 per cent of the pharmacy technicians on our register did not respond to this question.

Religion	Number	Percentage
Buddhist	72	0%
Christian	8,399	36%
Hindu	656	3%
Jewish	18	0%
Muslim	802	3%
None	5,330	23%
Other	156	1%
Sikh	199	1%
Not provided	7,726	33%
Total	23,358	100%

*GPhC Commissioned surveys and reports: pre-registration pharmacy technician trainees characteristics*

2.14 We commissioned several pieces of research related to the education and training of members of the pharmacy team over the past six years. Although some reports did not focus on the education and training of pharmacy technicians in particular, findings from the research are useful to understand the characteristics of the pharmacy technician profession such as, the demographics, education pathways, and sectors in which future pharmacy technicians train.

2.15 To inform this EIA , we used data from the following reports:

- The *GPhC pharmacy technician register analysis 2012*<sup>7</sup>
- The *GPhC registrant survey 2013*<sup>8</sup>
- *Tomorrow's pharmacy team 2014*<sup>9</sup>
- *The quality of pharmacy technician education and training 2014* (University of Manchester)<sup>10</sup>
- *An analysis of the initial education and training standards for pharmacy technicians and views on their fitness for purpose 2015* (UCL/LPET)<sup>11</sup>
- *Survey of 2014-2015 pre-registration pharmacy technician training* (University of Bradford/IbyD)<sup>12</sup>

2.16 Separate research was conducted in relation to the education and training of future pharmacists. One report conducted last year on trying to understand why Black-African candidates who undertake the registration assessment were doing less well than their peers from other ethnic background is particularly interesting in regard to equality and diversity<sup>13</sup>. We made reference to it in this EIA being aware that although it focused on pharmacist students and trainees, there are useful parallels to trainees.

<sup>7</sup>[The GPhC pharmacy technician register analysis 2012](#)

<sup>8</sup>[The GPhC Registrant survey 2013](#)

<sup>9</sup>[Tomorrow's pharmacy team \(GPhC, 2014\)](#)

<sup>10</sup>[The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

<sup>11</sup>[An analysis of the initial education and training standards for pharmacy technicians and views on their fitness for purpose, A report to the General Pharmaceutical Council](#)

<sup>12</sup>[Survey of 2014-2015 pre-registration pharmacy technician training](#)

<sup>13</sup>[Qualitative research into registration assessment performance among Black-African candidates: Report to the GPhC 2016](#)

2.17 Our 2014-2015 pre-registration pharmacy technician survey provides a snapshot of the pharmacy technician profession<sup>14</sup>. The survey was conducted in 2015 and all pharmacy technicians registered between November 2014 and October 2015 were sent the survey. Its response rate was 30 per cent. The survey's data shows that the demographic profile of trainees in 2015 was in line with that of pharmacy technicians on our register.

Demographic profile of respondents to the 2014-2015 pre-registration pharmacy technician survey:

Age	Number	Percentage
19-30	179	54%
31-40	71	22%
41-50	63	19%
50+	18	5%
Total	331	100%

Ethnicity	Number	Percentage
Asian or Asian British	41	12%
White	260	79%
Black or Black British	12	4%
Mixed or Multiple ethnic groups	5	2%
Other ethnic groups	3	1%
Not provided	10	3%
Total	331	100%

Sex	Number	Percentage
Female	277	84%
Male	50	15%
Other	4	1%
Total	331	100%

2.18 The above mentioned pieces of research were considered during the drafting process for the standards and we sought to ensure that a broad range of groups represented throughout our consultation and engagement process.

<sup>14</sup> [GPhC 2014-2015 pre-registration pharmacy technician survey](#)

<b>3. Screening for relevance to equality and diversity issues</b>		
<b>Does this project/policy have significant/disproportionate? relevance to</b>	<b>Yes</b>	<b>No</b>
Age	✓	
Disability	✓	
Gender reassignment		✓
Marriage and civil partnership		✓
Pregnancy and maternity	✓	
Race	✓	
Religion or belief	✓	
Sex	✓	
Sexual orientation		✓

<b>4. From the answers supplied, decide what further work needs to be undertaken if the proposals impacts upon diversity or equality issues</b>
<p>4.1 Yes, full EIA required.</p> <p>4.2 We ticked categories in the screening table where we had evidence of a strong likelihood of disproportionate impact. However, we recognise that, although there may be impacts on other protected characteristics, the evidence gathered suggests there would not be a disproportionate impact on people with those protected characteristics. The standards and evidence framework, monitored through our accreditation and quality assurance processes will assess evidence arising about any equality and diversity related impacts.</p>

<b>5. Date and method of consultation</b>
<p>5.1 We used a range of communication activities to maximise participation in the consultation across a diverse range of stakeholder groups, as well as general and targeted engagement approaches to reach relevant audiences. Below is a summary of our consultation and engagement activity:</p> <ul style="list-style-type: none"> <li>• Engagement with reference group to develop standards and learning outcomes</li> <li>• Consultation launched on 8 December 2016<sup>15</sup></li> <li>• Targeted emails to stakeholders, which included public and patient representative organisations</li> </ul>

<sup>15</sup> [Consultation on standards for the initial education and training of pharmacy technicians](#)

- Articles in our online blog 'Regulate'
- Members of staff on hand to answer any questions throughout the consultation process
- Multiple trade and national press articles relating to the consultation
- Focus groups with patients and members of the public held in London and Glasgow, and
- Engagement with experts of PT education and practice to confirm finalised version of the standards and learning outcomes.

### Pre-consultation engagement

5.2 Pre-consultation engagement took place between February 2016 and March 2016. In addition to what was found out as part of an earlier consultation, educating the pharmacy team (June/August 2015)<sup>16</sup> where we undertook further pre-consultation engagement work with pharmacy technician stakeholders.

5.3 The objectives of this work were:

- To understand what pharmacy technicians think are the expectations for them around the core areas of professionalism, communication skills and multi-professional team working, and
- To understand the views of pharmacy technicians and the extent to which they feel their education and training meets the requirements for their current and future roles.

5.4 Throughout the pre-consultation phase we engaged with the following groups:

- Pharmacy technicians in community settings
- Pharmacy technicians in hospital settings, and
- Trainees working in hospital and community settings, and undertaking both face to face and distance learning programmes.

5.5 During the pre-consultation engagement we used a combination of face to face sessions and surveys to engage with a broad range of registered pharmacy technicians and trainees. We ran workshops in England, Scotland and Wales with trainees and also surveyed trainees undertaking a distance learning programme. We also surveyed pharmacy technician registrants.

5.6 During the pre-consultation engagement phase, a variety of different themes were identified. Much of what we heard was similar to what we heard during the 'Educating the Pharmacy Team' consultation. In addition, stakeholders also highlighted:

- The need for greater confidence in dealing with other health professionals and inter-professional working
- The need for a greater emphasis on business management and people management skills in a team context, and
- More experience of training across different sectors.

5.7 No issues were raised in relation to any of the protected characteristics. However, it was agreed during the drafting of the standards that there was a greater need for further emphasis on equality and diversity within the standards. Therefore, the draft standards emphasise that equality and diversity

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<sup>16</sup> Tomorrow's pharmacy team: future standards for the initial education and training of pharmacists, pharmacy technicians and pharmacy support staff

data should be used actively to inform course design and delivery and trainees' experience.

5.8 The findings of this work were presented to the reference group and were considered as part of the drafting process. They were specifically considered during the drafting process for the learning outcomes.

### **Drafting the standards**

5.9 The drafting process for the standards took place between February 2016 and October 2016.

5.10 During the drafting process, we formed a drafting group and a larger reference group. This included stakeholders from a variety of different settings, and from England, Scotland, Wales and Northern Ireland. Pharmacy technician registrants and trainees were also part of these groups.

### **Formal consultation and focus group**

5.11 We formally consulted on the standards and changes to the registration criteria between December 2016 and March 2017. As part of the consultation survey, we have included a question about equality and diversity (Question 7: "Do you think there is anything in the standards or suggested changes to the criteria for registration that disproportionately affects any particular group over others?") to ensure that we captured any issues that respondents wish to raise. We analysed the responses provided by stakeholders to Question 7 of the survey. They are integrated in section 8 of the EIA.

5.12 In total, we received written responses from 76 organisations and 281 individuals to the survey. From these 375 responses:

- 160 respondents (45 per cent) did not think there was anything in the standards or suggested changes to the criteria for registration that disproportionately affected any particular group over others.
- 89 respondents (25 per cent) did not comment that question.
- 109 respondents (31 per cent) felt that our proposed changes would disproportionately affect particular groups over others.

5.13 The individuals who participated in our consultation survey were representative of the pharmacy technician and trainee' populations in regard to age, religion and sex.

5.14 In addition to launching the consultation paper<sup>17</sup>, we consulted directly with a diverse and extensive list of relevant stakeholders. These events were attended by a diverse mix of groups and organisations representing the pharmacy sector. This included representatives from professional membership bodies for pharmacists and pharmacy technicians, multiples and independent pharmacies, education and training, NHS organisations, public health organisations, community and hospital pharmacy, and other stakeholders.

5.15 We also held focus groups in London and Glasgow, which allowed us to discuss the consultation questions in depth with patients and the public.

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<sup>17</sup> [Consultation on standards for the initial education and training of pharmacy technicians](#)

## 6. Give a brief summary of the results of the consultation / involvement. How have these affected the proposal?

- 6.1 Please refer to our analysis of consultation responses for details of the outcomes<sup>18</sup>.
- 6.2 All issues relating to equality and diversity identified through the engagement and consultation process have been set out in detail in Section 7 below.

## 7. Full impact assessment

Explain the potential impact (whether intended or unintended, positive or adverse) of the proposal on individual groups on account of:

**Age** – consider impact on people of different ages such as young or old.

### Trends in the age profile of pharmacy technicians

- 7.1 Different age groups have distinct healthcare and education needs and concerns. As part of our research and engagement activity, we have sought to assess the impact of our proposals on people of different ages.
- 7.2 Our qualitative analysis undertaken prior to consultation identified some noticeable differences between the subsets of respondents to our consultation in terms of age profile:
- The age of trainees varies within education providers. For example, the ages of trainees studying at further education (FE) colleges are from 16 and in their 50s<sup>19</sup>. We assume that trainees undertaking programmes from other education providers have a similar age range.
  - The age of pharmacy technicians also varies depending in which sector they work in post-registration. Almost half of pharmacy technicians aged under 30 (46 per cent) work in hospital settings when only a quarter (26 per cent) of pharmacy technicians who are 60 and over do so<sup>20</sup>. Pharmacy technicians working in a community sector were more likely to be older than pharmacy technicians working in hospitals<sup>21</sup>.
  - The age of trainees is spread across a wide range (unlike the age of pharmacist students and trainees which is a comparatively young adult population).

### Impact of the proposal to increase flexibility of the two-year work experience and minimum hours requirements for the training period

- 7.3 The consultation we conducted from December 2016 to March 2017 entailed a specific question which asked about any potential disproportionate impact of our proposed changes on particular groups (Question 7).

<sup>18</sup> [Standards for the initial education and training standards of pharmacy technicians: Consultation report](#)

<sup>19</sup> [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

<sup>20</sup> [The GPhC Registrant survey 2013](#)

<sup>21</sup> [Survey of 2014-2015 pre-registration pharmacy technician training](#)

- 7.4 As with other characteristics, the age profile of pharmacy professionals responding to the survey is broadly representative to our register data.
- 7.5 A number of individuals and groups who responded to the consultation suggested that removing the two-year time limit would disadvantage individuals with caring responsibilities who may have little time outside of work to progress with the programme. In addition, part-time workers may be at risk of having their hours of work reduced at short notice, which may force them to either extend their training programme or to be suspended from it, dependent on how their training is funded. Given the above-mentioned range of ages of trainees, we find this to be an important impact as older pharmacy technicians are more likely to work part-time to look after their family.

#### **Impact of the revised standards on older pharmacy technicians**

- 7.6 There were mixed responses to the learning outcome related to accuracy checking and whether this included a “final accuracy check”. Those consultation respondents that interpreted this learning outcome to mean that trainees would be qualified to undertake a final accuracy check, would disadvantage the current older generations of pharmacy technicians who did not have an accuracy checking qualification – which is currently offered by some course providers as a post-qualification.
- 7.7 Some respondents thought that the potential introduction of final accuracy checking could have a negative impact on pharmacy technicians’ salaries, employability and career progression. They suggested that long-standing pharmacy technicians should be supported in adapting. Given that this is likely to impact pharmacy technicians who were grandparented, they are likely to be of a more mature age. There was a fear that this would disproportionately negatively impact them and their career progression.
- 7.8 In addition, several respondents felt that the current entry criteria to the pharmacy technician qualification should not be modified to include a minimum formal educational requirement. There was a concern that introducing a formal educational qualification as a minimum requirement would discriminate against potential applicants who had experience working in pharmacy but do not possess a specific maths or English qualification.
- 7.9 Again, given that these are likely to be of a more mature age, it was raised that this might disproportionately impact people of any older generation.

#### **Conclusion**

- 7.10 Individuals with caring responsibilities, no accuracy checking qualification, no specific maths or English qualification, or who are part-time workers are more likely to belong to an older generation.
- 7.11 Research undertaken on pharmacist education and training showed us that mature students were facing similar difficulties<sup>22</sup>. It can be more difficult for mature students to be as successful in their studies as younger students due to additional family commitments and financial responsibilities. These factors can adversely impact on learning, as well as time to complete the additional study required. Mature students are also less likely to form the supportive peer networks that are described as important for success.

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<sup>22</sup> [Qualitative research into registration assessment performance among Black-African candidates: Report to the GPhC 2016](#)

## Mitigation

- 7.12 As the age of trainees is spread across a wide range, it is important that vocational education and training is sufficiently flexible to allow trainees to fit in with their work, family and other commitments and our standards emphasise this.
- 7.13 We listened to the feedback in regards to the proposal to introduce flexibility to the two-year requirement for work experience and are recommending not to progress with this proposal.
- 7.14 In addition, we have made it clear throughout the standards that we have adopted an outcomes-focussed approach to encourage flexibility in the design and mode of delivery, which can be face-to-face, at a distance, online or a combination of these. This flexibility allows course developers and providers to be responsive to the needs of the trainees they are seeking to attract.
- 7.15 The evidence framework we are developing to support course developers and providers is underpinned by these expectations. We expect course providers to have a coherent teaching and learning strategy, as well as actively take steps to implement measures to support all students, but in particular, to help mature students to be more integrated within peer groups. In addition, providers are expected to ensure course materials are easily accessible for all trainees, and to reflect on the support they provide for students with family commitments, in partnership with the trainee's employer.
- 7.16 We recognise that further clarity about accuracy checking is required for course providers, trainees and employers to understand what we expect in this learning outcome. We are actively working with key stakeholders to further understand their concerns and will ensure the evidence framework is clear about what is expected.
- 7.17 In regards to minimum entry requirements, Domain 1 of the standards for course providers focuses on selection and entry requirements. We did not make reference to specific English or language requirements in order to enable flexibility and so as not to restrict who can apply to pharmacy technician training.
- 7.18 We also heard that other academic requirements and experience to a Level 2 S/NVQ or above could also be considered by education providers and have included a new requirement to allow other academic requirements and experience equivalent to a Level 2 national qualification or above to be considered by education providers. Further information about this will be included in our evidence framework.
- 7.19 We want to ensure that any minimum entry requirements set are justified and proportionate and do not unnecessarily exclude potential applicants from applying. Education providers must use equality and diversity data in designing and delivering courses. Our quality assurance process will make sure of this and education providers will have to provide us with evidence to demonstrate how they meet our requirements for trainee selection.
- 7.20 Equality and diversity is embedded in the standards, and occupies a separate domain in part 2 of the standards to ensure course developers and providers give due consideration to these facts and data in course design and delivery. To support this, the evidence framework will also provide further information about how equality and diversity must be embedded in course design and delivery.

7.21 In monitoring the impact of the standards, our accreditation, recognition and quality assurance processes requires awarding bodies and course providers to provide evidence to demonstrate how they apply and meet our standards.

#### **Disability – consider environmental, social and attitudinal barriers**

7.22 People with disabilities face a number of barriers in accessing healthcare and education.

7.23 Among pharmacy technicians who declared a disability, 36 per cent reported difficulties with mobility, 19 per cent mentioned hearing, and 11 per cent mentioned manual dexterity<sup>23</sup>.

#### **Impact of the proposal to increase flexibility of the two-year work experience and minimum hours requirements for the training period**

7.24 Although introducing more flexibility would not necessarily require trainees to complete the course in a shorter period of time, there was a fear that pressure from employers or requirements from providers would result in a trainees being allowed a shorter time to complete a course.

7.25 Some consultation respondents mentioned that introducing flexibility to the two-year time limit could disadvantage individuals with specific learning needs or disabilities who may be unable to achieve the learning outcomes in a shorter time-frame (for instance due to the additional pressure or the need to take time off to attend hospital appointments).

7.26 Furthermore, anecdotal evidence suggests that some trainees with specific learning needs or disabilities struggle with the lack of support they receive from a distance provider<sup>24</sup>. Some of the distance learning programmes might not offer all the necessary support or flexibility trainees with specific learning needs or disabilities would need.

#### **Impact of the revised standards**

7.27 As mentioned above, there were mixed responses to the learning outcome related to accuracy checking and whether this included a 'final accuracy check'. Some consultation respondents interpreted this learning outcome to mean that trainees would be qualified to undertake a final accuracy check and felt that the introduction of final accuracy checking would disproportionately affect candidates with learning difficulties such as dyslexia.

7.28 In addition, a few respondents were concerned that future programme minimum entry requirements would negatively impact applicants with specific learning needs.

#### **Mitigation**

7.29 We aim to ensure that the standards we set do not negatively impact on people with disabilities. All learning environments are required to comply with the Equalities Act 2010 and providers and employers must ensure that there are no barriers to those who require a reasonable adjustment during their training.

<sup>23</sup> [The GPhC Registrant survey 2013](#)

<sup>24</sup> [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

7.30 Education and training providers have to make sure staff are aware of the fact that certain students have more difficulty in adapting to specific teaching and training approach and encourage staff to undertake a more proactive approach to ensure all trainees benefit from their teaching and training. Course providers are required to have a teaching and learning strategy which directly links to the assessment strategy, which should outline the approach to reasonable adjustments.

7.31 We have added a criterion to Standard 2 for course providers: “reasonable adjustments must be made to course delivery and assessment to help pre-registration trainee pharmacy technicians with specific needs to meet the learning outcomes”.

7.32 We encourage education and training providers to look at ways to improve the feedback they provide and to actively use the feedback they receive from trainees. As part of their teaching and learning strategy, education providers have to consider and report to us demonstrating how the learning outcomes in Part 1 of the standards will be applied and achieved. This has to be done according to criteria 2.3 which stipulates that *“reasonable adjustments must be made to course delivery and assessment to help pre-registration trainee pharmacy technicians having specific needs to meet the learning outcomes. Teaching, learning and assessment may be modified for this purpose but learning outcomes may not”*.

