# Council meeting

**7 December 2017**  
13:30 to 15:30 approx.  
Council Room 1, 25 Canada Square, London E14 5LQ

## Public business

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Owner</th>
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<tbody>
<tr>
<td>1.</td>
<td>Attendance and introductory remarks</td>
<td>Nigel Clarke</td>
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</tbody>
</table>
| 2. | Declarations of interest  
*Public items*                                                            | All                          |
| 3. | Minutes of last meeting  
*Public session on 09 November 2017*                                        | Nigel Clarke                 |
| 4. | Workshop summary – 9 November 2017                                          | Nigel Clarke                 |
| 5. | Actions and matters arising                                                  | Nigel Clarke                 |
| 6. | Review of statutory committee competences  
*For approval*                                                           | 17.12.C.01  
Elisabeth Davies and Elaine Mulingani                                   |
| 7. | Promoting professionalism, reforming regulation  
*Department of Health consultation*  
*For noting*                                                             | 17.12.C.02  
Osama Ammar and Priya Warner                                             |
| 8. | Response to the consultation on revalidation for pharmacy professionals  
*For approval*                                                          | 17.12.C.03  
Osama Ammar                                                             |
| 9. | Rebalancing programme board update  
*For noting*                                                              | 17.12.C.04  
Duncan Rudkin                                                           |
| 10. | Update: Implementing new education & training standards for pharmacy technicians  
*For noting*                                                             | 17.12.C.05  
Damian Day                                                              |
| 11. | Annual Plan Progress Report  
*For noting*                                                               | 17.12.C.06  
Megan Forbes                                                            |
| 12. | Audit and Risk Committee; unconfirmed minutes of the 25 October meeting  
*For noting*                                                              | 17.12.C.07  
Digby Emson                                                             |
| 13. | Any other public business                                                    | Nigel Clarke                 |
## Confidential business

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<table>
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<tbody>
<tr>
<td><strong>14.</strong> Declarations of interest</td>
<td>All</td>
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<td>Confidential items</td>
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<td><strong>15.</strong> Minutes of last meeting</td>
<td>Nigel Clarke</td>
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<td>Confidential session on 9 November 2017</td>
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<td><strong>16.</strong> Confidential actions and matters arising</td>
<td>Nigel Clarke</td>
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<td><strong>17.</strong> Audit and Risk Committee; unconfirmed minutes of the</td>
<td>17.12.C.08</td>
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<tr>
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<td>25 October 2017 confidential meeting</td>
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<tr>
<td><strong>18.</strong> Any other confidential business</td>
<td>Nigel Clarke</td>
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### Date of next meeting

Thursday, 08 February 2018
Minutes of the Council meeting held on Thursday 9 November 2017 at 25 Canada Square, London at 13:45

TO BE CONFIRMED 7 DECEMBER 2017

Minutes of the public session

Present
Nigel Clarke (Chair)  Elizabeth Mailey
Mary Elford (left at Minute 64)  Berwyn Owen
Digby Emson (left at Minute 65)  David Prince
Mark Hammond  Samantha Quaye
Mohammed Hussain  Jayne Salt
Joanne Kember
Alan Kershaw (left at Minute 63)

Apologies
Evelyn McPhail, Arun Midha

In attendance
Duncan Rudkin (Chief Executive and Registrar)
Megan Forbes (Deputy Chief Executive and Director of Operations)
Claire Bryce-Smith (Director of Inspection and Fitness to Practise)
Francesca Okosi (Director of Organisational Development and Equality, Diversity and Inclusion)
Laura McClintock (Chief of Staff)
Matthew Hayday (Head of Governance)
Damian Day (Head of Education) for item 59
Professor Andrew Husband (Chair of the Board of Assessors) for item 59
Janet Rubin (Independent member of the Remuneration Committee) for item 61
Terry Orford (Head of Customer Services) for item 63
Priya Warner (Head of Policy and Standards) for item 64
Helen Dalrymple (Council Secretary)
54. Attendance and introductory remarks

54.1. The Chair welcomed everyone to the meeting including Alastair Paterson, the Vice President of the British Pharmaceutical Students’ Association (BPSA). Apologies had been received from Evelyn McPhail and Arun Midha.

55. Declarations of interest

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

56. Minutes of the last meeting

56.1. The minutes of the public session held on the 12 October 2017 were confirmed as a fair and accurate record.

57. Workshop summary – 12 October 2017

57.1. This was a new standing item in which the previous month’s workshop was summarised in order to make the development process of work streams more visible to stakeholders.

57.2. Council noted the discussions from the workshop.

58. Actions and matters arising

58.1. Members were informed that they could expect both actions to be resolved at their workshop in December.

58.2. Council added an action to the log. They asked for a brief comparative table of GPhC and Care Quality Commission (CQC) powers regarding premises, owners and businesses.

ACTION: DR

59. Registration assessment and Board of Assessors’ Report – June and September 2017

59.1. Damian Day (DD) introduced Professor Andrew Husband (AH), Chair of the Board of Assessors. AH presented 17.11.C.01, which updated Council on candidate performance in the September 2017 Registration Assessment.

59.2. The paper included data on adjustments which was welcomed by members. AH explained the adjustments process. Members asked whether the increase in adjustments requests
between 2015 and 2017, as shown in table 3, was a trend. AH replied that there was more work to be done before this could be considered. He said that one should be wary of looking at the limited data presented and drawing causal relationships. Data was not available to correlate between adjustment requests and performance.

59.3. Council asked how the thresholds were determined for the data in the tables at appendix one. They regretted that data on ethnicity; which they had had previously, was not available. Although they understood the difficulties around data that identified individual candidates, they felt that there could have been more information provided here. AH explained that these tables had been generated by statisticians whose main concern would have been sample size. He told members that their comments had been noted and would feed into future reports.

59.4. Members asked about the comparatively low pass marks at some of the Schools of Pharmacy. DD assured them that they would be in touch with those schools with lower pass rates to determine why this was the case. These matters would also be picked up in the accreditation process. It was important to understand whether there were any issues as the Registration Assessment was robust and reliable.

59.5. Members discussed whether it would be possible to demonstrate that the provision of reasonable adjustments had a correlation with performance in the assessment. AH replied that there was not enough data to draw conclusions, though it may be possible in the future.

59.6. Council wanted to know when they would be able to have a paper detailing any trends that had been identified in the Registration Assessment over a number of years. AH replied that the Board were starting to get to the point when they would have enough data to do this.

59.7. Members queried the sharp drop in pass rates at table 5 for older candidates. AH advised caution in identifying trends; there were many other variables in the groups other than age that had not been accounted for or were unknown.

59.8. AH told members that queries about individual schools’ pass rates were not within the remit of the Board of Assessors. The Registration Assessment created a consistent standard and it was not for the Board to take these into account.

59.9. There was further discussion about lack of ethnicity data in the report. Duncan Rudkin (DR) reminded Council that it was not within the remit of the Board of Assessors to analyse data. Wider data and policy issues would be picked up in a paper to Council from the executive, out of the current reporting cycle.

ACTION: DD

59.10. Council asked whether the BPSA had responded to the Board’s reply to their concerns detailed at 7.3 of the report at appendix 2. DD replied that this would come to their next
regular meeting and AH emphasised that the Board felt that they had a good relationship with the BPSA and that they valued their constructive input.

59.11. Council noted:

i. Candidate performance data (appendix 1) and the discussion of issues of potential wider relevance in this report; and

ii. The Board of Assessors’ report to Council (appendix 2) and the assurance it provides about the September 2017 sitting.

60. Remuneration Committee unconfirmed minutes of 28 September 2017 meeting

60.1. As Chair of the Remuneration Committee, Berwyn Owen took members through 17.11.C.02. He drew their attention to the increased completion of the performance development review (PDR) from 68% to 98%.

60.2. Council noted the minutes of the 28 September 2017 Remuneration Committee meeting.

61. Council member remuneration

61.1. All Council members declared an interest in this item. The Chair of Council indicated that he would not take part in this discussion. Accordingly he did not take part in the discussion or the decision-making. Likewise the Chairs of the Audit and Risk Committee and the Remuneration Committee took no part in the discussion and decision-making in relation to discretionary payments for committee chairs. Janet Rubin (JR), one of the independent members of the Remuneration Committee, presented the item and chaired the discussion. JR took members through 17.11.C.03 which reviewed remuneration for Council members.

61.2. JR informed Council that Rob Goward, the other independent member of the Remuneration Committee had been due to attend this item but had given his apologies.

61.3. Members highlighted that they were aware that recruitment for five members of Council began next year and that they would want their remuneration to be comparable to the other healthcare regulators.

61.4. It was agreed that it was a very difficult discussion in that forum. There was a clear evidence base for an increase looking at the mean and the median remuneration amounts as set out at 2.3 in the paper. Members considered the non statutory committee chairs’ allowances and were reminded that this accounted for the extra responsibility of the role rather than any increase in hours undertaken.
61.5. Council sought assurance over what impact this would have on budget setting. DR said that the levels of remuneration proposed would have no impact on registration fees.

61.6. Members discussed the fact that in the past, similar roles on other Councils had not been paid, those on Councils had needed to be able to afford time for the role with no remuneration. Now that the role was remunerated participation had been diversified.

61.7. In response to concerns from members over the timing of an increase in Council member pay, JR replied that there would never be a popular time to do this. Ultimately this would be the first time in seven years that there would be an increase and a significant recruitment drive to Council was imminent.

61.8. Council also considered that in response to the challenge of introducing independence to the Remuneration Committee, they now had two independent members who supported the proposed changes.

61.9. DR acknowledged members’ discomfort in making this decision. It would be considered whether there should be an allowance for chairs of advisory groups as well as the non-statutory committees.

61.10. The Chair thanked JR and asked members to vote on the proposed changes.

61.11. **Subject to the point noted in minute 61.1 above regarding the non-participation of the Chair of Council and the Chairs of the Audit and Risk and Remuneration Committees, Council considered and approved changes to remuneration from 1 April 2018 as recommended by the Remuneration Committee as set out below:**

   i. Council remuneration to increase to £12,500 from £12,000 (two members voted against);

   ii. Chair remuneration increase to £56,000 from £48,000; and

   iii. Discretionary payments for Chairs of the Audit and Risk and Remuneration Committees increase to £2,500 from £2,000 (one member voted against, two members abstained)

62. **Strategic Plan 2017-20 – year two**

62.1. DR presented 17.11.C.04, which updated the GPhC strategic plan for 2017-20. He asked members for their feedback in order to finalise the new foreword.

62.2. Members agreed that it read well. They suggested some changes such as a reference to the employer’s role and to using knowledge and insight to assess regulatory risk.

62.3. **Council:**

   i. Agreed that the current Strategic Plan 2017-20 should be updated with a new foreword;
ii. **Provided feedback on the draft new foreword, to be finalised by the Chair and Chief Executive in light of that feedback.**

63. **Performance monitoring report**

63.1. In a change to the order of the agenda, DR presented **17.11.C.06**, which reported to Council on operational and financial performance to the end of September 2017.

**Customer services**

63.2. Members asked about the reduction in the number of registrations at table 1.1. Terry Orford (TO) explained that as well as the reduction in number of EEA pharmacists joining the Register that this was also related to the pass rate in the Registration Assessment.

63.3. Council asked whether any trends emerging in the number of registrations to inform the following year’s budget. MF replied that it was too early to say at this stage.

63.4. Members suggested that section 7 in the cover paper of the report should be more comprehensive as there were implications for equality and diversity in the report and these should be acknowledged here. Francesca Okosi (FO) explained that the EDI Development Manager was working with staff to take a more holistic approach to this section of the papers.

63.5. Members were pleased with the progress made in table 1.4. As a public facing function it was important that key performance indicators were met as soon as possible. MF reported that there were some issues to resolve and that this would take time. Callers were being directed to email if they had problems getting through. The figures on response and resolution there were very good.

**Fitness to practise**

63.6. Council asked whether use of the hearing rooms was as efficient as it could be. Claire Bryce-Smith (CBS) reported that adjournment and postponement of hearings was rarely about availability of rooms. Work was underway to understand why these occurred and whether there was anything that could be improved to reduce the occurrence.

63.7. Members asked for more detail on the type and increase in concerns raised. CBS said that this would be coming to the Council workshop in December.

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

64.1. Priya Warner presented **17.11.C.05** which updated Council on the work to develop guidance to ensure a safe and effective pharmacy team. The paper covered the preliminary findings of the consultation. There would be a further update to members in 2018 when the analysis of responses had been completed.
64.2. Digby Emson declared an interest in this item as a registrant and the chair of a training provider. Samantha Quaye declared an interest as a registrant and an employee of a training provider for postgraduates in pharmacy. Berwyn Owen, Mohammed Hussain, Elizabeth Mailey and Jo Kember declared an interest as registrant members.

64.3. Members asked for a timeline on when they could expect the next, more detailed paper. PW explained that the analysis report was currently being quality assured and this would indicate how to take the work forward. Council would be kept up to date but no conclusions would be presented to them until they were sufficiently robust.

64.4. Council sought confirmation that current guidance stood until further decisions had been made. PW assured members that this was the case; all outcomes needed to be considered to ensure that quality was paramount.

64.5. Council noted the paper.

65. Any other public business

65.1. DR informed members of the Department of Health in Northern Ireland’s publication of the report of their consultation on pharmacy regulation. It reported widespread support for separating leadership and regulation and for the GPhC to provide UK wide regulation.

65.2. There being no further public business to discuss the meeting closed at 15:40.

Date of the next meeting:
Thursday 7 December 2017
Meeting paper

Council on Thursday, 07 December 2017

Public business

Council Workshop Summary

Purpose
To provide an outline note of the discussions at the November Council workshop

Recommendations
The Council is asked to note the discussions from the workshop

1. Introduction
1.1. The Council holds a workshop session alongside its regular Council meetings each month (there are no meetings in January and August). The workshops give Council members the opportunity to:
   - interact with and gain insights from staff responsible for delivering regulatory functions and projects;
   - receive information on projects during the development stages;
   - provide guidance on the direction of travel for work streams via feedback from group work or plenary discussion; and
   - receive training and other updates.

1.2. Following each workshop there will be a summary of the discussions that took place, presented at the subsequent meeting. This will make the development process of our work streams more visible to the GPhC’s stakeholders. Some confidential items may not be reported on in full.

1.3. In the workshop sessions the Council does not make decisions. The sessions are informal discussions to aid the development of the Council’s views.
2. **Summary of November’s workshop**

2.1. *Reform of regulation*

The Council were given a brief overview of the content of the Department of Health’s consultation *Promoting professionalism, reforming regulation* and a summary of the GPhC’s plan to consider and prepare its response. The Council also shared its initial reflections on the consultation.

2.2. *Quality in education*

The Council received a presentation on quality in pharmacy professional education and training which clarified the role of the GPhC and other organisations in providing quality assurance, quality management and quality control. The Council noted how the elements of quality were managed differently between pharmacist and pharmacy technician education and training. In group work the Council considered the future role of the GPhC in terms of quality for pharmacy professional education and training.

2.3. *Strategic risk register*

As part of the ongoing development of risk management within the GPHC the Council received an update on the organisation’s planned approach to enterprise risk management through alignment with an international standard, ISO 31000:2009. The Council then discussed the uncertainties that could impact on the achievement of the organisation’s objectives.

