General Pharmaceutical Council

Council meeting

8 March 2018

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

Public business

1.	**Attendance and introductory remarks**	Nigel Clarke
2.	**Declarations of interest** *Public items*	 All
3.	**Minutes of last meeting** *Public session on 08 February 2018*	 Nigel Clarke
4.	**Workshop summary – 8 February 2018**	Nigel Clarke
5.	**Actions and matters arising**	Nigel Clarke
6.	**Annual Plan 2018/19** *For approval*	*18.03.C.01* Megan Forbes
7.	**Budget 2018/19** *For approval*	*18.03.C.02* Megan Forbes
8.	**Criteria for registration as a pharmacy technician** *For approval*	*18.03.C.03* Damian Day
9.	**Consultation report: Guidance for a safe and effective pharmacy team** *For noting*	*18.03.C.04* Priya Warner
10.	**Revalidation and new myGPhC launch** *For noting*	*18.03.C.05* Mark Voce
11.	**Any other public business**	Nigel Clarke

Confidential business

12.	**Declarations of interest** *Confidential items*	All
13.	**Minutes of last meeting** *Confidential session on 8 February 2018*	Nigel Clarke
14.	**Confidential actions and matters arising**	Nigel Clarke
15.	**Efficiency and Effectiveness Assurance and Advisory Group; unconfirmed minutes - 18 January 2018** *For noting*	*18.03.C.06* Mark Hammond
16.	**Confirming membership arrangements for committees and working groups** *For approval*	*18.03.C.07* Pascal Barras
17.	**Any other confidential business**	Nigel Clarke

Date of next meeting

Thursday, 12 April 2018

General Pharmaceutical Council

Minutes of the Council meeting held on Thursday 8 February 2018 at 25 Canada Square, London at 13:55

TO BE CONFIRMED 8 MARCH 2018

Minutes of the public session

Present

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

Apologies

None

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Megan Forbes (Deputy Chief Executive and Director of Corporate Resources)
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)
Matthew Hayday (Interim Director of Fitness to Practise)
Francesca Okosi (Director of People)
Mark Voce (Interim Director of Education and Standards)
Laura McClintock (Chief of Staff)
Pascal Barras (Interim Head of Governance)
Helen Dalrymple (Council Secretary)
Terry Orford (Head of Customer Services) – item 84
John Hepworth (Head of Professionals Regulation) – item 84

Julian Graville (Interim Head of Inspection) – item 84

Damian Day (Head of Education) – item 85

Priya Warner (Head of Policy and Standards) – item 86

Rachael Oliver (Head of Communication) – item 87

79. Attendance and introductory remarks

79.1. The Chair welcomed all present to the meeting. There were no apologies.

79.2. Reference was made to the Medicines and Healthcare products Regulatory Agency (MHRA)'s investigation into the diversion of prescription only medicines. The GPhC had been working closely with the MHRA on their investigation. Learning points would be shared with Council at a future date.

80. Declarations of interest

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

81. Minutes of the last meeting

81.1. Council member Evelyn McPhail was added to those who had declared an interest at minute 58.2.

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

82. Workshop summary – 7 December 2017

82.1. Mark Hammond (MHam), Chair of the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG), said that in future minutes would be shared with Council members. Where relevant, the group's input on specific points discussed by Council would be fed into discussion.

82.2. The Chair of Council confirmed that a review of Council workshop function and process, to which all Council members would be asked to contribute, would take place shortly.

82.3. **Council noted the discussions from the workshop.**

83. Actions and matters arising

83.1. Duncan Rudkin (DR) provided some clarity on time lines for action ref. minute 58.2. The table would come to Council in April as a wider piece of work.

84. Performance monitoring report and annual plan progress report

84.1. Megan Forbes (MF) presented **18.02.C.01.** This paper reported to Council on operational and financial performance and progress against the annual plan, from September to December 2017.

84.2. An area of positive change was in the data and insight section of the annual plan progress report, this now had a clear forward plan that was supported by the Audit and Risk Committee (ARC).

Customer services

84.3. Members were pleased to see the improvements in the key performance indicators (KPIs) of the contact centre. Recruitment was ongoing; two positions had been filled and one remained vacant. Terry Orford (TO) reported that in January all three targets had been met.

Fitness to practise

84.4. Council discussed whether there might be a way of reducing the number of cases that were over 15 months old. A reduction here would improve the look of the tables and numbers looked quite small. They acknowledged that this should not be done at the cost of younger cases not being dealt with as swiftly as they might be and would action this for future reports.

84.5. John Hepworth (JH) explained that pressure was maintained on resolving the older cases. Regular meetings, held every three weeks, centred around cases that were over 12 months old and whether they could be resolved or whether it was in the public interest to continue. As a result of efforts in this area the number of older cases was very small and those that remained were the most stubborn.

84.6. Members asked whether, following the staff shortage resulting in changing the KPI for this report, there was any way of encouraging flexibility across teams in the fitness to practise directorate to help each other out at triage.

84.7. Matthew Hayday (MHay) reported that there was currently a higher number of concerns being received than previously, this would impact on the numbers of mid-age cases in the next report. How to manage resourcing, along with triage, was under consideration.

Inspection

84.8. Council were interested in the top five standards that were not met at inspection and felt that they were the type of failings that could indicate workplace pressures in pharmacy. They sought assurance that this was being monitored very carefully. Although they acknowledged that the numbers were not enough to be described as a trend, it was important that any increase here was taken very seriously.

84.9. Julian Graville (JG) reminded members that the numbers here were very small and that they were not significant at this stage.

84.10. Members also drew attention to the number of follow up inspections that had been carried out in Q3. They wanted to know how many of these follow up inspections were related to stream one investigations.

84.11. Claire Bryce-Smith (CBS) replied that the follow up visits in table 3.1 only related to follow ups on improvement action plans from routine inspections, if they had one.

84.12. Council sought assurance that the pharmacies that were being investigated under the MHRA's investigation were not overdue for inspection. CBS agreed that this would be checked.

ACTION: CBS

84.13. DR advised caution and reminded members that inspections were not designed to identify covert criminal activity. Expectations of the inspections process had to be fair and realistic.

Management accounts

84.14. Members said that they would like to see more detail in this report, with underlying figures in tabular form. MF agreed that this would be possible.

ACTION: MF

84.15. Council asked when they would see the cash investment policy. MF replied that it would come to the Audit and Risk Committee at their meeting in May, and then would come to Council for sign-off.

84.16. Members remarked that the cost of cancelled hearings seemed quite high. Francesca Okosi (FO) informed members that some of these were down to postponements and adjournments; however, a piece of work with more information would come to Council in due course.

ACTION: FO

84.17. **Council noted and commented on:**

i. The performance information supplied at appendix 1; and

ii. The report on progress against the annual plan at appendix 2

85. Consulting on education and training standards for pharmacist independent prescribers

85.1. Damian Day (DD) presented **18.02.C.02,** which sought agreement on the draft education and training standards for pharmacist independent prescribers for consultation and a mechanism for implementing the manner in which pharmacist independent prescribers in training were supervised.

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

85.3. Members welcomed the proposed changes but felt that more reference should be made to changes in the context and settings of practice. They also felt that more examples should be provided in the learning outcomes – perhaps providing an accompanying evidence framework.

85.4. Council also discussed including digital skills and awareness in the learning outcomes, as well as consent. It was agreed that this could be carried through and better reflected in domain two.

85.5. The issue of indemnity insurance was raised. This could be covered in the proposed evidence framework, though Council realised that the responsibility ultimately sat with the registrant as a requirement of registration.

85.6. The examples cited at 2.2.3 of the paper were queried as to whether they were applicable to all sectors. DD agreed that this could be fleshed out to avoid presenting any barriers to practice whilst maintaining a multi-disciplinary approach.

85.7. Council asked how they would be assured as to the quality of the prescribing training courses and the rigour of their candidate selection processes. DD replied that all the training courses were accredited by the GPhC, who would check that all the standards were being met. If any were proving to be more challenging, then guidance would be provided on that theme. Such matters would be closely monitored and picked up early on.

85.8. Members discussed the examples of professionals with rights to prescribe detailed at 1.6 of part two of the consultation. They agreed that, to provide clarity, the list should be expanded to include all of them.

85.9. DD clarified that the information gathered from the questions asked on the impact on protected characteristics in the consultation would inform development of the standards going forward.

85.10. Council agreed that there would need to be strong guidance in terms of conditions of entry, for practitioners and providers and around learning outcomes. Guidance would need to be provided in several ways. Much had been developed already during work on the standards, and more was to follow.

85.11. Members discussed the matter of risk, they felt that more work was needed on regulatory risk and that the guidance should emphasise the role of owners and employers.

85.12. Mark Voce (MV) said that inspections cover risk management and will cover independent prescribing. Those operating without premises would not be subject to inspection but as registrants would have to adhere to the standards. Risks in this area were less visible to the regulator. DR emphasised that work needed to be done here in looking at the regulation of systems and different environments.

85.13. DD agreed to circulate the full report on the supervision of independent prescribers, which was summarised in the consultation document, prior to launch.

85.14. **Subject to the amendments suggested Council agreed:**

i. **A consultation document for new education and training standards for pharmacist independent prescribers; and**

ii. **A mechanism for allowing proposed changes to the educational supervision of pharmacist independent prescribers in training to be introduced in advance of the accreditation of courses based on new standards.**

86. Promoting Professionalism, Reforming Regulation (Department of Health consultation)

86.1. Priya Warner (PW) presented paper **18.02.C.03**, which provided Council with the GPhC response to the Reforming Regulation, Promoting Professionalism consultation. Council would be provided with updates following any developments.

86.2. Members asked for information on how the other regulators had responded. PW explained that due to the different types of regulation in healthcare, their responses were bound to vary, though there were many synergies across them.

86.3. Council congratulated PW and the wider team for their hard work on a good model of regulation.

86.4. **Council noted the paper.**

87. Engagement and communications report

87.1. Rachael Oliver (RO) presented **18.02.C.04,** this paper kept Council abreast of engagement and communications with stakeholders via a quarterly report.