7.33 We listened to the feedback in regards to the proposal to introduce flexibility to the two-year work experience requirement and are recommending not taking forward this proposal.

7.34 In addition, the evidence framework will provide clarity for course providers about how they may choose to meet the standards in relation to accuracy checking. This should ensure that applicants are not unfairly disadvantaged and course providers are explicitly aware and informed of their responsibilities in the design and delivery of the course.

7.35 We will also review our quality assurance processes for accredited/recognised programmes and consider in this review how evidence requirements for education providers to demonstrate how they support students with disabilities can be strengthened.

**Gender reassignment** – consider impact on transsexual and transgender people including bullying, harassment and discrimination issues not least ensuring privacy of data to avoid disclosure of gender history.

7.36 We do not envisage, nor have evidence to suggest, any disproportionate impact of the proposals in relation to gender reassignment.

**Marriage or Civil Partnership** – consider impact on married people or people in a civil partnership , young or old

7.37 We do not envisage, nor have evidence to suggest, any disproportionate impact of the proposals in relation to marriage or civil partnership.

**Pregnancy or maternity** – consider impact on pregnant women and those on maternity leave

7.38 We have identified potential disproportionate impact in relation to pregnancy and maternity and have

addressed them in the context of the impact on sex in section 7 below.

**Race – consider impact on people of different ethnic groups, nationalities, gypsies, travellers, languages etc.**

7.39 Research shows that the majority of trainees are White British; 79 per cent of trainees are White, 12 per cent are Asian or Asian British, four per cent are Black or Black British, two per cent from mixed or multiple ethnic groups, one per cent from other ethnic groups, three per cent of respondents did not say what their ethnic group was<sup>25</sup>. Thus pharmacy technicians from an Asian background represent the largest single non-white group (nine per cent)<sup>26</sup>. Reflecting on this data, the pharmacy technician population is not as diverse as the pharmacist profession.

7.40 When ethnicity is compared by geographical region it is evident that the proportion of pharmacy technicians from a non-white ethnic background is much higher in England<sup>27</sup> than in the rest of Great Britain.

7.41 Trainees identifying themselves as being of a white ethnic group were more likely to work in a large multiple community pharmacy setting compared with other ethnic groups (34 per cent compared with for example 25 per cent for Asian trainees)

7.42 Research also shows that pharmacy technicians identifying themselves as being of an Asian ethnic group were more likely to work in a community pharmacy with four or fewer stores (22 per cent compared with 11 per cent)<sup>28</sup>.

**Feeling of isolation**

7.43 Research undertaken on pharmacist education and training showed that some Black-African students experienced difficulties in forming productive study groups or supportive peer networks with students from other ethnic backgrounds and sometimes felt of isolated and excluded<sup>29</sup>. This research also identified that there was a perceived lack of Black-African role models within the pharmacist education and training pathway to guide, inspire and motivate students of a similar background<sup>30</sup>. Even if not focusing on the same professionals, the findings from this research should make us reflect on pharmacy technicians' training as some trainees might be experiencing the same issues.

**Mitigation**

7.44 Overall, we believe that any potential inequalities for people with this protected characteristic have been mitigated by the introduction of Domain 2 in our standards. It makes specific the importance of integrating equality and diversity into all aspects of pharmacy technician training and the need to use equality and diversity data to inform course design and delivery. It must be taken into account by course providers and we will make sure it is appropriately implemented by course providers. This is

<sup>25</sup> [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014 and Survey of 2014-2015 pre-registration pharmacy technician training](#)

<sup>26</sup> Data extracted from the GPhC register on 6 July 2017

<sup>27</sup> [The GPhC pharmacy technician register analysis 2012](#)

<sup>28</sup> [The GPhC Registrant survey 2013](#)

<sup>29</sup> [Qualitative research into registration assessment performance among Black-African candidates: Report to the GPhC 2016](#)

<sup>30</sup> [Qualitative research into registration assessment performance among Black-African candidates: Report to the GPhC 2016](#)

something we focus on in our accreditation and quality assurance processes.

7.45 We will also review the quality assurance process of our accredited/recognised programmes and consider in this review how our requirements in regard to evidence submitted by education providers to demonstrate how they support students can be strengthened.

7.46 All education providers should have systems in place to support trainees raising concerns. This is part of the learning agreement stated in the evidence framework. Awarding bodies and course providers will need to demonstrate how they support trainees in this. Moreover, trainees are supervised by professionals who have the professional responsibility to support them in their learning and training.

#### **Religion or belief – consider impact on people with different religions or beliefs, or none**

7.1 Everyone has the right to be treated with fairness, dignity and respect and this includes respect for a person's religion or belief, and respect for the rights of others as stated in standard 1 on person centred-care in the standards for pharmacy professionals.

7.2 We reviewed and consulted on our standards for pharmacy professionals and supporting guidance on religion, personal values and beliefs in 2016/17. Respondents to the consultation on religion, personal values and beliefs have highlighted that while pharmacy professionals should not impose their own beliefs on a patient, they should not shy away from discussions where it relates to the person's care (for example, advice on taking medicines during periods of fasting). Others have commented that some patients are sympathetic to the values and beliefs of their professionals, and prefer to see a professional who shares their views. A number of respondents said that patient care could be compromised if a professional felt as though they were being asked to provide services against their conscience.

7.3 Pharmacy professionals need to be aware of, and sensitive to, the many different needs and perspectives of patients. They need to be aware that individual patient reactions to clinical situations can be influenced by their religion or belief, or the strength of their beliefs, and need to be sensitive to cultural, social, religious or spiritual factors, as well as clinical factors.

7.4 Although a separate Equality Impact Assessment was completed for the changes to standard 1 of the standards for pharmacy professionals which considered the equality impacts on pharmacy students, it is important to note that pre-registration trainee pharmacy technicians would be expected to understand their responsibilities, once registered, as a pharmacy professional. This will need to be reflected into pharmacy technician initial education and training as they will have to meet the standards for pharmacy professionals when they register. In particular, Domain 1 of the learning outcomes, Person-centred care, is based on standard 1 of the standards for pharmacy professionals. Trainees will need to learn the required skills to handle requests for medicines or advice sensitively, and ensure their own religion, personal values or beliefs do not compromise care.

7.5 Furthermore, trainees are as likely as registered pharmacy technicians to be in a situation where a request for care may not be in line with their own religion, personal values or beliefs, when in practice. Trainees' initial education and training should prepare them for these situations, in order to achieve the learning outcomes and be ready for registration and able to meet the standards for pharmacy professionals.

**Sex** – consider impact on men and women; working arrangements, for example, part-time, shift working, caring responsibilities.

- 7.6 Research shows that the majority of recently registered pharmacy technicians (88 per cent) are women<sup>31</sup> and this mirrors data from the full register (89 per cent).
- 7.7 The register also shows that male pharmacy technicians represent a smaller proportion of the registered pharmacy technician profession in Scotland and Wales than in England<sup>32</sup>.
- 7.8 The relationship between sector and gender is significant, with a higher proportion of women in community settings<sup>33</sup> and men in hospital settings<sup>34</sup>.
- 7.9 Both in the community and hospital sectors, a higher proportion of male trainees received an induction in comparison to their female counterparts. Male trainees were also more likely than their female trainees to receive feedback from a member of staff in their work place<sup>35</sup>.

#### **Study time**

- 7.10 Female trainees were more likely to report spending more than 11 hours of their own time each week to study<sup>36</sup>.

#### **Impact of the proposal to increase flexibility of the two-year work experience and minimum hours requirements for the training period**

- 7.11 Maternity leave was one of the reasons cited for protracted time taken to complete the course (taking longer than two years)<sup>37</sup> and most consultation respondents felt that introducing flexibility to the two-year time requirement could negatively impact women who were more likely to have caring responsibilities. They also expressed that those who had families would already find the two-year work experience requirement difficult to meet as their caring responsibilities would give them little time outside of work to progress with the programme. Respondents said that it was important to ensure programmes were designed to support the needs of the whole workforce.
- 7.12 Women were more likely to work part-time and consultation respondents felt that they could sometimes be marginalised where hours of work are reduced at short notice giving trainees no option but to either extend their training programme or to be suspended from it. Respondents felt that there needed to be an adequate time allowance so that everyone could meet the requirements.

#### **Mitigation**

- 7.13 The majority of pharmacy technician trainees have historically been women, and therefore, there is likely to have been more instances of pregnancy and maternity leave. However, we do not think our changes to the standards will disproportionately impact on this population. Some pharmacy technician

<sup>31</sup> [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

<sup>32</sup> [The GPhC pharmacy technician register analysis 2012](#)

<sup>33</sup> [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

<sup>34</sup> [Survey of 2014-2015 pre-registration pharmacy technician training](#) and [The GPhC Registrant survey 2013](#)

<sup>35</sup> [Survey of 2014-2015 pre-registration pharmacy technician training](#)

<sup>36</sup> [Survey of 2014-2015 pre-registration pharmacy technician training](#)

<sup>37</sup> [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

programmes are currently offered as distance learning which offers flexibility to trainees. This enables students to organise their learning around their work and home life.

7.14 The expert reference group we used to help us develop the draft standards told us that the vocational element (including earning an income) alongside study was important for trainees. We have made it clear that our draft standards will support different modes of delivery and are sufficiently flexible for qualifications and courses to be delivered in such a way that work, study and family/other commitments can be balanced.

7.15 We listened to the feedback in regards to the proposal to introduce flexibility to the two-year time work experience requirement and are recommending not to implement this change.

7.16 The standards require that all course providers have systems in place to support trainees. Providers must be able to demonstrate how they actively work with employers to support trainees in both learning and working environments. This includes important mechanisms such as inductions, learning time and appropriate access to role models, colleagues and supervisors.

7.17 This should be embedded as part of the learning agreement set out in the standards, with further information provided in the evidence framework. Awarding bodies and course providers will need to demonstrate how they support trainees. Trainees are also supervised by professionals who have the professional responsibility to support trainees they supervise in their learning and training.

7.18 Domain 2 of our standards state that all aspects of pharmacy technician education and training must be based on principles of equality and diversity and keep to all relevant legislation. Education and training providers must have measures in place to address and support equality and diversity and we make sure of this in our quality assurance process.

7.19 Implementation will also be monitored through our upcoming review of the accreditation, recognition and quality assurance processes including considering how our requirements for evidence from course providers that demonstrates how students with disabilities are supported can be strengthened.

#### **Sexual Orientation – consider impact on bisexual, gay, heterosexual or lesbian**

7.20 We do not envisage, nor have evidence to suggest, any disproportionate impact of the proposals in relation to sexual orientation.

#### **Other diversity and equalities related issues**

7.21 We have also considered the following equalities related issues:

#### **Differences between hospital and community pharmacy roles**

7.22 The research and consultation responses underlined differences in training in community and hospital

pharmacies. For instance hospital trainees were more likely to have two to four hours of protected study time per week, whereas community trainees more likely to have less than two<sup>38</sup>. Another example of this is that hospital trainees rotate in different departments across the hospital estate, so that they cover different elements of their competence skills<sup>39</sup>. This is not the case for community pharmacy trainees.

7.23 Several respondents felt that hospital pharmacies and technical services were not sufficiently taken enough into account in our pre-consultation proposal. They felt that:

- Hospital technical service skills and knowledge were not covered well enough,
- Aseptic activities and technical skills were removed from the standards and learning outcomes, and
- Adding ACT to the pre-registration course would disadvantage hospital pre-registration technicians.

7.24 A few respondents felt that because of the above-mentioned concerns, the new proposals would negatively impact the future recruitment to specialised pharmacy services (for instance production, clinical trials, procurement, and quality assurance).

7.25 Because of sector differences some respondents were concerned that the hospital sector would be disadvantaged by introducing flexibility to the two-year work experience requirement. It was interpreted that this would result in a reduction of time and would not allow trainees to be able to rotate services to cover 4 or 5 areas of key work sections within different hospital services in a shorter time period.

7.26 Related to this, some respondents felt that this would disadvantage trainees who's funding for their training is part of a government funded apprenticeship scheme with minimum timescale requirements for 'being in learning' and completion.

### Mitigation

7.27 The training needs for hospital and community trainees can be very different. During the drafting process we were aware of the need to ensure that the needs of both hospital and community pharmacies were balanced and that the training needs of one, was not disadvantaged by the other.

7.28 Throughout the engagement and drafting of the standards, we took steps to ensure that the standards and criteria for registration as a pharmacy technician were fit for purpose now and into the future. As the standards are outcomes-focused, they are less specific than the current standards. This is purposely intended to allow flexibility to account for the different locations, modes of delivery and roles of trainees. The learning outcomes and outcome levels are set to allow all trainees the opportunity to be exposed to the range of experience, skills and knowledge required to be a pharmacy technician, in any setting in Great Britain.

7.29 The standards make clear that the teaching and learning strategy should reflect the needs of trainees and employers. It is the joint responsibility of the employer and course provider to ensure trainees are supported and provided with the opportunities and resources to achieve the learning outcomes, in

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<sup>38</sup> [Survey of 2014-2015 pre-registration pharmacy technician training](#) and [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

<sup>39</sup> [The quality of pharmacy technician education and training: A report to the General Pharmaceutical Council 2014](#)

their working and learning environments.

7.30 We appreciate that post-qualification opportunities may be able to assist pharmacy technicians who choose to specialise in different roles or settings.

7.31 All education and training providers must be able to demonstrate how they support trainees to complete their knowledge and competence qualifications. This is part of the learning agreement required by in the standards and in the evidence framework. Awarding bodies and course providers will need to demonstrate how they support trainees as part of our quality assurance process.

7.32 We listened to the feedback in regards to the proposal to introduce flexibility to the two-year time work experience requirement and are recommending not to implement this change.

### Scotland

7.33 Some consultation respondents located in Scotland felt that part of the trainees completing their training in Scotland would be negatively impacted by the proposal to introduce flexibility to the two-year time work experience requirement. The majority of trainees training in the hospital sector in the NHS in Scotland undertake their competency based qualification in the workplace and the knowledge component at one of the three accredited FE colleges one day per week. Respondents felt these trainees needed time to demonstrate how they were meeting the vocational aspect of the training.

7.34 We continue to work with Scottish stakeholders on transitioning courses and course providers to meet the new standards.

## 10. Welsh Language Scheme

10.1 A Welsh version of all standards and consultation documents has been provided. This ensured that Welsh speaking stakeholders had the opportunity to provide input.

10.2 We will also provide a Welsh version of finalised standards and guidance.

## 11. Monitoring

### How will the implementation of the proposal be monitored and by whom?

11.1 This analysis is intended to assist Council in considering whether the changes to the standards should be approved and/or subject to further amendment before introduction.

11.2 Once the standards have been agreed, courses will be written based on the new standards and learning outcomes.

11.3 Our accreditation, recognition and quality assurance processes allow us to monitor and assess courses, to ensure they meet our standards. Through the upcoming review of accreditation and quality assurance, we will to consider how feedback is incorporated into evidence gathering and ensure we

have appropriate mechanisms in place to monitor our mitigation strategies and are aware of any other equality concerns that emerge.

**How will the results of monitoring be used to develop this proposal and its practices?**

11.4 The results from the consultation have informed the draft standards.

**What is the timetable for monitoring, with dates?**

11.5 The standards will be kept under continuous review, with a formal review carried out every 3 – 5 years by the Education team.

## Appendix 3 – New learning outcomes

Listed below are the new learning outcomes (and outcome levels) that have been added to the standards for the initial education and training of pharmacy technicians. They have been presented in the relevant domains where the learning outcomes will be placed, in part 1 of the standards.

### 1. Person-centred care

5.	Instruct people in the safe and effective use of their medicines and devices	Does
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### 2. Professionalism

15.	Understand how to work within the local, regional and national guidelines and policies	Knows how
19.	Demonstrate leadership skills within their scope of practice as a trainee	Does

### 3. Professional knowledge and skills

28.	Understand the basic principles of biology, microbiology, physiology, and chemistry	Knows how
48.	Understand the principles of risk management	Knows how



# Meeting paper

Council on Thursday, 07 September 2017

Public business

## Reporting on the June 2017 Registration Assessment

### Purpose

To update Council on candidate performance in the June 2017 Registration Assessment

### Recommendations

Council is asked to note:

- i. candidate performance data (Appendix 1) and the discussion of issues of potential wider relevance in this report; and
- ii. the Board of Assessor's report to Council (Appendix 2 and 2A) and the assurance it provides about the June 2017 sitting.

### 1. Introduction

- 1.1 Passing the GPhC's Registration Assessment is a pre-requisite for applying to register as a pharmacist<sup>1</sup>. There are two sittings every year, in June and September. This paper discusses the June 2017 sitting.
- 1.2 The Registration Assessment is set and moderated by the Board of Assessors (the Board) on behalf of the GPhC. The Board presents a paper to the GPhC's Council after each sitting: the Board's report on the June 2017 sitting is at Appendix 2.
- 1.3 The June 2017 sitting was the third of a new style examination – details of which can be found at <http://www.pharmacyregulation.org/2016changes>.

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<sup>1</sup> Except for EEA pharmacists.

## 2. The Board's report and related matters

- 2.1 The Board's report is an overview of the June 2017 sitting, and this companion paper highlights issues derived from the report and elsewhere that are of potential wider relevance.
- 2.2 *Report from the British Pharmaceutical Students' Association (BPSA) on the June sitting:* After every sitting the BPSA presents the GPhC with a report on the sitting, which is considered by the GPhC and the Board of Assessors. Many of the points raised by the BPSA have been addressed by the Board in its report but several recommendations have not and we discuss three of them here:
- 2.2.1 *Recommendation 1: The BPSA advises that the assessment centre for London candidates is changed to a quieter and more appropriate venue:* We acknowledge that Excel, our London centre, is close to London City Airport and from time to time during a sitting aircraft do fly overhead. Some candidates are disturbed by this but it has not been raised as an issue by the majority. Excel is used by a number of examining bodies and from our perspective is a valuable centre because it can accommodate half the June candidate population and could expand to anything up to the whole cohort if needed. We appreciate that the noise may be considered intrusive by some candidates and will continue to try to source another venue, but finding one of that size with good transport links in London is difficult.
- 2.2.2 *Recommendation 2: The BPSA recommends that the GPhC takes into consideration the amount of physical space candidates will have during the assessment when producing the resource booklet. The GPhC should consider bigger desks:* The GPhC has a minimum desk size requirement and also specifies the minimum amount of space permitted between desks. Until the changes brought in last year, candidates would have an A4 answer sheet, A4 question booklet, two A5 BNFs and writing tools on their desk: now candidates have the same size question booklet and answer sheet but instead of the 2 BNFs, one A4 artefacts booklet. The footprint of an open artefacts booklet is larger than an open BNF, meaning that there is less desk space available than before when the booklet is being used. We will have to consider whether the reduced desk space is practical and acceptable, particularly if the alternative is sourcing 3000 larger, non-standard desks, with fewer desks in each room and, possibly, the need for additional venues.
- 2.2.3 *Recommendation 18: The BPSA recommends that the GPhC addresses the issues surrounding the pre-registration training year, in terms of the disparity of study time amongst training providers, the lack of regulation of pre-registration tutors, and looks into reviewing the training year in order to better prepare all candidates for registration and future practice:* The GPhC is aware of concerns that have been raised about pre-registration training, which is why we have commissioned several surveys and dissatisfaction analyses, the results of which have been shared publicly. While we do not manage pre-registration we have had and are planning future meetings with national commissioning bodies like Health Education England (HEE), NHS Education Scotland (NES) and the new Health Education and Improvement Wales (HEIW) who do or will, to ensure that we continue to play a full but appropriate part in maintaining quality in the pre-reg year.