**Recommendations**

Council is asked to note the discussions from the workshop

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

duncan.rudkin@pharmacyregulation.org

Tel 020 3713 8011

29 November 2017
## Council actions log

<table>
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<th>Meeting date</th>
<th>Ref.</th>
<th>Action</th>
<th>Owner</th>
<th>Due date</th>
<th>Status</th>
<th>Comments/update</th>
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<tbody>
<tr>
<td>6 Jul 2017</td>
<td>31.6</td>
<td><strong>Consultation on revised threshold criteria:</strong> A report on equality, diversity and inclusion in Fitness to Practise processes would be brought to Council in due course.</td>
<td>Claire Bryce-Smith</td>
<td></td>
<td>Open</td>
<td>A plan with timescales is being developed for a qualitative analysis of FtP process.</td>
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<tr>
<td>7 Sep 2017</td>
<td>40.5</td>
<td><strong>Performance monitoring and annual plan progress report:</strong> a meta-trend of FtP cases with more detailed analysis would be provided to Council later this year.</td>
<td>Claire Bryce-Smith</td>
<td>Dec 17</td>
<td>Open</td>
<td>A session on FtP data is being held at Council’s December workshop</td>
</tr>
<tr>
<td>9 Nov 2017</td>
<td>58.2</td>
<td><strong>Actions and matters arising:</strong> Council asked for a brief comparative table of GPhC and Care Quality Commission (CQC) powers regarding premises, owners and businesses.</td>
<td>Duncan Rudkin</td>
<td></td>
<td>Open</td>
<td>The table will be included in briefing material for a future Council discussion on the development of inspection, in 2018</td>
</tr>
<tr>
<td></td>
<td>59.9</td>
<td><strong>Registration assessment and Board of Assessors’ Report – June and September 2017:</strong> Wider data and policy issues around the Registration Assessment would be picked up in a paper to Council from the executive, out of the current reporting cycle.</td>
<td>Mark Voce</td>
<td>Jun 18</td>
<td>Open</td>
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Meeting paper

Council meeting on Thursday, 07 December 2017

Public business

Review of statutory committee competencies

Purpose
To agree proposed changes to statutory committee member competencies prior to the 2018 new member recruitment programme.

Recommendations
The Council is asked to agree the recommendation from the Appointments Committee to amend the competencies for statutory committee members as per the draft at Appendix 1.

1. Introduction

1.1. The competencies for GPhC statutory committee members are due for their regular review by the Council.

1.2. The GPhC (Statutory Committees and their Advisers Rules) 2010, Rule 9 states that the Appointments Committee is to advise the Council on the minimum competencies it considers are required for appointment to a statutory committee. In addition, the Council also determines the minimum competencies required for appointment as a chair, deputy chair, or registrant/lay member of a statutory committee.

1.3. The agreed competencies will support an objective assessment of the extent to which an individual demonstrates the attributes necessary for appointment and re-appointment to a statutory committee. They will aid the performance review process of members and will support a competency-based approach to training to ensure that an individual’s ongoing development needs are met effectively.
1.4. The competencies apply to all members of the Investigating, Fitness to Practise and Appeals Committees. The current version includes additional competencies that only apply to the chairs and deputy chairs of these committees.

2. **Suggestions for change to the competencies**

2.1. Appendix 1 presents the Appointments Committee’s suggested update to the competencies; Appendix 2 shows the current version as agreed by the Council in 2015.

2.2. The suggested changes in Appendix 1 are mostly structural rather than changes to content, and are intended to remove repetition and make them shorter and more manageable, with more logical grouping of behaviours under competency headings.

2.3. The committee also felt that a few of the competencies, such as those requiring the ability to work at speed and use technology effectively and (for chairs) specifying expertise in regulatory law and the rules of evidence, were not, properly speaking, behavioural competencies at all, but requirements, and so it has removed them from the draft update, and (if agreed) will move them into the essential/desirable criteria in the role descriptions. Candidates must in their applications demonstrate how they meet all these criteria, giving examples, and this informs the sifting and shortlisting process. The competencies are then tested in-depth by the panel at interview.

3. **Equality and diversity implications**

3.1. The Appointments Committee is mindful of the ongoing need to enhance the diversity of our fitness to practise panels. Because of this, it aims to attract applicants from as diverse a range of backgrounds and sections of the community as possible, from which it can appoint on merit.

3.2. The committee, in reviewing these competencies, has worked to align them with the above aim. In particular, it has considered whether any of the wording would unintentionally debar or discourage any suitable candidates from applying (for example: number/length of competencies, unduly technical or obscure language, or undue emphasis on directly comparable experience).

3.3. In January 2018, the committee will receive proposals for an in-depth programme of advertising and promotional activities for the 2018 recruitment round with the aim of reaching as diverse a population as possible. This will take into account learning from the 2016 statutory committee member recruitment and other recent relevant recruitment exercises.
4. Communications

4.1. See 3.3 above

5. Resource implications

5.1. The proposed changes involve no resource implications

6. Risk implications

6.1. If the competencies unintentionally discourage applicants from any background or community, for whatever reason, we run the risk of maintaining an insufficiently diverse panel population, which in turn could affect our ability to fulfil our responsibilities and commitments to the public and registrants.

6.2. At the same time, the competencies must be sufficiently robust and challenging to ensure that the committee can adequately assess the ability of applicants to carry out this vital and demanding role, or else we run the risk of deficient panellist performance. This could lead to inadequate public protection, reputational damage to the organisation and potential legal challenge.

7. Monitoring and review

7.1. The adequacy of the competencies in helping us recruit a diverse, high-quality panel population will be evaluated via reviews after each recruitment round, and by analysis of trends in panellist performance over time. The Appointments Committee has agreed to strengthen its focus on quality assurance and is currently working, with Council colleagues where appropriate, to make best use of assurance processes and assurance information. This will aid future reviews.

7.2. The competencies are scheduled for Council review every two years.

Recommendations

The Council is asked to agree the recommendation from the Appointments Committee to amend the competencies for statutory committee members as per the draft at Appendix 1.

Elaine Mulingani, Associates and Partners Manager
General Pharmaceutical Council
elaine.mulingani@pharmacyregulation.org
Tel 020 3713 7817

15 November 2017
Appendix 1

Appointments Committee’s draft updated version of the statutory committee competencies

Applicants will be assessed and members’ performance reviewed against the following qualities and abilities:

1. **Intellectual capacity**
   Capable of quickly absorbing and analysing complex information with ease.
   Ability to understand and follow the GPhC’s legislative framework, case-law and underlying principles, policies and procedures.
   Willingness to maintain an up to date knowledge of issues relevant to the role.
   *For registrant members:* Commitment to maintain a general awareness of issues across all sectors of pharmacy practice.

2. **Personal values**
   A personal commitment to:
   - The Nolan Principles of Public Life: - Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.
   - The importance of the public interest and public confidence in the profession.
   - The values set by the GPhC Council and the principles of good regulation.
   Ability to exercise independence of mind, sound judgement and decisiveness.
   A commitment to learning, development and ongoing improvement; self-aware and willing to both receive and give feedback.
   Aware of own biases (conscious and unconscious) and able to manage these appropriately.

3. **Understanding of diversity**
   Demonstrates an awareness of the diversity of the communities which pharmacy professionals serve and an understanding of differing needs.
   An appreciation and commitment to equality, diversity and inclusion.
   A commitment to impartiality and fair treatment; able to assess and understand the impact of a process or decisions on all parties.
4. **Working style and communication skills**

Works constructively with others.

Engages constructively in debate and challenges others appropriately; questions effectively and listens with patience and courtesy.

**Additional requirements for Chairs/Deputy Chairs**

6. **Effective Chairing**

Actively maintains a sound knowledge of the GPhC’s legislative framework, case-law and underlying principles.

Ability to maintain firm and effective control of hearings; maintaining authority when challenged.

Willingness to explain the procedure and any decisions reached clearly and succinctly to all those involved.

Capable of challenging Committee members’ biases (conscious and unconscious) and supports them in managing these appropriately.

Excellent interpersonal skills involving all members of the Committee in a facilitative, enabling manner.

Capable of effectively appraising members.
Appendix 2

Current version of statutory competencies
(as agreed by the Council in November 2015)

Applicants will be assessed and members’ performance reviewed against the following qualities and abilities:

1. **Intellectual Activity**
   - Quickly absorbs and analyses complex information with ease.
   - Knowledge of the GPhC’s legislative framework, case-law and underlying principles, or the ability to acquire this knowledge.
   - Commitment to and understanding of the GPhC’s policies and procedures.
   - For registrant members: Commitment to maintain expertise in and/or awareness of pharmacy practice.

2. **Personal Qualities**
   - Personal commitment to the Nolan principles, the public interest, the values set by the GPhC Council and the principles of good regulation.
   - Integrity and independence of mind.
   - Sound judgement.
   - Decisiveness.
   - Learns and develops professionally; maintains up to date knowledge of issues relevant to the role.
   - Assesses the impact of a process or decisions on all parties

3. **Understands and values diversity and deals fairly**
   - Shows awareness of the diversity of the communities which pharmacy professionals serve and an understanding of differing needs.
   - Commitment to equality, diversity and inclusion; impartiality and fair treatment. Aware of own biases (conscious and unconscious) and manages these appropriately.
   - Listens with patience and courtesy.
4. **Authority and Communication Skills**

- Inspires respect and confidence.
- Questions effectively.
- Engages constructively in debate and challenges others appropriately.
- Works constructively with others.

5. **Efficiency**

- Works at speed, including when under pressure.
- Manages time effectively and produces clear reasoned decisions expeditiously.
- Makes effective use of technology, including computers, video- and telephone-conferencing.

**Additional requirements for Chairs/Deputy Chairs**

6. **Effective Chairing**

- Maintains a sound knowledge of the GPhC’s legislative framework, case-law and underlying principles.
- Maintains firm and effective control of hearings; maintains authority when challenged.
- Explains the procedure and any decisions reached clearly and succinctly to all those involved.
- Challenges Committee members’ biases (conscious and unconscious) and supports them in managing these appropriately.
- Understands and applies the rules of evidence.
- Excellent interpersonal skills involving all members of the Committee in a facilitative, enabling manner.
- Excellent drafting skills, with the ability to produce clear, accurate, well structured determinations.
- Effectively appraises members.

**Additional requirements for legally qualified Chairs/Deputy Chairs**

- Has/maintains expertise in regulatory law and practice and human rights issues.
- Has/maintains expertise in the laws of evidence, relevant to regulatory proceedings.
Meeting paper

Council meeting on Thursday, 07 December 2017

Public business

Promoting professionalism, reforming regulation

Purpose
To provide the Council with an opportunity to discuss the reforming regulation, promoting professionalism consultation and our approach to responding to this.

Recommendations
The council is asked to discuss this paper.

1. Introduction

1.1. On 31 October 2017, the four UK governments launched a consultation seeking views on proposals to reform the system of regulation for healthcare professionals in the UK. The consultation closes on 23 January 2018.

1.2. The consultation seeks views on what is needed to protect the public and at the same time support the development of the workforce.

1.3. The responses to the consultation will allow the government to consider future options for the development of regulation of healthcare professionals in the UK.

1.4. This consultation provides an opportunity to discuss the purpose of professional regulation, and the role of regulators in the improvement of quality as well as assurance.

1.5. The consultation seeks views on a number of areas, including:

- Assessment of which healthcare professionals are regulated and the level of regulatory oversight required;
- The number of regulatory bodies and the role of Professional Standards Authority;
- Fitness to Practise, in particular views on mediation and ensuring that all the regulatory bodies have the full range of powers for resolving FTP cases;
• Whether the regulators have a role in supporting professionalism, and how this can be done
• Opportunities for the healthcare professional regulators to work together more effectively in the future, for example through shared services, adjudication and common standards; and
• Autonomy of regulators and accountability to governments across the four countries.

2. Our approach to responding to the consultation

2.1. The GPhC will develop a narrative approach to the consultation, and use the strategic plan to underpin our response. We will collaborate with the other regulatory bodies to identify areas of synergy and commonality.

2.2. Whilst the focus of the consultation is professional regulation, we will ensure that our unique role as both the regulator of pharmacy professionals and also registered pharmacies is explained, and will use our response as an opportunity to highlight the significance of our dual role for patients and the public.

2.3. The following principles will be used to inform the development of our response. We will:
• Demonstrate leadership across regulation and provide the context of pharmacy;
• Take the opportunity to think about the role of healthcare regulation in the long term and in the context of the development of health and care services a number of years from now;
• Be clear about what we think is achievable and what we would like from the consultation;
• Demonstrate our commitment to assurance, improvement and support of pharmacy (and more broadly health and care);
• Challenge the assumptions about effective regulation using the evidence drawn from our role regulating people and places;
• Draw attention to the steps we have already made to deliver reform with and without legislative change.
3. **Equality and diversity implications**

3.1. The consultation seeks views on a number of broad areas but does not set out concrete proposals for reform of health professional regulation in the future. Therefore at this stage we are unable to identify any equality and diversity implications.

3.2. A range of potential outcomes are presented for which information is requested on potential impact. Owing to the fact that there is no one single proposal being made in the consultation, it is difficult at this time to identify and furnish information on the opportunities to enhance or the risks to diversity and inclusion. As proposals become more clear, we will continue to provide information both to Council and as part of any further discussions or consultations with the governments.

4. **Communications**

4.1. This is a Department of Health consultation and therefore they are lead organisation for communicating and raising awareness of the consultation. We will encourage our registrants to respond to the DH consultation through an article in the December edition of Regulate and through posts on our social media accounts. We are also encouraging organisations we have worked with which represent patients and the public to respond directly to the consultation, so that the views of the people they represent can be heard.

4.2. We will also raise awareness of the consultation with GPhC staff and involve staff, partners and associates in developing the response.

5. **Resource implications**

5.1. The resources required to respond to this consultation were planned for in business planning for 2017/18.

5.2. Any future changes to the regulation of healthcare professionals could have resource implications for the GPhC; however at this stage these are unknown.

6. **Risk implications**

6.1. Failure to effectively engage with the consultation could result in future proposals that do not take account of the Council’s views on the purpose of professional regulation, and the valuable contribution that can be made to improving quality.
6.2. There may be a range of risks and opportunities presented by the process of reform, but at the moment the consultation document does not set out proposals upon which an analysis can be made. Further risk analysis will be conducted if and when the next steps become clear.

7. Monitoring and review

7.1. Once the consultation has closed, the Department of Health will produce a summary of responses. We will actively monitor this, and seek opportunities to collaborate with the other healthcare regulators and the Department of Health.

7.2. Council will continue to be involved throughout the process of responding to the consultation and any next steps.

Recommendations

The council is asked to discuss this paper.

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29 November 2017
Public business

Response to the consultation on revalidation for pharmacy professionals

Purpose
To provide the council with an opportunity to review and approve the draft framework for revalidation for pharmacy professionals before it is implemented. This paper also provides the council with the opportunity to agree a number of matters which make the communication of the framework and its requirements easier for registrants. These matters are related to specific requirements in the Pharmacy Order 2010 or implementation so, for the sake of transparency of governance, the Council is asked to formally agree them.