87.2. Council were told that the topics of the MHRA investigation, the Dr Bawa Garba case with the General Medical Council (GMC) and an imminent report from Which magazine were being closely followed and that members would continue to be kept updated on any developments.

87.3. **Council noted the paper.**

88. Deputising arrangements for Chair of Council 2018/19

88.1. Pascal Barras presented paper **18.02.C.05**, for Council to note the deputising arrangements for the Chair.

88.2. **Council noted the arrangements for the deputy Chair.**

89. Audit and Risk Committee; unconfirmed minutes of the meeting on the 23 January 2018

89.1. Digby Emson (DE), Chair of the Audit and Risk Committee (ARC) presented **18.02.C.06.** He highlighted several points of the meeting to members.

89.2. The Committee went through an internal audit report on I.T. security around moving some systems to the cloud. They were reassured by the report and on hearing that design principles were being challenged.

89.3. CBS had given the committee a presentation on outstanding internal audit actions. Members' concerns from the previous meeting in October had been allayed by a strategic approach.

89.4. The new external auditors Crowe Clark Whitehill had given their first presentation to the Committee who had noted the external audit plan for 2018/19.

89.5. **Council noted the unconfirmed minutes of the Audit and Risk Committee meeting**

90. Any other public business

90.1. MHam gave members a brief outline of what EEAAG had discussed around the budget for 2018/19 that came to their meeting in January. The group had discussed balancing reserves with transformation, savings and fees both in 2018/19 and for the next two to three years. This would input into the paper that was coming to Council in March.

90.2. There being no further public business to discuss the meeting closed at 15:10

Date of the next meeting:

Thursday 8 March 2018

General Pharmaceutical Council

Meeting paper

Council on Thursday, 08 March 2018

Public business

Council Workshop Summary

Purpose

To provide an outline note of the discussions at the February 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 February's workshop –

2.1. The Council had a discussion about the implications for pharmacy regulation of the case of Dr Bawa Garba.

2.2. *The pharmacy team: Our role*

The Council had a workshop considering the wider context of the consultation on ensuring a safe and effective pharmacy team, including workplace pressures. Members considered what could be done as a regulator from both a strategic and operational point of view.

The discussion held at this workshop fed into the work around the pharmacy team consultation. It was useful for members to share their reflections and consider the organisation's approach to an area that was currently subject to much media coverage.

2.3. *Developing our insight and intelligence strategy*

The Council received an update on the work underway to develop an insight and intelligence strategy. A timetable for the work was provided and members discussed the role that they felt that data and insights should play in the future.

The discussion held here formed part of the first stage of work in building the strategy which would come back to members for testing.

2.4. *Staff survey*

The Council received a presentation on the results of a recent staff survey of the GPhC.

Next steps and actions to maintain the momentum of engagement were shared with members.

2.5. *Mental health and the fitness to practise process*

Members were told that the organisation planned to commission an expert review to understand the impact of the fitness to practise process on a range of groups and to identify any necessary changes to policy and procedure.

The official review will be launched at a Council meeting.

2.6. *A safe and effective pharmacy team*

Members were given the headlines on the analysis of the consultation on a safe and effective pharmacy team before the complete report that would come to the meeting in March

Recommendations

Council is asked to note the discussions from the workshop

Duncan Rudkin, Chief Executive and Registrar
General Pharmaceutical Council

duncan.rudkin@pharmacyregulation.org

Tel 020 3713 8011

1 March 2018

Council actions log

Meeting date	Ref.	Action	Owner	Due date	Status	Comments/update
6 Jul 2017	31.6	**Consultation on revised threshold criteria:** A report on equality, diversity and inclusion in Fitness to Practise processes would be brought to Council in due course.	Claire Bryce-Smith	Sep 18	Open	This report will be commissioned externally and will go out to tender in Jan/Feb 18. It is anticipated that it will take at least three months to produce the report.
9 Nov 2017	58.2	**Actions and matters arising:** Council asked for a brief comparative table of GPhC and Care Quality Commission (CQC) powers regarding premises, owners and businesses.	Duncan Rudkin	Apr 18	Open	The table will come to the Council meeting in April as part of a wider piece of work.
	59.9	**Registration assessment and Board of Assessors' Report – June and September 2017:** 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.	Mark Voce	Jun 18	Open	
8 Feb 2018	84.12	**Performance monitoring report and annual plan progress report:** Council sought assurance that the pharmacies that were being investigated under the MHRA's	Claire Bryce-Smith	Mar 18	Open	An update will be given at the meeting.

		investigation were not overdue for inspection.				
	84.14	Members said that they would like to see more detail in the management accounts with underlying figures in tabular form	Megan Forbes	June 18	Open	
	84.16	A piece of work with more information on the costs of cancelled hearings would come to Council in due course	Francesca Okosi	TBC	Open	

General Pharmaceutical Council

Meeting paper

Council meeting on Thursday, 08 March 2018

Public business

GPhC business plan 2017-20

Purpose

To agree the Annual Plan for 2018/19, which sets our activities to be undertaken as part of year two of the Business Plan 2017-20.

Recommendations

Council is asked to:

i. Agree the Annual Plan for 2018/19: year two of the Business Plan 2017-20

1. Introduction

1.1. Our Strategic Plan 2017-20 was published last year. It described our ambition to support and improve the delivery of safe, effective care in pharmacy, and also describes our strategic approach and operating principles for achieving that ambition.

1.2. The supporting Business Plan 2017-20 was the first which covered a three-year period. This set out six key programmes of work – with the Annual Plan 2017/18 setting out the first year of delivery – to help us achieve our strategic aims, and our ongoing work to deliver our regulatory responsibilities.

1.3. At the end of December 2017, we published our updated Strategic Plan 2017-20: year two which set out the progress we had made in the first year towards achieving our three strategic aims. The updated foreword pointed to the significant challenges facing society in general and pharmacy in particular and the need for us to keep our strategy under review and be willing to make urgent changes to adapt quickly.

1.4. The achievements under our key goals for last year included:

- Successfully launching our new standards for pharmacy professionals and developing and publishing guidance on religion, personal values and beliefs

- Carrying out an important consultation on the education and training of non-registered pharmacy staff - the feedback from this will help us improve our approach to regulating pharmacies
- Publishing new standards for the initial education and training of pharmacy technicians.

1.5 We have also developed improved transparency and reporting on our progress on delivering our strategic and business plans by providing regular updates to Council.

2. Business planning 2017-2020: Year two

2.1. This paper sets out our current plans for 2018/19: year two of the Business Plan 2017-20 (attached at Appendix 1).

2.2. It is based on the five key themes which are shaping our agenda for the next few years:

- Building on our data, information, intelligence and insight capability
- Developing our approach to fitness to practise
- Securing assurance and promoting improvement in registered pharmacies
- Improving standards of care through regulation of education and training
- Transforming our organisation, our services and processes

2.3. The document has received initial feedback from the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) at its meeting in January 2018, although remains in draft form pending further input and feedback from Council. Nevertheless, it has highlighted a number of issues and challenges to note.

2.4. In a change of approach from last year we have sought to represent delivery of our ongoing regulatory operations alongside our 'new initiatives' in the draft business plan. The rationale for this is twofold. First, it means our business plan gives a more balanced picture of what we are working on and how we intend to deploy our resources. It seeks to show the reality that the same pool of resources need to deliver both 'business as usual' and 'new initiatives'. Secondly, it allows us to remind our stakeholders about what we do.

2.5. To support our ambition to improve on being more joined-up in the delivery of our plans and to ensure we adequately resource our priority work, we intend to put in place individual summary plans (with success measures) and budget for each bullet point heading within next year's business plan. This work has not taken place yet, although will have greater emphasis placed upon it following approval of the business plan. This also means a move away from directorate plans to support our new ways of working and shift away from silo working.

2.6. In addition to the above, we have ongoing work in hand to review our draft planning from two specific points of view, so that we

- make sure that we identify and exploit all the links between our different regulatory processes so that they mutually support and reinforce each other (how inspection will support revalidation, for example)
- capture and explain how each of our regulatory functions and change initiative plays its part in achieving a fair and effective balance between the accountability of pharmacy owners and that of individual members of the professions.

2.7. We recognise that our area of biggest risk and opportunity is in respect of data, intelligence and insight as our plans to date may have been over ambitious and unspecific in this area. We continue to develop our strategy around this work and will share our thoughts with Council later in the year (June/July).

2.8. Whilst we continue with some significant technology change in 2018/19, we are keen to ensure that our development pathway for IT is driven by business requirements, particularly around our applications development.

3. Equality and diversity implications

3.1. In a change of approach from last year, embedding equality, diversity and inclusion implications does not appear as a separate set of objectives under each key theme. We seek to embed equality, diversity and inclusion in all our work and so that aim is included under the transformation section of the draft business plan so that this is seen as an intrinsic part of our work.

4. Communications

4.1. The development and publication of the business plan is reflective of our commitment to openness and transparency concerning our development and performance.

4.2. The draft business plan as presented will represent the public facing document later in the year. Subject to agreement, it will then be formatted, sent to WordCentre and published on our website.

4.3. We will continue to develop specific communications on each of the areas outlined in the business plan. This includes information on our website, wider communications through the media and directly 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, pharmacy owners, education providers and others.

4.4. Internal communications on our business plan including the detail that sits underneath will be important as we go through a period of substantial change. There will need to be

transparent and specific communications around key stages of the business plan, in order to inform and engage with staff.

5. Resource implications

5.1. This year we have attempted to align discussions on business planning, budget and risk more closely.

5.2. The allocation of resources required to progress with the business plan, including normal operational delivery, was a key consideration in developing the proposals for the 2018/19 budget and fee setting.

5.3. We are intending to move to project budgets for the different areas of business plan activity as this should improve our ability to keep track of the cost of our initiatives (and consequently our ability to forecast future ones).

6. Risk implications

6.1. The strategic risk register will continue to be reviewed as part of our management framework and risks will be recorded and reviewed in relation to each stream of work planned.

6.2. Main risks associated with the delivery of these pieces of work will be included as part of the annual plan progress report.