- 2.3 *Policy on releasing Registration Assessment data:* Council has raised, through its strategic plan (2017–20 and previous iterations), the importance of using information and knowledge gained from our regulatory services to support our statutory purposes. Consistent with this strategy we are now able to access and share increasing amounts of data about the Registration Assessment and to this end we have an agreed publication policy. After each sitting, a tranche of data is included in a paper such as this to Council along with the Board’s report. The data released in this tranche are at Appendix 1. The second tranche is released two weeks after the Council meeting at which the first is considered and will include aggregated performance data by pre-registration training provider and an anonymised list of all candidates and their marks for the two papers. This tranche is released later than the first so that the full candidate list can be adjusted to avoid identifying individuals and so that candidate data can be checked with training providers in advance of the release.
- 2.4 *Data releases:* All data releases are consistent with the Data Protection Act 1998 and Freedom of Information Act 2000, meaning that we release as much data as possible while ensuring that what is presented preserves the anonymity of individuals. This means that some data are not reported.
- 2.5 *Trends:* The performance of candidates by characteristics such as ethnicity, country of training and school of pharmacy for this sitting is consistent with underlying trends identified in previous years:
- Scottish and Welsh trainees continue to out-perform their English counterparts;
  - hospital/industry trainees continue to out-perform their community counterparts;
  - candidates from some ethnic groups continue to out-perform others, with the rank ordering remaining broadly the same; and
  - candidates from some schools of pharmacy continue to outperform others.
- 2.6 *Pass rate in Scotland:* In Scotland, there is a pre-registration training scheme with competitive entry and a limited number of funded places. In the last few years, a number of trainees have not secured a place in the scheme but have, nonetheless, chosen to train in Scotland at their own expense. We have broken down the pass rate in Scotland for trainees in the Scottish scheme and those who are not to see whether the overall pass rate has been affected by the performance of non-scheme trainees. The results are:
- Pass rate for first sitting Scottish trainees: 86.2%<sup>2</sup>
  - Pass rate for first sitting trainees in the Scottish scheme: 89.1%
  - Pass rate for first sitting trainees not in the Scottish scheme: 56.2%

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<sup>2</sup> Note that these data are for trainees who started training in 2016: Table 6 in Appendix 1 reports a slightly different percentage pass rate because it includes an additional candidate who started in 2015 but sat for the first time in June 2017.

The effect of allowing people to train outside of the Scottish scheme in Scotland has been to lower the Scottish pass rate by 2.9%. This may be a small difference; the broader point is whether allowing greater numbers of non-scheme trainees may lower the pass rate still further. Whether non-scheme trainees are permitted to train in Scotland is not a matter primarily for the regulator but it may be of interest to pre-registration training commissioners and providers.

- 2.7 With another set of data, our understanding of performance in the Registration Assessment and pharmacist pre-registration training continues to improve but, inevitably, there is further work to be done before trends can be confirmed and assertions can be fully validated, particularly now that the format has changed.

### 3. Equality and diversity implications

- 3.1 Two weeks before the June 2017 sitting we were contacted by four Sikh candidates wishing to carry ceremonial kirpans (daggers) during the sitting. The request came at a time of heightened national security, immediately after attacks in Manchester and London, and several centres took the view that kirpans were offensive weapons and would not allow them to be carried on their premises. In UK law, Amritdhari Sikhs are permitted to carry a kirpan for religious reasons (see the Offensive Weapons Act 1996 and the Criminal Justice Act 1988). Sikhs are both an ethnic and a religious group and are therefore protected from racial as well as religious discrimination.
- 3.2 Once the matter had been raised with us, we:
- contacted all candidates to check whether they would be affected by enhanced security arrangements resulting from the recent attacks;
  - checked whether all candidates who have self-declared to us as Sikh had opened the email. The majority had and those who had not were contacted directly by us one week before the sitting;
  - contacted all assessment centres to check their policy on carrying kirpans; and
  - made arrangements for one candidate to sit in a centre that did permit kirpans to be carried (which their original allocated centre did not) and reached an accommodation with another centre to allow three other candidates to do the same.
- 3.3 We are satisfied that the matter was resolved, but only adequately on this occasion, and we remain concerned that not all centres acted in full accordance with the law. We accept, of course, that public safety is of the utmost importance but as a public body we must ensure that what we do, or what is done in our name, is lawful and protects the rights of individuals.
- 3.4 We have checked that the three centres being used this September do permit kirpans to be carried, which they do, but two impose some restrictions, such as the length of the dagger.

3.5 We have shared the advice on carrying kirpans we received from the Sikh Council with our assessment centres and will ensure that the law is followed fully in future years.

3.6 Our trends observations in 2.5 and the data in Appendix 2 do present performance by protected characteristics in some instances and may have equality and diversity implications requiring further investigation, but not necessarily by the regulator.

## 4. Communications

4.1 The Board's report and this paper will be shared directly with schools of pharmacy, the BPSA, pre-registration training providers and pre-registration funders.

## 5. Resource implications

5.1 There are no current resource implications for the GPhC.

## 6. Risk implications

6.1 The Sikh kirpan concern raised in section 3 remains a possible reputational risk, if Sikh candidates are not allowed to carry kirpans, as is their legal right, in future sittings of the Registration Assessment. This matter will be kept under active review until it is resolved fully.

## 7. Monitoring and review

7.1 The GPhC's Equality, Diversity and Inclusion Development Manager has fed the learning from the kirpan issue into an ongoing Equality Impact Assessment review of the Registration Assessment.

## Recommendations

Council is asked to note:

- i. candidate performance data (Appendix 1) and the discussion of issues of potential wider relevance in this report; and
- ii. the Board of Assessor's report to Council (Appendix 2 and 2A) and the assurance it provides about the June 2017 sitting.

**Damian Day, Head of Education**  
General Pharmaceutical Council

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22 August 2017



## June 2017 Registration Assessment performance breakdown by characteristic

Table 1a: Overall performance

No. of candidates	Overall Pass Rate	Part 1			Part 2		
		Total marks available	Average mark		Total marks available	Average mark	
			Raw mark (/39)	%		Raw mark (/119)	%
2823	78.2%	39*	31.3	80.2	119*	88.9	74.7

\*In a sitting, there are 40 questions in Part 1 and 120 questions in part 2. The Board of Assessors may remove a question on the basis of its performance at the post-assessment stage, if there is statistical evidence to support doing so. In this sitting, the Board of Assessors removed one question from Part 1 and one question from Part 2.

Table 1b: Paper pass marks

Paper	Number of questions required to pass each part
Part 1	25 (out of 39)
Part 2	80 (out of 119)

To pass the Registration Assessment, both parts must be passed.

The number of questions required to pass each part may vary from paper to paper and year to year depending on the difficulty of questions and papers.

Note that the number of questions required to pass is the standard and the pass rate is the percentage of candidates who met the standard.

Table 2: Performance by sitting attempt

Sitting attempt	No. of candidates	Overall Pass Rate	Part 1			Part 2		
			Total marks available	Average mark		Total marks available	Average mark	
				Raw mark (/39)	%		Raw mark (/119)	%
1st	2568	81.3%	39	31.6	81.0	119	90.0	75.6
2nd	179	48.3%	39	28.5	73.1	119	79.0	66.3
3rd	76	46.1%	39	26.9	68.9	119	77.6	65.2

Note that data in Table 3 onwards are for 1<sup>st</sup> attempt sitters not the full cohort

Table 3: 1<sup>st</sup> attempt by education route

Education route	No. of candidates	Pass rate	Average % mark	
			Part 1	Part 2
OSPAP	41	80.5%	76.3	75.0
MPharm	2528	81.3%	79.0	75.0

Table 4: 1<sup>st</sup> attempt by gender

Gender	No. of candidates	Pass rate	Average % mark	
			Part 1	Part 2
Male	898	77.6%	78.8	73.5
Female	1671	83.2%	79.1	75.9

Table 5: 1<sup>st</sup> attempt by age range

Age Range	No. of candidates	Pass Rate	Average % mark	
			Part 1	Part 2
36 and over	79	70.8%	77.9	73.8
26 - 35	377	80.9%	78.9	74.8
25 and under	2113	81.4%	79.1	75.1

Table 6: 1<sup>st</sup> attempt by country of training

Country*	No. of candidates	Pass Rate	Average % mark	
			Part 1	Part 2
Wales	96	87.5%	80.4	77.8
Scotland	182	85.7%	80.7	77.7
England	2290	80.7%	78.8	74.7

\* There was also one candidate from the Channel Islands

Table 7: 1<sup>st</sup> attempt by sector

Sector*	No. of candidates	Pass Rate	Average % mark	
			Part 1	Part 2
Academia/Industry /Prison	15	86.7%	79.5	77.8
Hospital	721	94.2%	83.4	80.1
Community	1833	76.1%	77.3	73.0

\*Candidates sector refers to the placement of the longest duration. If placements of equal duration were undertaken the sector of the most recent placement has been used.

Table 8: 1<sup>st</sup> attempt by ethnicity (≥ 75 candidates in a category)

Ethnicity	No. of candidates	Pass Rate	Average % mark	
			Part 1	Part 2
Other Ethnic Group	119	74.0%	76.2	71.7
Asian - Other	136	74.3%	76.3	72.4
Black - African	195	65.6%	70.1	70.4
Chinese	241	90.0%	83.7	75.6
Not declared	242	78.9%	78.2	73.9
Pakistani	326	72.1%	74.9	72.0
Indian	447	79.6%	78.5	73.8
White - British	643	93.6%	83.9	80.5

The following categories have not been reported because they contain <75 candidates: Black – Other, White and Black Caribbean, White and Black African, White and Asian, White – Irish, White and White – Other and Bangladeshi

Table 9: MPharm degree 1<sup>st</sup> attempt by School of Pharmacy

School of Pharmacy*	No. of candidates	Pass Rate	Average %	
			Part 1	Part 2
Aston University	96	85.4	82.6	76.1
University of Bath	88	92.1	85.9	80.3
University of Bradford (4-year continuous degree)	58	74.1	75.0	77.8
University of Bradford (5-year sandwich degree)	90	78.9	73.5	73.0
University of Brighton	98	71.4	74.7	72.2
Cardiff University	106	91.5	82.0	78.4
University of Central Lancashire	102	73.5	76.0	73.1
De Montfort University	105	80.0	76.1	72.6
University of East Anglia	75	89.3	82.4	77.9
University of Hertfordshire	108	71.3	75.6	70.8
University of Huddersfield	71	78.9	77.1	73.4
Keele University	62	88.7	80.0	76.6
King's College London	84	82.1	78.8	74.8
Kingston University	107	60.8	72.3	69.3
Liverpool John Moores University	86	80.2	78.8	76.0
University of Manchester	122	90.2	82.0	77.1
Medway School of Pharmacy (universities of Greenwich and Kent)	159	81.8	77.1	74.6
University of Nottingham	188	85.6	83.6	77.00
University of Portsmouth	82	73.2	75.4	72.6
University of Reading	93	73.1	77.0	71.7
The Robert Gordon University	95	84.2	79.6	75.9
University of Strathclyde	127	85.8	82.2	78.2
University of Sunderland	116	93.1	82.9	80.0
University College London	135	83.7	82.2	75.4
University of Wolverhampton	66	72.7	74.2	71.9

\*Data are not presented by OSPAP provider or for The Queen's University, Belfast (most of whose graduates sit the PSNI's Registration Examination in Northern Ireland) because candidate numbers are too low for anonymity to be preserved.

# Report to the General Pharmaceutical Council's Council: Registration Assessment June 2017

## 1. Introduction

1.1 The initial education and training of pharmacists in Great Britain is:

- a four-year MPharm degree accredited by the GPhC<sup>1</sup>; then
- 52 weeks of pharmacist pre-registration training; and
- the GPhC's Registration Assessment.

1.2 During pre-registration training, trainees are signed-off on four occasions by a designated pharmacist tutor – at 13, 26, 39 and 52 weeks. Trainees must have been signed off as 'satisfactory' or better at 39 weeks to be eligible to enter for a sitting of the Registration Assessment.

1.3 The Registration Assessment is an examination with two papers: part 1 (morning) and part 2 (afternoon).

1.4 *Part 1:* The part 1 paper is two hours long (120 minutes) and comprises 40 calculations questions. Calculators are permitted in Part 1.

1.5 *Part 2:* The part 2 paper is two and a half hours long (150 minutes) and comprises 120 questions: 90 are single best answer questions (SBAs) and 30 are extended matching questions (EMQs). Calculators are not permitted in Part 2.

1.6 Resource packs are provided for candidates, one for each part, and candidates are not permitted to bring any reference sources to the sitting. Examples of resources provided include extracts from reference sources such as the national formularies (BNF & C-BNF), summaries of product characteristics (SPCs) as well as photographs, charts and tables.

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<sup>1</sup> Non-EEA pharmacists wanting to register in GB take a one-year university Overseas Pharmacists' Assessment Programme (OSPAP) instead of an MPharm degree.

1.7 Candidates with a specific need may ask for an adjustment to be made in the conduct of the assessment.

1.8 Candidates with specific needs may sit the assessment in a separate adjustments room and all centres have adjustment rooms.

## 2. Reporting to Council

2.1 There are two sittings of the Registration Assessment every year, in June and September, and the Board of Assessors reports to the GPhC's Council after each one. This is the report for June 2017.

## 3. June 2017 summary statistics

<i>Candidate numbers</i>	Number	% of total
Total number of candidates	2823	100%
Number of first sitting candidates	2568	91.0%
Number of second sitting candidates	179	6.3%
Number of third sitting candidates	76	2.7%

<i>Candidate performance – pass rates</i>	Number	%
Overall pass	2208	78.2%
Overall fail	615	21.8%
First sitting candidates - pass	2087	81.3%
Second sitting candidates - pass	86	48.0%
Third sitting candidates - pass	35	46.1%

## 4. Paper and question analysis

### *Question performance*

4.1 The questions performed well in both papers and only one from each paper was removed, based on a statistical analysis of how the questions performed. This means that the pass mark for Part 1 was calculated using 39 questions not 40 and the pass mark for Part 2 was calculated using 119 questions not 120.

### *The balance of questions*

4.2 The balance of questions was consistent with the requirements of the Registration Assessment Framework (see <https://www.pharmacyregulation.org/53-registration-assessment-framework>):

Total % of the paper questions high weighted outcomes: 62.1% (169 questions)
Total % of the paper questions medium weighted outcomes: 29.0% (79 questions)
Total % of the paper questions low weighted outcomes: 8.8% (24 questions)
NB %s have been rounded to one decimal place (hence the total of 99.9% across the three weightings)

## 5. Standards setting

5.1 *Setting the standard:* the standard of each question is set by a panel of standards setters who are all practising pharmacists with current experience of pre-registration trainees and early-years pharmacists. The standard of a paper is set based on the standard set for each question. Further information on creating papers and setting standards can be found at <https://www.pharmacyregulation.org/education/pharmacist-pre-registration-training-scheme/key-dates-scheme/registration-assessment>.

5.2 *Pass marks:* In order to pass the Registration Assessment, both Part 1 and Part 2 must be passed. The number of marks required to pass each part in this June sitting are:

Part 1: 25 questions (/39 questions)

Part 2: 80 questions (/119 questions)

5.3 *Pass rates:* The pass rates for the papers are:

Part 1: 90.0%

Part 2: 80.8%

5.4 The pass rates for both parts are higher than the pass rate for the sitting as a whole, 78.2%, which means that a number of candidates passed one paper but not both.

## 6. Feedback to candidates

6.1 Feedback about the June 2017 sitting was issued to candidates on the 4<sup>th</sup> August 2017 (<https://www.pharmacyregulation.org/51-registration-assessment-preparation>)

## 7. Feedback to the BPSA

7.1 As in previous years, the Board would like to thank the BPSA for its report, which was considered at the Board's meeting on the 20<sup>th</sup> July 2017. The report was based on 582 responses, comprising 20.6% of the total number of June candidates.

7.2 Some of the recommendations made by the BPSA are operational and will be considered by the GPhC and some are out of scope for the Board, such as securing study time for trainees and training tutors.

7.3 The remaining points have been discussed in the Board's response to the BPSA in Appendix 2A.

Board of Assessors  
21 August 2017

## Board response to the BPSA's feedback on the June 2017 Registration Assessment

The Board of Assessors would like to thank the BPSA for its report on the June 2017 Registration Assessment. Answers have been provided here where the issues raised are within the scope of the Board's work.

- *Securing a balance of questions requiring varying amounts of time to complete:* The standards setters and the Board take a range of measures into account when judging questions and papers, including the time it takes to complete questions.
- *Further guidance on completing answer sheets for Part 1 papers:* The Board has provided this in the feedback to candidates appended to this report as well as in previous learning points and in webinars. The two most common queries are whether to include zeros in the two spaces provided after a decimal point when the answer is a whole number (the answer is no - 118 not 118.00) and whether answers less than 1 require a zero before the decimal point (the answer is yes - 0.9 not .9, because .9 could be misinterpreted as 9, especially if handwritten). Both pieces of guidance reflect normal notation conventions.
- *Removing ambiguous questions:* All questions are subject to a rigorous, multi-stage review process before they are included in a paper. However, as the Board has noted elsewhere in this report, questions which are ambiguous or otherwise perform unsatisfactorily are removed after a sitting. This should not be confused with setting discriminating single best answer questions, where there is one best answer alongside others that are plausible. Questions that test judgement are central to the Assessment and should not be confused with ambiguity. The Board wishes to point out that very few questions are ever removed from the Registration Assessment, which is an indication of the quality and reliability of its questions.
- *Questions requiring the use of resources:* First, the Board wishes to point out that a variety of resources are used, ranging from single photographs and tables to longer SPCs. In the case of SPCs, the Board has made it clear before and reiterates the point here that candidates should be familiar with the format and layout of SPCs, in order for them to access information quickly. Candidates should know where types of information will be found in an SPC and go directly to that place rather than attempting to read the entire document.
- *The number of questions requiring the use of artefacts:* This is included in the Registration Assessment Framework (<https://www.pharmacyregulation.org/53-registration-assessment-framework>).
- *Word counts for questions in papers:* In previous years the Board has counted the number of words in questions and has found no significant variation across papers as a whole and does not propose to do this again. The Board notes that the number of words in a paper is not a proxy for difficulty.