Recommendations
Council is asked to review a number of differing matters and make decisions which are structured below into categories for transparency:

Agreeing the response and the revalidation framework

In order to agree the policy relating to the revalidation framework, the council is asked to agree

- the document setting out the response to the consultation (this paper); and
- the revalidation framework document (appendix 1).
- specifically the annex of the revalidation framework setting out terminology that relates to documents specified in the Pharmacy Order, 2010:

Agreeing the implementation timetable

In order to communicate clearly to registrants over the impact that the proposals will have on them, the council is asked to agree:

- implementation of the revalidation framework will take effect on 30 March 2018.
• a new online portal will be made available to registrants to record their revalidation records in March 2018.

• In 2018, the first tranche of registrants with a registration expiry date of 31st of December 2018 will be asked to submit four CPD records alongside renewing their registration.

• In 2019, the first tranche of registrants with registration expiry date of 31st of December 2019 will be asked to submit their full six revalidation records alongside renewing their registration.

• A bespoke communications and engagement approach beginning in February 2018 will be used to ensure every registrant understands what they need to do.

• In January 2018 we will increase our efforts to work collaboratively with other pharmacy organisations (professional bodies, employers, funding bodies, education and training organisations etc.) to further embed the framework.

• Preparation for evaluation will commence in January 2018 with the intent that an interim evaluation report will be published in 2020 and a full evaluation report in 2022.

1. Background

1.1. It has become a widely accepted principle that health professionals need to keep up to date to deliver safe and effective care. Further, it increasingly understood that to maintain public confidence, regulatory bodies working with health professionals must demonstrate that this happens.

1.2. A number of reports into high profile failures¹ in healthcare, predominantly although not exclusively, involving medical practitioners led to calls from governments, patient representative bodies and others for the health professional regulators to introduce reforms to provide assurance about their registrants.

1.3. In particular the Bristol Inquiry report made extensive recommendations about the need for all healthcare professionals to be subject to some form of regulatory scrutiny and revalidation. A UK white paper published by the Department of Health (England) with UK and cross party support, Trust, Assurance and Safety - The regulation of healthcare professionals in the 21st century² set out governments’ expectations that all healthcare professional regulators would bring forward revalidation proposals in due course for their professions.

1.4. For some time the pharmacy professions have been required to undertake continuing professional development (CPD) and submit records to the GPhC (as well as the previous regulator the RPSGB). However, the council made an early commitment to review the process by which the pharmacy professions provided assurance to the public, through the regulator, that individuals remained up to date in their knowledge and competence. This was in recognition that CPD alone was not consistent with the

¹ www.bristol-inquiry.org.uk; www.shipman-inquiry.org.uk
independent reports referenced above, or would meet the expectations of policy makers, governments or our oversight body the Professional Standards Authority.

1.5. Preliminary scoping work was carried out from 2011 to 2013 including a review of relevant research and reports before Council made a commitment at its meeting in November 2013 to develop a new framework for assuring the continuing fitness to practise of pharmacists and pharmacy technicians.

1.6. Council commissioned work from the executive of the GPhC to develop a new framework which would include three core elements, described at that time as “a peer review process”, “a review of continuing professional development (CPD)” and the use of “external performance indicators”.

1.7. Proposals were developed against a set of core principles set out below.

- The primary role of continuing fitness to practise is to reaffirm registrants continue to meet the core professional regulatory standards.
- The framework will need to take account of the full range of roles and settings of pharmacy practice and as a result be based upon a common standard and flexible process and evidence requirements.
- The framework will complement and where possible incorporate existing mechanisms provided by organisations within pharmacy that support continuing fitness to practise assurance.
- Any framework would need to be appropriately tested, piloted and evaluated using robust evaluation criteria including impact assessment of intended and unintended consequences.

1.8. The work to research, test, pilot and evaluate proposals has been completed and the draft framework for revalidation for pharmacy professionals was subject to consultation from 24 April to 17 July 2017 (three months).

1.9. In October 2017 the council received an analysis of the responses we received to the consultation and also a series of engagement events held during the consultation period. The paper provided a summary of the consultation, including what we consulted upon, how we conducted the consultation and engagement activities, who we heard from and what we heard.

1.10. The remainder of this paper is a response to what we heard in the consultation which sets out the changes we have made to the revalidation framework or other steps we will follow to respond. Appended to this paper is the draft revalidation framework, updated based on what we heard in consultation for the council’s review.

2. Responses to the consultation

Summary

2.1. The overall response to the consultation to introduce revalidation for pharmacy professionals was largely positive. Further, owing to the ongoing engagement undertaken throughout their development we already had a sense of confidence that the proposals were the right ones. As a result of this, there are not widespread changes required.
2.2. However, where there were clusters of concern about our proposals, we will be taking action. These actions can be summarised as:

- Better explaining some parts of the proposals either through changing the wording in the guidance or producing supporting information.
- Engaging with all registrants or groups of registrants, either directly or in collaboration with other pharmacy organisations to make sure the proposals are well understood.
- Strengthening the requirements in the guidance or including the requirement for declarations by our registrants to be made at the point of renewal about aspects of revalidation activities.
- Evaluating aspects of the proposals once implemented to better understand their impact and over time make adaptations to the revalidation framework.

Continuing professional development

2.3. Respondents generally expressed satisfaction with the proposals to revise the approach to CPD recording but requested clarity around the distinction between planned and unplanned learning entries.

2.4. Response: We have enhanced guidance in the revalidation framework to make the distinction between unplanned and planned learning clearer. We will continue to promote this distinction in supporting information and in engagement.

Peer discussion

2.5. Of the proposed changes, the introduction of the peer discussion generated the most feedback from both organisations and individuals with a large number of respondents having questions or concerns about the approach.

2.6. Although many respondents had positive comments related to peer discussion the following areas were raised for consideration:

2.6.1. Choice and availability of a peer (particularly for pharmacy professionals who may be in more isolated roles).

2.6.2. Further guidance on selecting an appropriate peer.

2.6.3. Maintaining objectivity in the peer relationship and over time.

2.6.4. Robustness of the proposed peer discussion as a mechanism for continuing assuring fitness to practise.

2.6.5. Quality and consistency of peers.

2.6.6. Production of more guidance to support the discussions.

2.6.7. Requiring a more structured and recorded conversation or possibly mandating 360 feedback models.

2.6.8. The function of the peer discussion being misappropriated by some employers.
2.6.9. The link between peer discussion and appraisal.

2.6.10. That peer discussion would prevent pharmacy professionals undertaking their learning and development on their own which would have a resource implication.

2.6.11. Confidentiality, conflicts of interest and data protection.

2.7. **Response**: To support peer discussions further we have enhanced the guidance provided in the revalidation framework. This will be further supplemented by guidance for the discussion itself for both the registrant and their peer. We will also produce supporting information that will further guide our registrants and their selected peers.

2.8. **Response**: To ensure peers are appropriately selected, as well as enhancing guidance to aid decision-making, we will also include declarations targeted at suitability of peers which will be made by registrants at the time of renewal.

2.9. **Response**: To further empower our registrants to feel free to select a peer, rather than have one allocated by another party, we have enhanced the guidance in the revalidation framework and will include a declaration to ensure registrants understand that they have the responsibility and right to select their own peer.

2.10. **Response**: To ensure registrants are able to find peers, we will continue working collaboratively with other pharmacy organisations so that they can support registrants to locate appropriate peers and engage with the process in the most meaningful way. We will also encourage registrants to think outside of the pharmacy professions to find their peers to promote multi-disciplinary peer discussions.

2.11. **Response**: We will evaluate on an ongoing basis the effectiveness of the peer discussion in achieving its intended outcomes of reducing professional isolation and encouraging reflection drawing in the views of a third party. Based on evaluation, we will consider how the framework may be adapted iteratively over time to include new activities, including other forms of feedback gathering such as 360 feedback.

2.12. **Response**: We will provide additional guidance on data protection for registrants and peers and include a declaration to me made by registrants that they have permission of the peer to pass their data to us for the purposes of the review process.

**Reflective account**

2.13. The reflective account appears to also have been welcomed by many respondents however the following matters were raised for consideration:

2.13.1. Registrants should be empowered to reflect on the standards they choose rather than the ones directed by us.

2.13.2. More clarity was required over when registrants would know which of the standards were to be included in that year’s reflective account.

2.13.3. More guidance was requested on the form of a good or bad reflective account.

2.13.4. Additional support may be needed for some registrants who are less familiar with reflective thinking.
2.13.5. Reflection, being inherently subjective, may do little to support improvement.

2.14. **Response:** The guidance in the revalidation framework has been enhanced and further supporting information is being developed to provide additional support for registrants.

2.15. **Response:** Registrants will be asked to select from a range of the standards each year upon which they can reflect with the expectation that over time they will cover all the standards on a periodic basis.

2.16. **Response:** We will continue to collaborate with other pharmacy organisations to ensure that registrants understand the new requirements they need to meet.

2.17. **Response:** There is evidence to show that reflective practice even though inherently subjective can contribute to improvements in practice quality and safety when it is supported by using more objective sources of information. For example, using feedback or the views of others, which is required and encouraged through the revalidation framework.

**Submission of records**

2.18. Again, the majority of respondents appear to feel the change to annual submission of records is a positive one. However the following issues were raised for consideration:

2.18.1. Prevention of plagiarism and resubmission of old records each year.

2.18.2. Life-long recording of learning and development given that records would only be maintained for 18 months.

2.18.3. Requests for clarity over submission deadlines and also regular reminders.

2.18.4. The need for a period of adaptation to the new requirements.

2.18.5. That annual submission feels too onerous for some, particularly when compared to 3 or 5 year cycles in operation for other regulated professionals.

2.19. **Response:** The guidance in the revalidation framework has been enhanced and we will produce further supporting information for registrants about submission of their records to us.

2.20. **Response:** We will introduce an amended declaration at the time of renewal establishing the work submitted is that of the registrant and relates to the period of submission. We will increase the retention period for records slightly to ensure the same records are not submitted repeatedly.

2.21. **Response:** We will work in collaboration with other pharmacy organisations, particularly those supporting life-long learning to promote opportunities to record learning in other places and also to simplify transfer of records to GPhC.

2.22. **Response:** We are planning phased implementation over 2018-2020 to support registrants in their adaptation to the new requirements. We are also planning collaboration with other pharmacy organisations to support registrants to meet the new requirements.
Review of records

2.23. Many respondents agreed that the changes proposed improved the way in which records are reviewed and provides a more robust process. There was also support for the use of two reviewers in ensuring objectivity and increasing consistency in the review process. There were however a number of issues raised for consideration:

2.23.1. Concerns about the involvement of a lay reviewer and in some instances a pharmacy technician reviewer.

2.23.2. Requests for clarity about the selection, skills and training for reviewers.

2.24. **Response:** The involvement of lay people is a key improvement to include the views of members of the public in the review process. Additionally, allocation of the appropriate professional reviewer means a better understanding of the role of the professional whose records are under review.

2.25. **Response:** We will provide further clarity on the selection, skills and training of reviewers in supporting information.

Feedback

2.26. There was considerable support for the introduction of tailored developmental feedback rather than the current percentage score. Issues for consideration raised in responses were:

2.26.1. Requests for more guidance and clarity over the timings and outcomes of feedback.

2.26.2. Requests for clarity on the process for remediation and more information to be made available to support registrants in remediation.

2.27. **Response:** Further supporting information will be produced on the feedback and remediation processes so that registrants will have clarity over what to expect and what to do if they need a period of remediation.

Resource implications and transitional arrangements

2.28. Mixed feedback was received on the resource implications of the new proposals. Many saw the proposals as a more streamlined process supported by technological improvements. The reduction in the number of CPD entries was seen as creating space for the introduction of the peer discussion and reflective account, meaning overall the new proposals would reduce the burden on pharmacy professionals. Similarly, the simplified process for recording would allow more time for registrants to focus on their work and their patients or service users.

2.29. However, these views were not shared by all and the following issues were raised for consideration:

2.29.1. There would be an additional time burden overall.

2.29.2. Time would be required for adaptation to the new requirements.

2.29.3. There were requests for protected learning time.
2.29.4. The peer discussion was seen to have an impact on many pharmacy professionals and may have an impact on employers who would be required to consider back fill arrangements.

2.29.5. There was concern that costs may increase at GPhC and there may be a resulting impact on the registration fee.

2.30. **Response:** The guidance in the revalidation framework has been enhanced to promote seeking peers from outside of the pharmacy professions. Further supporting information will be produced and continued collaboration with other pharmacy organisations will take place to ensure registrants are able to locate suitable peers.

2.31. **Response:** Evidence and modelling based on the test and pilot studies suggest that the time and cost implications of the new requirements are an improvement on the previous model of CPD. However, monitoring and evaluation following implementation will be undertaken to ensure that, when scaled up to the whole register, there are no unintended time or cost implications for GPhC, registrants and their employers.

3. **Next steps**

3.1. If council agrees the recommendations outlined in this paper the next step is to commence implementation in full. Preparatory work has already commenced and indications are that an online portal will be available for registrants along the predicted time scales. The remainder of the work in 2018 will be directed toward further development of internal systems to support revalidation, external engagement and finalisation of supporting information, engagement with pharmacy organisations to develop more tailored materials for their constituencies and where possible develop a technical solution to transfer records from other learning portfolios. There will also be work undertaken to prepare current reviewers and increase the pool of available reviewers in time for reviews in 2019.

4. **Equality and diversity implications**

4.1. In all stages of our development work we have considered whether there are any significant equality implications, either positive or negative, for registrants or members of the public. Each phase of the three year development programme and some of the specific activities within the programme have warranted separate equality impact analysis reports, such as at the stage of consultation.

4.2. A full impact analysis has been prepared following the consultation on revalidation for pharmacy professionals which draws upon not only the information that was given to us through survey responses and engagement events, but also other information collected at earlier stages of the development programme. This report has been presented alongside the consultation analysis.

4.3. Equality and diversity implications will continue to be monitored continuously and also as a component of formal evaluation of the implemented proposals.

5. **Communications**

5.1. A communications plan leading up to implementation has been produced and will be used to guide communications activities. Budget has been set aside to engage with pharmacy organisations and
professionals throughout the first year of implementation. Funds have also been budgeted for the production of more supporting information in accessible formats such as online videos.

5.2. A key risk to the effectiveness of communications continues to be the relative importance of revalidation for our stakeholders when compared to other potential changes to pharmacy services as a result of a variety of matters including changes to funding, changing models of service delivery and exiting the European Union. Engagement approaches therefore are focused on the ways in which implementation of revalidation promotes simplification of previous requirements.

6. Resource implications

6.1. Resource implications for implementation have been accounted for in various budgets and work plans within the organisation including for technical development, partners and associates costs, the costs of reviews, and communications and engagement.

6.2. The impact on the external environment was modelled as part of evaluation of the pilot and suggests that there will be an initial time investment required from pharmacy professionals as they engage with the new requirements for the first time. However it is suggested from the evidence we have collected that this investment is comparable with the previous requirements and will reduce as familiarity grows.

7. Risk implications

7.1. Risk management in the formulation of the proposals has been directed at ensuring high levels of meaningful engagement, establishing a robust evidence base and on delivering phases of activity within their planned time frames.