7. Monitoring and review

7.1. The business plan will continue to be monitored through the following ways:

- Annual plan progress report to Council (as part of the wider business report which covers performance against the business plan alongside key measures of performance in our regulatory functions)
- Updates to EEAAG
- Performance and Delivery Board

Recommendations

i. Agree the Annual Plan for 2018/19: year two of the Business Plan 2017-20

Duncan Rudkin, Chief Executive and Registrar
General Pharmaceutical Council

Duncan.rudkin@pharmacyregulation.org

Tel 020 3713 7805

1 March 2018

General Pharmaceutical Council

Appendix 1

Annual Plan 2018/19: Priority work programmes

Our ambition as the pharmacy regulator is to support and improve the delivery of safe, effective care in pharmacy which patients and the public have the right to expect.

To enable us to do that effectively we will need to keep our strategy and plans under review as there are significant challenges facing society in general and pharmacy in particular. The NHS and public finances remain under considerable pressure. We face uncertainty in relation to the legal framework in which we operate due to exiting the European Union and reforms to healthcare regulation. New technologies continue to present new opportunities and challenges with implications for people using pharmacy services and regulation.

As events unfold we will expect to respond flexibly and promptly, informed by evidence and in a proportionate way.

This annual plan 2018/19 sets out our key priorities for year 2 of our Strategic Plan for 2017-20.

Building on our data, information, intelligence and insight capability

In 2018/19 we will deliver the following strategic priorities:

- We will develop a phased insights and intelligence strategy to improve our capacity and capability to report on our work more efficiently; to share insights we gain from the data we hold and to inform effective regulatory interventions
- Improve the quality and consistency of the data that we hold and our data infrastructure
- Continue to update our data approach and procedures to ensure compliance with the General Data Protection Regulation
- Conduct and share the results of a public perceptions survey in relation to pharmacy in order to promote improved understanding of public expectations
- Share with others what we learn through our work

Developing our approach to fitness to practise

In 2018/19 we will continue to deliver the following regulatory responsibilities:

- Follow up on concerns received in relation to pharmacy professionals, premises and owners and take appropriate action in response
- Conduct timely investigations into the concerns that we receive and take proportionate action to protect the public and uphold confidence in pharmacy
- Ensure the fitness to practise process is transparent, fair and focussed on public protection

And we will deliver the following strategic priorities:

- Commission an external review of the links between our fitness to practise process and the mental health implications for those involved, including registrants, complainants and witnesses
- Assess the extent to which a more restorative approach towards pharmacy professionals may contribute to improved care and services for the public

Securing assurance and promoting improvement in registered pharmacies

In 2018/19 we will continue to deliver the following regulatory responsibilities:

- Conduct our programme of regular inspections for registered pharmacies in order to provide assurance to the public that standards are being met. Where improvements are required to meet our standards, we will ensure that improvement action plans are implemented
- Continue to follow up on concerns we receive in relation to registered pharmacies and take appropriate action in response
- Set and promote the standards we require owners of pharmacy premises to meet to enter and remain on the register

And we will deliver the following strategic priorities:

- Agree with government a timetable for commencing new powers to publish inspection reports, and share learning to promote improvement
- Consult on and implement our approach to publication of inspection reports and our updated proposals on pharmacy inspection
- Implement new enforcement powers to ensure our standards are met in registered pharmacies
- Build understanding among our stakeholders of our powers and tools for regulating both individual members of professions and pharmacy owners and explore how we can deploy them most effectively
- Issue guidance to pharmacy owners to ensure safe and effective care by all staff within the pharmacy team

Improving standards of care through regulation of education and training

In 2018/19 we will continue to deliver the following regulatory responsibilities:

- Ensure education providers develop students and trainees to have the required skills and knowledge to deliver safe and effective care
- Set and promote the standards required by pharmacy professionals to enter and remain on the register
- Secure assurance that pharmacy professionals continue to uphold our standards to ensure patient and public safety
- Work with pharmacy training providers to assess whether training provided meets our standards
- Take appropriate action to ensure our standards are met

And we will deliver the following strategic priorities:

- Implement our new revalidation framework to provide assurance that pharmacy professionals continue to meet the required standards of professionalism throughout their careers
- Implement new standards for the initial education and training for pharmacy technicians working with course developers and providers
- Consult on, review and agree new standards for pharmacist independent prescribers followed by implementation activities with course developers and providers
- Initiate our work to review and consult on initial education and training for pharmacists so that initial education provided will meet the future needs of the public in relation to pharmacy services

Transforming our organisation, our services and processes

In 2018/19 we will continue to deliver the following regulatory responsibilities:

- Register and list publicly the pharmacy professionals and pharmacies that provide care to patients and the public
- Ensure that we operate efficiently and effectively in all our activities whilst maintaining a focus on quality

And we will deliver the following strategic priorities:

- Improve online services to enable registrants to complete and review their revalidation records online
- Improve online services for registration, renewal and application functions in phases throughout the year
- Embed equality, diversity and inclusion in both our role as a regulator and employer
- Conduct a survey of our registrants in order to identify areas for further improvement
- Invest in updating our culture, ways of working and means of holding ourselves to account to ensure we have the right staff with the right skills and attitudes to adapt to the evolving world of regulation
- Continue to invest in our IT infrastructure and applications by moving to cloud based solutions in order to provide a flexible and robust foundation for future needs

General Pharmaceutical Council

Meeting paper

Council on Thursday, 08 March 2018

Budget and fee proposals 2018/19

Purpose

To approve the budget for 2018/19, to propose that we fund improved services from reserves, and that we hold fees at current levels for 2018/19.

Recommendations

The Council is asked to:

(i) note and comment on the proposed budget and assumptions set out in appendix 1

(ii) agree the budget for 2018/19

(iii) agree that fees are unchanged for the financial year

(iv) agree to the application of reserves as described in line with ensuring we hold reserves at or above our target level of four to six months of operating expenditure

(v) note our proposed next steps to update our longer term financial and fees strategy.

Introduction

1.1. We propose a deficit budget for 2018/19 of £2.6 million as set out in appendix 1. Our projected operating expenditure is £26.2 million against a projected operating income of £23.4 million. We propose to hold fees at current levels and so to fund the gap between income and expenditure by investing some of our reserves for this year. We plan to continue to work with Council during the year to develop and agree a revised longer term financial strategy.

1.2. As the demands placed on the pharmacy sector grow, in turn the demands placed on us grow too. We are amidst a transformation process to improve the way we work across all our functions. Although the transformation work started last year, it has gathered momentum during the current financial year and it requires investment if we are to deliver improved services to the public and for our registrants. The scope and ambition of our transformation work have grown as we develop improved understanding of what it needs to deliver. So far, we are seeing the effects in the budget with increased expenditure on headcount and IT costs in particular.

1.3. Last year we set aside a 'one-off' projects budget for transformation because at that time the focus was on a limited number of IT based projects aimed at moving some of our core regulatory services from paper to digital. Since then, our ambitions have grown to include a wide-ranging programme of work on improving the way we work across all our functions. We see the effects of it across all areas of the budget and a more detailed explanation is set out below.

1.4. Alongside our transformation work we are seeing demands grow across all our 'business as usual' regulatory functions. For example, the number of concerns we receive is growing, in education the number of courses which require approval for pharmacy professionals is growing, our registration and application functions continue to process high volumes. These core functions are operating under pressure and we need to maintain standards in these areas in order to retain our 'licence to operate' so that we maintain influence in the sector in order to drive improvements.

1.5. To assist Council in assessing our budget proposals, here is a reminder of some of the main areas in which we are taking action. The drivers for these actions have come from Council, our stakeholders and our staff during this year and the work is reflected in next year's business plan. The list below is not comprehensive or in priority order – it is merely the headlines. There is also much day to day activity which is not mentioned. However, it is included to serve as a reminder of what we have been asked to do.

a) We have an extensive programme of work on education and training so that education meets the future needs of the public (several revised education and training standards)

b) We are providing further assurance to patients and the public that pharmacy professionals are continuing to meet our standards throughout their careers (revalidation)

c) We are building improvements in the way we provide services to registrants (myGPhC portal and online registration and applications) to make them more efficient and effective

d) We are implementing improvements to IT infrastructure and applications to deliver the above and to reduce IT costs in some areas

e) We are keeping focused on timeliness and quality in relation to Fitness to Practise cases and seeking to reduce the number of older cases

f) We are responding to increased numbers of concerns being lodged with us

g) New powers to publish inspection reports will be commenced and we intend to consult on refining our inspection approach

h) We will evaluate our approach to regulating pharmacy owners, registrants and the whole pharmacy team to ensure our regulatory interventions are effective and proportionate

i) We continue to seek to improve our use of and gain improved insight from our data

j) We need to develop our understanding of and response to a post-Brexit world

k) We will be seeking and taking action in response to the views of registrants and the public from surveys

l) We are improving our approach to risk management

m) We are improving our responsiveness to those who contact our customer service team

n) We are listening to and acting on the feedback from our staff in response to surveys and acting to reduce turnover

o) We are improving the skills and capabilities of our staff

p) We are seeking to incorporate equality, diversity and inclusion into all that we do

q) We will review our support for those with mental health issues who enter the Fitness to Practise process

r) We are improving our planning and budgeting processes so that we are clearer on our objectives and our progress against them

s) We need to work with and respond to Government on initiatives such as reform of regulation, medicines safety, superintendent and responsible pharmacists and supervision

t) We will be revising our Strategy and updating our longer term financial strategy.

1.6. For the financial year 2016/17 we underspent against a deficit budget. In the current financial year 2017/18 there is a similar pattern, though the rate of expenditure on transformation has accelerated in the second half of the year. Although we have set deficit budgets for the past three years, our reserves have not reduced significantly as our investment in improvements has been delayed. We have not met the target reserves levels agreed last year as our reserve levels are higher than we expected them to be, although on current projections (and subject to our longer term financial strategy) we expect to reduce our reserves to our target level during the remainder of the plan period in the next two financial years.