- *Testing full papers on practising pharmacists:* Initially this might seem like a logical quality assurance measure but it is not for two reasons: i. it is difficult for pharmacists who have been registered for any length of time to replicate answering questions as trainees and ii. it is not feasible to create the conditions necessary for a high stakes examination when the stakes are not high for the sitters. The Board is confident in the QA processes already in place, particularly using standards setters who are all experienced, front-line pharmacists to judge standards, and does not think that having other pharmacists sit the Assessment would be helpful.
- *Consistency between the Framework and papers:* The Board goes to considerable lengths to ensure that papers map on to the Framework and its component parts and can evidence fully the links between the two. This includes mapping every question to at least one area of the Framework, mapping calculations to framework areas, mapping questions on to therapeutic areas and also mapping the use of high risk drugs. The Board is fully confident that there is a clear and demonstrable fit between papers and the Framework. In a recent meeting with members of the BPSA executive, the GPhC shared the full mapping document for the June 2017 papers to support the points made here. For further information on how papers are created go to <https://www.pharmacyregulation.org/content/preparing-sit-registration-assessment-2017>.
- *The proportion of calculations questions in Part 2:* This is included in the Framework (<https://www.pharmacyregulation.org/53-registration-assessment-framework>) and is consistent across sittings.
- *Third party training courses/materials:* For clarity, neither the Board nor the GPhC endorses any third party training courses or materials.
- *Information on standards setting and moderation:* This is explained fully in the GPhC website, both in documents and webcasts. They can be found at [https://www.pharmacyregulation.org/sites/default/files/creating\\_registration\\_assessment\\_papers\\_step\\_by\\_step\\_guide.pdf](https://www.pharmacyregulation.org/sites/default/files/creating_registration_assessment_papers_step_by_step_guide.pdf)
- *The fit between sample questions and those in live papers:* All sample questions are written by the same question writers as questions used in live papers and some of the sample questions have been used previously in live papers. Candidates should note that the proportion of sample questions provided is not identical to the proportion of questions in live papers, which is Part 1 – 40 calculations questions, Part 2 – 90 single best answer questions and 30 extended matching questions. The Board will be issuing further sample questions for the 2018 sittings.

Board of Assessors  
21 August 2017

# Meeting paper

Council on Thursday, 07 September 2017

Public business

## Performance Monitoring and Annual Plan Progress Report

### Purpose

To report to Council on operational and financial performance and progress against the annual plan to the end of June 2017

### Recommendations

The Council is asked to note and comment on:

- i. the performance information provided at appendix 1; and
- ii. the report on progress against the annual plan at appendix 2 and 3.

### 1. Introduction

- 1.1. This paper reports on operational and financial performance and progress against the annual plan (year one of the business plan 2017-2020).
- 1.2. The sections below provide an executive summary of key areas to note within the report.

### 2. Customer services

- 2.1. During the quarter, the two telephone contact centre KPIs were missed, with the performance worsening compared to the previous quarter. However, the KPI for email correspondence showed improved performance and was met.
- 2.2. Throughout the reporting period, the customer services contact centre has been operating at below the staffing levels required. This has been due to two new staff who had been appointed not being retained, plus a number of unsuccessful attempts to recruit staff of the calibre we are looking for. However, two new staff have recently been appointed, and are undergoing initial induction training.

### 3. Fitness to Practise

- 3.1. Overall performance has been positive this reporting period. Performance has improved in 4 out of the 5 performance standards and been sustained in the other. Triage performance remains strong, with 99% of concerns triaged within 3 days. 93% of stream 1 cases were closed within 3 months in this reporting period, continuing the positive improvement trend over last year. The percentage of cases closed or referred within 10 months and the percentage of cases being closed at FtP Committee within 24 months has also improved.
- 3.2. Of note this reporting period is the reduction of cases over the age of 15 months old to 116 from 130 in the previous quarter.

### 4. Inspection

- 4.1. The number of pharmacies not inspected for 36 months or more reduced for the second quarter in succession from 4,864 to 4,378. As forecast, we have completed in excess of 300 inspections per month and in excess of 900 in this quarter to keep on top of the flow of pharmacies through the age categories.
- 4.2. We have, though, seen an increase in the number of pharmacies not inspected for more than 54 months from 36 to 74. Our overall productivity will, over time, enable us to keep to a 54 month maximum but there will be occasional fluctuations due to the previous historical spikes in inspection that occurred before our revised approach was introduced.

### 5. Human Resources

- 5.1. The headcount has increased from the last reported figure of 220 which was taken at the end of March 2017. On the 30th June 2017 the headcount was in total 228. The reason this may be attributed to additional establishment increases in IFTP and Operations. 8 additional roles we added to the establishment during this period.
- 5.2. The turnover figure for this period was 19.2%. This figure was anticipated as there were a high number of known leavers during this period which included a planned retirement and a redundancy. The 'with or without regret' measure was also introduced and should provide some assurance in that only 40% of leavers for this period were with regret.

### 6. Finance

- 6.1. The year to date position for the organisation overall is a positive variance of £630K against the budget including interest and tax.

## 7. Annual plan progress report

- 7.1. Appendices 2 and 3 report on progress against the annual plan 2017/18. This is the first report to Council on year one of the business plan 2017-2020. The six key work streams reported on are:
- Developing our approach to regulating registered pharmacies to provide assurance and encourage improvement
  - Promoting professionalism through the standards for pharmacy professionals and related guidance
  - Providing further assurance to the public that pharmacy professionals are meeting the standards
  - Setting the standards and quality assuring the initial education and training for pharmacists and pharmacy technicians
  - Developing our data and insight strategy
  - Transforming our services and the way we work
- 7.2. Council will note that in order to challenge ourselves in our planning, we are progressively introducing specific success measures going forwards. Historically we have not always done this and this is why some sections are blank and will require further future work.
- 7.3. Appendix 3 specifically addresses progress against the EDI objectives identified in each key work stream. We are working towards putting dates to the activities identified but at the moment are constrained by planning uncertainties.

## 8. Equality and diversity implications

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

## 9. Communications

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

## 10. Resource implications

- 10.1. Resource implications are addressed within the report.

## 11. Risk implications

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

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

## 12. Monitoring and review

12.1. Council will receive a performance monitoring and annual plan progress report on a quarterly basis, providing an update of the delivery of the GPhC's regulatory functions, finances and progress against the annual plan.

## Recommendations

The Council is asked to note and comment on:

- i. the performance information provided at appendix 1; and
- ii. the report on progress against the annual plan at appendix 2 and 3.

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

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Tel 020 3713 7811

31 May 2017

# Performance Monitoring Report: end June 2017

1. Customer services

1.1 Registrations

	2015/16	2016/17				2017/18
	Q4	Q1	Q2	Q3	Q4	Q1
Pharmacists	398	243	2,800	263	53	94
Pharmacy technicians	318	248	441	191	190	194
Registered pharmacies	92	99	88	61	74	127

The noticeable drop in pharmacist registrations in Q1 compared with last year potentially reflects the impact of Brexit and our new English language requirements. Last year in Q1 we registered 166 EEA pharmacists, in this last quarter the number has reduced to 30.

1.2 Registration Totals

	Total	Budgeted	Variance
Pharmacists	53,873	53,586	287
Pharmacy technicians	23,351	23,051	300
Registered pharmacies	14,399	14,207	192

Register totals as at 30 June 2017

1.3 Median application processing times for pharmacists

Median application processing times for pharmacists (working days)		Median application processing times for pharmacy technicians (working days)	
Application receipt to approval	3	Application receipt to approval	1
Application receipt to entry	7	Application receipt to entry	7

Medians calculated for applications during the period 1 April 2017 to 30 June 2017

The difference between the two status measurements for each registrant type relates to the current dual entry point each month onto the Register.

## 1.4 Contact Centre

Phone	2015/16	2016/17				2017/18
	Q4	Q1	Q2	Q3	Q4	Q1
Calls made to GPhC	9,210	14,017	18,539	13,081	9,176	14,024
Calls answered within 20 seconds (KPI > 80%)	91.6%	81.10%	73.60%	60.00%	62.60%	49.0%
Calls abandoned (KPI < 5%)	1.80%	2.30%	4.00%	9.80%	9.00%	11.80%
<b>Correspondence</b>						
Emails actioned within 2 days (KPI > 90%)	97.70%	100%	92.60%	80.00%	89.30%	98.60%

Throughout the reporting period, the CCC have been operating at below the staffing levels required. This has been due to 2 new staff who had been appointed not being retained, plus a number of unsuccessful attempts to recruit staff of the calibre we are looking for. However, 2 new staff have recently been appointed, and are undergoing initial induction training. This is in addition to the 2 new staff appointed in March, who have been gaining in experience during the reporting period.

This period also represents a busy period for the CCC, with MPharm students applying for the new pre-registration scheme 2017-18, plus those pre-registration students coming to the end of their 2016-17 year applying for and sitting the registration assessment in June.

We are currently undertaking a full review of CCC performance and resourcing, reflecting upon both successful and poor performing years, to ensure that overall activity is adequately covered to meet not only peak periods of “registration” activity, but also intraday demands upon call handlers time.

**1.5 Continuing Professional Development**

Call and submission data		2014-15 Call	2016 Call (2.5% sample pilot)	2017 Call
	Records requested	19,197	1798	1544
	Submitted by deadline	17,802 (92.7%)	1,687 (93.8%)	1418 (91.8%)
<b>Submission issues</b>				
Extensions	Extensions granted	450 (2.3%)	58 (3.2%)	36 (2.3%)
Incomplete <sup>1</sup>	Incomplete records	1,400 (7.3%)	145 (8.1%)	117 (7.6%)
Problems <sup>2</sup>	Problem submissions	17 (0.1%)	0	0
<b>Non-compliance action</b>				
Reminders	1st reminder	1,160 (6.0%)	1454 (80.9%)	680 (44%)
	2nd reminder	687 (3.5%)	111 (6.2%)	388 (25.1%)
Remediation	Entered into remediation	137 (0.7%)	253 (14.1%)	55 (3.5%)
Removal process	Notice of intention to remove	407 (2.1%)	182 (10.1%)	91 (5.9%)
	Notice of removal	213 (1.1%)	52 (2.9%)	38 (2.5%)
<b>Overall compliance</b>				
Met requirements at 1 <sup>st</sup> attempt		19,027 (99.9%)	1451 (80.7%)	1444 (93.5%)
Met requirements at 2 <sup>nd</sup> attempt			246 (13.7%)	44 (2.8%)
Removal for non-compliance		170 (0.9%)	25 (1.4%)	20 (1.3%)
Removal from call	Voluntary removal from register	0 (0.0%)	23 (1.3%)	21 (1.4%)
	Deleted from register		1 (0.1%)	0
	Failed to renew registration		10 (0.5%)	3 (0.2%)
	CFtP pilot participation		6 (0.3%)	0
Pending		0 (0.0%)	1 (0.05%)	5 (0.3%)
Overall compliance rating		19,027 (99.9%)	1697 (94.4%)	1493 (96.7%)

**About the data**

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

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

Data was extracted on 25<sup>th</sup> August 2017.

This call is now drawing to a close with only 5 pending registrants; 4 who have been granted extensions and 1 who has been issued with a Notice of Removal for non-submission.

**Commentary**

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

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

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

**2.1 Fitness to Practise performance standards**

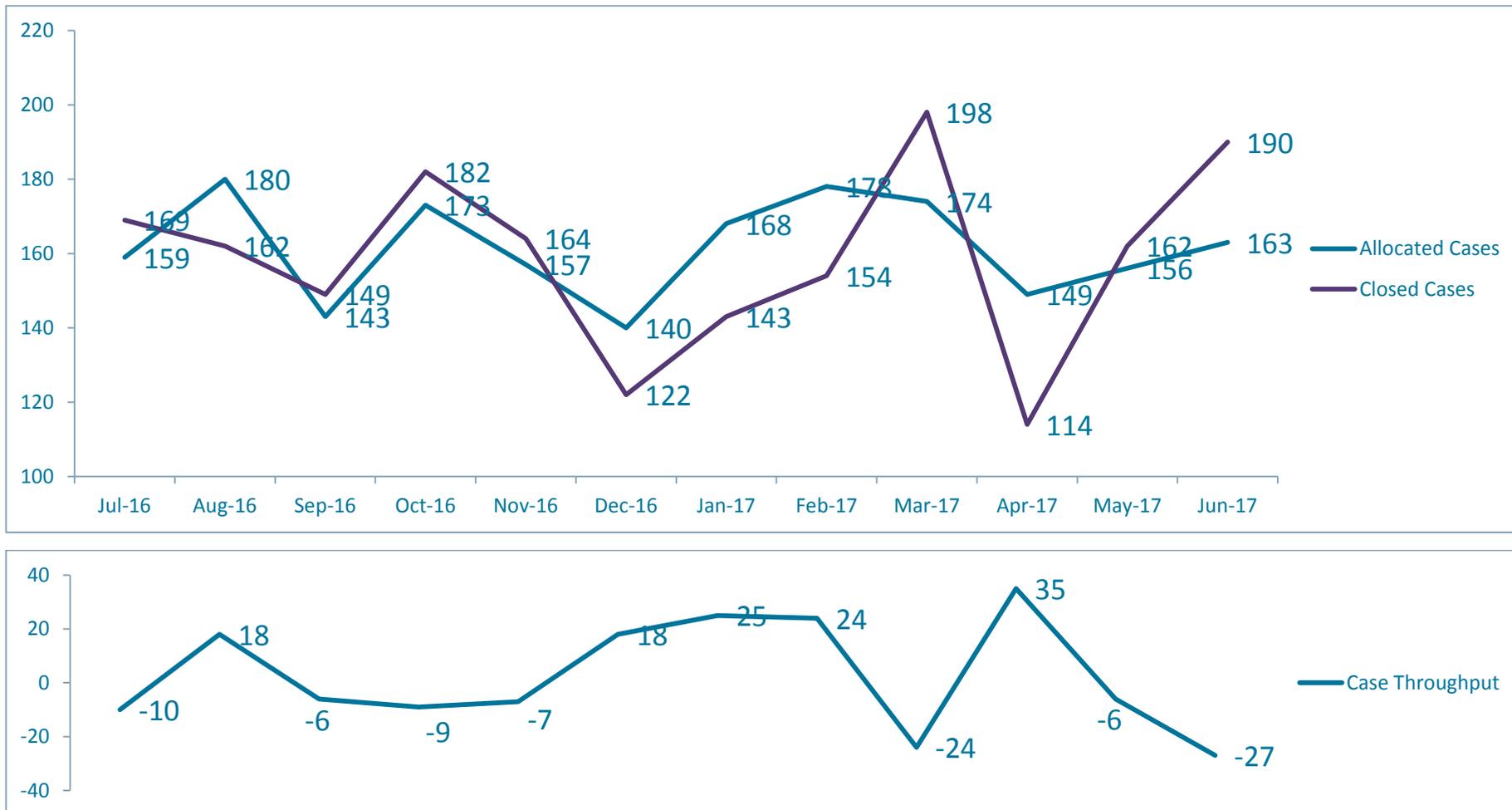
		2016/17				2017/2018
		Q1	Q2	Q3	Q4	Q1
All cases triaged during this period	No.	433	476	458	507	462
Of which cases triaged within 3 working days	No.	313	464	391	487	458
	%	72.3%	97.5%	85.4%	96.1%	99.1%

		2016/17				2017/2018
		Q1	Q2	Q3	Q4	Q1
All stream 1 cases closed pre-IC	No.	168	156	154	182	148
Of which closed within 3 months	No.	128	130	127	161	138
	%	76.2%	83.3%	82.5%	88.5%	93.2%
All stream 2 cases closed pre-IC or referred to the IC[1]	No.	204	158	161	203	157
Of which closed or referred within 10 months	No.	148	124	110	123	131
	%	72.5%	78.5%	68.3%	60.6%	83.4%
All cases closed or referred at IC	No.	50	44	44	43	53
Of which reach IC within 12 months	No.	23	33	19	15	18
	%	46.0%	75.0%	43.0%	34.9%	34.0%
All FTP committee cases closed	No.	26	21	24	18	29
Of which closed within 24 months	No.	19	13	11	10	18
	%	73.1%	61.9%	45.8%	55.5%	62.1%

Cases closed 1 April 2017 to 30 June 2017, which may have been opened at any time.

Overall performance has been positive this reporting period. Performance has improved in 4 out of the 5 performance standards and been sustained in the other. Triage performance remains strong, with 99% of concerns triaged within 3 days. Stream 1 cases closed within 3 months has also improved to 93% this reporting period, continuing the positive improvement trend over last year. The percentage of cases closed or referred within 10 months and the percentage of cases being closed at FtP Committee within 24 months has also improved. The increased numbers of cases at these latter stages of the fitness to practise process reflects the continued throughput of the significant efforts to progress older cases out of the investigation stage during quarter 4 of 2016/17.

**2.2 Cases allocated and closed**



Across this quarter, fewer concerns were received and allocated than the previous quarter. 468 concerns were received in quarter 1 in comparison to 518 in Quarter 4. This equates to a monthly average of 156 concerns being received, compared with 172 in the previous quarter.