7.2. A new approach to risk management will be required for implementation and work is taking place now to ensure that the various teams in the organisation responsible for delivery of components of the revalidation framework will account for and manage risks appropriately.

8. Monitoring and review

8.1. If the council decide to agree proposals, a full programme of monitoring the early stages of implementation will be produced and the first steps will be taken to design a coherent strategy for ongoing and long term evaluation of the revalidation framework.

9. Recommendations

Council is asked to review a number of differing matters and make decisions which are structured below into categories for transparency:

Agreeing the response and the revalidation framework

In order to agree the policy relating to the revalidation framework, the council is asked to agree

- the document setting out the response to the consultation (this paper); and
the revalidation framework document (appendix 1).

**Agreeing the implementation timetable**

In order to communicate clearly to registrants over the impact that the proposals will have on them, the council is asked to agree:

- implementation of the revalidation framework will take effect on 30 March 2018.
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- A bespoke communications and engagement approach beginning in February 2018 will be used to ensure every registrant understands what they need to do.
- In January 2018 we will increase our efforts to work collaboratively with other pharmacy organisations (professional bodies, employers, funding bodies, education and training organisations etc.) to further embed the framework.
- Preparation for evaluation will commence in January 2018 with the intent that an interim evaluation report will be published in 2020 and a full evaluation report in 2022. Osama Ammar, Head of Revalidation

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15 November 2017
Appendix one – Draft revalidation framework for council’s approval

Revalidation framework
Draft for Council

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Introduction

The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales.

The trust people have in pharmacy professionals is strong. It is based mostly on the knowledge, attitudes and behaviours of individual pharmacists and pharmacy technicians and the relationships they have with the people using their services. But part of that trust comes from the expectations that people have on how the professions work with us to provide assurances that pharmacy is safe and effective.

**Revalidation for pharmacy professionals** is one of the ways that we work with pharmacy professionals to provide assurance that the trust in pharmacy professionals is well placed. It builds upon what pharmacy professionals do – as part of their work and development – to make sure they remain fit to practise through using, maintaining and developing their professional knowledge, attitudes and behaviours.

Revalidation is a term that health professionals and their employers know well from the models that have been put in place for doctors, nurses and midwives. The pharmacy professions are distinct from other professions and from one another so the framework for pharmacy professionals is similar in name, but is fundamentally different in design so that it suits pharmacy.

For a long time pharmacy professionals have provided assurance of their ability to keep their knowledge and skills up to date by carrying out and recording learning and development activities. But in the evolving world of healthcare, patients and the public would like to have further assurance that pharmacy professionals remain safe and effective after their initial registration. The framework encourages pharmacy professionals to reflect on their learning and practice, and it focuses on the outcomes for the people using the services of pharmacy professionals to provide that assurance.
About the language in this document

Throughout this document, ‘we’ and ‘our’ mean the GPhC and ‘you’ and ‘your’ mean pharmacists and pharmacy technicians.

‘Reflective practice’ is a term with many definitions. For revalidation we have chosen to use this definition: ‘the critical evaluation of practice and learning to find ways to benefit further the people using your services’.

Pharmacy professionals work in many different places and provide their services to a variety of people (not just people who might be defined as patients). Therefore, we have chosen to use the words ‘people using your services’ to mean any person receiving services from a pharmacist or pharmacy technician. The term is relevant to all pharmacy professionals, whether they directly interact with patients or not. The term includes, but is not limited to:

- patients
- the family and carers of patients
- health professional colleagues
- non-health professional colleagues
- students
- trainees, and
- organisations
About the revalidation framework

The revalidation framework describes how pharmacy professionals, working with the GPhC, provide further assurance to the public that their trust in pharmacy professionals is well placed.

One of our standards for pharmacy professionals says that you must maintain, develop and use your professional knowledge and skills. The revalidation framework is one of the tools we use to demonstrate to members of the public that this standard is met by you and other pharmacy professionals.

The revalidation framework sets out our expectations of what you must do each year:

- making your records – recorded CPD, a peer discussion and a written reflective account
- submitting records to us and what happens when they are not or cannot be submitted

It also covers what we will do, including:

- selecting records for review
- reviewing records and giving you feedback
- following up when it seems our review criteria are not met

Please see the annex for information about how the language and requirements set out in this document relate to our governing legislation, the Pharmacy Order, 2010.
The process explained: overview

FLOW CHARTS DETAILING STEPS WILL BE INSERTED HERE
The process explained: recording

This section of the framework describes what you must do and record each year that you are registered as a pharmacy professional. You can find information about:

- what we expect you to do
- how to record what you do
- CPD
- peer discussion
- the reflective account

You can find out more about the structure of records and supporting guidance in Appendix 1.

We have also produced example entries to help you understand what good records look like. We have also produced an example of the common ways that people might not meet the expectations for recording so they can be avoided. We have provided these as a separate document and you can also find them on our website.

What we expect you to do

Each year, and by the time you renew your registration, we expect you to:

- carry out, record and submit four CPD entries, at least two of which must be planned learning activities
- carry out, record and submit one peer discussion
- carry out, record and submit one reflective account.

How to record what you do

You will find much more detail below about how to carry out and record CPD, a peer discussion and a reflective account. However, there are some things common to all types of record:

- Before submission you can keep records in our online portal, but you might want to keep your records somewhere else (in written notes or another online portfolio for example).
- At the point of submission, your records are expected to be in our online portal. You may therefore need to transfer your records to us before your registration renewal deadline.
- We do not usually accept paper submissions. If you have circumstances which prevent you from using our online portal please contact us.
- Your records must be relevant to the safe and effective practice of pharmacy and should relate to the context of your practice, including any specialisms.
- Your entries should demonstrate our review criteria (see section X of this document). The guidance we have produced reflects these criteria so you will find it helpful to refer to that as well.
• Your entries should relate to activities that you have completed, with examples of the benefit you think they have had for the people using your services.
• Your records should be your own.
• You should respect patient confidentiality.

CPD

Research shows that a simple approach to CPD recording encourages reflective practice. We want you to complete four CPD entries a year, of which at least two must be planned.

There are two types of learning that you can record in your CPD entries:

• Planned learning – when you decide to develop your knowledge and/or skills in advance of carrying out the learning activity.
• Unplanned learning – when an event happens that causes an unscheduled learning activity without prior thought or planning, for example through reading a journal or talking to a colleague.

There are two types of learning because it is important that some learning each year is planned and members of the public have told us that they agree with this because it provides them with assurance that pharmacy professionals are keeping themselves up to date. But we also recognise some of the most beneficial learning is prompted by your practice and not planned.

Each of these types of learning can lead to the other. A planned learning activity might lead to an unplanned one or the other way round.

You should continue to carry out as much CPD as is necessary for you to be able to practice safely and effectively. But we only want you to submit entries that have relevance to the people using your services.

We ask that you give a real example of how the learning has benefited the people using your services. We want to hear about the benefits for the people using your services (while respecting patient confidentiality) using real rather than hypothetical examples. In some cases, recording may involve more than one stage: you may start an entry and then return to it later after the learning has been applied.

Across your four entries you should try to learn using a variety of methods. We want to see the relevance and breadth of your learning and development activities, and the methods you use should be varied depending on what you are learning.

Your learning should also reflect the context of your practice. If you have multiple roles or specialisations, you should use your four entries to reflect that breadth.
Peer discussion

Peer discussion is a learning and development activity that encourages you to engage with others in your reflection on learning and practice. Research shows that having another person’s view can help pharmacy professionals to reflect on their practice and can reduce the potential for professional isolation. To be most effective, these discussions should be formative (that is, designed to aid your development), open and honest and with someone who you trust and respect. Peer discussions can take place in any format: face to face, over the phone, via web chat, via a video call or any other means of real-time communication that is effective for you.

For your peer discussion to be effective you need to consider the following things:

• deciding on an appropriate peer or peers
• sharing relevant information to guide the discussion
• having the discussion and responding to it in a reflective way

There are different types of peer discussion and only you will be able to decide which type would be most effective for you. Some types of peer we have seen to be effective in prompting discussion are:

• a trusted colleague
• a line manager (with their staff member, or the other way round)
• another healthcare professional
• a group of peers
• a mentor or coach

For many of you, the most effective peer relationship would be with another pharmacy professional. However, for some of you, it may be appropriate to consider a peer from another health profession or possibly someone who is not a health professional but has insight into the kind of work that you do. And we also believe that seeking out someone from another background may be beneficial to bring new perspectives on your work. For example, some pharmacy leaders may consider seeking out someone in another leadership role who is not a pharmacist. And someone with links to other healthcare professionals might want to have their peer discussion with a nurse who understands their role. There may be rare occasions when you choose to have a discussion with an ‘expert patient’ with a long-term condition. You may also have different peers at different stages of your career.

Your peer should be someone who understands aspects of the work you do and someone that you respect and can trust. This might mean it is:

• an individual you work with
• a group of people with a similar roles to you
• someone with the same or similar professional background, or

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3 The term ‘expert patient’ usually means patients – especially those with long-term conditions – who, working with relevant health professionals, choose and are able to take more control of their treatment plan.
• a colleague from a multidisciplinary team

The relative status of the peer does not matter in terms of prompting discussion and you may choose a peer who has a different level of authority to you.

You are free to select your own peer and must not have a peer allocated to you by someone else unless you are comfortable with the selection. We will ask you to make a declaration at the time you renew your registration with us to make sure that you selected your peer. For example, an employer cannot force you to have a particular peer if you do not want to. Neither can an employer require your peer discussion be a part of your appraisal. And you can seek out a peer from a number of different places, such as your professional body, if you do not want one based in the same place you work.

Choosing a peer is important and you should think about perceptions in terms of independence and objectivity. You must not choose anyone as a peer with whom you have too close a relationship, such as a family member or very close friend. We will ask you to make a declaration at the time that you renew your registration to make sure that there is no conflict of interest in your peer selection.

You might find your peer(s) through:

• your employer
• an education and training provider
• a professional body or association
• local or national networks

Before your peer discussion you should consider sharing information to make sure the conversation is effective. You should consider discussing your CPD activities and your reflective account (especially if you have yet to decide what they might be). You might also want to discuss other pieces of information about your practice, such as:

• quality improvement activity
• critical incidents
• significant events
• review of complaints and compliments
• feedback you receive from the people using your services
• performance and development reviews
• the standards for pharmacy professionals

The discussion should be formative – that is, its aim should be to influence your development positively, rather than for your peer to make an assessment of you. You do not have to send us information on the subjects discussed. The discussion is intended to aid your reflection, so your peer may ask you questions about you and your practice to help draw out reflections you might not have reached on your own. The discussion may take place face to face, by phone or using some other real-time electronic medium.
We know some peer discussions happen spontaneously rather than being pre-planned, and work well. However, these are generally less effective as a reflective exercise because preparation – including thinking about the discussion in advance – will make the discussion more effective.

You must make sure your peer has agreed to be named in the record of your discussion, and contacted about it. If you are selected for review, we will contact your peer to confirm the discussion has taken place. We will not ask your peer for any information about the discussion other than to confirm that it has happened.

If your peer discussion does not go well you can choose a different peer. In some very rare circumstances discussions might cause concern about someone’s fitness to practise. You and your peer should refer to our guidance on raising concerns if this happens.

If your peer is a health professional you should check their registration on the appropriate public register to ensure they are currently registered and not subject to an active investigation. There is no bar to someone acting as a peer if they have previously been subject to fitness to practice processes which are complete and they are fully registered.

We have separate guidance for peers to let them know what to expect. [to be published for the implementation date for revalidation]

Reflective account

The purpose of the reflective account is to encourage you to think about how you meet our standards for pharmacy professionals in the work you do as a pharmacy professional. Evidence suggests that producing a reflective account that focuses on our standards increases awareness and understanding of the standards and helps you reflect on how your practice affects the people using your services.

The main parts of your reflective account will be:

- a brief summary of your practice history for the last year including who the typical users of your service may be
- a statement of how you have met one or more of our standards for pharmacy professionals
- examples to support your statement

Each year we ask you to select one or more of the standards to reflect upon. We will say which of a range of the standards for pharmacy professionals we expect you to reflect upon from that year. We will tell you which standards you should select from at the start of your registrant year.

We want you to tell us briefly about your work (the setting of your practice, your main roles and responsibilities, the typical users of your service). Giving us this type of context is helpful if your record is selected for review, and also helps you to consider if the people using your services have changed.
We want you to give at least one (but ideally more) examples to support your account so that we can see how you have reflected on the standards and their application in practice. The standards for pharmacy professionals are all inter-related so you will find that you can show how you met more than one of them using just one example. You can look at our example records to see how this can be done.

You may find it helpful to discuss what to include in your reflective account as part of your peer discussion.

Our frequently asked questions give you more information.
The process explained: submission

This section of the framework describes how you submit records to us when you renew your registration. You can find out about:

- what happens at the time of registration renewal and what you must do
- what to do if you cannot submit all or some of your records
- what happens if you do not submit all or some of your records without a good reason

What happens at the time of registration renewal and what you must do

Each year, as part of renewing your registration, you are expected to submit records of your CPD, peer discussion and reflective account to us.

We will give you plenty of notice of when your registration renewal deadline is approaching so that you have time to prepare. If you have been keeping your records in our online portal you will need to log in, and as part of the renewal process you will be able to submit your records to us. If you have been keeping your records somewhere else (in paper form or in another online portfolio) you will need to transfer your records into our online portal.

We do not normally accept paper submissions, but if you cannot submit your records online you can contact us to discuss what to do.

What to do if you cannot submit some or all of your records with good reason

There are sometimes reasons why you will not be able to submit some or all of your records when you renew your registration. This might be because of sick leave, maternity leave, military postings, breaks from practice and possibly other reasons. Usually, if you have a good reason, you will still be able to renew your registration without submitting your records to us.

If you cannot submit all your records, we might be able to accept the records that you can complete. If there are gaps in your records like this, they should not normally be more than 12 months.

In other cases, we might be able to give you an extension so that you can submit all your records at a later date.

What happens if you do not submit some or all of your records without good reason

If you are unable to submit your records without good reason we will enter you into the ‘remediation process’. This gives you another chance to submit your records in a form that is acceptable to us.
If you still do not submit your records after the period of remediation, we will start a process called ‘administrative removal’, described in our rules⁴. If you are removed from the register through this process, and you later reapply for registration, we will expect to receive and review your CPD, peer discussion and reflective account records as part of your reapplication.

⁴ The General Pharmaceutical Council (Continuing Professional Development and Consequential Amendments Rules) Order of Council 2011
The process explained: review and feedback

This section of the framework describes how we review your records. You can find out about:

- how we select records for review
- how we carry out reviews and what happens afterwards
- the criteria we use for reviewing records, and
- how we provide feedback to you if you have been selected for review

How we select records for review

Once your records are submitted they may be selected for review. Our selection process is partly random and partly targeted. We will let you know if your records are selected and tell you how long it will take before you know the outcome.

Each year we will select a random sample of registrants to have their records reviewed. If your records are selected for review, and you meet the review criteria, we will not review your submitted records again for the next two years. In some cases you may be selected to have your records reviewed more often than this, for example:

- if we have required you previously to undertake remedial measures following a review of your records
- if you have a history of poor compliance with any of our standards, or
- if your records are submitted late without a good reason

We may select your records for review at any time after they have been submitted. If your records are selected for review we will tell you in advance. We will review the four CPD entries, peer discussion and reflective account you submitted as part of your most recent renewal.