1.7. Our ambitious strategy is focussed on improvement of the services we provide. Although savings will be generated in some areas (and we will present the fuller savings picture to the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) in May), so far, those savings are being reinvested and our overall operating costs are increasing, mainly with increases in headcount and IT related expenditure. As can be seen from the matters listed in paragraph 1.5 above, the drivers for improving the way we work are wide ranging and powerful and so we do not consider this to be the right moment to restrict investment or demand savings or reductions. We expect to be able to make a more robust assessment at the end of 2018/19 so that we can have a plan to balance fee income generated, expenditure, target reserve levels and the expectations placed on us as a regulator.

1.8. We have developed the proposals for the 2018/19 budget and fee setting with the following key considerations in mind:

i. the allocation of resources required to progress with the Business Plan, including normal operational delivery;

ii. the principle that we intend to fund increased operating expenses from reserves to deliver service improvements before establishing a plan to restore balance between income and expenditure;

iii. the principle that we wish to ensure a fair and proportionate allocation of fees to registrant groups, based on the detailed calculations carried out for the 2015/16 budget, with the allocations to be revised in future years following any significant changes to the operating model;

iv. our commitment to improve our efficiency and effectiveness across all areas of the GPhC.

1. Budget and fee proposals

2.1 The proposed budget is for a deficit of £2.6m in 2018/19, to be funded out of existing reserves on the understanding that:

i. As previously agreed, a deficit is acceptable for a transitional period, provided that we can demonstrate improved efficiency and effectiveness;

ii. We will remain at or above our target level of reserves of between 4-6 months operating expenditure to maintain financial stability;

iii. We intend to hold fees at existing levels this year.

2.2. The 2018/19 budget has been subject to a detailed review with directors, examining total operating costs as well as proposed increases, and identifying resource requirements to deliver against the priorities identified in the business plan. This process has involved robust challenge of costs included in the budget submission and where appropriate the proposed budgets have been reduced, deferred or added to, to ensure that the proposal fits our business plan and is realistic and deliverable. For the purpose of the budget paper discussions to date we have focussed on expenditure for the 2018/19 financial year.

2.3 As requested by Audit and Risk Committee (ARC), we are conducting a review of our investment policy with a view to examining whether we wish to adjust our approach to investment risk in order to achieve a higher return on our invested reserves. No additional income has been included in the budget at this stage but if we adjust our approach any increase in interest received will be factored into our budget projections going forward. We intend to bring key considerations on our investment approach to both ARC and EEAAG in May and to Council in June.

2.4 The budget and future projections will be reviewed and updated throughout the year on an ongoing basis so that projections for future years are continually updated and feed into next year's budget process. EEAAG have asked to review budget throughout the year also. We are intending to move to project budgets for the different areas of business plan activity as this should improve our ability to keep track of the cost of our initiatives (and consequently our ability to forecast future ones).

2.5 The draft budget paper has been reviewed by the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) and their comments have been considered in this revised paper.

3. Next steps on revising our longer term financial strategy

3.1 Further work is required to set out a revised longer term financial strategy for GPhC for the remainder of our planning period and beyond. That strategy will set the framework within we take our shorter term financial decisions and we expect to review our progress against it regularly. This point was particularly drawn out in the discussions of the draft budget in EEAAG. Our aim is to set fees at a level which generates sufficient income to enable us to carry out our statutory duties as a regulator, to provide assurance that the public continues to receive safe and effective pharmacy services, and to meet the changing demands placed upon us.

3.2 We need to carry out further work to revise our longer term financial strategy with Council and a plan to restore balance between our fee income, expenditure, target reserve levels and the expectations upon us. This is work we plan to carry out during the next financial year, starting at the May meetings of ARC and EEAAG and returning to Council in June and subsequent meetings. It will require us to take a much closer look at savings, improved effectiveness which we expect to realise, and how we plan to re-invest any savings realised. Until our longer-term strategy is revised, we propose to adopt the approach described in section 6 of Appendix 1.

4. Equality and diversity implications

4.1 We seek to embed equality and diversity considerations in all our work throughout the year. As the recommendations of this paper cover all the work we plan to do next year it is not feasible to do justice to or approach to those implications in this paper.

4.2 We intend to review the allocation of costs by registrant type during 2018/19 following changes to our operating model and cost base. This review will inform our future fees strategy which will be subject to an updated equality impact assessment.

5. Communications

5.1 The decision not to increase fees for 2018/19 will be clearly communicated to registrants through Regulate, the GPhC website and the pharmacy media, as well as applicant and renewal forms.

5.2 All communications will emphasise the GPhC's commitment to using registrants' fees efficiently and effectively to deliver our core regulatory services in a way which focuses on quality and improvement.

6. Resource implications

6.1 The resource implications for 2018/19 to 2020/21 are shown in the proposed budget projections. The projected deficits are based on the expenditure profile for the 2018/19 budget and do not take into account any future fee increases or expenditure savings. If there are no changes to the projections our reserves level will fall in line with meeting our reserves target but will still be sufficiently robust for it not to present a threat to the GPhC' s financial sustainability. Furthermore, detailed cash flow projections indicate that the level of cash at no point falls below the level required to support operating expenditure.

7. Risk implications

7.1 There is a significant area of work which we intend to carry out which is not included in the budget for 2018/19. This relates to our Insight and Intelligence Strategy and the development of our data warehouse. We have budgeted for an initial piece of work to help us to develop our Insights and Intelligence Strategy, including discovery and data requirements gathering work. However, although we know that considerable investment is likely to be needed to take this work forwards to help us to use our data more effectively, we are at too early a stage to be able to cost it with enough realism. Once the Insight and Intelligence Strategy has come before Council (in June/July) we will come back with a detailed plan, costings and request for investment.

7.2 In calculating forecast income we have considered external risk factors such as the impact of Brexit and the economy in general. Although we note those risks, we have not adjusted our financial plans at this stage as there are too many uncertainties to provide a meaningful basis for adjustments. In our business plans we have sought to mitigate these risks by leaving ourselves some capacity to assess them. If the demands placed on us are great or sudden then other planned work will need to be delayed, though we will consult with Council further.

7.3 We have also considered internal risks including the introduction of revalidation and the transfer to on-line applications – these activities could result in reductions in our income from registrants. For these reasons forecast registrant numbers have been subject to a downward adjustment. We will proactively monitor registrant numbers to ensure that any decrease in numbers is identified at an early stage.

7.4 Although the numbers of pharmacy technicians and of premises joining the register is less predictable, as fees are paid in advance we are able to reasonably predict our income for the coming year. We have however made the prudent assumption that the number of registrants will not increase.

7.5 Known factors such as an increase in pension costs have been included in the budget.

7.6 While economic factors will also impact costs, we have not budgeted specifically for inflationary increases. We propose to counteract any inflation elements through smart procurement and contract management, and by identifying cost efficiencies.

7.7 There are risks associated with the costs and pace of delivery of our priority work programmes due to our restructure being recent and the senior leadership group and their teams adjusting to new areas of responsibility. We have sought to test our plans by carrying out a challenge process on particular areas of expenditure with a view to ensuring that plans are realistic, in line with our business plan priorities and are tested for efficiency and effectiveness. However, our plans may well develop further during the year. The budget and business plans are based on what we know at present.

7.9 There is likely to be a small underspend against the current year's deficit budget of £0.2 million. We have considered whether the underspend should mean our figures for 2018/19 should be revised. However, as the underspend is less than 1% of our budgeted operational expenditure we have not adjusted the budget.

8. Monitoring and review

Performance against budget is reviewed in the monthly management accounts by the senior leadership group, and the quarterly performance report considered by Council. Going forward we plan to report regularly to EEAAG to review our future projections for both projects and operating expenses covering the strategic plan period and beyond where necessary.

Recommendations

The Council is asked to:

(i) note and comment on the proposed budget and assumptions set out in appendix 1

(ii) agree the budget for 2018/19

(iii) agree that fees are unchanged for the financial year

(iv) agree to the application of reserves as described in line with ensuring we hold reserves at or above our target level of four to six months of operating expenditure

(v) note our proposed next steps to update our longer term financial and fees strategy.

Ruth McGregor, Head of Finance and Procurement
General Pharmaceutical Council

ruth.mcgregor@pharmacyregulation.org

Tel 020 3713 8015

Appendix 1

Budget 2018/19

1. Background and assumptions

1.1. The budget for 2018/19 reflects the detailed resource implications of the business plan which is also on today's agenda and which reflects the Council's strategic plan.

1.2. The attached appendices detail the income and expenditure account for the year and projections for future years, a projected balance sheet and cash balances as at 31 March 2018 and for future years, and the supporting detail (including graphical representations) of income by class of registrants and expenditure by cost type, by department, and by business plan activity.

2. Income

2.1. It is proposed that there is no increase to fees for the 2018/19 financial year.

2.2. The budget projections for 2019/20 and 2020/21 do not incorporate any proposed fee increases at this stage. Council will however continue to review future fee levels annually and will consider whether fees should be adjusted to meet the demands placed upon us.

2.3. Our income assumptions reflect our best estimates for numbers of registrants as informed by the current numbers on the register and our predictions for growth, as adjusted for risk.

2.4. For pharmacists, we gather data through a census of all university schools of pharmacy, including numbers for students in all four years. Subject to attrition rates, we can therefore predict how many new registrant pharmacists there will be several years in advance. We have considered risk factors such as the impact of BREXIT and the introduction of revalidation and on-line registration, and therefore the estimated growth is conservatively set at 5%. Pharmacist income represents approximately 65% of our projected income.

2.5. For pharmacy technician's growth in numbers on the register has slowed to around 1%; we have not predicted any growth in numbers for 2018/19 as we do not have information in relation to prospective pharmacy technician registrants. Income from pharmacy technicians represents approximately 12% of our projected income.

2.6. We did not assume any growth in the number of pharmacy premises for 2017/18 due to uncertainty and the possibility of closures. In practice the number of premises has shown a small increase. We have assumed no further growth in 2018/19 and we have done

sensitivity analysis to identify the potential impact of a reduction in the number of pharmacies on our future years' projected income.

2.7. Accreditation fee income varies year on year due to the fee structure which differs depending on the stage in the accreditation cycle. We plan to carry out a review of the fees structure and the level of fees during 2018/19.