**2.3 Caseload age profile**

Age profile		2016/17				2017/18
		Q1	Q2	Q3	Q4	Q1
Under 6 months	No.	330	343	370	384	375
	%	51.1%	52.0%	57.2%	56.0%	57.4%
6-12 months	No.	175	161	100	141	130
	%	27.1%	24.4%	15.5%	20.6%	19.9%
12-14 months	No.	34	47	61	30	32
	%	5.3%	7.1%	9.5%	4.4%	4.9%
15 months old and over	No.	107	108	116	130	116
	%	16.6%	16.4%	17.9%	19.0%	17.8%
Total	No.	646	659	647	685	653
	%	100.0%	100.0%	100.0%	100.0%	100.0%

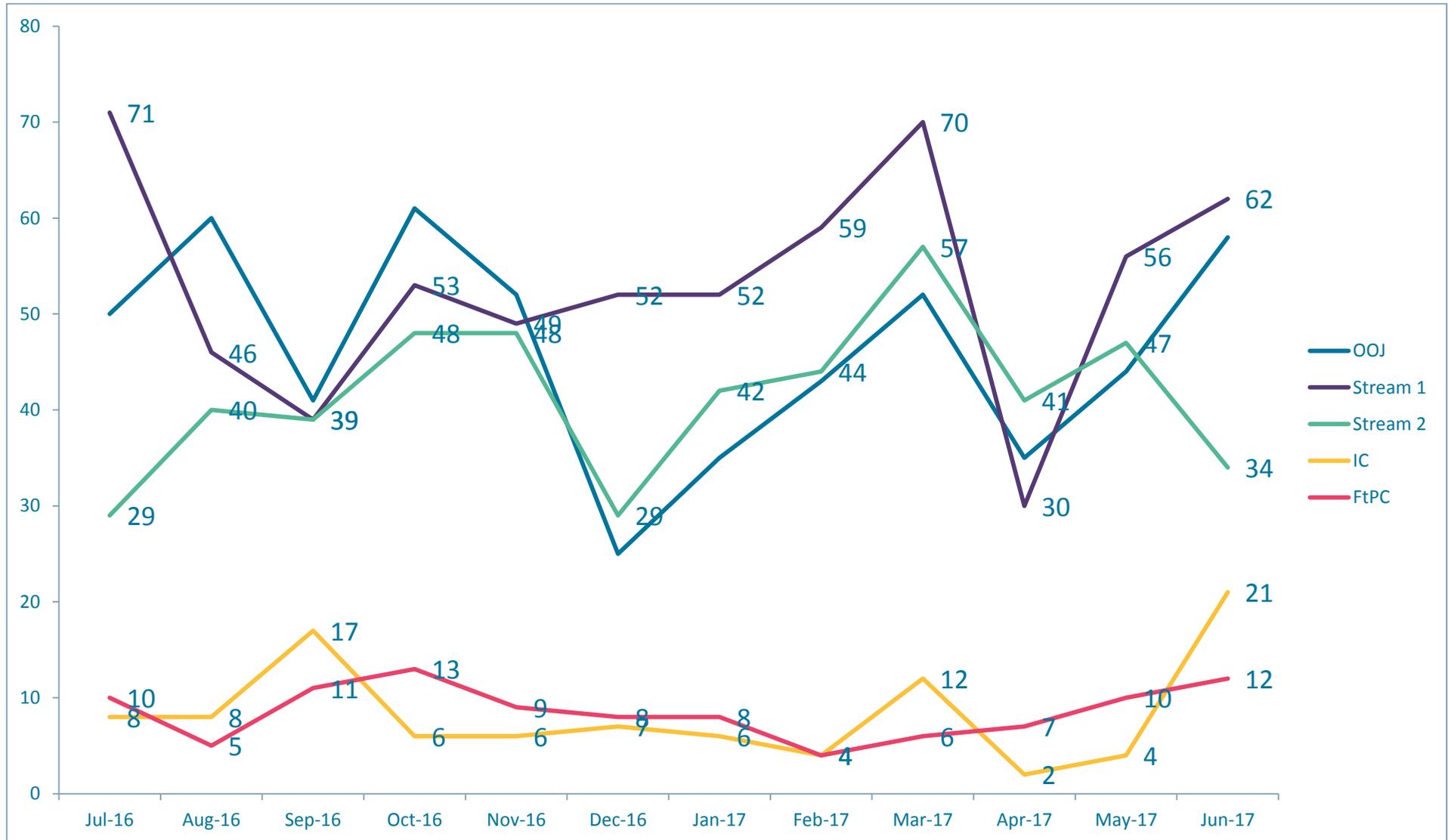
The open caseload reduced by 32 this reporting period, closing the quarter at 653 in comparison with 685 at the end of quarter 4 in 2016/17. This tends to fluctuate a little month by month, but over the last 12 months our caseload has remained relatively stable. Of note this reporting period is that 77% of our open caseload remains under 12 months old, with reducing numbers of cases between 6 to 12 months old. This is significant because it illustrates the continued efficient progression of cases at the front end of the FtP process in line with our two pronged strategy. In addition, the number of cases over the age of 12 months old has continued to reduce. This is starting to reflect the progress of moving a significant number of older cases out of the investigation stage during the last quarter. These older cases are now working their way through the latter stages of the FtP process as seen in this table.

## 2.4 Cases over 15 months

Age profile		2016/17				2017/18
		Q1	Q2	Q3	Q4	Q1
15-19 months	No.	39	48	47	52	46
	%	36.4%	44.4%	40.5%	40.0%	39.7%
20-24 months	No.	25	21	34	44	30
	%	23.4%	19.4%	29.3%	33.8%	25.9%
25-29 months	No.	17	13	10	15	23
	%	15.9%	12.0%	8.6%	11.5%	19.8%
30-34 months	No.	12	12	10	7	6
	%	11.2%	11.1%	8.6%	5.4%	5.2%
35-39 months	No.	7	5	7	4	5
	%	6.5%	4.6%	6.0%	3.1%	4.3%
40-42 months	No.	1	5	2	4	1
	%	0.9%	4.6%	1.7%	3.1%	0.9%
43-49 months	No.	5	1	4	3	4
	%	4.7%	0.9%	3.4%	2.3%	3.4%
50 months or more	No.	1	3	2	1	1
	%	0.9%	2.8%	1.7%	0.8%	0.9%

Of note this reporting period is the reduction of cases over the age of 15 months old to 116 from 130 in the previous quarter. As referenced earlier, this reflects the progress of moving a significant number of older cases out of the investigation stage during the last quarter in line with our plan, and the increase in closures of these older cases, as they make their way through the latter stages of the FtP process. The vast majority of these are scheduled for closure by the end of the year, with only 33 of these cases currently remaining within the investigation stage, including those on hold because of a third party investigation.

2.5 Cases closed by stage



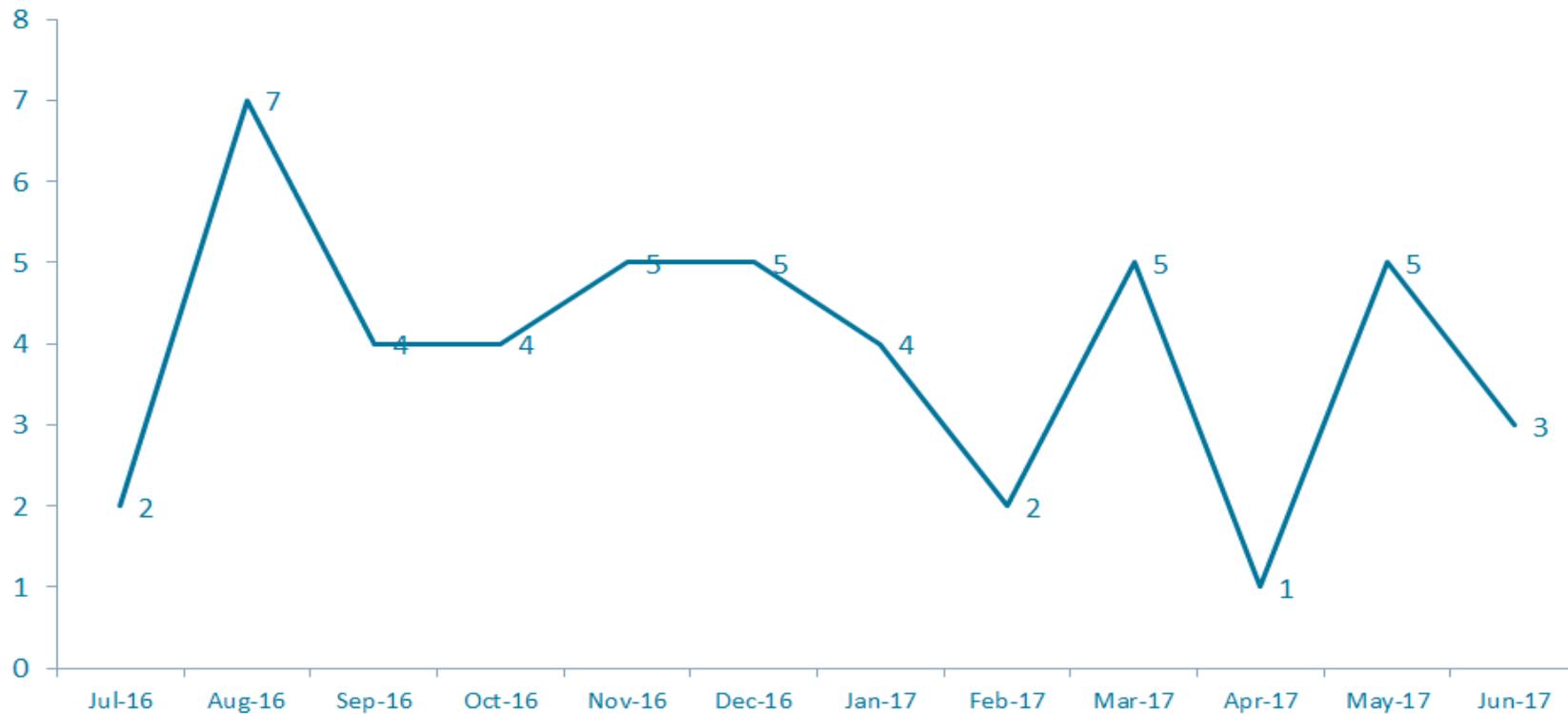
## **2.6 DBS referrals**

The GPhC's Disclosure and Barring Service (DBS) and Disclosure Scotland (DS) Referrals Panel considered 6 matters during this quarter, of which 1 was referred to DBS (covering England and Wales).

## **2.7 Appeals**

No new appeals were brought during quarter one, and no appeals have been concluded. We currently have 4 ongoing appeals.

2.8 Interim Orders



Interim order applications are sought in circumstances where the GPhC considers that an order is necessary to protect the public, is otherwise in the public interest or is in the interests of the registrant. As a result the numbers each month can and do fluctuate. Overall, the total number of interim orders this quarter remains roughly in line with previous quarters. When considering matters which may justify an interim order application, these represent an operational priority for the team. Performance remains strong this quarter maintaining the median time of 2.1 weeks. This period is taken from the time we receive information justifying the need for an IO order to the date on which the FtPC makes the decision to impose an interim order.

### 3. Inspection

#### 3.1 Inspections undertaken

	Routine inspections	Follow up inspections	Visits before registration
Pharmacies	1050	20	70

Figures above relate to inspection activity between 1 April 2017 and 30 June 2017.

The number of routine inspections over the period increased to 1,050. The average number of inspections completed increased from an average of 334 in Quarter 4 to 350 in Q1.

#### 3.2 Pharmacy premises not inspected

Months since previous inspection		2016/17			2017/18
		Q2	Q3	Q4	Q1
36-38 months	No.	1,221	659	451	569
	%	23.80%	13.50%	10.30%	14.95%
39-41 months	No.	1,162	1,201	669	441
	%	22.60%	24.70%	15.30%	11.58%
42-47 months	No.	1,998	2,091	2,186	1,655
	%	38.90%	43.00%	49.90%	43.47%
48 months or more	No.	639	913	1,072	1,142
	%	12.40%	18.80%	24.50%	30.00%
Total	No.	5,020	4,864	4,378	3,807
	%	100.00%	100.00%	100.00%	100.00%
Of all registered pharmacies	No.	14,428	14,381	14,403	14,399
	%	35.60%	33.80%	30.40%	26.44%

Figures correct as at 30 June 2017

### 3.3 Age profile of pharmacies not inspected for 48 months and over

Months since previous inspection		East	North	South	West	Total
48 – 50 Months	No.	265	149	188	99	701
	%	64.79%	56.65%	77.05%	43.81%	61.38%
51 – 53 Months	No.	132	83	54	74	343
	%	32.27%	31.56%	22.13%	32.74%	30.04%
54 – 59 Months	No.	12	31	2	53	98
	%	2.93%	11.79%	0.82%	23.45%	8.58%
+60 Months	No.	0	0	0	0	0
	%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	No.	409	263	244	226	1142
	%	100.00%	100.00%	100.00%	100.00%	100.00%

Figures correct as at 30 June 2017

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

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

### 3.4 Top 5 standards ranked as not met

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

### 3.5 Top 5 standards ranked as good

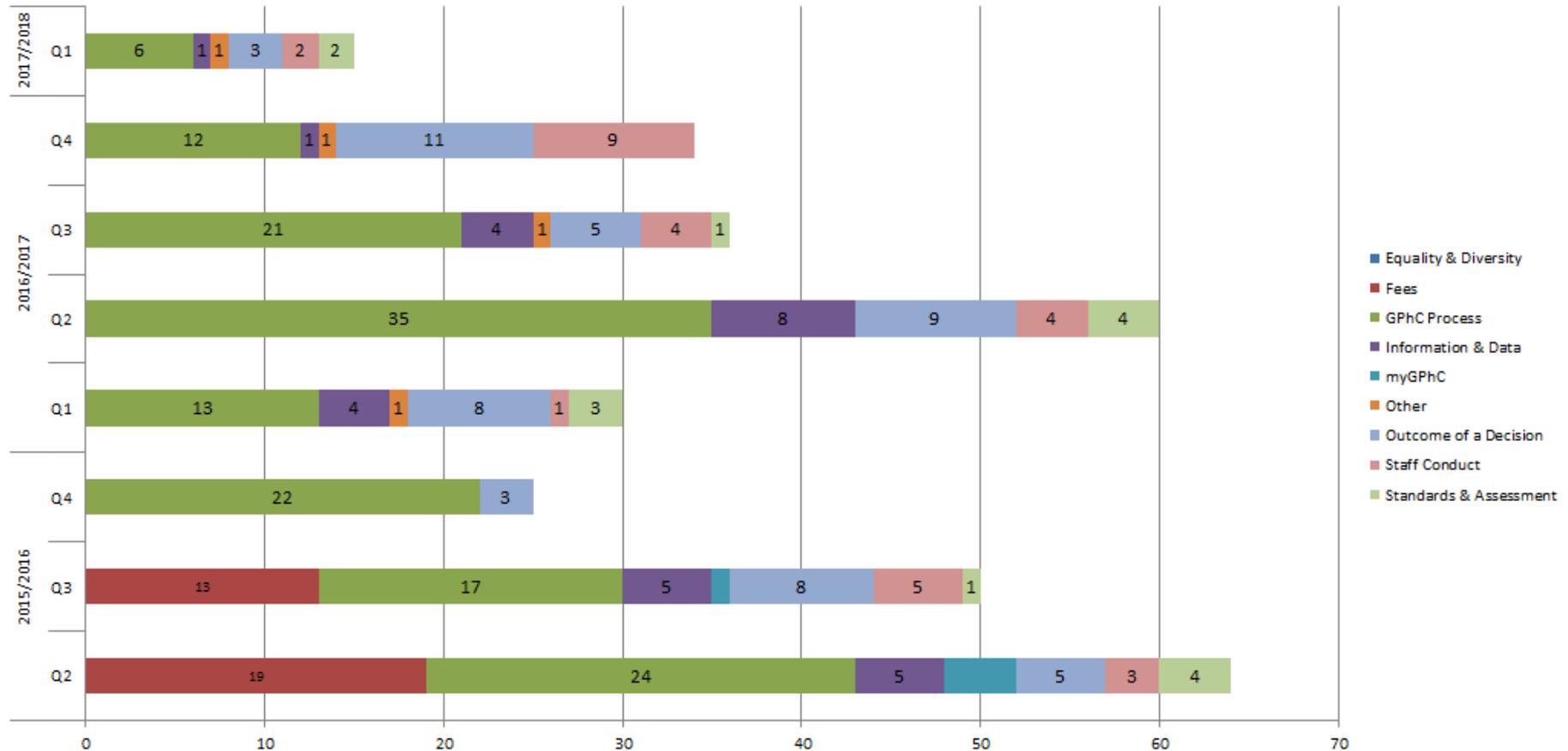
Standard no.	Description	
2.2	Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	387
2.4	There is a culture of openness, honesty and learning	322
1.2	The safety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

*The above rankings relate to inspections carried out between: 1 April 2017 to 30 June 2017*

The top five standards rated 'good' have remained the same. There has been one change in the top 5 standards not met with standard 2.2 now featuring and standard 1.6 ('All necessary records for the safe provision of pharmacy services are kept and maintained') dropping out. However, the numerical differences are minimal (e.g. 1.6 dropping from 21-19) in the context of 1,050 inspections.

### 4. Complaints

#### 4.1 Formal complaints and negative feedback by category



In terms of the volume of complaints received, the first three months of the current financial year were approximately half those seen in the first quarter of both 2015/16 (31) and 2016/17 (34). Of the 15 complaints received, two relating to GPhC processes were upheld, as were one each for Staff Conduct and Information and Data. One complaint regarding the application of our threshold criteria was partially upheld.

Whereas the quarter-to-quarter trend at the beginning of the last financial year saw the number of complaints increasing, there were fewer complaints in the first quarter of 2017/18 than in the final three months of 2016/17. As the most recent complaint numbers are significantly lower than those over the past two years, additional data is required to assess whether the results form part of new trend or are an anomaly.

As has been the case for the last seven reporting periods, GPhC processes attracted the highest number of complaints between April and June 2017. However, the number of complaints about process has fallen compared to previous quarters, as have those in the Staff Conduct and Outcome of a Decision categories. The spread of complaints between categories was broadly more even than has recently been the case. There is now a six-quarter trend with no complaints received relating to equality and diversity, fees or myGPhC.

## 5. Education

### 5.1 Accreditation and recognition activity

Course	Type	2015-16 academic year		2016-17 academic year		
		Q1	Q2	Q3	Q4	Q1
Master of Pharmacy (MPharm) degree	Accreditation	2	-	1	4	4
	Reaccreditation	2	-	-	-	-
	Interim visit	0	-	-	5	-
Overseas pharmacist assessment programme (OSPAP)	Reaccreditation	-	-	-	-	-
Independent prescribing	Accreditation	2	-	1	1	1
	Reaccreditation	3	-	2	3	8
	Monitoring visit	1	-	2	-	1
Level 3 Pharmacy technician knowledge/competence	Approval/Accreditation	-	-	-	-	-
	Reaccreditation	-	-	-	-	-
Level 2 medicines counter assistant and dispensing assistant	Accreditation	-	-	-	-	-
	Reaccreditation	1	-	-	-	-

All events went ahead as scheduled.

The first 5-year integrated MPharm was accredited (University of Nottingham) following the final step event and successful completion of the accreditation process. Graduates of this course were eligible to sit the registration assessment in June 2017 and those who were successful began joining the register in August.

One further independent prescribing programme was accredited (Liverpool John Moores University), which has increased the total number of providers to 44. Funding announced recently by HEE for 2,000 additional places on pharmacists prescribing programmes between 2017 and 2019 has led to an increase in interest from new providers and so we expect this number to increase further over the next academic year.

## 6. Human Resources

### 6.1 Headcount Overview

The data below summarises the headcount position during the period of 1<sup>st</sup> April 2017 – 30<sup>th</sup> June 2017. The total number of leavers for this period was 14, comprising of 10 permanent employees and 4 staff on fixed term contracts. The turnover rate for permanent staff excludes those employees who were/are on a fixed term contract.

The total number of permanent leavers for this specific period equates to a turnover rate of 19.2%, however the year to date turnover rate is currently 14.4% due to a low number of leavers during the first period of 2017. The year to date 2017 figure is favourable when compared to the turnover rate of 20.9% for 2016. I would anticipate that this figure will increase slightly by the year end.

The stability rate has been calculated based upon the number of permanent employees with more than 12 months employment at GPhC. On the 30<sup>th</sup> June 2017, there were 161 permanent employees who had more than a 12 month employment at GPhC. The stability percentage has slightly dropped from the previous reporting figure of 79.5%.