We may also ask you to carry out additional activities and make records of these for us to review if:

- the outcome of your review is that you have not met our review criteria
- your register entry has been restored following a period of removal and your application for restoration to the register has been granted subject to your agreeing to comply with additional learning requirements, or
- a direction has been given by a fitness to practise committee (following a hearing) that your continued registration is conditional on your carrying out additional learning activities
How we carry out reviews and what happens afterwards

Reviews may take place at any time in year following submission of your records. This is because we will spread the number of reviews we conduct evenly throughout the year. We will let you know if you have been selected for review and how long it will be before you receive your feedback.

If your records are selected they will be reviewed against our review criteria. These are outlined below. We will also try to contact your peer to confirm that your peer discussion took place. We will not ask for details of the discussion, simply confirmation that it happened.

The review will be carried out jointly by a pharmacy professional and a lay reviewer. The two reviewers will work together using the review criteria to make a joint review of your records and produce a feedback report. The professional and lay reviewers will both be trained to carry out reviews and offer developmental feedback.

We think it is important that there are two reviewers so that one understands your practice and the other can look at your submission from a lay or patient perspective. Also, pairing reviewers improves the quality and consistency of reviews. We will also take further steps to quality assure feedback reports to ensure consistency of quality and approach.

As part of the review of your records we may ask you to provide more information so that we can verify that the information you submitted relates to learning you have undertaken and to your context of practice.

If you meet the review criteria we will tell you, and you will receive a feedback report to help you with your future recording. Usually, after that point you will not be selected for review for another two renewal cycles. After this you may be selected randomly in the following years.

If you do not meet some of the review criteria you may be entered into a period of remediation. This gives you another opportunity to submit records.

If you do not meet some of the review criteria a second time we will follow the steps outlined in our statutory rules. These rules set out the procedures we will follow if you have not met the requirements of this framework. In very rare cases we may take steps to administratively remove you from the register or remove an annotation to your register entry relating to a speciality.

The criteria we use to review records

There are two types of criteria (core and feedback) that we will use to review your record. The core criteria, if not met, may lead to remedial measures where you are asked to submit more or revised records. The feedback criteria will be used to offer developmental feedback for your future records, and we may choose to review your records again at your next registration renewal.
The following are core criteria. If the following criteria are not all met we may enter you into the remediation process:

- Records have been submitted to the GPhC in the time specified by the registrar.
- Records are legible and have been structured in a format published or approved by the GPhC.
- Records cover the annual registration period, or, if there are gaps in records, an adequate explanation has been provided.
- Records are related to activities that you have carried out personally.
- There are six records (four CPD entries, a peer discussion and a reflective account) completed for each annual registration period. These are relevant to the safe and effective practice of pharmacy within your context of practice, including any specialisations and the environment in which you practise. At least two of the four CPD entries completed for each full year are planned learning activities.
- Records comply with or safeguard patient confidentiality. If we have grounds for thinking your record breaches patient confidentiality, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.
- Records adequately reflect any special conditions that have been placed on your practice by the GPhC — for example by a fitness to practise committee, or by the registrar if your registration has been restored following removal.
- Records only contain true and accurate information. If we have grounds for thinking your record contains false or misleading information, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.

The following are feedback criteria. If the following criteria are not all met we will offer developmental feedback for your future records, and we may choose to review your records again in the following years.

Feedback criteria for planned CPD learning

There is a description of:

- what you want to learn
- the relevance of the learning to your practice
- how the learning will affect the people using your services
- the options or activities you have selected to carry out
- how you have applied the learning
- how the learning – once you have applied it – has benefited the people using your services, illustrated with an example

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5 If we have grounds for thinking your record breaches patient confidentiality, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.

6 If we have grounds for thinking your record contains false or misleading information, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.
Feedback criteria for unplanned CPD learning

There is a description of:

- the activity you took part in that enabled new learning
- what you have learnt
- how you have applied the learning
- how the learning – once you have applied it – has benefited the people using your services, illustrated with an example

Feedback criteria for peer discussion

There is a description of:

- why you chose your peer(s)
- how the process of peer discussion has benefited your practice
- how the process of peer discussion has benefited the people using your services, illustrated with an example

Feedback criteria for reflective account

There is a description of:

- your area(s) of practice
- the typical users of the service(s) you provide
- how you are meeting one or more of the standards for pharmacy professionals, illustrated with real example(s)
Visiting practitioners (registered in parts 4 and 5 of our register)

If you are registered with us temporarily because you are registered as a pharmacist or pharmacy technician in another European state where you normally practise, then we can take account of any continuing professional development that you are required to carry out in your home state.

Dual registrants

If you are registered as both a pharmacist and a pharmacy technician you need to complete records that reflect the full breadth of your practice. These must include both your pharmacist and pharmacy technician practice. However, you only need to submit your six records once a year at the time of your renewal as a pharmacist.
Data protection and confidentiality

Our use of your personal data: the GPhC’s data protection statement:
The GPhC is a data controller registered with the Information Commissioner’s Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

We will use information you give us in your revalidation records to make sure that you have carried out appropriate activities to meet the requirements of the revalidation framework, as explained in the ‘The process explained: review and feedback’ section. We may also use this information in processing complaints.

We may use personal data in compiling statistics and keeping stakeholders updated with information about the GPhC. This information is anonymised.

We may share personal data with third parties to help us meet our statutory aims, objectives and responsibilities, and in using our powers under the Pharmacy Order 2010, the rules made under the order and other legislation. These third parties may include other regulatory and enforcement authorities, NHS trusts, employers, the Department of Health, universities and research institutions.

Patient confidentiality

Pharmacy professionals have a duty by law and under the GPhC’s standards for pharmacy professionals not to disclose confidential information about patients without their consent, unless there are exceptional circumstances or the law says they have to. We will never require patient identifiable information from you to be submitted as part of your revalidation records. When using examples from your practice, you must ensure you make the information anonymous – or use coded information – when you are referring to issues concerning specific patients within a record.
Appendix 1

Guidance on how to complete forms

CPD planned learning form and guidance

1 What are you planning to learn?

Tell us what learning you are planning to carry out. What you need to learn may be new knowledge, skills, or a new attitude or approach – anything that you think will make you better able to do your job as a pharmacy professional or prepare you for a new service or role. You should be as specific as possible.

You should explain why this learning is relevant to you in your role as a pharmacy professional and how it will affect the people using your services. If you don’t think it is relevant or will have a significant beneficial impact on anyone, you might want to consider why you are planning to carry out and record this learning.

Please take care not to disclose any confidential information about patients without their consent.

2 How are you planning to learn it?

It is important for you to consider a range of options for achieving your learning across the breadth of your CPD entries. Focus your planned CPD on those activities that are relevant to, or likely to have the biggest impact on, the people using your services.

3 Give an example of how this learning has benefited the people using your services

Putting learning into practice is a good way to prove that you have actually learnt what you intended. Tell us what specific skills, attitudes and/or behaviours you have gained as a result of your learning.

Include a real example of how the people using your services have benefited from your learning. If you were able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.
CPD unplanned learning form and guidance

1 Describe an unplanned event or activity that enabled you to learn something new or refresh your knowledge or skills

Tell us about the event or activity. Be specific about the event or activity you describe. If you read an article give it a reference.

Tell us what you learnt from the event or activity in terms of the skills, knowledge, attitudes and/or behaviours you have adopted.

Please take care not to disclose any confidential information about patients without their consent.

2 Give an example of how this learning benefited the people using your services

Include a real example of how the people using your services have benefited from your learning. If you are able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.
Peer discussion form and guidance

1  Please give the name, contact details and the role of your peer on this occasion

Name of peer:*  
Peer’s role:  
Name of peer’s organisation:  
Peer’s contact number:  
Peer’s contact email:

*If you took part in a group peer discussion, please only provide details for one person from the group.

2  Describe how this peer discussion changed your practice for the benefit of the people using your services

Tell us why you chose this peer.

Tell us how this peer discussion has helped you to reflect on and make improvements to your practice.

Give a real example of any beneficial outcomes for the people using your services as a result of making changes to your practice.

Do include any feedback about your practice that you have had from other people.

You do not have to include information on the subject(s) discussed if you feel the contents are confidential.
## Reflective account form and guidance

1. **Provide us with a reflective account of how you met one or more of the standards for pharmacy professionals [we will tell you which standard(s) to choose from each year]**

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell us briefly about your area of work (the setting of your practice and your main roles).</td>
</tr>
<tr>
<td>Tell us briefly who the typical users of your service(s) are.</td>
</tr>
<tr>
<td>Tell us how you meet the standards for pharmacy professionals we have selected.</td>
</tr>
<tr>
<td>Give a real example(s) taken from your practice to illustrate how you meet the standards we have selected.</td>
</tr>
</tbody>
</table>
Annexe – The terminology of the framework and the relationship to the Pharmacy Order, 2010

In order to make our requirements clearer for you, we have simplified the structure of documents defined in the legislation, the Pharmacy Order, 2010.

For transparency, the way in which we use certain terms has been included in this section of the document. The following documents in the Pharmacy Order, 2010 are:

- the standards of proficiency for maintaining registration, specified in paragraph 43(1)(a), are the **standards for pharmacy professionals**.

- the standards for continuing professional development, specified in paragraph 43(1)(b), is **standard 4 of the standards for pharmacy professionals**:
  
  “pharmacy professionals must maintain, develop and use their professional knowledge and skills”

- the framework, specified in paragraph 43(4)(a), is the **revalidation framework**.
### Appendix two

**Summary of Equality Impact Analysis: Revalidation framework consultation**

<table>
<thead>
<tr>
<th>Having considered the potential impacts on equality what action are you taking?</th>
<th>Your analysis demonstrates that the policy is robust at this stage and the evidence shows no potential for discrimination. You have taken all appropriate steps to advance equality and foster good relations between groups. The policy will comply with our Welsh Language Scheme.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change to the policy (no impacts identified)</td>
<td>Continue with the proposal, despite any adverse impacts on equality, provided it is not unlawfully discriminatory and is justified. The policy will comply with our Welsh Language Scheme</td>
</tr>
<tr>
<td>Continue the policy (equality impacts identified)</td>
<td>Take steps to remove barriers, mitigate impacts or better advance equality before continuing with the policy. And / or, take steps to ensure that our Welsh Language Scheme will be complied with.</td>
</tr>
<tr>
<td>Adjust the policy and continue (equality and / or Welsh language impacts identified)</td>
<td>There are adverse effects on equality that are not justified and cannot be mitigated. The policy is unlawfully discriminatory. And / or, the policy cannot comply with our Welsh Language Scheme so cannot proceed.</td>
</tr>
<tr>
<td>Stop and remove the policy</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for decision:**

Evidence from both our pilot and from the consultation provides indicators that some may need additional support to effectively engage with the revalidation framework’s requirements. These groups include:

- people less familiar with or reduced access to the internet (and sometimes this was linked in consultation responses to older people on our register or people in remote areas)

- pharmacy technicians appear to have been less likely to complete all their entries in our pilot. However follow up with this group suggests there was no variation in the reasons underpinning the decision not to be involved in the voluntary pilot study. Respondents told us that it was generally the voluntary nature of the pilot that meant they were less likely to be involved in the context of the essential activities they needed to undertake.

- Pharmacy professionals working in relatively unusual contexts were also identified as potentially finding it harder to engage with the requirements, such as locum pharmacy...
professionals, remote pharmacy professionals or those who practice overseas.

- Pharmacy professionals working part time or taking breaks in practice were also identified as potentially finding it harder to meet the requirements of the framework in consultation responses.

- It was reported in the consultation that the process of reflection may be more challenging for some people on our registers, however there is no evidence of this from piloting of the proposals.

- Pharmacy professionals with learning difficulties or other disabilities that may impact on their ability to use the online portal.

Although the policy has been designed to be inclusive of the above groups and evidence from piloting and the consultation suggests that a change to the policies is not required, there are a variety of actions that will be undertaken to ensure that the proposals do meet the needs of these groups.

- Where necessary individual reasonable adjustments will be made and this is already a part of the policy.

- Engagement activities with people on our registers will take place, both directly and through other pharmacy organisations to ensure that awareness of the requirements is widespread. Further, we will work with these organisations to promote reflective practice as a key skill required for meeting the requirements of the framework.

- A process is already in place to allow for alternate submissions and the online portal is being designed to accessibility standards (for learning and other types of disabilities) and to work on mobile devices.

- Monitoring and evaluation of how people engage with the requirements will be ongoing from implementation and can be assessed continuously.

- Improvements have been made to how registrants can routinely notify us of breaks in practice for any reason and gain extensions or reduced submission requirements through the new online portal. There has been no change to the policy we use to make decisions on granting these reasonable adjustments.
Meeting paper

Council meeting on 7 December 2017

Public business

Rebalancing programme board update

Purpose
To provide the Council with an update of the work of the Rebalancing Programme Board and the role of the GPhC on the board.

Recommendations
The Council is asked to note this paper.

1. Introduction

1.1. “A Programme Board for Rebalancing Medicines Legislation and Pharmacy Regulation was established in 2012. Its remit is to examine the respective scope of legislation and regulation, and the interface between them. The objective being to ensure that these are both optimally designed to provide safety for users of pharmacy services, while facilitating a systematic approach to quality in pharmacy and responsible development of practice and innovation, and reducing the burden of unnecessary and inflexible regulations.

1.2. The Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board reviews relevant pharmacy legislation and regulation to ensure it:

- provides safety for users of pharmacy services
- reduces any unnecessary legislation
- allows innovation and development of pharmacy practice

The board advises ministers on the development of policy. It will also oversee policy delivery to help ensure that the Rebalancing Medicines Legislation and Pharmacy Regulation Programme meets its objectives.”

1.3. The GPhC Chief Executive and Chair are members of the programme board.

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1 https://www.gov.uk/government/groups/pharmacy-regulation-programme-board
1.4. The board has looked at a number of work streams including:
- Making changes to the Pharmacy Order and relevant legislation in Northern Ireland
- Dispensing error legislation: creating a defence in community pharmacy
- Dispensing error legislation: creating a defence in hospital pharmacy
- Superintendent and responsible pharmacist roles and responsibilities
- Supervision

2. Update on the work of the board

2.1. The Pharmacy (Premises Standards, Information Obligations, etc.) Order 2016 has been laid, and we await the Commencement Order. Once the Order has been commenced, our standards for registered pharmacies will no longer need to be set out in Rules and we may publish inspection reports. However, we will need our ‘registered pharmacy rules’ in order to make full use of new enforcement powers. Our registered pharmacy rules will make provisions for different types of inspection, other than routine inspections, and also enable us to make consequential changes to our fitness to practise and registration rules.

2.2. The Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018 has now been laid in Parliament. The draft Order is an affirmative instrument, therefore will be debated in both Houses, and then signed by the Privy Council before coming into force.