2.8. We have not budgeted for any income from letting out hearing rooms due to the increased number of hearing days required for our own hearings, and the requirement to have rooms available at short notice for interim orders. Consequently, we only currently let our rooms out at short notice as otherwise we would potentially have to move our own hearings to external venues at additional cost. We are budgeting for a 10% increase in hearing days, so we are unlikely to have availability for other users. We also have a reciprocal overflow arrangement with the GDC whereby we are able to use their hearing rooms if required at no cost. We will keep the utilisation of our hearing rooms under review and should the opportunity arise to let out available rooms then we will do this, but not at the risk of incurring additional costs for holding our own hearings at other locations.

2.9. There have been reductions in our 'other income' as we are unable to reclaim credit card charges from registrants due to changes in the law. For this year we have absorbed the £50k cost of these charges without passing it on to registrants by way of fee increase. However, if a large number of registrants change their payment method in favour of paying by credit card this could result in us incurring additional costs of up to £200k. We will keep this under review and as part of our on-line registration project we will seek to encourage registrants to use less costly payment methods.

2.10. Overall income for the budget year of £23.4m is expected to be £0.6m higher than the forecast for the current year. This is due to an overall increase in the number of registrants.

2.11. We have engaged with advisers in relation to revising our investment policy and we will present proposals on a revised investment strategy to the Efficiency and Effectiveness Assurance and Advisory Group in May 2018. For the purposes of this budget we have assumed no changes to the investment policy, although initial advice received indicates there may be some scope to generate improved income if we are content to make investments over the longer term.

3. Operating expenditure

3.1. Budgeted overheads amount to £26.2m which is an increase of 11% on the latest 2017/18 forecast. Much of the increase relates to staff costs, due to an increase in establishment headcount which is required to meet our ongoing regulatory responsibilities and new

demands and initiatives as described earlier in the paper. There are also increases in Associate costs due to the increased number of hearing days, in research and IT costs. Appendix (ix) has a breakdown of the IT costs.

3.2. The budget was compiled bottom up, starting with agreed establishment headcount and including costs for the whole year on the assumption that establishment roles would be filled. The original budget submissions were based on the old structure. There followed a second submission to include any changes as a result of the restructure, followed by a proactive challenge of all cost budgets to ensure the appropriate allocation of resources and prioritisation of projects. Following EEAAG in January there was a further round of budget challenges to ensure that the budget is available for key priorities and is realistic in terms of what can be delivered.

3.3. The budget includes increases to current establishment headcount due to increased volumes of work. For all permanent roles, costs are included for the whole year on the assumption that establishment roles will be filled, but there is then a centralised adjustment based on a historical vacancy factor of 4%. The sum of 2.5% has been set aside as provision for potential pay increases. This provision is without prejudice to decisions of the Remuneration Committee and it does not commit us to using that provision for that purpose. Increases in pension costs have also been taken into account. The overall increase in employee costs amounts to 18%.

3.4. The increase in headcount amounts to 43 in total, 21 of which are establishment roles expected to be filled by the end of this financial year, and a further 22 new roles to commence in 2018/19. These include 9 new posts in the Fitness to Practise (FtP) directorate for an additional team to manage the increase in workload and to develop our new strategic approach to FtP. These roles are also aimed at reducing our reliance and expenditure on external legal advice compared to the current financial year.

3.5. We expect the publication of inspection reports to require increased capacity, so in Inspections there are 4 new Deputy Regional Manager additional posts to deliver the required changes and additional workload because of the new approach to registered pharmacies and the publication of inspection reports. There are new posts for a data warehouse Manager, a research analyst and a data analyst in the Data and Insight team. In additional we have budgeted for a Clinical Fellow to work in the Insight, Intelligence and Inspections directorate under the Chief Pharmaceutical Officer's Clinical Fellow Scheme. There are 3 new posts in the HR team to cope with increased recruitment and work on organisational development and culture. The other 3 roles are in business development and IT and are to cover our increased project workload including the transfer of infrastructure to the cloud and a reliance on in house support as an alternative to procuring costlier external contractors.

3.6. Associate costs have increased by 22% due to a 10% increase in the expected number of hearing days. There is an increased training budget for Council committees due to the recruitment of new committee members.

3.7. There is a significant increase in research costs. There is a budget of £200k for 2018/19 to cover research commissioned by the data and insight team. This has been reduced from the original submission and is now allocated to specific pieces of research including £100k relating to Education and £100k for registrant and public surveys.

3.8. IT costs have increased by 6% including the cost of transferring our applications to the Cloud. This will result in savings in hosting costs in future years. Transferring services on-line should result in savings in operating expenditure around the organisation as we automate processes which previously required manual input. The resulting efficiencies may lead to a reduction in headcount in some teams in the longer term but as they are not likely to materialise until the end of the financial year this has not been factored in at this stage as the work done to date on the budget has focussed on the 2018/19 financial year. Future projections may be updated for the EEAAG meeting in May and on an ongoing basis moving forward.

3.9. We have budgeted for an increase in the PSA levy which has now been confirmed.

4. Non-recurring expenditure

4.1. The 2017/18 budget separately identified costs for the service transformation project as one-off expenditure. This was based on the 'paper to digital' approach to transformation and our plan to invest in technology with a resulting improvement in on-line services and the expectation of cost savings to be realised in future years. We now understand our transformation needs to be wider and affect ways of working across the organisation. Some of that shift in scale of ambition means that we are seeing increases in operational expenditure alongside non-recurring expenditure.

4.2. We have established project budgets allocated to the priority work programmes identified in the plan:

- Building on our Data, information, intelligence and insight capability
- Developing our approach to fitness to practise
- Securing assurance and promoting improvement in registered pharmacies
- Improving standards of care through regulation of education and training
- Transforming our organisation, our services and processes

Where permanent headcount increases have been identified in respect of these projects, the costs are not separately identified in the budget as they are included in the cost of normal operational delivery. IT development costs are broken down in the IT appendix (iv).

See appendix (x) for details of incremental costs relating to the priority work programmes listed above.

5. Fees and Costs Allocation

5.1. We have not increased fees since 2015 and fees for pharmacists and pharmacy technicians are still lower than 2011 levels. The budgeted deficits in recent years have been funded from reserves.

5.2. The cost allocation model has been developed over time with a view to allocating costs to the various classes of registrants fairly. The fees set for 2015/16 were based on this model.

5.3. As no fee increase is proposed for 2018/19 the current cost allocations are on the same basis as for previous years. Once the operating model has been further developed because of the work on registered pharmacies we will further refine the cost allocation model to incorporate any changes to operating processes and costs, and to develop fee proposals based on this updated information.

5.4. The budget projections do not incorporate any fee increases at the stage, as until we have established our new operating model we do not have a clear understanding of our financial requirements going forward. We will review both fee levels and allocation this time next year.

6. Balance Sheet and Reserves

6.1. The GPhC's reserves are forecast to reach £13m (6 months operating expenditure) by March 2018 and £10.3m (5 months operating expenditure) by March 2019.

6.2. The target for reserves is within a range of four to six months' worth of operating expenditure. Based on current projections reserves are expected at the higher end of this target so there are sufficient reserves available to invest further in projects and to mitigate against any risks.

6.3. The GPhC receives fees in advance and therefore maintains a healthy cash balance throughout the year, at no point falling below 12 months' worth of operating expenditure. Consequently, there is no requirement to increase the reserves at present. It is proposed that this target should continue to be reviewed annually.

6.4. Reserves are projected to reduce to £7.8m by March 2020 and to £6m by March 2021 if expenditure were to continue at current levels with no savings generated and no fee increase. Revised projections for 2020 and 2021 to be provided to EEAAG in May will include options relating to prospective levels of savings in operating expenses so that expenditure can be brought back into line with income over a given period. We will then consider our future strategy regarding fee increases and savings targets in light of the revised reserves forecast.

6.5. As registrants' fees are paid in advance, with the bulk of receipts during October, it is possible for us to produce a monthly cash projection to ensure that GPhC always has sufficient levels of cash available. The projected cash balance at the end of 2017/18 is £26.7m and this balance will decrease each month until August, reaching a peak in October. The cash projections for 2018/19 through to 2020/21 are included in appendix (viii).

6.6. The net book value of fixed assets at the end of this year will be £3.8m. There has been capital expenditure on replacement laptops in 2018/19. In line with our approach in previous years we do not intend to capitalise IT development work where development is carried out in house; all costs have been budgeted as revenue expenditure.

Appendices

i. Budget by income and expenditure type
ii. Budget by department
iii. Income breakdown
iv. Income chart
v. Number of registrants
vi. Expenditure chart
vii. Balance sheet
viii. Projected cash balance
ix. IT budget
x. Project budgets

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INCOME AND EXPENDITURE BY TYPE
WITH PROJECTIONS

	2017/2018 BUDGET £000's	2017/2018 REFORECAST £000's	2018/2019 BUDGET £000's	2019/2020 PROJECTION £000's	2020/2021 PROJECTION £000's
Income					
- Pharmacist	14,629	14,604	15,444	16,152	16,902
- Premises	3,735	3,816	3,765	3,741	3,741
- Pharmacy Technicians	2,942	2,952	2,921	2,939	2,939
- Pre-Registration	1,179	1,101	1,087	1,022	1,022
- Other	324	290	227	203	203
Total Income	**22,808**	**22,762**	**23,445**	**24,056**	**24,806**
Costs					
- Employee Costs: Payroll	(11,850)	(11,996)	(14,172)	(14,822)	(14,837)
- Other Employee Costs	(815)	(1,135)	(1,206)	(939)	(860)
- Council and Associate Costs	(1,756)	(1,592)	(1,832)	(2,054)	(2,055)
- Property Costs	(263)	(308)	(265)	(281)	(289)
- Office Costs	(378)	(415)	(378)	(373)	(377)
- Professional Costs	(2,695)	(2,282)	(2,047)	(2,433)	(2,484)
- Event Costs	(528)	(491)	(527)	(538)	(550)
- Marketing Costs	(133)	(100)	(117)	(90)	(91)
- Research Costs	(80)	(72)	(200)	0	0
- IT Costs	(1,950)	(2,014)	(2,126)	(1,811)	(1,739)
- Other Costs	(367)	(179)	(391)	(188)	(189)
- Occupancy & Building Costs	(2,125)	(2,041)	(2,058)	(2,074)	(2,092)
- Depreciation	(724)	(718)	(691)	(706)	(701)
-PSA Levy	(196)	(195)	(203)	(210)	(218)
Total Costs	**(23,860)**	**(23,536)**	**(26,211)**	**(26,519)**	**(26,482)**
Net Operating Surplus/(Deficit) before Interest & Tax	(1,052)	(774)	(2,766)	(2,462)	(1,675)
- Interest & Taxation	173	124	115	120	120
Net Operating Surplus/(Deficit) After Tax	**(880)**	**(650)**	**(2,651)**	**(2,342)**	**(1,555)**
Average Registrant numbers					
- Pharmacist	52,335	55,371	58,551	61,551	64,551
- Premises	14,412	14,634	14,566	14,566	14,566
- Pharmacy Technicians	23,186	23,431	23,249	23,249	23,249
Reserves					
opening	13,625	13,625	12,975	10,325	7,983
closing	12,745	12,975	10,325	7,983	6,428
Number of month's operating expenditure	6	7	5	4	3
Average headcount	233	238	279	277	277

