Public business

Chief Executive & Registrar’s report

Purpose
To keep the Council abreast of significant recent meetings and developments.

Recommendation

The Council is asked to note this paper.

1.0 Recent meetings

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

1.2 Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC, in order to minimise overlap and to ensure they have the most up-to-date supporting material.

2.0 GPhC submission to Health Select Committee inquiry into education, training and workforce planning

2.1 The Committee plans to examine the Government’s plans regarding healthcare education, training and workforce planning, and invited the GPhC to submit written evidence. The Chair worked with the office to develop our submission, which we passed to the Inquiry on 19 December; copies are available from the office on request. The GPhC submission was informed by collaborative discussions with a number of other professional regulators.
3.0 Dispensing errors -- the GPhC perspective

3.1 Shortly before Christmas, with the backing of the Royal Pharmaceutical Society (RPS), a Liberal Democrat peer took the opportunity presented by the current Health and Social Care Bill to table an amendment to the Medicines Act. Amongst other things, the amendment was attempting to make the exercise of due diligence a defence to a criminal charge in relation to a dispensing error. We briefed the peer on the GPhC’s work and approach to the subject. In the debate on the amendment the Minister, Earl Howe, undertook to come back with a government-backed improvement to the law, and on that basis the backbench amendment was withdrawn. Since then we have been updated on the work DH and MHRA are doing to make good on Earl Howe’s commitment. A summary of this meeting has now been posted on the MHRA website here www.mhra.gov.uk/NewsCentre/CON140658. At the time of writing the GPhC had been invited to a further meeting on the subject at the Department of Health on 24 January.

3.2 We have issued a statement on behalf of the GPhC, in which we welcome the progress made so far, and explain that we want to encourage a culture of openness among pharmacy professionals whenever adverse incidents occur, on the grounds that anything that acts as a disincentive to the disclosure of adverse incidents, including dispensing errors, is detrimental to public safety. Our statement makes it clear that single dispensing errors would not in our view constitute a fitness to practise concern, if there was not a wider pattern of errors or significant aggravating factors. You can find this statement, which has been shared with the relevant professional media and pharmacy organisations, here: www.pharmacyregulation.org/gphc-welcomes-progress-concerns-about-dispensing-errors.

3.3 In all our discussions on this subject we are guided by the Council’s well-established regulatory principles and particularly by the policy lead you have provided with regard to fitness to practise and to criminal prosecutions. Our contributions to this subject always come from the point of view of patients and the public, who have an interest in errors and incidents being properly reported and dealt with. This is an objective which requires culture change and legislative change, as well as ensuring that we take a proportionate approach when considering the fitness to practise of registrants.

4.0 Council for Healthcare Regulatory Excellence (CHRE)

4.1 Efficiency/effectiveness review
As requested, the GPhC has filled in a standardised template of its finances detailing costs by functions, overheads etc, and submitted it to CHRE on 13
January. We coupled this submission with a covering letter explaining our assumptions and highlighting the difficulties we face in providing meaningfully comparable information in certain areas, as explained in the January report to Council.

5.0 **Pharmacy technician “stock-take” exercise**

5.1 The draft Corporate Plan (see paper 02.12/C/01) includes the objective – ‘In carrying out our regulatory duties take full account of the changing pharmacy workforce, including the developing nature of individual roles and teams, to ensure regulation remains risk-based and fit for purpose’. As part of this work, following the successful introduction of compulsory statutory regulation of pharmacy technicians, we are about to embark on a “stock-take” exercise to scope and triage current and future pharmacy technician and support staff issues across all areas of the GPhC. We have commissioned Janet Flint as a regulation consultant to help us with this work.

5.2 This project will span the following areas:

- Looking at current arrangements for education and training of pharmacy technicians and other support staff within pharmacy, including organisation and structures, links with national qualifications frameworks, apprenticeships and differences between the parts of Great Britain.

- Arrangements for assuring the continuing fitness to practise of pharmacy technicians and the currency of pharmacy support staff subject to minimum training and competence requirements.

- A mapping of references to pharmacy technicians and other support staff within current professional standards and guidance.

- Issues relating to pharmacy technicians and other pharmacy support staff groups identified in the recent evaluation commissioned by the Royal Pharmaceutical Society of the impact of the implementation of the Responsible Pharmacist regulations.

6.0 **Responsible pharmacist research**

6.1 A number of GPhC Council members and staff are due to participate in the RPS’s seminar on “Regulation, professionalism and developing a just culture” taking place on 26 January, which will pick up on the independent research project commissioned by the RPS. Duncan Rudkin has been asked to make a short presentation on the GPhC’s approach to regulation.
7.0 **Prosecution for practising whilst suspended from the register**

7.1 The GPhC has successfully brought a prosecution against a pharmacist for practising whilst suspended from the register. This is the first time the GPhC has brought such a prosecution against a pharmacist for this offence: [http://www.pharmacyregulation.org/first-prosecution-pharmacist-practising-while-suspended-register](http://www.pharmacyregulation.org/first-prosecution-pharmacist-practising-while-suspended-register).