2.3. The Department of Health is continuing to progress two draft orders on dispensing errors for pharmacy professionals working in hospitals and other specified pharmacy services, and superintendent pharmacists and responsible pharmacists. A public consultation on both measures is expected in early 2018. Proposals discussed with the Partners Forum in December 2013, included provisions for the GPhC to set standards for responsible pharmacists and superintendent pharmacists. In addition the partners forum discussed proposals to provide the pharmacy regulators with a new general rule/regulation making power in respect to the RP and remove the specific Ministerial regulation making powers in respect to
- the qualification and experience of RPs
- the RP and supervision;
- procedures; and
- the record of the RP

2.4. At its last meeting in October 2017, the board received an update on past Board discussions on supervision. Whilst the board has no firm proposals on this topic, it was agreed that
further discussion is needed to listen to the concerns that have been raised. Professional organisations have been asked to canvass for views received and report back to the next board meeting expected to be in February 2018.

3. The GPhC role on the Board

3.1. The Chair and Chief Executive contribute to the discussions of the board, ensuring that:

- The board understands the role and contributions that regulation makes to ensuring that people receive safe and effective care from pharmacy;
- The board is aware of the GPhC approach to regulation, promoting professionalism, providing assurance and improving the quality of care that people receive from pharmacy;
- The policy discussions consider and take into account the needs of patients and the public who use pharmacy services;
- There is an understanding of how the GPhC develops regulatory standards and guidance;
- The board understands the way in which the GPhC uses its regulatory tools, and its role in education and training, revalidation, fitness to practise and inspection.

4. Equality and diversity implications

4.1. This paper provides information about the work of the rebalancing programme board. Any decisions about policy will be made by Government and would be subject to consultation. Equality and diversity implications would be considered at that stage. However, as a member of the programme board, if we were of the view that there could be equality and diversity implications with any proposals we would raise those at the time.

5. Communications

5.1. Board statements are published after every programme board meeting. In advance of formal consultations a Partners Forum comprised of a wider group of stakeholders also meets to discuss and provide feedback on proposals.

5.2. The Department of Health is responsible for ensuring extensive communication and engagement during consultations. However we use our communications channels to raise awareness of DH consultations with those we regulate and with other key audiences.
6. **Resource implications**

6.1. Our participation on the rebalancing programme board does not have resource implications for the GPhC. However any proposals from the Government could have resource implications for the GPhC and would form part of our response to consultations that are held.

7. **Risk implications**

7.1. The risk that the board does not understand the role of the GPhC and the way in which it approaches pharmacy regulation is mitigated by the Chair and Chief Executive’s membership on the Board.

7.2. Any risks associated with policy proposals made by the Government are managed and mitigated by the Department of Health. The GPhC in taking forward any proposals that come from the programme board would identify and mitigate risks as part of its own work programme.

8. **Monitoring and review**

8.1. The board makes policy proposals to the Government, and the impact of any proposals will be considered through consultation and engagement led by the Department of Health.

**Recommendations**

The Council is asked to note this paper.

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**Duncan Rudkin, Chief Executive**

General Pharmaceutical Council

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Tel 020 3713 7805

29 November 2017
Meeting paper
Council on Thursday, 07 December 2017

Public business
Update: Implementing new education & training standards for pharmacy technicians

Purpose
To update Council on plans for implementing new standards for the education and training of pharmacy technicians.

Recommendations
Council is asked to note the current position regarding the implementation of new standards for the education and training of pharmacy technicians.

1. Introduction
1.1. As part of a substantial project to revise all the GPhC’s (initial) education and training standards for registrants, in 2017 a new set of standards for the initial education and training of pharmacy technicians was agreed by Council. The standards are substantially different from the previous set, emphasising professionalism, team working, inter-professional learning and clinical practice.

1.2. Now that the standards have been agreed, they can be used by developers to create courses based on them and once the courses have been created they can be submitted to the GPhC for accreditation or recognition\(^1\). If accepted, they are then added to the approved list of qualifications leading towards registration as a pharmacy technician.

\(^1\) Courses are ‘accredited’ when they are delivered directly by the course developer but are ‘recognised’ if they are delivered through franchise arrangements between the course developer and networks of training providers.
1.3. As is the case when new standards are introduced, there will be a transitional period in which existing courses are taught out as new ones are introduced. Typically, this phasing in takes approximately two years for pharmacy technician courses. Note that the speed at which new courses are introduced is determined by course developers, not by the GPhC.

2. The current position

2.1 The GPhC appreciates the need for new courses to be introduced in a timely manner so that trainees with the new skill set can register and practise. Since the new standards were agreed we have been in close contact with course developers to answer any questions they may have about them: this includes gathering feedback on our new evidence framework, which will offer guidance for developers creating courses based on our new standards. This is in draft form and will be ready early in 2018.

2.2 We have made it clear to all course developers that we are ready to accredit new courses as soon as they have been prepared and that we regard this as a priority activity in our education work.

2.3 We have identified one particular issue linking new funding streams for vocational education in England and the introduction of our new standards. The Department for Education has introduced a new mechanism for creating and funding vocational training pathways based on apprenticeships overseen by a new body, the Institute for Apprenticeships (IfA). For pharmacy technician employers to access funds for trainees, an employer-led consortium must submit a proposal for an apprenticeship, known as a ‘trailblazer’, and trainees requiring funding must join that trailblazer.

2.4 When a trailblazer proposal includes a requirement for qualifications, to meet the requirements of the IfA the qualifications must exist on submission. The only current qualifications for pharmacy technicians are those based on our previous standards and they may need to be submitted as part of the pharmacy technician apprenticeship as a transitional measure. We have discussed this requirement with the IfA and have been reassured that as soon as new qualifications based on our most recent set of standards have been approved, they can be added to the trailblazer.

2.5 At first this might seem like a retrograde step but as was pointed out in 1.3, there is always a transitional period when new standards are introduced as current courses are taught out. Therefore, having a pharmacy technician apprenticeship with current qualifications in place for several years simply reflects the reality of transitioning between standards.

2.6 Apprenticeships are, in part, a means of securing public funding for vocational training but any developers wishing to run pharmacy technician courses not requiring public funding are free to do so and can put them forward to the GPhC for accreditation or recognition.

2 Some strongly vocational trailblazers do not include a qualification but the healthcare ones leading to professional registration do.
2.7 Another requirement of apprenticeships is an end-point assessment run by an external provider. An assessment will have to be developed for any pharmacy technician trailblazer accepted by the IfA and will have to be taken by apprentices in England (but not by non-apprenticeship trainees in England or trainees in Scotland or Wales). While there are no current plans to link it to our requirements for registration we will ensure we keep abreast of developments.

2.8 Scotland and Wales are not affected by the English apprenticeship scheme.

2.9 We appreciate Council’s close interest in the matter and will provide further updates when appropriate.

3. Equality and diversity implications

3.1 There is a potential general access issue associated with this update: if a pharmacy technician trailblazer is not agreed with the IfA, public funding might cease in time which would almost certainly impact on recruitment to the profession in England.

3.2 The more specific potential disadvantage, were this to happen, would be to English trainees who could not fund themselves or who could not secure sponsorship and were, therefore, unable to train.

3.3 In terms of the standards themselves, equality and diversity considerations are embedded in them and will be tested through accreditation.

4. Communications

4.1 We are in regular contact with course developers and courses deliverers but we will share this update with them, so they are clear about our transitional position.

5. Resource implications

5.1 There are no resource implications associated with this update.

6. Risk implications

6.1 The only risk for the GPhC is that it is unable to run an accreditation event at a time requested by a course developer. However, as staff are familiar with the accreditation process and accreditors are trained and ready, we do not think this is a significant risk.

7. Monitoring and review

7.1 As we hope we have made clear in this paper, we are in regular contact with relevant stakeholders so that we are ready to act, as course accreditor, as soon as we are needed.
Recommendations
Council is asked to note the current position regarding the implementation of new standards for the education and training of pharmacy technicians.

Damian Day, Head of Education
General Pharmaceutical Council
damian.day@pharmacyregulation.org

Wednesday, 22nd November 2017
Meeting paper
Council on Thursday, 07 December 2017

Public business

Annual Plan Progress Report

Purpose
To report to Council on progress against the annual plan to the end of September 2017

Recommendations
The Council is asked to note and comment on:

i. the report on progress against the annual plan at appendix 1.

1. Introduction
1.1. This paper reports on 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. Annual plan progress report
2.1. Appendix 1 reports on progress against the annual plan 2017/18. This is the second 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

2.2. Since the last review period, we have worked to provide further transparency on how we are progressing against the timetable we set ourselves for the financial year; where we are proceeding in accordance with
that timetable, where we are falling behind or where we might be ahead of where we thought we would be. The key for this is as follows:

- Green – Action completed or ahead of schedule
- Amber – Action has been started but not completed
- Red – Action has not yet started but was due to have started
- Black – Action not due yet

Further explanation with regards to the timetable is provided in the commentary.

2.3. Council will note that in order to challenge ourselves in our planning, we are progressively introducing specific success measures going forwards. As reported previously, we acknowledge that historically we have not always done this and this is why some sections are blank and require further work.

2.4. In addition to reporting to Council, in relation to efficiency and effectiveness we report to the Efficiency and Effectiveness Assurance and Advisory Group on a quarterly basis, with a particular emphasis on transformation work.

2.5. An internal Performance and Delivery Board has also been established and is currently in a pilot stage until end January when there will be a review. This will monitor and report on our progress for the main pieces of work to deliver our business plan as well as monitoring and reporting on the performance of our regulatory functions. It is chaired by the Deputy Chief Executive with Directors as Members. The Performance and Delivery Board has the following aims:

- monitor the performance of regulatory functions to the levels set out in the business report KPIs
- monitor the achievement of the business and directorate plans in line with the agreed milestones and key dates
- identify where performance is not adequate and ensure that actions are taken to remedy performance within an agreed timeframe
- provide context, narrative and analysis for the business report and the quarterly cycle of reporting.

3. Equality and diversity implications

3.1. We have sought to integrate Equality, Diversity & Inclusion objectives and commentary in relation to each key work stream. We are working towards putting dates against the activities identified – again this is work in progress.

4. Communications

4.1. 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.

5. Resource implications
5.1. Where appropriate, resource implications are addressed within the report.

6. Risk implications
6.1. Areas of risk are highlighted in the report.

7. Monitoring and review
7.1. Council was due to receive an annual plan progress report on a quarterly basis which is comprised of the Performance Monitoring Report (produced at the November Council meeting) and this report. The two have become separated due to administrative oversight so this report (which was due to cover Q2 to end September) has been prepared to report on activity to mid-November. We therefore suggest that the next update on this report comes to the February Council meeting to avoid reporting on a very short period to end December for Q3.

Recommendations
The Council is asked to note and comment on:

i. the report on progress against the annual plan at appendix 1.

Megan Forbes, Deputy Chief Executive and Director of Corporate Resources
General Pharmaceutical Council
megan.forbes@pharmacyregulation.org
Tel 020 3713 7898

27 November 2017
Annual plan progress report 2017/18
Quarter 2: July – September 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 two, July to September 2017.

Overview

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

<table>
<thead>
<tr>
<th>Status/direction of travel</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Significant issues, aims may not be met to time/budget</td>
</tr>
<tr>
<td>A</td>
<td>Some issues emerging, aims still achievable</td>
</tr>
<tr>
<td>G</td>
<td>On track/completed</td>
</tr>
<tr>
<td>B</td>
<td>Not started</td>
</tr>
<tr>
<td>→</td>
<td>Rating improved from last period</td>
</tr>
<tr>
<td>↓</td>
<td>Rating worsened from last period</td>
</tr>
<tr>
<td>→</td>
<td>Rating from last period unchanged</td>
</tr>
</tbody>
</table>
**Developing our approach to regulating registered pharmacies to provide assurance and encourage improvement**

**Strategic aim:** Registered pharmacies deliver safe, effective care and services

<table>
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<tr>
<th>RAG</th>
<th>Direction of travel</th>
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<td>A</td>
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</table>

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

- develop and consult on detailed rules once parliamentary legislation has been approved and our powers are commenced
- publish and consult on updates to our regulatory model for registered pharmacies including:
  - the introduction of further improvements to our inspection model
  - our proposals for publication of reports
  - developing further our intelligence work stream
- implement the statutory framework (enforcement powers) dependent on Rules timelines
- carry out a consultation on new guidance for owners covering unregistered staff working in registered pharmacies, including pharmacy staff and managers

**How we will measure success**

- Refer to covering paper

**Key links and assumptions**

- Publishing inspection reports requires a Commencement Order to be laid before Parliament.
- Registered Pharmacies Rules require Privy Council approval and statutory consultation

**Main risks at present**

**Registered pharmacies consultation:**

- The timescales for clearing draft Registered Pharmacies Rules and draft Commencement Order are dependent on Department of Health resources and priorities
- Consultation: How the pharmacy profession and public will respond to the Registered Pharmacies Rules and proposed refinements to the inspection approach

**Consultation on guidance for owners on the pharmacy team:**

- There are some stakeholder and registrant concerns about additional burden and disproportionality.
• Some respondents have concerns about patient safety risks if, as a result of the changes we have proposed, there is no GPhC quality assurance of training programmes for unregistered pharmacy staff.

• The final guidance and regulatory framework do not achieve their aims and are not appropriately implemented and embedded in practice.

• GPhC work streams on guidance for pharmacy owners and any changes to the inspection decision framework are not aligned with unregistered staff course approval and provision.

Outline timetable:

<table>
<thead>
<tr>
<th>April-June 2017</th>
<th>July-September 2017</th>
<th>October-December 2017</th>
<th>January-March 2018</th>
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<tbody>
<tr>
<td>• Presentation of proposed refinements to inspection approach delivered to Council (11 May)</td>
<td>• Consultation on new guidance for owners on ensuring a safe and effective pharmacy team opens (20 July)</td>
<td>• Consultation on new guidance for owners on ensuring a safe and effective pharmacy team closes (11 October)</td>
<td>• Launch of new guidance for pharmacy owners on ensuring a safe and effective pharmacy team (January)</td>
</tr>
<tr>
<td>• Continued drafting of Registered Pharmacies Rules</td>
<td>• Final stages of drafting for Registered Pharmacies Rules</td>
<td>• Council considers consultation report and approves final guidance at meeting on 7 December</td>
<td>• Council agreement to launch of consultation on Registered Pharmacies Rules and inspection approach</td>
</tr>
<tr>
<td></td>
<td>• Further presentation to Council on inspection approach (11 July)</td>
<td>• Council considers format and content of published inspection report</td>
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<tr>
<td></td>
<td></td>
<td>• Initial drafting of consultation document for Registered Pharmacies Rules and inspection approach</td>
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<tr>
<td></td>
<td></td>
<td>• Pre-engagement with key stakeholders on our proposals on registered pharmacies ahead of the launch of the consultation</td>
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</tbody>
</table>
Commentary:

Registered Pharmacies Rules/Commencement Order

The finalisation and laying of the Registered Pharmacy Rules has been delayed. Work on the Rules continues, however, we are able to report that DH has confirmed that they are able to progress the commencement order for the Pharmacy (Premises Standards, Information Obligations, etc.) Order (“PSIO Order”), which will amend the Pharmacy Order to remove the requirement for the GPhC’s Standards for Registered Pharmacies to be set in rules. As a result of this change, a number of enforcement mechanisms against pharmacy owners in relation to the Standards, such as improvement notices and disqualification, will become available to use (although without other consequential amendments contained in the Rules). Commencement of the PSIO Order will also enable the publication of inspection reports. DH are yet to confirm a timeframe for the drafting and laying of the commencement order.