General Pharmaceutical Council

EXPENDITURE BY DEPARTMENT

	2017/2018 BUDGET £000's	2017/2018 REFORECAST £000's	2018/2019 BUDGET £000's
Chief Executive	**405**	**381**	**401**
	-	-	-
Director of Fitness to Practise	358	360	438
Professional Regulations	2,009	2,073	2,522
Quality, Monitoring & Concerns*	1,564	1,743	1,210
Fitness to Practise	**3,931**	**4,176**	**4,170**
	-	-	-
Director of Insight Intelligence & Inspections	-	108	342
Inspectors	2,808	2,746	3,240
Information Governance	-	-	104
Knowledge & Insight	413	440	737
Insight, Intelligence & Inspections	**3,221**	**3,294**	**4,423**
	-	-	-
Facilities Management	3,179	3,118	3,072
Hearings Management*	-	33	405
Fitness to Practise Committee	942	1,181	1,189
Investigating Committee	136	72	120
Associates	368	304	535
Director of People	180	485	577
Human Resources	558	648	677
People	**5,363**	**5,841**	**6,575**
	-	-	-
Director of Educations & Standards	410	369	300
Revalidation	382	297	244
Head of Education & Registration Policy	302	281	337
Quality Assurance (Accreditation)	662	546	513
QA of Registration Assessment	342	298	293
Standards & Fitness to Practise Policy	416	317	327
Head of Customer Services	1,290	1,166	1,251
Revalidation Review	202	166	84
Exam	467	553	606
Educations & Standards	**4,473**	**3,993**	**3,955**
	-	-	-
Council	331	290	316
Governance	780	708	737
Communications	514	481	596
Corporate Development & Improvement	236	266	348
Director of Corporate Resources	874	356	412
Finance & Procurement	695	726	822
Application Development	595	910	1,052
Head of IT	182	179	200
Infrastructure Development	647	508	713
IT Service Delivery	1,582	1,335	1,352
Corporate Resources	**6,436**	**5,759**	**6,548**
	-	-	-
Central Provisions	**31**	**92**	**139**
Total Expenditure	**23,860**	**23,536**	**26,211**

General Pharmaceutical Council

INCOME BREAKDOWN

Income Breakdown

	2017/2018 BUDGET £000's	2017/2018 REFORECAST £000's	2018/2019 BUDGET £000's
Pharmacist Income			
Practising Registrant Fees	13,740	13,830	14,656
Application & Upgrade Fees	497	325	322
Independent Prescriber Fees	27	97	115
Registrant Administration Fee	44	45	45
Scrutiny Fee - Pharmacist	41	22	25
Pharmacist Restoration Fee	235	192	191
Adjudicating Committee Fee	46	93	89
Total Pharmacist Income	**14,629**	**14,604**	**15,444**
Pharmacies Income			
Pharmacies Retention Fee	3,423	3,525	3,534
Pharmacies Registration Fee	207	173	150
Pharmacies Administration Fee	30	46	36
Pharmacies Restoration Fee	70	67	39
Pharmacies Internet Pharmacy Logo	4	4	5
Total Pharmacies Income	**3,735**	**3,816**	**3,765**
Pharmacy Technician Income			
Practising Pharmacy Technician	2,732	2,782	2,726
Application Fees	131	115	134
Scrutiny Fee Pharmacy Technician	-	4	-
Pharmacy Technician Restoration Fee	79	50	62
Total Technician Income	**2,942**	**2,952**	**2,921**
Pre-Registration Income			
Pre-Registration Training Fee	460	428	407
Pre-Registration Exam Fee	719	672	681
Total Pre-Registration Income	**1,179**	**1,101**	**1,087**
***Other Fee Income**	54	55	-
Total Fee Income	**22,539**	**22,527**	**23,218**
Accreditation Income	211	165	163
Other Income	42	55	48
DH Grant Income	16	16	16
Total Income	**22,808**	**22,762**	**23,444**

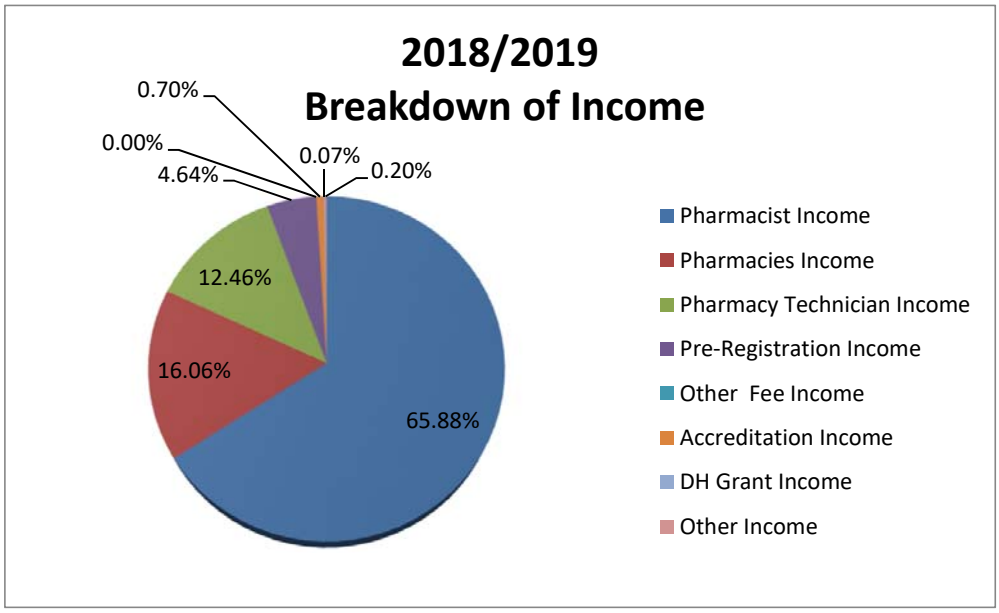
*Other Fee Income:-credit card charges, admin fees

*Other Income:- Inspection, Data Subscription

General Pharmaceutical Council

2018/2019 Breakdown of Budgeted Income

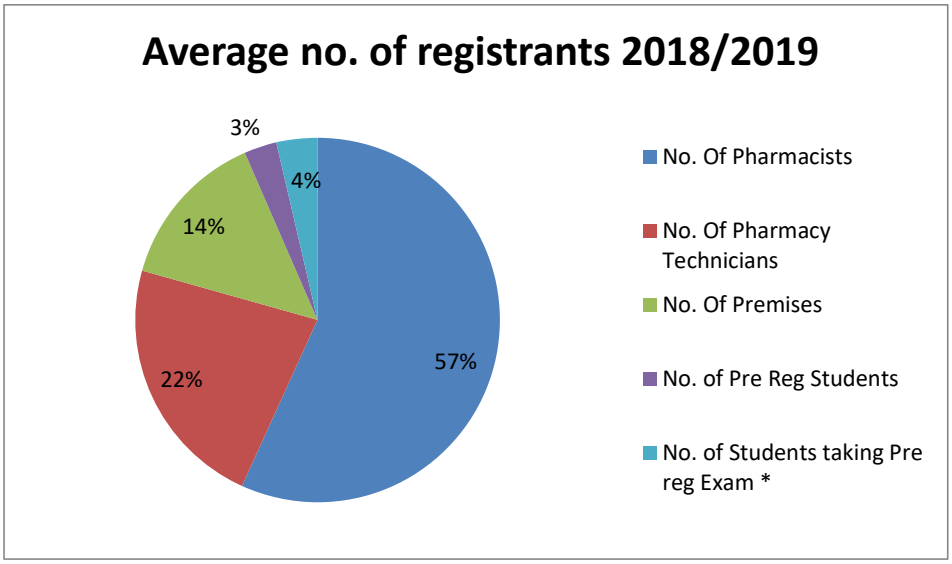
Income Type	Amount	
Pharmacist Income	£	15,444
Pharmacies Income	£	3,765
Pharmacy Technician Income	£	2,921
Pre-Registration Income	£	1,087
Other Fee Income	£	-
Accreditation Income	£	163
DH Grant Income	£	16
Other Income	£	48
Total Income	**£**	**23,444**



