Future arrangements for Council appointments

Purpose
To consider potential future arrangements for the appointment of Council members.

Recommendation
The Council is asked to agree to submit comments on future arrangements for appointment of Council members (appendix 1) to the Council for Healthcare Regulatory Excellence and the Department of Health for consideration.

1.0 Background

1.1 One of the key changes to the governance of health professions regulators stemming from the white paper *Trust, assurance and safety*¹ was the introduction of fully appointed councils.

1.2 The Pharmacy Order 2010 (Sch 1, para 1(2)) states that the members of the GPhC’s Council are to be appointed by the Privy Council. In common with the arrangements for other health professions regulators, the Privy Council has issued directions delegating its functions relating to appointment of GPhC Council members to the Appointments Commission.

1.3 The Department of Health published a review of arm’s-length bodies in July 2010², in which it announced its intention to abolish the Appointments

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Commission during 2012. The DH took this decision on the basis that the NHS and public appointments landscape was to change radically and there would be no ongoing need for a central public body to carry out the functions which the Commission currently provides. The review report indicated that there would be a sizeable reduction in the number of national public appointments. The remaining appointments would be moved to the DH, with accountability for these appointments resting with Ministers and the process being subject to scrutiny by the Commissioner for Public Appointments. However, the responsibility for council member appointments lies with the Privy Council rather than Ministers.

1.4 The Health & Social Care Bill would allow the Privy Council to make arrangements with:
- CHRE, under its new name of the Professional Standards Authority for Health and Social Care;
- the regulatory body itself; or
- any other person

to assist the Privy Council in making appointments to the council of a regulatory body. The DH has indicated that, subject to Royal Assent to the Bill, the Privy Council intends to delegate the process of administering such appointments to the regulatory bodies themselves, with responsibility for actually making appointments remaining with the Privy Council.

1.5 The DH has asked CHRE to develop guidelines on the process that the regulators should follow for council member appointments, taking account of existing guidance, such as that issued by the Office of the Commissioner for Public Appointments, and the needs of the devolved administrations.

1.6 At this stage, the DH envisages that the guidance developed by CHRE would inform appointments to be made from July 2012. Longer term, the white paper *Enabling Excellence* signalled an intention to review the most appropriate approach to appointments. This review would be informed by experience of using the process mentioned above and by the views of the devolved administrations, the Privy Council, the regulators, CHRE and other interested parties.

1.7 It therefore seems timely to consider whether to put forward comments on how council member appointments might be made in the future, to help inform both the guidance to be developed by CHRE and the longer-term review. A draft for consideration is at appendix 1.

2.0 **Equality and diversity implications**

2.1 The current directions to the Appointments Commission require it to exercise its functions relating to Council member appointments in a manner that reflects:
- good practice in relation to equality and diversity; and

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• the desirability of Council members having a range of backgrounds, qualifications, competencies, interests and experience to facilitate the GPhC’s discharge of its statutory obligations.

It would seem appropriate for any future appointments process to reflect these requirements.

3.0 Communications implications

3.1 The appointments process would need to be communicated clearly to potential applicants and other interested parties.

4.0 Resource implications

4.1 Running the appointments process in-house would allow us to have greater control of costs. Where timetables permit, it might be possible to run joint campaigns with one or more regulators, which would be in line with the approach advocated in Enabling Excellence and could be more cost-effective.

5.0 Risk implications

5.1 It is important that the process for council member appointments is robust and transparent. The development of clear guidance should help to ensure this and mitigate the risk of challenge to the process.

5.2 Failing to submit views at this time could mean that we miss an early opportunity to help shape the appointments process for the future.

**Recommendation**

The Council is asked to agree to submit comments on future arrangements for appointment of Council members (appendix 1) to the Council for Healthcare Regulatory Excellence and the Department of Health for consideration.

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*17 May 2011*
Future arrangements for the appointment of Council members

The General Pharmaceutical Council welcomes the Privy Council’s intention, subject to Royal Assent to the Health and Social Care Bill, to delegate the process of administering council member appointments to the regulatory bodies themselves, with responsibility for actually making appointments remaining with the Privy Council.

We also welcome the acknowledgment in the white paper *Enabling Excellence* of the importance of retaining a fair, transparent appointments process, based on merit. We recognise that the administration of appointments by the regulatory bodies could raise concerns about the independence of the process but believe that any such concerns can be alleviated through the proposed guidelines on the process to be developed by CHRE.

We understand that the CHRE guidelines will take account of existing guidance, such as that issued by the Office of the Commissioner for Public Appointments (OCPA), and the needs of the devolved administrations. Our view is that running the appointments process within standard guidelines and with the involvement of an independent assessor should provide independent scrutiny and ensure that a proper process is followed. While the GPhC’s Council will continue to include at least one person from each country within its remit, we agree it is appropriate to look again at how best to reflect devolution in the appointments process, given that the Appointments Commission’s functions relate largely to England whereas the GPhC operates GB-wide.

Running the appointments process in-house would allow us to have greater control of costs. Where timetables permit, it might be possible to run joint campaigns with one or more regulators, which would be in line with the approach advocated in *Enabling Excellence* and could be more cost-effective.

In common with the arrangements for other health professions regulators, the Privy Council has issued directions delegating its functions relating to appointment of GPhC Council members to the Appointments Commission. We understand that these directions will need to be replaced as the new arrangements come into effect. The current directions also cover arrangements for the suspension or removal of Council members and we assume that future arrangements for these functions are also under consideration.

We also welcome the intention to review the most appropriate approach to appointments in the longer-term, informed by experience of using the process mentioned above and by the views of the devolved administrations, the Privy Council, the regulators, CHRE and other interested parties. We would be happy to contribute to further discussions on the arrangements for council member appointments.