GPhC	30 <sup>th</sup> June 2017
<b>Headcount</b>	<b>228</b>
Permanent	208
Fixed Term Contract	20
<b>Total Leavers</b>	<b>14</b>
Permanent leavers	10
<b>Turnover – Permanent (Apr-Jun)</b>	<b>19.2%</b>
<b>Turnover – Permanent (Year to Date)</b>	<b>14.4%</b>
<b>Stability – Permanent staff</b>	<b>77.4%</b>

**6.2 Organisational Absence – Absence Percentages**

The table below details the absence percentages for the organisation and the individual Directorates at GPhC. In total 206 days were lost due to absence in this period compared to 314 in the previous reporting period. The overall absence percentage has reduced from 2.1% to 1.4%, mainly due to a reduction of long term absence cases. The Operations Directorate still represents the highest absence percentage, although it the percentage has reduced significantly from the previous period when the absence percentage was 3.3%.

<b>Directorate</b>	<b><u>Absence %</u> Apr 17 – Jun 17</b>
<b>Organisation</b>	<b>1.4%</b>
Executive Office	0.6%
FTP	1.4%
OD / EDI	1.4%
Operations	1.6%
Strategy	1.3%

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

<b>Data Description</b>	<b><u>Absence %</u></b>
<b>GPhC</b>	<b>1.4%</b>
CIPD - All Organisations	3.3%
CIPD - Central Government	4.8%
CIPD - Local Government	4.6%
CIPD - Health	4.8%

### 6.3 Employee Relations

The table below is a summary of the Employee Relation cases by case type which were closed during the specified period:

Case Type	<u>No. of cases</u>
<b>Total Cases</b>	<b>10</b>
Absence	1
Disciplinary	1
Flexible Working	1
Grievance	2
Performance	2
Other	3

There were in total 10 employee relation cases in the second period of 2017. This included a wide range of cases ranging from a redundancy to performance. There were 2 dismissals in this period and 8 cases which were resolved at the informal stage.

The number of cases continues to be higher than 2016. We believe there are several contributing factors previously reported are still relevant:

- New HR Policies and Procedures were introduced at the beginning of 2017.
- Management training sessions were successfully rolled out in this period, increasing line manager confidence in tackling people issues.
- The HR team has been recently restructured and as a result is focused towards partnering with the organisation and supporting line managers.

#### 6.4 Summary

The headcount has increased from the last reported figure of 220 which was taken at the end of March 2017. On the 30th June 2017 the headcount was in total 228. The reason this may be attributed to additional establishment increases in IFTP and Operations. 8 additional roles we added to the establishment during this period.

The turnover figure for this period was 19.2%. This figure was anticipated as there were a high number of known leavers during this period which included a planned retirement and a redundancy. The 'with or without regret' measure was also introduced and should provide some assurance in that only 40% of leavers for this period were with regret.

The GPhC absence percentages compare favourably against the CIPD data however under recording of absence still remains a concern. The HR team will continue to drive this issue and raise awareness through meetings and the provision of absence data.

The learning and development provision continues to pick up pace at GPhC with planned management training in the next period focused on Recruitment Training and Equality, Diversity and Inclusion awareness. We have also recently appointed Leila Mikail as our new Learning and Development Manager. This appointment will help provide the added focus to our learning and development agenda.

#### 6.5 Looking Ahead

The HR team are about to release the next set of HR Quarterly Reports, covering the second quarter of 2017. The HR team are proactively using this data to work in partnership with line managers in tackling areas of concern within employee relations, turnover and absence.



**Summary of the Total GPhC organisation to 30 June 2017**

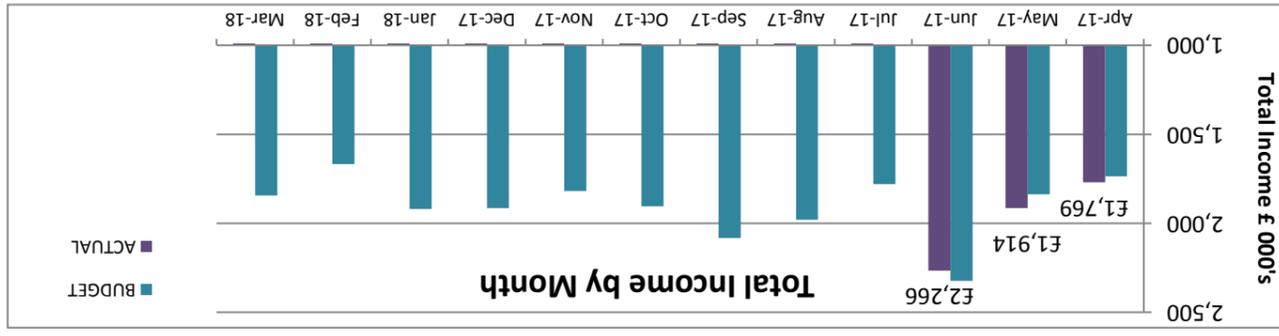
The year to date position for the organisation overall is a variance of **£630K** against the budget including interest and tax.

↓ The actual surplus year to date is £480K versus a budgeted deficit of £150K.

↓ Income is ahead of budget by £19K (0.3%).

↓ Actual overhead expenditure is £625K (10.3%) less than budget.

Pharmacist income is ahead of budget by **£75K**. This is due to a lower number of leavers and an increase in the number of application processed via the adjudicating committee. Pre Reg income is below budget by **£59K**. We expected 3250 students to sit the exam but the actual number for June was 2905. Other income remains below budget by **£37K**, due to the Mediapharm accreditation event not taking place and the cost recovery for Reading Malaysia event being less than expected.



**Employee costs: Payroll** are **£58K** under spent for the year to date. Basic salary costs are **£46K** under budget due to vacant roles (approximately 7), the budget does already include a 4% vacancy saving so we remain in excess of this.

Headcount as at 30 Jun 17	235	242	228
Budget	235	242	228
Establishment	235	242	228
Staff in post	235	242	228

**Employee costs: Other** is below budget by **£22K**, staff travel overall is underspent by **£13K** with some credit card expenses still to be reallocated. Staff training also shows savings of **£22K** for the year to date against budget. These savings have been offset by **£22K** overspend in recruitment, **10K** relates to delayed invoices for the appointments committee.

**Council and associates cost** are **£87K** below budget expectation for the year to date. We would for see this variance reducing over the next few months, as the number FTP and IC days increases.

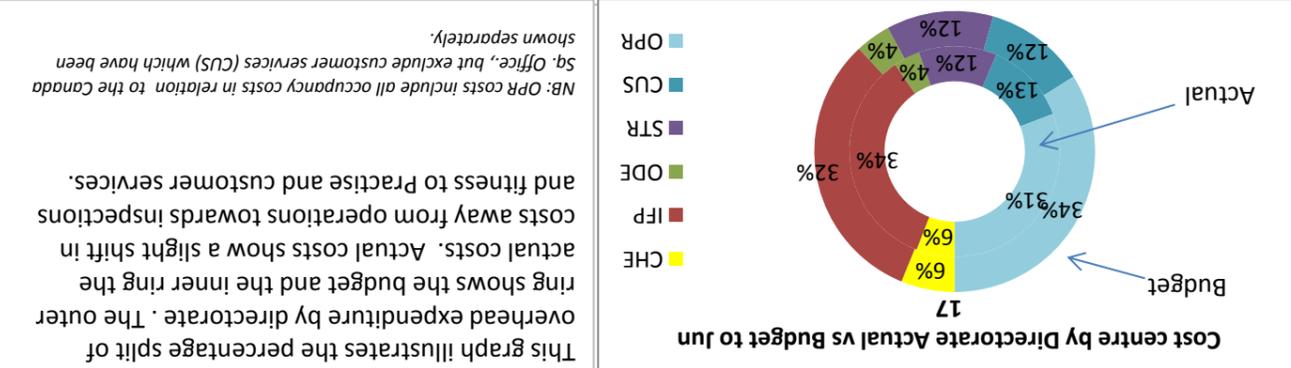
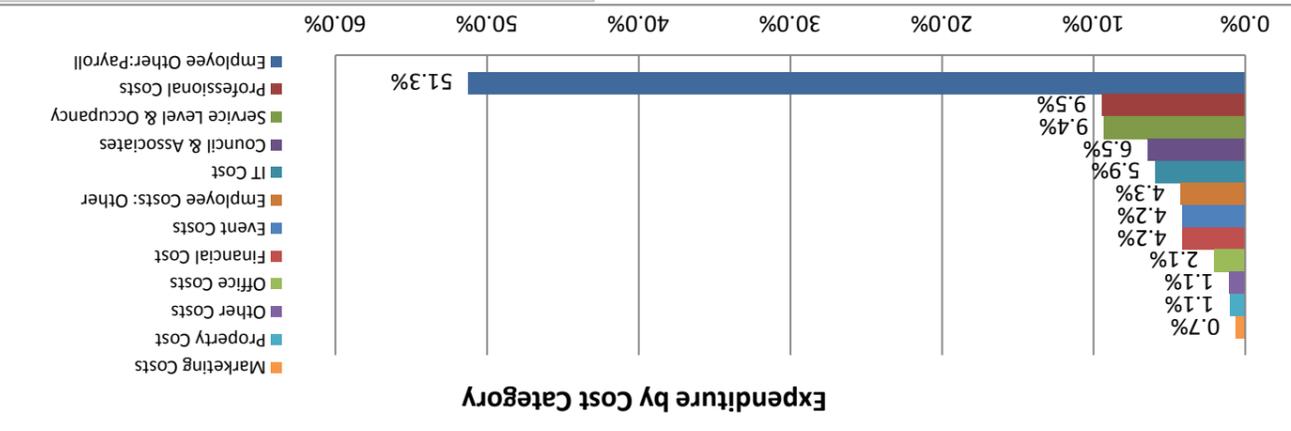
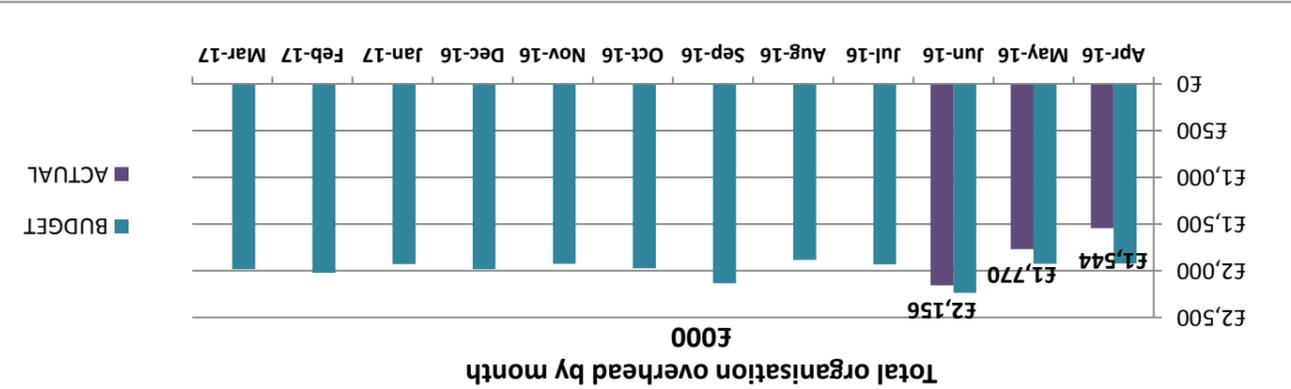
**Office Costs** show a saving of **£6K** against budget for the year to date. There are savings across most cost areas which has been marginally offset by overspends in stationery **£6K**. This overspend predominantly relates to additional resources required for the June Exam.

**Professional fees** are **£218K** below budget for the year to date, Legal costs show a **£81K** underspend year to date. **£43K** of this is due to cost recovery on the Judicial Review case, the remainder is due to a timing difference on panel firm spend. High court costs, consultancy and professional fees are all behind budget at this stage of the year and in most cases this is due to budget phasing. Transcription costs is one of the few areas of overspend in this category, with the number of request for transcript increasing.

**Research Costs** are **£20K** below budget for the year to date, but there is a firm expectation that this budget will be fully utilised this financial year.

**IT Costs** are **£116K** under this is due to a combination of development projects being delayed or costing less than anticipated, and continued cost savings in technical support and software maintenance.

**Occupancy Costs** are **£20K** lower than expected as the business rates did not increase to the expected levels.





# **Annual plan progress report 2017/18**

## **Quarter 1: April – June 2017**

## Introduction

This report provides an update on the key programmes of work in our Annual Plan 2017/18, which forms part of our Business Plan 2017-2020.

This reporting period covers quarter 1, April to June 2017.

## Overview

Programmes of work	Status	Direction of travel
Developing our approach to regulating registered pharmacies to provide assurance and encourage improvement	A	
Promoting professionalism through the standards for pharmacy professionals and related guidance	G	
Providing further assurance to the public that pharmacy professionals are meeting the standards	G	
Setting the standards and quality assuring the initial education and training for pharmacists and pharmacy technicians	A	
Developing our data and insight strategy	A	
Transforming our services and the way we work	A	

## Key

Status/direction of travel	Definition
R	Significant issues, aims may not be met to time/budget
A	Some issues emerging, aims still achievable
G	On track/completed
B	Not started
↑	Rating Improved from last period
↓	Rating worsened from last period
→	Rating from last period unchanged

<b>Developing our approach to regulating registered pharmacies to provide assurance and encourage improvement</b>		<b>RAG</b>	<b>Direction of travel</b>
<b>Strategic aim: Registered pharmacies deliver safe, effective care and services</b>		<b>A</b>	
<p><b>In 2017/18 we said we will:</b></p> <ul style="list-style-type: none"> <li>develop and consult on detailed rules once parliamentary legislation has been approved and our powers are commenced</li> <li>publish and consult on updates to our regulatory model for registered pharmacies including: <ul style="list-style-type: none"> <li>the introduction of further improvements to our inspection model</li> <li>our proposals for publication of reports</li> <li>developing further our intelligence work stream</li> </ul> </li> <li>implement the statutory framework (enforcement powers) dependent on Rules timelines</li> <li>carry out a consultation on new guidance for owners covering unregistered staff working in registered pharmacies, including pharmacy staff and managers</li> </ul>	<p><b>How we will measure success</b></p> <ul style="list-style-type: none"> <li>Refer to covering paper</li> </ul>		
<p><b>Key links and assumptions</b></p> <ul style="list-style-type: none"> <li>Publishing inspection reports requires a Commencement Order to be laid before Parliament.</li> <li>Registered Pharmacies Rules require Privy Council approval and statutory consultation</li> </ul>	<p><b>Main risks at present</b></p> <p><b>Registered pharmacies consultation:</b></p> <ul style="list-style-type: none"> <li>The timescales for clearing draft Registered Pharmacies Rules and draft Commencement Order are dependent on Department of Health resources and priorities</li> <li>Consultation: How the pharmacy profession and public will respond to the Registered Pharmacies Rules and proposed refinements to the inspection approach</li> </ul> <p><b>Consultation on guidance for owners on the pharmacy team:</b></p> <ul style="list-style-type: none"> <li>Consultation on the pharmacy team: How awarding bodies, education and training providers and employers will respond to our planned changes to the</li> </ul>		

	<p>regulatory framework for unregistered staff and the implications for the provision/availability of quality training for unregistered staff</p> <ul style="list-style-type: none"> <li>• GPhC work streams not aligned (education standards, unregistered staff course approval, guidance for employers)</li> <li>• Managing the ending of accreditation and the transition arrangements, if the new regulatory framework is approved by Council</li> </ul>
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**Outline timetable:**

April-June 2017	July-September 2017	October-December 2017	January-March 2018
<ul style="list-style-type: none"> <li>• Presentation of proposed refinements to inspection approach delivered to Council (11 May)</li> <li>• Continued drafting of Registered Pharmacies Rules</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation on new guidance for owners on ensuring a safe and effective pharmacy team opens (20 July)</li> <li>• Final stages of drafting for Registered Pharmacies Rules</li> <li>• Further presentation to Council on inspection approach (11 July)</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation on new guidance for owners on ensuring a safe and effective pharmacy team closes (11 October)</li> <li>• Council considers consultation report and approves final guidance at meeting on 7 December</li> <li>• Council considers format and content of published inspection report</li> <li>• Initial drafting of consultation document for Registered Pharmacies Rules and inspection approach</li> <li>• Pre-engagement with key stakeholders on our proposals on registered pharmacies ahead of the launch of the consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of new guidance for pharmacy owners on ensuring a safe and effective pharmacy team (January)</li> <li>• Council agreement to launch of consultation on Registered Pharmacies Rules and inspection approach</li> </ul>

**Commentary:**

The Registered Pharmacies Rules, which will support the changes to regulating registered pharmacies, are in the final stages of drafting. Once a final draft is agreed internally, the draft rules will need to be submitted to Privy Council Advisers (Department of Health officials) for clearance before we can launch a statutory consultation on the rules.

We are continuing to develop our approach to inspecting registered pharmacies. We presented our proposed refinements to Council on 11 May and 6 July setting out how we intend to use our existing resources more flexibly to support our strategic aims of assurance and improvement. This includes how we will inspect newer service models and how we will use intelligence effectively in the interests of patient safety.

We are continuing to refine the format of the inspection report that we intend to publish for routine inspections once the necessary legal powers have been commenced with a view to testing this with patient groups and members of the profession.

The consultation on new guidance for pharmacy owners on ensuring a safe and effective pharmacy team is ongoing. We are continuing to promote the consultation and seek views from a range of different stakeholders, including through a series of roundtables and focus groups planned for September and October. Work has also begun to start analysing the responses received so far.

The RAG rating is amber (a) due to the reliance on the Department of Health and the consequent uncertainty about the timetable for clearing the rules; and (b) awaiting the outcome of consultations on the pharmacy team and the Registered Pharmacies Rules.

Promoting professionalism through the standards for pharmacy professionals and related guidance		RAG	Direction of travel
Strategic aim: <b>The pharmacy team have the necessary knowledge, attitudes and behaviours</b>			
<b>In 2017/18 we will:</b> <ul style="list-style-type: none"> <li>launch our new standards for pharmacy professionals and support registrants to embed the standards in their practice through a comprehensive programme of communications and engagement</li> <li>agree, following consultation, new guidance on religion, personal values and beliefs</li> <li>develop and consult on draft guidance on raising concerns and whistleblowing</li> </ul>	<b>How we will measure success</b> <ul style="list-style-type: none"> <li>Refer to covering paper</li> </ul>		
<b>Key links and assumptions</b> <ul style="list-style-type: none"> <li>The outcome of the additional consultation on religion, personal values and beliefs will have a significant impact on the launch of the new standards</li> </ul>	<b>Main risks</b> <ul style="list-style-type: none"> <li>The standards and guidance do not reflect Council's commitment to promoting a culture of professionalism and the delivery of compassionate person-centred care</li> <li>The standards and guidance do not reflect the relevant legal framework</li> <li>The standards are not sufficiently embedded in practice</li> </ul>		

#### Outline timetable:

April-June 2017	July-September 2017	October-December 2017	January-March 2018
<ul style="list-style-type: none"> <li>Carry out pre-engagement on the new standards in April</li> <li>Report analysis of the consultation on religion, personal values and beliefs to Council in April (the standard) and June (the guidance)</li> <li>Launch new standards for pharmacy professionals in May 2017</li> <li>Launch updated suite of supporting guidance in May</li> <li>Launch new guidance on religion,</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support registrants to embed the standards in their practice through a comprehensive programme of communications and engagement</li> </ul>	<ul style="list-style-type: none"> <li>Scope options for how we review our raising concerns guidance</li> </ul>	<ul style="list-style-type: none"> <li>Launch any new materials on raising concerns and whistle-blowing</li> </ul>

personal values and beliefs in June			
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**Commentary:**

We carried out a significant programme of pre-engagement on the new standards in April, including promoting the standards at all engagement events for the religion, personal values and beliefs consultation, sending targeted communications to key stakeholders, and promoting via social media.