General Pharmaceutical Council

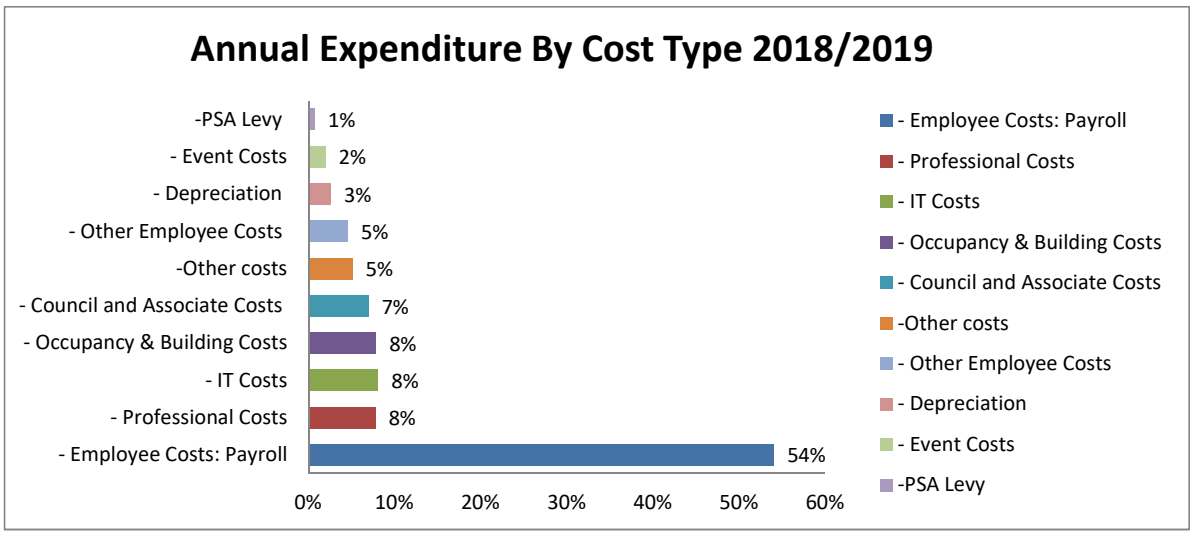
Average no. of registrants

	2018/2019
No. Of Pharmacists	58,551
No. Of Pharmacy Technicians	23,249
No. Of Premises	14,566
No. of Pre Reg Students	2,966
No. of Students taking Pre reg Exam *	3,750



General Pharmaceutical Council

Annual Expenditure By Cost Type			
- Employee Costs: Payroll	£	14,172	54%
- Professional Costs	£	2,047	8%
- IT Costs	£	2,126	8%
- Occupancy & Building Costs	£	2,058	8%
- Council and Associate Costs	£	1,832	7%
-Other costs	£	1,350	5%
- Other Employee Costs	£	1,206	5%
- Depreciation	£	691	3%
- Event Costs	£	527	2%
-PSA Levy	£	203	1%
Total Costs	£	26,211	

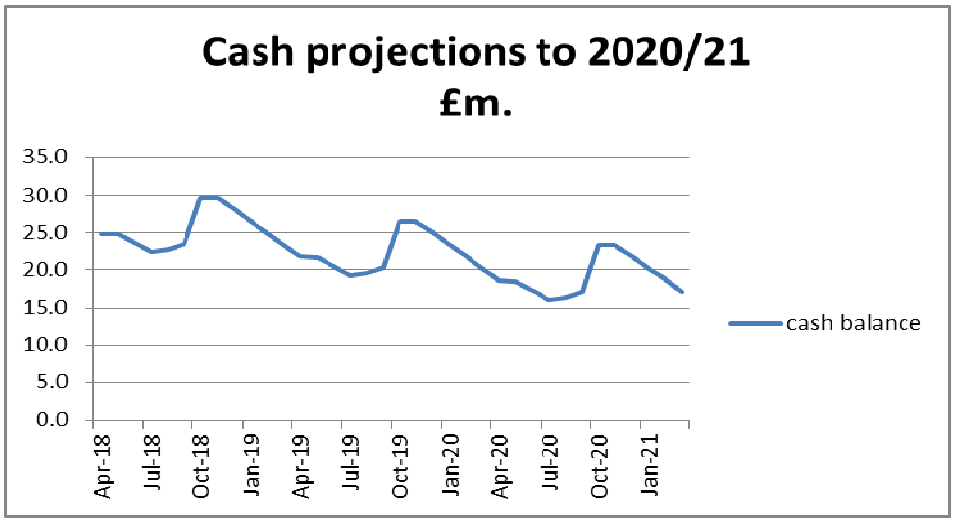


General Pharmaceutical Council

Budgeted Balance Sheet

	31 March 2017 stat a/cs	**31 March 2018**	31 March 2019	31 March 2020	31 March 2021
	£000	**£000**	£000	£000	£000
Fixed Assets					
Cost	7,704	7,947	7,947	7,947	7,947
Depreciation	(3,431)	(4,149)	(4,840)	(5,546)	(6,247)
Net Fixed Assets	**4,273**	**3,798**	**3,107**	**2,401**	**1,700**
Current Assets					
Trade Debtors	107	140	140	140	140
Other Debtors	339	717	717	717	717
Prepayments	1,141	432	432	432	432
Accrued Income	59	42	41	41	41
Escrow Account	0	0	0	0	0
Bank & Cash	26,963	26,680	24,256	22,152	20,830
Total Current Assets	**28,609**	**28,011**	**25,586**	**23,482**	**22,160**
Current Liabilities					
Trade Creditors	845	1,154	1,154	1,154	1,154
Corporation Tax	39	31	29	30	30
Other Creditors		0	0	0	0
Other Taxes & Social Security	279	252	252	252	252
- Other Creditors	13	0	0	0	0
Deferred Income :-		0	0	0	0
- Grants	110	820	804	789	773
- Fee Income	13,737	12,745	12,745	12,745	12,745
- Other Income	11	7	7	7	7
Accruals	738	865	871	871	871
Total Current Liabilities	**15,772**	**15,874**	**15,862**	**15,847**	**15,832**
Net Current Assets / (Liabilities)	**12,837**	**12,137**	**9,724**	**7,635**	**6,328**
Long Term Liabilities					
Landlord Incentive	3,310	2,774	2,321	1,868	1,415
Provision for leave pay	175	186	186	186	186
Total Long Term Liabilities	**3,485**	**2,960**	**2,507**	**2,054**	**1,601**
Net Assets	**13,625**	**12,975**	**10,324**	**7,982**	**6,427**
Funds Employed					
Accumulated Fund b/fwd.	13,359	13,625	12,975	10,324	7,982
Surplus/(Deficit) in Year	266	(650)	(2,651)	(2,342)	(1,555)
Total Funds	**13,625**	**12,975**	**10,324**	**7,982**	**6,427**

General Pharmaceutical Council



Cash balances for April 2018 to 2021 based on current income and expenditure projections.

The phasing of receipts and payments follows a similar pattern year on year.

However the balance is expected to reduce over the three years due to budgeted deficits.

At no point does the balance fall below £16m.

General Pharmaceutical Council

EXPENDITURE BREAKDOWN

IT	2017/2018 BUDGET £	2017/2018 FORECAST £	2018/2019 BUDGET £	2019/2020 PROJECTION £	2020/2021 PROJECTION £
	Total	Total	Total	Total	Total
Costs by department					
- Application Development	594,436	910,213	1,051,902	669,739	649,635
- IT Service Delivery	1,581,799	1,334,575	1,352,326	1,406,037	1,475,147
- IT Infrastructure Development	646,247	507,814	713,218	1,087,646	1,065,158
- Head of IT	182,284	178,499	200,099	217,356	219,069
Total	**3,004,766**	**2,931,101**	**3,317,545**	**3,380,778**	**3,409,009**
Costs by type					
- Employee Costs	979,774	909,944	1,083,258	1,175,691	1,181,837
- Property Costs	0	0	0	0	0
- Office Costs	86,484	107,899	108,744	114,248	119,870
- Professional Costs	219,996	15,265	10,000	212,000	300,000
- Event Costs	528	397	500	500	500
- Financial Costs	119,040	110,301	98,090	122,301	121,161
- IT Costs					
Hardware Maintenance	5,748	10,822	0	0	0
Software New / Upgrades	7,572	8,894	7,200	7,500	0
Software Maintenance	396,336	337,652	408,400	420,950	423,360
Technical Support	1,030,000	841,236	908,276	918,577	1,210,057
IT Consumables	0	6,095	3,593	4,000	0
IT Development	159,288	582,596	689,484	405,012	52,224
Total Operating Costs	**3,004,766**	**2,931,101**	**3,317,545**	**3,380,778**	**3,409,009**
Project costs - IT development (included above)					
(CLO) Cloud Strategy	0	135,962	218,000	277,000	0
(CTS) Case Tracker System	0	85,849	0	0	0
(CUP) CRM Upgrade	0	0	40,000	0	0
(DWH) Data Warehouse K & I	0	10,000	0	0	0
(ERP) ERP System	0	30,000	49,000	0	0
(NUP) Navision Upgrade	48,000	0	0	0	0
(REV) Revalidation	0	36,150	87,000	0	0
(ROS) Registrant Online Services	0	32,400	174,000	0	0
(TFM) Service Transformation	120,000	198,837	0	0	0
	168,000	529,198	568,000	277,000	0

General Pharmaceutical Council

PROJECT BUDGETS : BUSINESS PLAN PRIORITIES

		2018/19 £	2019/20 £	2020/21 £	Total £
Building on our Data, information, intelligence and insight capability					
Consultancy	Developing Insight & Intelligence Strategy	20,000			20,000
	Learning from inspection reports	50,000			50,000
Professional fees	Qualitative EDI analysis of FtP process	30,000			30,000
Total Costs		**100,000**	**0**	**0**	**100,000**
Developing our approach to fitness to practise					
Consultancy	Expert review re mental health	75,000			75,000
Professional fees	Legal advice	7,000	36,000	0	43,000
	Other professional fees	5,500	5,500	0	11,000
External Stakeholder Costs	Consultation		20,000	20,000	40,000
Total Costs		**87,500**	**61,500**	**20,000**	**169,000**
Securing assurance and promoting improvement in registered pharmacies					
Consultancy	Develop a publication microsite	54,000			54,000
	Update to sharepoint tool	15,000			15,000
Communications	Events	26,540			26,540
					0
Total Costs		**95,540**	**0**	**0**	**95,540**
Improving standards of care through regulation of education and training					
Research	Review of competency assessment	50,000			50,000
	Review of quality of education	50,000			50,000
Communications	Events	26,200			26,200
					0
Total Costs		**126,200**	**0**	**0**	**126,200**
Transforming our organisation, our services and processes					
Employee costs (backfill)	Registrant on-line services	38,000			38,000
Consultancy	Culture project	14,000			14,000
Training	Leadership development	60,000			60,000
IT development	Cloud strategy	218,000	277,000		495,000
	System upgrades	89,000			89,000
	Revalidation	87,000			87,000
	Registrant on-line services	174,000			174,000
					0
Total Costs		**680,000**	**277,000**	**0**	**957,000**

Payroll costs are included in normal operational delivery.
Future year projections for the insight and intelligence will be updated following the devlopment of the strategy
All other future year projections are subject to revision.