Inspection approach

We are continuing to develop our approach to inspecting registered pharmacies. In this reporting period we presented our proposed refinements to Council on 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. This was discussed with Council on 12 October.

We are currently setting up three public/patient focus groups to obtain feedback on the style, format and content of the inspection report. These are due to take place in Q3 after which we will deliver a further presentation to Council on our proposed approach.

Consultation on pharmacy team

The consultation on new guidance for pharmacy owners closed on 11 October. We received 837 written responses to the consultation and a further 78 responses to a short survey targeted at unregistered staff.

Work is ongoing to analyse the responses to draft the report from the consultation on the safe and effective pharmacy team. Council will discuss the feedback from the consultation, and consider the consultation analysis report and the Equality Impact Assessment in Q4 of 2017-2018. The Council will then be asked at a later meeting to approve the final guidance.

The RAG rating is amber (a) due to the reliance on the Department of Health and the consequent uncertainty about the timetable for the Commencement Order and clearing the rules; and (b) awaiting the outcome of the consultation on the pharmacy team and feedback on the inspection approach.
## EDI objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Review and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance must take into account the outcomes of consultation and engagement with diverse groups of registrants, the public and their representative organisations</td>
<td>Conduct an EIA for the plans developed to provide more flexibility in inspection arrangements</td>
<td>The refined approach to inspection continues to be discussed at Council. An analysis of the potential impact of the regulatory model will be prepared as the approach develops and to inform any engagement/discussion with the pharmacy sector</td>
</tr>
<tr>
<td>Inspection arrangements must be flexible and responsive in terms of equality and diversity</td>
<td>Carry out an analysis of potential impact of the regulatory model for registered pharmacies at an early stage</td>
<td>As above</td>
</tr>
<tr>
<td>Our inspection reports must be easily accessible and published in a variety of formats</td>
<td>Explore EDI considerations for inspection reports, including accessibility for different audiences and managing requests for reports in alternative formats</td>
<td>Three patient/public focus groups are being held in Q3 to obtain feedback on the style, format and content of published inspection reports. This will inform our overall EDI considerations</td>
</tr>
</tbody>
</table>
## Promoting professionalism through the standards for pharmacy professionals and related guidance

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

### In 2017/18 we will:
- 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
- agree, following consultation, new guidance on religion, personal values and beliefs
- develop and consult on draft guidance on raising concerns and whistleblowing

### How we will measure success
- Refer to covering paper

### Key links and assumptions
- The outcome of the additional consultation on religion, personal values and beliefs will have a significant impact on the launch of the new standards

### Main risks
- The standards and guidance do not reflect Council’s commitment to promoting a culture of professionalism and the delivery of compassionate person-centred care
- The standards and guidance do not reflect the relevant legal framework
- The standards are not sufficiently embedded in practice

### Outline timetable:

<table>
<thead>
<tr>
<th>April-June 2017</th>
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</thead>
<tbody>
<tr>
<td>Carry out pre-engagement on the new standards in April</td>
<td>Continue to support registrants to embed the standards in their practice through a comprehensive programme of communications and engagement</td>
<td>Scope options for how we review our raising concerns guidance</td>
<td>Launch any new materials on raising concerns and whistle-blowing</td>
</tr>
<tr>
<td>Report analysis of the consultation on religion, personal values and beliefs to Council in April (the standard) and June (the guidance)</td>
<td></td>
<td>Pilot of social media campaign to raise awareness of standards with patients and the public</td>
<td>Further activities to raise awareness of standards among patients and the public, and students and trainees</td>
</tr>
<tr>
<td>Launch new standards for pharmacy professionals in May 2017</td>
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<td></td>
<td>Development of Regulate articles with other organisations.</td>
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<tr>
<td>Launch updated suite of supporting guidance in May</td>
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</table>
Commentary:

Having launched the new standards for pharmacy professionals and published guidance on religion, personal values and beliefs, we continue to focus on raising awareness of the new standards.

We are continuing to embed our new standards for pharmacy professionals in collaboration with the communications team. As our work on revalidation progresses and we begin to communicate with pharmacy professionals about revalidation, this will provide a mechanism for raising awareness of the standards with pharmacy professionals.

We will be piloting a social media campaign that aims to raise awareness of the standards with patients and the public. In October 2017 we partnered with the LGBT foundation to highlight how pharmacy professionals can demonstrate person-centred professionalism in a variety of situations. We have further articles planned with other organisations.

Our work to scope options for reviewing the raising concerns guidance remains on track, and we anticipate a staged approach to introducing new materials on raising concerns and whistleblowing over the course of 2018/19.

The above is reflected in additional activities which have been added to the timetable since the last progress report (these are underlined).

EDI objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Review and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards for pharmacy professionals must be easily accessible using a</td>
<td>Review and update the existing equality impact assessment (EIA) associated with the standards and ensure the accessibility of the standards and supporting resources</td>
<td>Produced supporting resources (standards wheel, poster, flyer, video and presentation) which are on the website and an App to improve access to the Standards for Pharmacy Professionals and the associated guidance. Completed.</td>
</tr>
<tr>
<td>variety of formats</td>
<td></td>
<td>The EIA on religion, personal values and beliefs covered</td>
</tr>
</tbody>
</table>

Green – progressing well or done; Amber – started but not completed; Red – behind schedule; Black – not started or due yet
| 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 | Conduce 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. Completed. |
Providing further assurance to the public that pharmacy professionals are meeting the standards

<table>
<thead>
<tr>
<th>Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours</th>
</tr>
</thead>
</table>

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

- consult on proposals which will further assure the public that pharmacy professionals are meeting the standards, following these steps:
  - the draft consultation document is approved by our council
  - the consultation takes place
  - we analyse and report on the outcomes of the consultation
  - the council reviews the responses to the consultation
  - the council agrees the revised approach to the continuing professional development framework (subject to the consultation response)
- prepare for the implementation of the revised arrangements working with pharmacy representative groups
- develop a detailed communications and engagement plan to promote understanding and support involvement and compliance with the new model
- promote the learning and evidence we have received from the pilot and evaluation studies with other regulatory bodies

**How we will measure success**

- The aims of our revalidation framework were set out as part of our consultation at the start of this financial year.
- 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.

**Key links and assumptions**

- MyGPhC portal is a dependency. The revalidation business and technical change project is tracked separately via ‘Transforming our services and the way we work’.

**Main risks at present**

- 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.
- MyGPhC portal does not function as desired
### Outline timetable:

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| • Three month consultation with significant engagement activities and developing of approach to consultation analysis | • Gathering and analysis of consultation responses  
• Draft consultation analysis report for Council  
• Reviewing the framework to take into account feedback from the consultation  
• 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 | • Present consultation analysis report to Council (September meeting)  
• Revalidation framework presented to Council for approval along with EIA  
• Further implementation planning including communications work; guidance materials prepared  
• Further development work to be informed by further meetings of the assurance and advisory groups | • Operational implementation work  
• Ongoing stakeholder engagement and development of support materials |

**Commentary:**

- The Council reviewed the consultation analysis document later than planned (October rather than September 2017) owing to insufficient time being available in the September meeting. However, the delay to reporting to Council has not caused an overall delay to delivery even though final decisions on the revalidation framework will now take place in December 2017.
- Work is taking place now to prepare a consultation response document, a final draft of the revalidation framework and also a range of supporting materials to support implementation. This work is also tied to the technical development of the new online portal for both renewal of registration and recording and submission of revalidation records.
- Engagement activities are continuing with a programme of speaking slots as well as the routine meetings of the revalidation advisory group.
- Work planning for next year is taking into account both implementation and also the development of a short and longer term evaluation strategy.
<table>
<thead>
<tr>
<th><strong>EDI objectives:</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Actions</strong></td>
<td><strong>Review and date</strong></td>
</tr>
<tr>
<td>The framework must reflect the diverse needs of pharmacy professionals</td>
<td>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</td>
<td>Consultation analysis is now complete and was submitted to Council in October 2017 (delayed by one month)</td>
</tr>
<tr>
<td>The framework must reflect the needs of the countries of Great Britain by being adaptable to the different practice settings in those countries</td>
<td></td>
<td>The updated and finalised EIA will be submitted to Council in December and published on our website. Some areas for continuous monitoring have been identified to ensure proposals, over time, do not have negative impacts</td>
</tr>
<tr>
<td>An inclusive approach to engagement and consultation in the policy development phases</td>
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</tbody>
</table>
### Setting the standards and quality assuring the initial education and training for pharmacists and pharmacy technicians

#### 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.

understanding of the implications of the new standards.

- 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 November. 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.
- We have changed our approach to developing new initial education and training standards for pharmacists, specifically rather than starting to draft new standards in 2017 we have invested time and effort in engaging with in excess of 50 key stakeholders. This has generated a rich base of information to inform our standards development work, which will now begin in 2018.

Outline timetable:

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</thead>
<tbody>
<tr>
<td>• IET Pharmacy Technician (PT) standards consultation analysis report presented to Council and next steps agreed</td>
<td>• Progress report on work programme sent to Council to note</td>
<td>• Continue engagement for IET Pharmacist standards and ET Pharmacist Independent Prescribing (PIP) Standards</td>
<td>• Second EAG meeting scheduled</td>
</tr>
<tr>
<td>• Agreed new education governance framework and programme/project methodology</td>
<td>• Implemented new governance framework for management of the work programme</td>
<td>• Publish IET PT standards and draft evidence framework document</td>
<td>• Launch Pharmacist Independent prescribing consultation (January)</td>
</tr>
<tr>
<td>• Reviewed and updated the PT IET standards</td>
<td>• Engaged with key stakeholders to ensure the IET PT standards are fit for purpose and achievable</td>
<td>• Implementation engagement phase with PT stakeholders</td>
<td>• Formal engagement events for ET PIP Standards (x3)</td>
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<tr>
<td></td>
<td>• Develop a draft education framework document to provide additional information and clarity on the IET PT standards</td>
<td>• First Pharmacists Education Standards Advisory Group (EAG) meeting</td>
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<td></td>
<td>• Pre-consultation engagement meetings for IET Pharmacist standards and ET Pharmacist Independent Prescribing (PIP) Standards</td>
<td>• Registration criteria &amp; Supervision proposals for PTs presented to Council for approval</td>
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<td>• Q/A workshop with Council</td>
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<td></td>
<td></td>
<td>• Council approve the consultation document for ET PIP Standards review</td>
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</table>
| • Draft IET PT standards presented to Council in September for approval  
• Council workshop on education, with a focus on QA and PT education and training with external expert input |

Green – progressing well or done; Amber – started but not completed; Red – behind schedule; Black – not started or due yet

**Commentary:**

*Initial education and training standards for pharmacy technicians:* These standards are now agreed and in the implementation phase. What we have learnt is that facilitating a smooth transition to courses based on the new standards, which are quite different from the old ones, will be as challenging as actually developing them. With an expanded education policy team we have the capacity to implement a programme of engagement activities with course designers and providers, which we have begun. We are ready to engage with providers to accredit new courses at any time but the timing will be a matter for providers not us.

*Education and training standards for pharmacist independent prescribers:* We have moved presenting the consultation document to Council for consideration back by one meeting to early February 2018. This is to allow further discussion with stakeholders about a number of issues arising from our extensive round of pre-consultation meetings with schools of pharmacy offering IP courses, other IP course providers and other stakeholders.

*Quality in education:* This work stream is in development. We have begun to shape it by engaging with Council in workshop mode. In addition we have sought input from our new external Education Advisory Group, which met for the first time in October. We plan to bring firmer proposals to the Senior Leadership group and Council in early-mid 2018.

*Initial education and training standards for pharmacists:* We have begun this work stream with a comprehensive series of pre-consultation workshops, including meetings with every school of pharmacy, the RPS, BPSA, HEE/NES and pharmacist pre-registration training providers. These meetings are being written up and will be used to inform our drafting work in 2018.

The amber rating reflects the fact that the governance arrangements remain ongoing; in addition without a Director there is no current sponsor.
EDI objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Review and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards for initial education and training of pharmacy professionals</td>
<td>Provide evidence of early EDI considerations in development of the consultation</td>
<td>When developing the new standards, which are now in force, a separate standard on EDI was included</td>
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<td>must benefit from consultation and engagement with diverse groups,</td>
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<tr>
<td>registrants, the public and their representative organisations and take</td>
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<td>into account their responses</td>
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<tr>
<td></td>
<td>Develop an EIA for standards</td>
<td>When the draft and final standards were sent to Council they were accompanied by an EIA, which was revised after the consultation to reflect the reviews we received</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Complete a summary EIA for circulation and updates</td>
<td>We will complete a summary EIA as part of the implementation phase for the standards</td>
</tr>
</tbody>
</table>
### Developing our data and insight strategy

**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**
- An updated data extract/structure is required following the Case Tracker project 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.
  - Organisational culture, awareness and ownership of data quality and stewardship
  - Business requirements not yet clearly defined to understand data analysis, reporting and insight needs to inform a new data warehouse
  - Delay in implementing a new data warehouse means reliance on the interim
Outline timetable:

<table>
<thead>
<tr>
<th>April-June 2017</th>
<th>July-September 2017</th>
<th>October-December 2017</th>
<th>January-March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>• FtP Case Tracker – change data integration to ensure continued operational and organisational reporting is maintained in moving from FtP to CRM database</td>
<td>• FtP Case Tracker –</td>
<td>• FtP Case Tracker – Post go-live – Requirements gathering to define new dashboards for reporting</td>
<td>• Continued data warehouse development and review of analytical tools required</td>
</tr>
<tr>
<td></td>
<td>• Deliver continued reporting post go-live</td>
<td>• Begin business requirements gathering for data model development</td>
<td>• Continued development of new Council Business Report and related audit recommendations</td>
</tr>
<tr>
<td></td>
<td>• Begin to increase use of CRM dashboards for FtP to improve access to performance and management information</td>
<td>• Data warehouse wider development scoping</td>
<td>• Support development of Inspection reports and begin to scope development of insight reports into key themes within pharmacy</td>
</tr>
<tr>
<td></td>
<td>• Begin to phase out Tableau outside the D&amp;I team</td>
<td>• Continued engagement on requirements for new Council Business Report including a consistent approach to how we collect, manage and analyse our data</td>
<td>• Develop Data and Insight Team, analytical capacity, information and intelligence, better use of data, data quality training and data stewardship</td>
</tr>
<tr>
<td></td>
<td>• Data project – Workshop with Council on capturing requirements for new Council Business reporting</td>
<td>• Report on initial research on factors affecting quality in pharmacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Report on initial research on factors affecting quality in pharmacy</td>
<td>• Evaluation on consultation process best practice</td>
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<td></td>
<td>• Evaluation on consultation process best practice</td>
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</tr>
</tbody>
</table>

Green – progressing well or done; Amber – started but not completed; Red – behind schedule; Black – not started or due yet

Commentary:

• A function of the D&I team includes responsibility for consultation and research. Work in this area has not been updated in the timetable for key work programmes.
• Since the last update we have recruited a new Research and Insight Manager who has joined the team on 1 November 2017. This has improved some capacity issues.