Prior to the launch of the new standards, we successfully defended a legal challenge from the Pharmacists’ Defence Association. The High Court refused the PDA’s application for permission to seek a judicial review. The judgment affirmed a number of important principles, including recognition that pharmacy professionals should be expected to meet the standards at all times. Additionally, it provided reassurance to Council that the change to the examples under Standard 1 reflected the current framework of equalities and human rights legislation – a position which was supported by the Equalities and Human Rights Commission.

The new standards for pharmacy professionals were launched on 12 May 2017. We also conducted a review and refresh of all of our existing guidance to support the standards, which was also published in May. We wrote to all pharmacy professionals in Great Britain to ask them to reflect on how to apply the standards in their practice. We also wrote to all superintendent pharmacists, and asked them to discuss with those who own and govern their pharmacies how they will fulfil their shared responsibility to create an environment in which pharmacy professionals working in their pharmacies are able to meet these standards.

The additional consultation on the revised example under Standard 1 relating to personal values and beliefs was completed and reported to Council to enable the launch to proceed as planned, and without delay. Following on from the launch of the new standards, and ahead of the publication of the new guidance on religion, personal values and beliefs on 22 June, we produced a set of frequently asked questions intended to explain what the changes to the standards mean in practice. This was published on our website and is accessible to pharmacy professionals and the public, as well as other stakeholders.

We produced additional supporting resources (standards wheel, poster, flyer, video and presentation) which were published on our website. We also launched a new interactive app to make it easy for pharmacy professionals to access the standards, guidance and resources on smartphones and tablets. In order to further embed the standards, the Policy and Standards team are monitoring all queries that relate to either the standards or the associated guidance, and further awareness at engagement events for the revalidation work. We also teamed up with Age UK to publish an article on delivering person-centred care for older people in line with the new standards. This was the first of a series of articles to be produced by the Policy and Standards team over the coming months.

We are continuing to develop our revised guidance on raising concerns and whistle-blowing. On 22 June, the Policy and Standards Team published information about the NHS Freedom to speak up in primary care guidance, and highlighted the importance of raising concerns and ensuring the right culture exists for this to happen.

Providing further assurance to the public that pharmacy professionals are meeting the standards		RAG	Direction of travel
Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours		G	
<p><b>In 2017/18 we said we will:</b></p> <ul style="list-style-type: none"> <li>consult on proposals which will further assure the public that pharmacy professionals are meeting the standards, following these steps: <ul style="list-style-type: none"> <li>the draft consultation document is approved by our council</li> <li>the consultation takes place</li> <li>we analyse and report on the outcomes of the consultation</li> <li>the council reviews the responses to the consultation</li> <li>the council agrees the revised approach to the continuing professional development framework (subject to the consultation response)</li> </ul> </li> <li>prepare for the implementation of the revised arrangements working with pharmacy representative groups</li> <li>develop a detailed communications and engagement plan to promote understanding and support involvement and compliance with the new model</li> <li>promote the learning and evidence we have received from the pilot and evaluation studies with other regulatory bodies</li> </ul>	<p><b>How we will measure success</b></p> <ul style="list-style-type: none"> <li>The aims of our revalidation framework were set out as part of our consultation at the start of this financial year.</li> <li>Specific success measures are set out as part of the revalidation project and will form part of Council's decision on the framework in November.</li> </ul>		
<p><b>Key links and assumptions</b></p> <ul style="list-style-type: none"> <li>MyGPhC portal is a dependency. The revalidation business and technical change project is tracked separately via 'Transforming our services and the way we work'.</li> </ul>	<p><b>Main risks at present</b></p> <ul style="list-style-type: none"> <li>At this phase in the development programme, particular work is taking place to mitigate risks related to lack of understanding or opposition to the proposed framework, or parts of it.</li> </ul>		

## Outline timetable:

April-June 2017	July-September 2017	October-December 2017	January-March 2018
<ul style="list-style-type: none"> <li>• Three month consultation with significant engagement activities and developing of approach to consultation analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Gathering and analysis of consultation responses</li> <li>• Draft consultation analysis report for Council</li> <li>• Reviewing the framework to take into account feedback from the consultation</li> <li>• Review and update the Equality Impact Assessment (EIA) developed in previous phases of testing, piloting and evaluation using information drawn from the consultation and engagement events</li> </ul>	<ul style="list-style-type: none"> <li>• Present consultation analysis report to Council (October meeting)</li> <li>• Revalidation framework presented to Council for approval along with EIA</li> <li>• Further implementation planning including communications work; guidance materials prepared</li> <li>• Further development work to be informed by further meetings of the assurance and advisory groups</li> </ul>	<ul style="list-style-type: none"> <li>• Operational implementation work</li> <li>• Ongoing stakeholder engagement and development of support materials</li> </ul>

### Commentary:

- The consultation reached a wide variety of stakeholders across the three countries with over 1800 responses. The majority of respondents agreed that the proposals will help to support registrants with their practice and provide assurance that pharmacy professionals remain fit to practise.
- We will continue to engage with all stakeholders, including those who expressed concerns about the proposed framework so that we can look at ways of improving our proposed model and build support.
- Many of the ongoing external issues are being addressed by building on existing FAQs and developing further supporting guidance and tools. We continue to keep under review the success of these initiatives and look at ways of improving awareness and understanding. This will be developed further subject to Council's approval of the framework.
- If Council agrees to the proposals there will be a phased approach to implementation and in order to avoid duplication in terms of recording there will be no further planned calls under the current uptodate.org CPD process. We plan to launch a new online portal integrated with MyGPhC in spring of 2018. This will initially only contain the new recording format for CPD so that we do not introduce too much change at once. In autumn 2018 the first group of people renewing under the new arrangements will be asked to submit CPD records NOT peer discussions or reflective accounts. Later in 2018 we will launch the peer discussion and reflective account recording forms in the online portal. In autumn 2019 we will ask the first group of registrants to renew and submit their full set of six revalidation records.

Reviews will start in 2020 for the full set of revalidation records.

- We will continue to work closely with pharmacy representative groups via the advisory group and workshops, plus there will be an on-going programme of stakeholder engagement and support that will form part of our operational engagement and communication planning.
- We will publish the consultation analysis report, consultation response report plus final equality impact assessment on our website plus additional supporting material as required.
- Council will continue to be kept informed of progress via update reports and workshops.

## Setting the standards and quality assuring the initial education and training for pharmacists and pharmacy technicians

RAG	Direction of travel
	

**Strategic aim:** The pharmacy team have the necessary knowledge, attitudes and behaviours

### In 2017/18 we said we will:

- publish new standards for the initial education and training of pharmacy technicians
- carry out further engagement with the sector and begin a formal consultation on new standards for the initial education and training of pharmacists
- review and consult on changes to the education standards for pharmacist independent prescribers
- working with others, establish a new work stream looking at our role in relation to the quality assurance of pharmacist and pharmacy technician pre-registration training in Great Britain. We are planning to:
  - analyse research on key issues across pre-registration pharmacy training
  - engage with funders, commissioners and providers of education and training
  - publish a discussion paper and draft proposals
- begin our review of the accreditation methodology for both pharmacist and pharmacy technician initial education and training, including:
  - carrying out an evaluation of our MPharm interim events
  - carrying out research and analysis of distance-based learning for pharmacy technicians
  - engaging with national awarding bodies, pharmacy schools and FE Colleges

### How we will measure success

- Refer to covering paper

### Key links and assumptions

- For the review of initial education and training of pharmacists, there are potential links to government reforms to the structure and funding of education across Great Britain.
- There are also links for independent prescribing accreditation to the additional funding for national commissioners of education and public policy priority in this

### Main risks at present

- There is a risk that some awarding bodies or course providers are unaware of the level of change required to successfully implement the new IET PT standards. To mitigate against this risk we are producing an operational guidance document (the evidence framework) while actively engaging with awarding bodies and course providers to maintain an up-to-date

area.	<p>understanding of the implications of the new standards.</p> <ul style="list-style-type: none"> <li>We are currently in the scoping phase of the Q/A review work stream. We have begun internal planning work and will be presenting a high level scoping plan in the autumn, informed by Council’s workshop deliberations in September. We will need to agree an overall strategy and timescale for delivery which will have an impact on resources and is a potential risk for the team going forward in delivering this work stream.</li> </ul>
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**Outline timetable:**

April-June 2017	July-September 2017	October-December 2017	January-March 2018
<ul style="list-style-type: none"> <li>IET Pharmacy Technician (PT) standards consultation analysis report presented to Council and next steps agreed</li> <li>Agreed new education governance framework and programme/project methodology</li> <li>Reviewed and updated the PT IET standards</li> </ul>	<ul style="list-style-type: none"> <li>Progress report on work programme sent to Council to note</li> <li>Implemented new governance framework for management of the work programme</li> <li>Engaged with key stakeholders to ensure the IET PT standards are fit for purpose and achievable</li> <li>Develop a draft education framework document to provide additional information and clarity on the IET PT standards</li> <li>Pre-consultation engagement meetings for IET Pharmacist standards and ET Pharmacist Independent Prescribing (PIP) Standards</li> <li>Draft IET PT standards presented to Council in September for approval</li> <li>Council workshop on education, with a focus on QA and PT education and training with external expert input</li> </ul>	<ul style="list-style-type: none"> <li>Continue engagement for IET Pharmacist standards and ET Pharmacist Independent Prescribing (PIP) Standards</li> <li>Publish IET PT standards and draft evidence framework document</li> <li>Implementation engagement phase with PT stakeholders</li> <li>First Pharmacists Education Standards Advisory Group (EAG) meeting</li> <li>Registration criteria &amp; Supervision proposals for PTs presented to Council for approval</li> <li>Q/A workshop with Council</li> <li>Council approve the consultation document for ET PIP Standards review</li> </ul>	<ul style="list-style-type: none"> <li>Second EAG meeting scheduled</li> <li>Launch Pharmacist Independent prescribing consultation (January)</li> <li>Formal engagement events for ET PIP Standards (x3)</li> </ul>

## **Commentary:**

### **IET of Pharmacy Technician Standards review**

- In September we are presenting the final draft standards for the initial education training of pharmacist technicians and proposed changes to the Criteria for registration as a pharmacy technician. Once the standards are approved, we will develop further the Evidence Framework document which provides additional guidance for providers.
- This workstream is on track but the implementation date for these standards is dependent on external factors, principally the speed at which course developers can design courses based on them. As is usually the case, it is likely that these standards will be phased in over a number of years, with some providers introducing new courses sooner than others.

### **ET of Pharmacist Independent Prescribing Standards review**

- The engagement plan has been approved with activities from now up until the end of the consultation phase, with our first pre-consultation meetings taking place in September. In the development process we decided to build in more time for pre-consultation engagement; to inform our key messaging for the consultation and engage with our stakeholders early on the practice supervision proposals. This has also enabled us to integrate a large majority of these engagement meetings with the engagement meetings for the IET for pharmacist's engagement.
- We will present the draft consultation for review and approval at the December Council meeting, and subject to approval launch the consultation in early January.
- Although we are now presenting this document to Council slightly later than originally planned we have not impacted the critical pathway, so we are still on track to publish the standards in July 2018.

### **IET of Pharmacist Standards review**

- In July we updated you on our approach to managing the education work programme with an internal programme board and our work to bring together an External Advisory Group (EAG). We have confirmed the membership and our first EAG meeting is in the middle of October.
- Council received an update in July on our revised timetable for the launch of the consultation.
- Pre-consultation activities have been planned and scheduled to commence in early September.
- The outcome of this workstream is dependent heavily on external factors, especially in relation to the delivery and funding of IET. We are mitigating these risks by remaining in close contact with relevant stakeholders.

### **Quality Assurance review**

- Education workshop scheduled for September with Council with expert external speaker.
- Before the end of 2017 we will make further progress to approve the scope and scale of the QA work programme, which is likely to be complex and with short-

medium- and long-term outputs. Its overall shape requires further input from Council to ensure that it covers all the necessary areas.

This set of workstreams is large and complex and we are making good progress with three of them (pharmacy technician IET, pharmacist independent prescribing ET and pharmacist IET) but one is taking longer to define and, therefore, implement.

## Developing our data and insight strategy

RAG	Direction of travel
A	

### Strategic aims:

The pharmacy team have the necessary knowledge, attitudes and behaviours

Registered pharmacies deliver safe, effective care and services

Pharmacy regulation is efficient and effective

### In 2017/18 we said we will:

- implement our new data warehouse and invest in new analytical tools
- build on the initial work of our data quality and governance group to build a consistent approach to how we collect, manage and analyse our data
- continue the roll out of a standardised approach to collecting data on protected characteristics
- work with stakeholders to co-design our approach to sharing data and analysis arising from our regulatory functions
- establish an inter-regulatory insight group
- conclude our initial research on factors affecting quality in pharmacy
- working with colleagues in the inspection team, develop and publish insight reports into key themes within pharmacy, drawing on data from our own inspections as well as other sources (where possible and appropriate)

### How we will measure success

- In three years' time, we will be able to evidence
  - Confidence, internally and externally, in the quality of our data and analysis
  - Consistent use of research findings and intelligence in our work
  - Continuous improvement in our regulatory approach enabled by insight
  - Publication of insight reports that are used to support improvement in pharmacy

### Key links and assumptions

- Data integration work for Case Tracker needs to be completed to ensure continued statutory and operational reporting before we can begin to implement a new data warehouse.
- Requirements from the business on the reporting, analysis and insight are needed before we can identify the data needed to develop a new data model for the Data Warehouse.
- External dependencies on the registered pharmacies work-programme to inform development of published insight reports into key themes within pharmacy.

### Main risks at present

- Resources and skills in the team to deliver the work programme –
  - Shifting focus away from operational management information to public and statutory reporting, generating insight, leading on consultation policy, research and analysis.
  - Research Manager post to be filled
- Organisational culture, awareness and ownership of data quality and stewardship
- Business requirements not yet clearly defined to understand data analysis, reporting and insight needs.

**Outline timetable:**

April-June 2017	July-September 2017	October-December 2017	January-March 2018
<ul style="list-style-type: none"> <li>• FtP Case Tracker – change data integration to ensure continued operational and organisational reporting is maintained in moving from FtP to CRM database</li> <li>• Data sharing - Co-designed approach to sharing data with NHS Education For Scotland</li> <li>• Analysing online workshops looking at factors affecting quality in pharmacy</li> <li>• MI &amp; KPI audit - Reported to SLG on the proposed management responses to the recommendations and developing a cross-directorate data project which covers effectively the key areas identified in the report</li> </ul>	<ul style="list-style-type: none"> <li>• FtP Case Tracker –               <ul style="list-style-type: none"> <li>• Deliver continued reporting post go-live</li> <li>• Begin to increase use of CRM dashboards for FtP to improve access to performance and management information</li> <li>• Begin to phase out Tableau outside the D&amp;I team</li> </ul> </li> <li>• Data project – Workshop with Council on capturing requirements for new Council Business reporting</li> <li>• Report on initial research on factors affecting quality in pharmacy</li> <li>• Evaluation on consultation process best practice</li> </ul>	<ul style="list-style-type: none"> <li>• FtP Case Tracker – Post go-live – Requirements gathering to define new dashboards for reporting</li> <li>• Begin business requirements gathering for data model development</li> <li>• Data warehouse wider development scoping</li> <li>• Continued engagement on requirements for new Council Business Report including a consistent approach to how we collect, manage and analyse our data</li> <li>• Review work to date on handling incoming intelligence for development of insight reports into key themes within pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Continued data warehouse development and review of analytical tools required</li> <li>• Continued development of new Council Business Report and related audit recommendations</li> <li>• Support development of Inspection reports and begin to scope development of insight reports into key themes within pharmacy</li> <li>• Develop Data and Insight Team, analytical capacity, information and intelligence, better use of data, data quality training and data stewardship</li> </ul>

### Commentary:

- The annual business plan objectives were agreed before the D&I strategy work-streams were developed further into eight key work-streams: (1) Technology, (2) Analytical capacity, (3) Research, (4) Data and Insight team, (5) Information and Intelligence, (6) Better use of existing data, (7) Data quality, and (8) Data stewardship
- The current work-programme is linked to all five other key work programme deliverables in the annual business plan across directorates.
- A function of the D&I team within the strategy includes responsibility for managing consultation response analysis. Our support on this has not been reported on in the timetable.
- There are dependencies in the eight D&I strategy work-streams, with a business case to agree the technology requirements needed first. This will support development of the discrete objectives to implement a new data warehouse and support the inspections work programme. A research programme will be developed throughout to include best practice in information gathering through consultations. Information and Intelligence will need to align with developments in the transformation programme. Data stewardship and quality will be promoted following the FtP Case Tracker project go-live from September 2017. Better use of data will follow from January 2018 once our systems have been updated. From 2018 onwards we can then begin to develop the Data and Insight Team and Analytical Capacity.

An update on each objective for achievements to date and planned next steps:

- Our resource has been focussed on delivery of the Case Tracker project and supporting continued delivery of existing operational and organisational reporting. Once this work is complete we can focus on gathering business requirements to agree our technology needs to begin to develop a new data warehouse and analytical tools.
- Following an internal audit on MI and KPIs, we have begun a review to develop a new Business Report for Council. A data project is being set up to address recommendations related to the audit to ensure a consistent approach to how we collect, manage, analyse and report on our data.
- A finalised template for the data on protected categories has been agreed in December 2016 to begin to standardise capture across the organisation. We are liaising with the different parts of the business to adopt these categories within their data capture processes and systems.
- The Health and Social Care Regulators Forum set up a Data and Insight work-stream with overlapping membership and remit to the proposed inter-regulatory insight group. Combining the two groups has been discussed, one initial meeting has been held in April 2017, members agreed to meet as required.
- Two online workshops on factors affecting quality in pharmacy were held in January and March with over 1,500 participants.
  - The first workshop focussed on question about delivery of patient experience, safe services, effective services and other comments on quality.
  - Seven broad areas of quality emerged, participants were asked about what helps and hinders them to achieve these in the second workshop. Three cross cutting areas emerged: (1) ensuring appropriate staff levels and skills mix, (2) adequate time and funding, (3) effective and efficient team environment.
  - We will disseminate a summary report to share ideas and actions that pharmacy is already taking to support quality.
- Data currently collected within inspection reports is currently being analysed to inform future development of insight reports into key themes within pharmacy.