8.0 **New appointments**

8.1 I am happy to announce that our new Head of Investigations and Case Management started on 3 January and our Head of Inspection will take up post on 27 February.

9.0 **Business plan update**

9.1 Following Council’s approval of a one-off amendment to the scheme of delegation, we have taken a lease on additional office space at Westminster Tower, 3 Albert Embankment.

With a number of vacancies being filled, and anticipating the need to undertake refurbishment work within 129 Lambeth Road, we have identified a temporary need for additional space, pending the two year extension of our lease with the RPS from September 2012.

We looked at a range of accommodation options and have chosen Westminster Tower, which is four minutes’ walk from 129 Lambeth Road.

Our investigations and case management team will move to the new office, together with our Director for Regulatory Services, Hilary Lloyd. The move is being planned for the second half of February.

9.2 **ICT outsourcing**

A preferred supplier (Advanced 365) has been selected, following three supplier presentations. An initiation meeting has been held with Advanced 365 and the letter of intent has been signed.

9.3 **Organisational development**

A new performance and development review process for staff is being trialled in Policy and Communications and Private Office. The review of the staff remuneration and reward structure continues (with an update due to be reported to the next meeting of the Remuneration Committee), and a training and development strategy has been approved by the Executive Team. An invitation to tender has been sent to outsourced providers for an e-learning platform.
The first GPhC training sessions for Statutory Committee members have successfully taken place -- our own panellists were joined by committee members from the General Dental Council.

9.4 **Development of standards: Registered pharmacies**

The standards consultation document was approved by Council on 12\textsuperscript{th} January, subject to finalisation of the draft. The 13 week consultation period is scheduled to begin on Wednesday 8\textsuperscript{th} February and at the time of writing invitations were being prepared for launch events in London, Edinburgh and Cardiff in early-mid February. Council members are encouraged to attend these events where possible and should contact the office (Elaine Mulingani or consultations@pharmacyregulation.org) should they wish to do so.

10.0 **Consultations**

10.1 A list of active consultations with which the organisation is or is not engaging is included at Appendix 1.

**Recommendation**

The Council is asked to note this paper.

*Duncan Rudkin, Chief Executive & Registrar*  
*General Pharmaceutical Council*  
duncan.rudkin@pharmacyregulation.org , tel 020 3365 3501

25 January 2012
List of Meetings

Listed below is a non-exhaustive selection of significant meetings held during the two months since the last Council meeting. Initials are as follows: Bob Nicholls (RMN), Duncan Rudkin (DR), Hilary Lloyd (HL), Bernard Kelly (BK), Hugh Simpson (HS), Elaine Mulingani (EM):

Chair:
- C3 Collaborating for Health Seminar: *Diabetes Question Time – Beyond the Bill*
- CEO, RPS – update meeting (with DR)
- RPS symposium: *Regulation, professionalism and developing a “just culture”* (with Ray Jobling, Cathryn Brown and DR)
- Premises consultation launch (with DR, HS, HL)
- Chair & Head of Research, Pharmacy Practice Research Trust (with HS)
- King’s Fund Seminar: *Caring for the growing numbers of frail elderly: an international perspective*
- *Health Education England transitional steering group meeting*

Staff:
- CEO, Director of Professional Development & Support, Director for England – (joint working meeting) (DR, HS & EM)
- CEO, RPS – update meeting (with RMN)
- DH meeting on dispensing errors (DR, HS)
- Pharmacy premises focus group (HS)
- RPS symposium: *Regulation, professionalism and developing a “just culture”* (DR, HS)
- Avicenna Media Awards (DR)
- Superintendent Pharmacist, The co-operative pharmacy (meeting to discuss cases) (HL)
- Chair & Head of Research, Pharmacy Practice Research Trust (HS with RMN)
- Health & Social Care Regulator Chief Executive’s Steering Group (DR)
- Premises consultation launch (DR, HS, HL)
### Consultations (week ending 9/12/2011)

Consultations on which a final office decision is pending are in italics.

<table>
<thead>
<tr>
<th>Title</th>
<th>By</th>
<th>Summary</th>
<th>Deadline</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consulting on a revised Part 11 of the draft consolidated medicines regulations, which are also being consulted upon by MHRA.</td>
<td>Medicines and Healthcare products Regulatory Agency (MHRA)</td>
<td>Consultation MLX374 seeks your views on the draft regulations transposing the EU Directive 2010/84/EU on Pharmacovigilance. <a href="http://www.mhra.gov.uk/Publications/Consultations/Medicinesconsultations/MLXs/CON137667">http://www.mhra.gov.uk/Publications/Consultations/Medicinesconsultations/MLXs/CON137667</a></td>
<td>28 February 2012</td>
<td>Ambrose Paschalides (Lead)</td>
</tr>
</tbody>
</table>