An update on each objective for achievements to date and planned next steps:
Following the implementation of the Case Tracker system, we are undertaking follow up activity to ensure operational and organisational reporting is accurate.

We are initiating a data project to gather business requirements to develop a new FtP data model based on the updated data structure which will support the development of an updated data warehouse.

A data project is being set up to ensure a consistent approach to how we collect, manage, analyse and report on our data.

We are liaising with the different parts of the business to adopt standardised EDI categories within their data capture processes and systems as appropriate.

The joint inter-regulatory insight group with the Health and Social Care Regulators Forum have agreed to meet as required. There has not been a requirement to meet since the last update.

The initial research on factors affecting quality in pharmacy is being considered with our work programme to agree the further actions we will take as a result before publishing a report on the findings.

We are exploring options to analyse our inspections reports to identify key themes within pharmacy.

The RAG rating is red because of the complexity of this task and the risks we need to address which will prevent us from achieving the aims set out for this financial year. We have refined what we seek to achieve this year from the original plan at the start of the year which was too ambitious. This is a long term deliverable for the next three years, with the focus this year on ensuring we build capacity within the team to support our longer term aims. The team have been focussing on delivering operational reporting, cross-cutting directorate projects to include consultation and research support. The scope of the project is being reviewed and we are working on discrete projects which will provide some earlier insight.

## EDI objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Review and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our work must benefit from and must take into account baseline EDI data</td>
<td>Continue the roll out of a standardised approach to collecting data on protected characteristics</td>
<td>We are liaising with the different parts of the business to adopt the agreed EDI categories within their data capture processes in line with existing project developments</td>
</tr>
<tr>
<td></td>
<td>Develop a portal for a suite of GPhC EDI data accessible to staff</td>
<td>No further progress has been made on this action to date. Details on the business requirements to be captured are needed to clarify this action before we can begin any development</td>
</tr>
</tbody>
</table>
## Transforming our services and the way we work

**Strategic aim:** Pharmacy regulation is efficient and effective

<table>
<thead>
<tr>
<th>RAG</th>
<th>Direction of travel</th>
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<td>A</td>
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</table>

### In 2017/18 we will:

- revise and update the IT strategy
- implement the governance arrangements for the IT architecture delivery plan
- implement the revised case tracker
- implement the revised revalidation (CPD) portal
- develop the wider service transformation plan

### How we will measure success

- External audience will find it increasingly easy and efficient to engage with us
- Staff will feel more engaged and positive
- We are seen to progress our key priorities effectively and efficiently
- We can demonstrate the extent of savings or improved value

### Key links and assumptions

- The IT platform needs to be in place for revalidation and online registration to proceed
- Effective senior decision making is needed to allow progress
- Assumption that level of staff turnover doesn’t increase

### Main risks

- Clarity of aims, expectations and scale of ambition for transformation
- Effectiveness of senior decision making
- Interdependencies between multiple pieces of work
- Reactions to change will need to be managed
- Cynicism/frustration at pace of change

### Outline timetable:

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

Commentary:

Case tracker
What is the project designed to deliver for the GPhC?- a new IT system using CRM covering the ‘as-is’ end to end fitness to practise process and integrated with the GPhC’s online concerns form to replace current case management systems.
Where are we now?- Case tracker went live on 5 September as scheduled. Post go live support and user review to identify improvements and issues is underway. The next deployment of fixes and changes is due in mid-December. Work to address outstanding issues relating to reporting and to develop enhanced management information is in progress.
What is to come?- Implementation of system improvements (changes identified during the review period), management information dashboards and project closure. Further work on fitness to practise reporting will be taken forward as part of data warehouse work.

Revalidation portal
What is the project designed to deliver for the GPhC?- The project is a component of a wider programme of work to introduce revalidation for pharmacy professionals. The objective of this project is the successful delivery of the new online revalidation system (as part of myGPhC) for public launch in Spring 2018 to allow registrants to record their revalidation entries ahead of the first renewal window, with remaining back office (audit) functionality and new revalidation requirements delivered by Autumn 2018.
Where are we now?- This project continues to progress well. All requirements for initial go live have been approved and estimated; the portal is being developed with the aim to conduct user testing at the start of December.
What is to come?- Complete development for initial go live; user testing (both internal and external); preparation for go live in Spring 2019. The second phase back office (audit functionality) will follow on from this work.

IT platform for web services
What is the project designed to deliver for the GPhC?- This project will set up the IT cloud infrastructure (Azure) and technical architecture for online services. It is a critical dependency for the revalidation portal and registrant online services projects.
Where are we now?- There have been some issues with contractor recruitment and partners which has meant that the Azure (cloud infrastructure) work is behind schedule, however these issues have now been resolved, so this should not affect go live in March 2018. The redevelopment of myGPhC (online renewals) is ongoing with the aim to test this in November.
What is to come?- Test myGphC and prepare for implementation. Create and test all required infrastructure environments.

Registrant online services.
What is the project designed to deliver for the GPhC?- The objective of the project is deliver a range of online services for registrants, applicants and trainees (these are currently paper based) covering applications for registration (pharmacists and technicians), pre-registration, the registration assessment (exam), removal and restoration in phases to be completed by March 2019.
Where are we now?- Work has started and the business case has been approved by the Senior Leadership Group. The Project Initiation Documentation has been drafted and reviewed by the project board. Requirements gathering is in progress, with customer scenarios and user stories being developed with input from staff and external reviewers (registrants).
What is to come?- Requirements gathering to be completed feeding into IT development with the aim for initial implementation of new services (pre-registration trainees and Registration Assessment) in April 2018.

Dependencies and interdependencies between these pieces of work continue to be monitored with input from members of all project teams. Equality Impact Assessments (EIAs) are standing items on project board meetings.

Transformation
What is transformation designed to deliver for GPhC? – to improve the way we work and to shift our processes from paper to digital so that we can focus our effort on more value added activities instead of manual processing.
Where are we now? – paper to digital projects are progressing well. We are making strong progress on seeking to advance in several areas at once instead of sequentially. Cross-directorate collaboration is strong on these projects. In this period there has been a strong focus on SLG working effectively as a team, setting a refreshed strategic direction and new structure to improve focus on key programmes of work, staff engagement (including staff survey) and setting up Performance & Delivery Board pilot. There has been strong improvement in all of these areas.
What is to come? – Business planning work and budgeting are behind schedule due to restructuring; completion of P&D Board pilot; focus on risk management and KPIs.

The RAG rating is amber although most elements of the work are ‘green’. That is due to the business planning work being behind schedule and the importance of setting clear and achievable objectives for next year to maintaining staff focus and engagement.

EDI objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Review and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service transformation project must make sure new services are accessible and meet the needs of everyone using them</td>
<td>Undertake an EIA of the revised IT strategy and the service transformation plan</td>
<td>EIA for case tracker was reviewed by the project board in October 2017 following go-live. EIA is a standing item on the project board agenda</td>
</tr>
<tr>
<td></td>
<td>Complete summary EIAs for circulation and updates</td>
<td>EIA for the revalidation online system drafted and</td>
</tr>
<tr>
<td>included as part of the revalidation for pharmacy professionals consultation. EIA is a standing item on the monthly board agenda.</td>
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<tr>
<td>EIA for registrant online services is being drafted as part of project initiation and was discussed by project board in November 2017</td>
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</tbody>
</table>
Minutes of the Audit and Risk Committee meeting held on Wednesday, 25 October 2017 at 25 Canada Square, London at 10:00

TO BE CONFIRMED 23 JANUARY 2018

Minutes of the public session

Present

Digby Emson (Chair)
Helen Dearden
Mark Hammond
Mohammed Hussain
Jayne Salt

Apologies

Duncan Rudkin (Chief Executive and Registrar)
Sarah Hillary (Moore Stephens)

In attendance

Megan Forbes (Deputy Chief Executive and Director of Operations)
Matthew Hayday (Head of Governance)
Bill Mitchell (Moore Stephens)
Ruth McGregor (Head of Finance and Procurement)
Pascal Barras (Risk and Assurance Manager)

20. Attendance and introductory remarks

20.1. The Chair welcomed those present to the meeting.

21. Declarations of interest

21.1. Members were asked to declare any interests at the start of each item.
22. Minutes of the last meeting

22.1. The minutes of the public session of the meeting held on the 19 July 2017 were agreed as a true record.

23. Actions and matters arising

23.1. The action referred to at minute 16.1 referred to Matthew Hayday (MHay) circulating details of mentoring arrangements for associates on statutory committees. MHay agreed to do this following the meeting.

ACTION: MHay

23.2. The action at minute ref. 6.14 was also on the action log for Council. A plan with timescales was being developed for a qualitative analysis of fitness to practise (FtP) process.

23.3. Action ref. minute 7.2; training and development would be arranged for members and details would be circulated to the group.

23.4. Members asked whether there had been any further applications to the register via the European Professional Card (EPC) route. Pascal Barras (PB) explained that there had been one further application and that one had been removed. The risk remained low.

24. Internal audit

Q2 performance report

24.1. PB presented 17.10.ARC.01 which provided a quarterly report to the Committee on the progress of the internal audit plan and the follow up of recommendations.

24.2. The internal audit reports were on track as far as completion was concerned, some extensions had been requested to five follow up actions of the Sharepoint inspections tool internal audit report and four follow up actions of the Interim Events internal audit report.

24.3. Members discussed the general state of internal audit. There were a number of amber ratings and requests for extensions that they found unsettling. They queried whether this was due to the timing of large pieces of work or whether internal audit was becoming a lower priority.

24.4. Megan Forbes (MF) agreed with members that this was the impression given by the papers. Audit actions were being completed but there was work to be done on follow up. The newly established Performance and Delivery Board would track and see these through.

24.5. It was also agreed that there should be better focus on recommendations and management responses. It was acceptable to ask for extensions if it was clear when and how the work would be delivered.

24.6. Members questioned whether target dates had been realistic in the first place. There was a sense that when the initial reports and recommendations were agreed it had not been considered how they would fit in with the organisation’s changing priorities during transformation. Members wanted to
know if there were likely to be further extensions requested – if it was not possible to catch up then perhaps the plan should be adjusted.

24.7. Members suggested considering another approach to the actions. Rather than a binary ‘met’ or ‘not met’ there could be a way of describing progress that had been made, providing an increased level of assurance.

24.8. Bill Mitchell (BM) explained that the auditors had seen that there was a risk of unrealistic deadlines when those making them had not been sighted on big changes to the organisation. They felt reasonably comfortable that once wider engagement was in place this would happen less often.

24.9. MF suggested focussing more on the action points of future audit reports and the person leading the work covered by the audit attending the Committee to respond to questions.

24.10. The Committee asked that at the next meeting they were provided with a list of outstanding actions including a narrative explaining their priority. If the actions were no longer relevant they could ask to have them removed.

**ACTION:** PB

24.11. In response to members’ suggestions that the audit plan be paused so that workload could be managed better and caught up on, BM said that a volume of work was needed to include in the Annual Report. Some of the scheduled work, however, was on an advisory basis including designing new systems. These would feed back into the business and would not be additional work.

24.12. PB took members through the requested delays. The first, for the Sharepoint inspections tool, was delayed because a new inspection model was due following Council decision in the next few months. This meant that it would be inefficient to spend time changing what would shortly be changed again.

24.13. The Committee discussed the delay and agreed that the action should be removed from the recommendation and built into the new specification.

24.14. The next two delays, regarding off-line storage of pre-registration documents and reviewing the management dashboards, were agreed.

24.15. The Committee agreed delays to four actions against the Interim Events report.

24.16. The Committee considered the key performance indicators and management information recommendations and actions. PB told members that the challenges these posed had been underestimated.

24.17. There had been some progress with work such as Case Tracker but overall the organisation was behind on data quality. Ground work was needed to ensure that the future aspirations could be achieved. PB proposed coming back to the Committee to explain how this was being managed. The work was crucial and would be in next year’s strategic aims as well as the business plan.

24.18. Members agreed that they would like to see a clear project plan with a critical path to provide them with assurance that the organisation was moving in the right direction. This would provide assurance even if actions had not been completed.

**ACTION:** PB
24.19. The Committee pointed out that the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) would also want to have sight of this and agreed that care should be taken to avoid repetition across meetings.

24.20. PB circulated an update on business continuity management to members. The actions suggested following the internal audit report were in the process of being completed. Business continuity plans had been reviewed and checked. A table top exercise would be arranged for the Senior Leadership Group (SLG) by the end of 2018/19.

Internal audit reports

Education and standards project

24.21. BM presented the report to the Committee which had an amber rating. The audit had identified issues at a strategic level. Terms of reference needed to be clearly defined, governance structures needed to be more inclusive of the senior leadership group and there needed to be a programme brief including well defined critical pathways in order for the process to be well managed. Members were told that the management responses had been very constructive.

24.22. The Committee said that this report indicated the silo working that had been a recent cause for concern in the organisation. MF acknowledged this and said that since the audit had been carried out, matters had improved. The project would be coming to the Performance and Delivery Board in November. This would break down silos even further as all Directors and Heads were on the Board.

Risk management strategy

24.23. The risk management strategy internal audit report had a green/amber rating. The report was part of the organisation’s aligning itself with ISO 31000:2009 principles. BM told members that as far as the recommendations went they would like to see the project plan to check that it was realistic. A director-level champion of the project had been identified as MF.

24.24. Members agreed that the risk register should be a routine part of decision making and the report’s aim of embedding risk management throughout the organisation was crucial.

Integrity of the Register

24.25. The integrity of the Register internal audit report had been given an amber rating. BM told members that there were no serious issues in terms of the GPhC’s discharge of responsibilities but that there had been some issues with quality and consistency of management checks and quality assurance. These could impact on the quality of data.

24.26. Members expressed their concern. The comments made at 1.9 and 1.14 of the report highlighted occurrences which should not be happening and the idea that there was a culture in which they could happen was equally concerning. The management response was of little comfort given that they must have been assured by it last time the report came to the Committee. They asked what assurance they could have now that things would get better.

24.27. MF told members that they had asked the auditors to go further with this report and give wider advice on improvements. The organisation needed to learn how to systematise management checks and the report had shown how these should be done properly. Currently the quantity of paper and the number of systems and processes were not manageable to a green level. Once online registration was in place
it was anticipated that systems would run much more smoothly with registrants inputting the necessary information straight into the process.

24.28. The current target for online registration was April 2018. MF told members that in fact that may be over-ambitious in view of a lot of other matters scheduled for that time. June 2018 may be a more realistic aim.

24.29. Members warned against complacency with digital data rather than paper. The quality of data could still be poor and errors were easily missed. They said that they wished to see clear evidence of quality checking in future.

24.30. MHay suggested that they had an interim look at the integrity of the register before the internal audit report on it was due again and members agreed that they would like to see this.

**ACTION:** PB

24.31. The Committee:

i. Noted Q2 2017/18 internal audit plan process;

ii. Noted the GPhC’s performance in implementing agreed recommendations;

iii. Approved the requests for extension to management actions timescales.

25. Assurance reviews

25.1. MHay asked members to email suggestions to him following their risk workshop.

26. Any other public business

26.1. There being no further public business to discuss, the meeting closed at 11:25.

**Date of the next meeting:**

Tuesday 23 January 2018