The RAG rating is amber as resources in the team are focussed on supporting operational reporting, consultations and cross-directorate projects in the annual plan. There has been limited capacity to begin the foundational work required to capture our wider requirements for data development. The aims are still achievable with the data and insight strategy beginning to be developed from this year, but this is a long-term deliverable for the next three years.

<b>Transforming our services and the way we work</b>		<b>RAG</b>	<b>Direction of travel</b>
<b>Strategic aim: Pharmacy regulation is efficient and effective</b>		<b>A</b>	
<b>In 2017/18 we will:</b> <ul style="list-style-type: none"> <li>• revise and update the IT strategy</li> <li>• implement the governance arrangements for the IT architecture delivery plan</li> <li>• implement the revised case tracker</li> <li>• implement the revised revalidation (CPD) portal</li> <li>• develop the wider service transformation plan</li> </ul>	<b>How we will measure success</b> <ul style="list-style-type: none"> <li>• External audience will find it increasingly easy and efficient to engage with us</li> <li>• Staff will feel more engaged and positive</li> <li>• We are seen to progress our key priorities effectively and efficiently</li> <li>• We can demonstrate the extent of savings or improved value</li> </ul>		
<b>Key links and assumptions</b> <ul style="list-style-type: none"> <li>• The IT platform needs to be in place for revalidation and online registration to proceed</li> <li>• Effective senior decision making is needed to allow progress</li> <li>• Assumption that level of staff turnover doesn't increase</li> </ul>	<b>Main risks</b> <ul style="list-style-type: none"> <li>• Clarity of aims, expectations and scale of ambition for transformation</li> <li>• Effectiveness of senior decision making</li> <li>• Interdependencies between multiple pieces of work</li> <li>• Reactions to change will need to be managed</li> <li>• Cynicism/frustration at pace of change</li> </ul>		

**Outline timetable:**

April-June 2017	July-September 2017	October-December 2017	January-March 2018
<b>Case tracker:</b> approve requirements; IT development <b>Revalidation portal:</b> requirements gathering; IT development <b>IT platform:</b> select development partner; technical architecture development; create infrastructure requirements <b>Transformation:</b> appoint Deputy CEO to lead on transformation	<b>Case tracker:</b> system and user testing; training staff; go-live <b>Revalidation portal:</b> IT development; external user reviews <b>IT platform:</b> technical architecture development; infrastructure and operational services development and testing <b>Transformation:</b> establish aims and priorities for transformation; address	<b>Case tracker:</b> post go-live support and review <b>Revalidation portal:</b> IT development; external and internal user reviews <b>IT platform:</b> technical architecture development; infrastructure and operational services development and testing <b>Transformation:</b> embed culture reset; establish mechanisms to improve	<b>Case tracker:</b> implement system improvements <b>Revalidation portal:</b> final development and fixes for initial go-live; public launch <b>IT platform:</b> implementation as part of revalidation launch <b>Transformation:</b> measure and refine cultural impact work; strengthen risk processes; measures to reduce silo working; improve forward planning of

	SLG decision making; re-engage staff on transformation; initiate new paper to digital projects.	accountability for progress and conflict resolution; set clear priorities for next year with success measures; staff survey; develop on-line registration; review of website needs; develop HR/finance integration.	work; testing for on-line registration; prepare for tender for website development
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**Commentary:**

Case tracker – on track for go-live on 5 September. System and user testing have been completed; test users are feeling positive about what the system offers. To come: training users, final changes and fixes, go live on 5 September, review post go-live, lessons learned.

Revalidation (CPD) portal – this is progressing well; requirements have been drafted and approved; there has been a positive response to the consultation proposals; the portal is being developed. To come: continue to develop the portal; complete further external review with pilot group.

IT platform for web services – this is progressing well; we have contracted with a cloud infrastructure development partner; started to develop and test our technical architecture for online services. To come: continue development of the portal; create and test all required infrastructure environments.

Transformation – we are re-engaging on transformation; an outline new culture has been put forward for consultation; white boards, blogs, comments and suggestions box are prompting accountability and feedback; some improvement on transparency on what happens at SLG; outline for Performance & Delivery Board being developed and discussed; pipeline of projects developing. To come: focus on business planning, defining success measures, improved transparency on progress.

The RAG rating is amber as we have widened the scope of this work by identifying a number of activities around the cultural aspects of transformation, some of which will be on the critical path to planning and implementing the technical elements of the work.



Heading	Objective	Actions	Review and date
<p><b>Develop our approach to regulating registered pharmacies to provide assurance and encourage improvement</b></p>	<p>Guidance must take into account the outcomes of consultation and engagement with diverse groups of registrants, the public and their representative organisations</p>	<p>Conduct an EIA for the plans developed to provide more flexibility in inspection arrangements</p>	<p>The plans for a more flexible use of resources in inspection are currently under development. An EIA will be prepared prior to any consultation.</p>
	<p>Inspection arrangements must be flexible and responsive in terms of equality and diversity</p>	<p>Carry out an analysis of potential impact of the regulatory model for registered pharmacies at an early stage</p>	<p>We are conducting an ongoing analysis of the plans for a more flexible use of resources in inspection. This is based on the need to be proportionate and more intelligence-led in the interests of patient safety.</p>
	<p>Our inspection reports must be easily accessible and published in a variety of formats</p>	<p>Explore EDI considerations for inspection reports, including accessibility for different audiences and managing requests for reports in alternative formats</p>	<p>The content of published inspection reports is currently under development. Once the content is agreed, we will assess how best to make reports accessible for different audiences.</p>

Heading	Objective	Actions	Review and date
<b>Promoting professionalism through the standards for pharmacy professionals and related guidance</b>	Standards for pharmacy professionals must be easily accessible using a variety of formats.	Review and update the existing equality impact assessment (EIA) associated with the standards and ensure the accessibility of the standards and supporting resources	Produced supporting resources (standards wheel, poster, flyer, video and presentation) which are on our website and an App to improve access the Standards for Pharmacy Professionals and the associated guidance.
		Produce an EIA summary and continually update it	The EIA on religion, personal values and beliefs covered the second consultation on the standards for pharmacy professionals and was presented to Council in June 2017.
	Guidance supporting the standards for pharmacy professionals must benefit from consultation and engagement with diverse groups, registrants, the public and their representative organisations and take into account their responses	Conduct an EIA and resulting action plan for the guidance on religion, personal beliefs and the guidance on raising concerns and whistleblowing and update at all stages of implementation	Carried out a full EIA on the consultation on religion, personal values and beliefs which was presented to Council in June 2017.

Heading	Objective	Actions	Review and date
<p><b>Providing further assurance to the public that pharmacy professionals are meeting the standards by introducing revalidation for pharmacy professionals</b></p>	<p>The framework must reflect the diverse needs of pharmacy professionals</p>	<p>Review and update the EIA developed in previous phases of testing, piloting and evaluation, using information drawn from the consultation and engagement with people and organisations affected by the proposals</p>	<p>Consultation has now closed on the proposals for revalidation and EIA will be updated and presented to Council alongside the analysis report in September 2017.</p> <p>The consultation reached a wide variety of stakeholders, across the three countries, and the analysis report will document the extent of the engagement efforts.</p> <p>Findings from the analysis will be used to inform future policy, procedure and technical development.</p>
	<p>The framework must reflect the needs of the countries of Great Britain by being adaptable to the different practice settings in those countries</p>		
	<p>An inclusive approach to engagement and consultation in the policy development phases</p>		

Heading	Objective	Actions	Review and date
<b>Setting the standards and quality assuring the initial education and training for pharmacists and pharmacy technicians</b>	Standards for initial education and training of pharmacy professionals must benefit from consultation and engagement with diverse groups, registrants, the public and their representative organisations and take into account their responses	Provide evidence of early EDI considerations in development of the consultation	<p>Currently we are developing three sets of standards: IET for pharmacy technicians, IET for pharmacists and ET for pharmacist independent prescribers. For each set there either has been or will be EDI consideration at the development stage. In the case of the IET for pharmacy technicians, the draft standards for consultation were accompanied by a draft EIA.</p> <p>The same will be the case for other sets of standards as they are developed in 2017/2018.</p>
		Develop an EIA for standards	The final IET standards for pharmacy technicians will be presented to Council in September and will be accompanied by a revised EIA, based, in part, on responses from the 2016/2017 consultation.

Heading	Objective	Actions	Review and date
			<p>The same will be the case for other sets of standards as they are developed.</p>
		<p>Complete a summary EIA for circulation and updates</p>	<p>In all cases, these will be prepared but we are not at that stage yet. The first summary EIA will be prepared after the IET for pharmacy technicians are agreed, hopefully in September 2017.</p>

Heading	Objective	Actions	Review and date
<b>Developing our data and insight strategy</b>	Our work must benefit from and must take into account baseline EDI data	Continue the roll out of a standardised approach to collecting data on protected characteristics	<p>We have undertaken an audit of the EDI data captured in different parts of the business to identify any gaps and differences.</p> <p>A finalised template for the EDI data categories has been agreed in December 2016 to begin to standardise capture across the organisation (attached for reference).</p> <p>We will begin to liaise with the different parts of the business to adopt these EDI categories within their data capture processes.</p>
		Develop a portal for a suite of GPhC EDI data accessible to staff	No progress has been made on this action to date. Further details on the business requirements to be captured are

Heading	Objective	Actions	Review and date
			needed to clarify this action.
<b>Transforming our services and the way we work</b>	The service transformation project must make sure new services are accessible and meet the needs of everyone using them	Undertake an EIA of the revised IT strategy and the service transformation plan	EIA for case tracker was reviewed in April 2017. Next reviews are July 2017 as part of user testing and October 2017 following go-live. EIA is a standing item on the monthly board agenda. EIA for the revalidation online system drafted and circulated to project board for review in June 2017. EIA is a standing item on the monthly board agenda.
		Complete summary EIAs for circulation and updates	As above



# Meeting paper

Council on Thursday, 07 September 2017

## Public Business

# Chair appointment 2018

## Purpose

To confirm the reappointment process for the Chair of Council in 2018

## Recommendations

Council is asked to:

- i. agree the process for the reappointment of the Chair of Council commencing in April 2018
- ii. agree two Council members, who meet the eligibility requirements, to oversee the collation and assessment of evidence to support the reappointment process

## 1. Introduction

- 1.1. In April 2014 Council agreed that, in general, future Council appointments would be made using a mixture of open recruitment and reappointments. However, this would be reviewed on a case by case basis, following the relevant procedure. Reappointments were made for the first time in April 2016.
- 1.2. This paper is the first step in the process for the reappointment of the Chair in 2018.

## 2. Process for Chair reappointment in 2018

- 2.1. In line with the procedure Council is asked to determine the recruitment process for the Chair in 2018. The current Chair, Nigel Clarke, has been in post since March 2014 and his term expires on 31 March 2018. The Chair has confirmed that he wishes to be considered for reappointment for a further four years.
- 2.2. The procedure sets out that Council should consider the following when deciding on whether to use reappointments for Council member or Chair vacancies:
  - assess and consider the current and future needs of Council for particular skills and expertise
  - consider the balance between continuity and refreshment of Council's membership. The aim should be to produce a degree of change which minimises the risks of stagnation on the one hand, and instability and delays on the other
  - consider the diversity of backgrounds within Council's membership

- take account of any relevant external factors, for example, anticipated changes to the constitution of the Council
- 2.3. Taking the above factors into account there appears to be no reason why Council cannot proceed with the reappointment of the Chair:
- in workshop discussions Council has not identified any specific skills or expertise that it required in the immediate future
  - the Council has successfully used a mixture of reappointments and open competition in past appointment processes; in the last appointment process two new Council members were appointed as the outgoing Council members were not eligible for reappointment. This approach has achieved a balance of maintaining continuity and refreshment of the membership.
  - there are no planned changes to the Council's constitution
- 2.4. Should the Council be minded to approve the reappointment process the procedure requires that two Council members are identified to oversee the collection and assessment of evidence to support the reappointment and submit a recommendation to the Professional Standards Authority.
- 2.5. The eligibility requirements for these two Council members include:
- having appropriate skills and experience
  - being impartial and being perceived to be so
  - providing a written declaration that they do not intend to seek a further term of office
- 2.6. In line with other Council panels and working groups it is also recommended that one member is lay and the other registrant.
- 2.7. Based on the above criteria it is recommended to Council that the following Council members are considered for the this role:
- David Prince, Council member (lay)
  - Berwyn Owen, Council member (registrant)
- 2.8. If Council are content with the recommendations in this paper then the next steps would be to:
- organise a 360° appraisal for the Chair, including external feedback
  - request a broad statement from the Chair in support of his reappointment
  - prepare a paper for the Council to decide whether to recommend the Chair for reappointment and, if agreed, the recommended term of office
  - prepare and submit a notice of recommendation of reappointment to the Privy Council

### **3. Equality and diversity implications**

- 3.1 A full equality analysis was completed in advance of the previous Council member recruitment process. The Governance team is conscious of the importance of seeking to attract a broad, diverse range of suitably

qualified candidates in the Council member recruitment exercises, and the need to conduct the recruitment and selection processes in line with good practice in relation to equality and diversity.

3.2 There are limited implications for equality and diversity with the reappointment process for the Chair.

## 4. Communications

4.1 Subject to Council's decision, the Head of Governance will contact the Privy Council and Professional Standards Authority to notify them of the reappointment process.

## 5. Resource implications

5.1 The reappointment process is included within the relevant budgets.

## 6. Risk implications

6.1 Failure to ensure that our reappointment process meets the four principles of merit, fairness, transparency and openness, and inspiring confidence in regulation means that the Professional Standards Authority may not have confidence in our process. This would result in the Privy Council not making the reappointment we recommend.

## 7. Monitoring and review

7.1 Council will be asked to review the reappointment and make a decision on whether to reappoint the Chair before the notice of recommendation of reappointment is submitted.

## Recommendations

Council is asked to:

- i. agree the process for the reappointment of the Chair of Council commencing in April 2018
- ii. agree two Council members, who meet the eligibility requirements, to oversee the collation and assessment of evidence to support the reappointment process

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

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31 August 2017



Minutes of the **Audit and Risk Committee** meeting held on **Wednesday, 19 July 2017** at 25 Canada Square, London at 10:00am

**TO BE CONFIRMED 25 OCTOBER 2017**

## *Minutes of the public session*

### **Present**

Digby Emson (Chair)  
Helen Dearden  
Jayne Salt

### **Apologies**

Mark Hammond (committee member)  
Mohammed Hussain (committee member)  
Megan Forbes (Deputy Chief Executive and Director of Operations)  
Sarah Hillary (Moore Stephens)

### **In attendance**

Duncan Rudkin (Chief Executive & Registrar)  
Matthew Hayday (Head of Governance)  
Bill Mitchell (Moore Stephens)  
Ruth McGregor (Head of Finance and Procurement)  
Pascal Barras (Risk and Assurance Manager)  
Osama Ammar (Head of Revalidation) – Minute 17  
Carole Gorman (Governance and Assurance Manager) – Minute 18  
Bobbi Birk (Information & Records Assistant)

### 13. Attendance and introductory remarks

- 13.1. The Chair welcomed all present to the meeting. He introduced Jayne Salt as this was her first meeting as a committee member.

### 14. Declarations of interest

- 14.1. Members were asked to declare any interests at the start of each item.

### 15. Minutes of the last meeting

- 15.1. **The minutes of the public session of the meeting held on the 23 May 2017 were agreed as a true record.**

### 16. Actions and matters arising

- 16.1. The action at minute ref. 10.3 remained outstanding. Matthew Hayday (MH) said that he would send the information requested to the committee when it was available.
- 16.2. The committee noted that all other actions and matters arising were either covered under substantive agenda items or had been closed.
- 16.3. Ruth McGregor (RM) gave an update on the appointment of external auditors. Five expressions of interest had been received and had passed the pre-qualification stage. Tenders would be circulated to the committee when they had been received. Presentations to the panel were scheduled for the 2 August 2017.

### 17. Internal audit performance report 2017/18 Q1

- 17.1. Pascal Barras (PB) presented **17.07.ARC.01**, a quarterly report to the Committee on the progress of the internal audit plan and the follow up of recommendations.

#### *European professional card (EPC) – internal audit report*

- 17.2. Osama Ammar (OA) was in attendance for this item. OA outlined to the Committee the findings from the internal audit report. The EPC was a complicated process which led to challenges for the organisation as a route for registration. OA explained the processes that the GPhC had in place to mitigate the risks associated with the EPC as a registration route. The Committee discussed the key risk areas in the report. At the time of the meeting there was only one registrant with an EPC and the level of risk was low.
- 17.3. It was noted that the recommendations from the audit report had all been agreed by management and were being implemented.

*2017/18 internal audit plan to progress to date*

- 17.4. PB highlighted the work that had been carried out so far in the internal audit plan for 2017/18. No reports had been issued at this stage but the field was complete in the Integrity of the Register audit and terms of reference had been agreed for two others. Bill Mitchell reported that some inaccuracies had come to light in the Integrity of the Register audit but noted that the report had not been through quality assurance at this stage so could not provide further details.
- 17.5. There would be a verbal update to the Committee on the education standards project assurance at its next meeting in October.

*2016/17 Internal audit follow up performance*

- 17.6. Requests for extensions to the deadlines on the recommendations for the internal audits on: business continuity; equality, diversity and inclusion; and the integrity of the Register were agreed.
- 17.7. PB agreed to add a recommendation and action progress table to the report so that Committee could easily identify what recommendations had been completed and what remained outstanding. The Committee noted that working documents would be suitable for this purpose.

**ACTION:** PB

*2015/16 Internal audit follow up performance*

- 17.8. The Committee agreed that the data actions from the Data Quality Review should be moved into the wider date project, which was being developed in light of the Management Information and Key Performance Indicators audit report. A comprehensive update on the project would come to the Committee in October.

**ACTION:** MH

17.9. **The Committee:**

- i. **Noted the Q1 2017/18 Internal audit plan progress**
- ii. **Noted the GPhC's performance in implementing agreed recommendations;**
- iii. **Approved the changes to the 2017/18 internal audit plan**

**18. General data protection regulation (GDPR)**

- 18.1. Carole Gorman (CG) gave a presentation to the group on general data protection regulation and the changes that the GPhC would have to implement to be compliant with the new law. The Committee agreed that embedding the correct approach to data with staff was key. Training for all staff was crucial and specific areas of data handling would need to be reviewed.
- 18.2. The Committee recommended that the presentation be shared with Council.

**ACTION:** MH

**19. Any other public business**

19.1. There being no further public business to discuss, the meeting ended at 11:15

**Date of the next meeting:**

Wednesday 25 October 2017

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