General Pharmaceutical Council

Meeting paper

Council meeting on Thursday, 08 March 2018

Public business

Revised criteria for registration as a pharmacy technician in Great Britain

Purpose

To agree revised criteria for registration as a pharmacy technician in Great Britain, bringing into effect changes agreed by Council in September 2017.

Recommendations

Council is asked to:

- agree revised criteria for registration as a pharmacy technician in Great Britain; and
- note the proposed date for the revised criteria to come into effect

1. Introduction

1.1 The General Pharmaceutical Council (GPhC) sets the criteria for registering as a pharmacy technician in Great Britain (GB). The criteria set out the required education, training and experience required in order to register. We review the criteria periodically and did so in 2017 as part of our review of the standards for the initial education and training of pharmacy technicians.

1.2 There are three routes to registration as pharmacy technician:

- Route 1: initial registration by UK- and non-EEA trained pharmacy technicians;
- Route 2: initial registration by EEA-trained/registered pharmacy technicians (excluding UK-trained pharmacy technicians); and
- Route 3: returning to registration as a pharmacy technician.

1.3 In 2017 we consulted on proposed changes to the criteria for route 1. No changes were proposed to routes 2 or 3.

2. Changes to the Criteria for Registration as a Pharmacy Technician in Great Britain

2.1. In September 2017 following consultation, Council agreed:

- to allow pre-registration trainee pharmacy technicians training in the UK to train under the direction, supervision or guidance of a pharmacy technician or pharmacist;
- to remove the option for current or recently registered pharmacists in the UK to register automatically as a pharmacy technician; and
- to retain the two-year minimum work experience requirement for UK trainees.

2.2. We propose that the changes come into effect on the 31st August 2018, in advance of the 2018-2019 academic year.

3. Transitional arrangements and adding/removing recognised courses

3.1. As is the case when new education and training standards are introduced, there will be a transitional period in which existing courses are taught out as new ones are introduced. Typically, this phasing period lasts for two/three years for pharmacy technician courses.

3.2. As mentioned earlier, Annex A of the criteria lists all recognised courses and the periods of time for which they are current. Annex A will require revising whenever a new course is recognised by us and as courses listed currently are phased out.

4. Equality and diversity implications

4.1 These revised criteria remove the iniquity of not allowing trainees to be supervised by suitably experienced pharmacy technicians.

4.2 More generally, equality and diversity implications of the changes to the registration criteria were considered as part of the wider review of the standards for the initial education and training of pharmacy technicians. These were included in the equality impact analysis considered by Council as part of its decision to agree changes to the criteria.

5. Communications

5.1. If agreed by Council, the criteria will be published and publicised through our social media channels, on our website and via *Regulate*.

6. Resource implications

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

7. Risk implications

7.1 Depending on the outcome of Brexit negotiations, there may be changes to the *Pharmacy Order* 2010 which will require us to reconsider Route 2, the route to registration for EEA-trained/registered pharmacy technicians (excluding UK-trained pharmacy technicians). We have undertaken background research in this area and are keeping it under active review. Our primary concern when considering significant changes to a route to registration will, of course, be patient safety.

8. Monitoring and review

8.1. The registration criteria will be reviewed during the next review of the standards for the initial education and training of pharmacy technicians in Great Britain (and possibly earlier, depending on the outcome of Brexit negotiations).

Recommendations

Council is asked to :

- agree revised criteria for registration as a pharmacy technician in Great Britain; and
- note the proposed date for the revised criteria to come into effect

Damian Day, Head of Education
General Pharmaceutical Council

damian.day@pharmacyregulation.org

General Pharmaceutical Council

Criteria for registration as a pharmacy technician in Great Britain

Effective 31st August 2018

About the General Pharmaceutical Council

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

Our main work includes:

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

About this document

This document sets out the qualifications and work experience requirements for registration as a pharmacy technician in Great Britain. There are three routes to registration:

- Route 1: Initial registration by UK- and non-EEA trained pharmacy technicians[1];
- Route 2: Initial registration by EEA-trained/registered pharmacy technicians (excluding UK-trained pharmacy technicians) [2]; and
- Route 3: Returning to registration as a pharmacy technician.

As well as education and training requirements, the registration process also includes the following checks:

- health;
- character;
- knowledge of English language; and
- identity.

Further information about how apply to join our register can be found in application forms and guidance notes on how to apply for registration as a pharmacy technician in Great Britain (at **https://www.pharmacyregulation.org/registration/registering-pharmacy-technician**).

[1] Persons who do not possess rights under Directive 2005/36/EC (as amended by Directive 2013/55/EU) or EC Treaty rights.
[2] Persons who possess rights under Directive 2005/36/EC (as amended by Directive 2013/55/EU) or EC Treaty rights.

Routes to registration as a pharmacy technician in Great Britain

Route 1: Criteria for initial registration for UK- and non-EEA-trained pharmacy technicians

1.1 Overview

1.1.1 This route applies to applicants who trained in the United Kingdom (UK) or outside the European Economic Area (EEA) and are making their initial application for registration as a pharmacy technician in Great Britain (GB) from 31st August 2018. Such applicants must have completed:

- two qualifications - one of the recognised[3] competency-based qualifications and one of the recognised knowledge-based qualifications set out in Annex A; and
- a minimum of two years' work-based experience in the UK set out in section 1.3 or by meeting the alternative requirements set out in section 1.4[4].

1.1.2 Applicants must apply for registration as a pharmacy technician within five calendar years of commencement on a recognised course, or within two years of completing the last recognised course, whichever is sooner. Extenuating circumstances will be considered where there are legitimate, documented grounds for exceeding these timeframes.

1.2 Qualifications

1.2.1 A list of all the recognised competency-based and knowledge-based qualifications can be found at Annex A.

1.2.2 There are no exceptions to the qualification requirement for registration as a pharmacy technician. All UK and non-EEA applicants must have completed both competency-based and knowledge-based qualifications whilst completing work-based experience in the UK.

[3] 'Recognised' means recognised by the GPhC and being listed in Annex A of these criteria.
[4] This has not been changed.

1.3 Work-based experience

1.3.1 Applicants must provide evidence they have completed a minimum of two years' relevant work-based experience[5] in the UK under the supervision, direction or guidance of a pharmacist or pharmacy technician[6] to whom the applicant was directly accountable for not less than 14 hours per week. A pre-registration trainee pharmacy technician must commence or register for the required qualifications in Annex A within three months of commencing contracted, relevant work experience.

1.3.2 Within the two-year period of training and work experience[7] a minimum of 1260 hours of work experience must be undertaken under the supervision, direction or guidance of a pharmacist or pharmacy technician to whom the applicant is directly accountable[8], excluding sickness absence, maternity/paternity leave and holidays. A minimum of 315 hours of work experience under the supervision, direction or guidance of a pharmacist or pharmacy technician to whom the applicant is directly accountable must be undertaken in each of the two years.

1.3.3 In certain circumstances (for example, prolonged serious ill health or maternity/paternity leave) an extension of the two-year qualifying period of work experience may be granted on application to the Registrar if supported by cogent and sufficient evidence. The Registrar has the discretion to grant such an extension up to a maximum of one year.

1.4 Exceptions related to the work-based experience requirement

Non-EEA applicants

1.4.1 The two years' relevant work-based experience [9]requirement described in section 1.3 may be reduced in the case of applicants wishing to register as a pharmacy technician who already hold non-EEA pharmacist or pharmacy technician qualifications.

1.4.2 These applicants must have completed both competency-based and knowledge-based qualifications whilst working in the UK under the supervision, direction or guidance of a pharmacist or pharmacy technician to whom the applicant was directly accountable[10] for no less than 14 hours per week.

[5] This has not been changed.
[6] Provision to be supervised by a pharmacy technician has been added.
[7] This has not been changed.
[8] Provision to be supervised by a pharmacy technician has been added.
[9] This has not been changed.
[10] Provision to be supervised by a pharmacy technician has been added.

1.4.3 In addition to the two UK qualifications, applicants must provide evidence of:

- their non-EEA pharmacist or pharmacy technician qualification which entitles them to practise as a pharmacist or pharmacy technician in their original country of qualification; and
- being registered or otherwise eligible to practise as a pharmacist or pharmacy technician in their country of qualification.

Pharmacist pre-registration training

1.4.4 A period of pharmacist preregistration training in the UK, the Channel Islands or the Isle of Man that can be validated by the GPhC and has been completed within two years of commencing a recognised pharmacy technician training course may be offset against the work experience requirements for registration.

1.4.5 The time limits for completing registration still apply. Applicants must apply for registration as a pharmacy technician within five calendar years of commencement of the validated period of pre-registration training or within 2 years of completing the last recognised qualification whichever is sooner. This may only be included if it is within five calendar years of the date of application for registration.

Note: The provision allowing pharmacists to register automatically as a pharmacy technician has been removed.

Section 2: Criteria for initial registration for EEA-trained pharmacy technicians (excluding UK-trained pharmacy technicians)

2.1 Applicants will have rights under Directive 2005/36/EC (as amended by Directive 2013/55/EU) or EC Treaty rights if:

- they hold a pharmacy qualification gained outside an EEA member state that entitled them to practise as a pharmacist or pharmacy technician in their country of qualification, and subsequently that qualification has been recognised by an EEA member state and they have been permitted to work as a pharmacy technician in that EEA member state; or
- they hold a pharmacy technician qualification from another EEA member state. The EEA member state of qualification may either regulate the profession of pharmacy technician or if the profession of pharmacy technician is not regulated in that Member State, the education and training to obtain the qualification is regulated.
- if neither the profession of pharmacy technician nor the education and training is regulated in the EEA member state of qualification then in addition to the pharmacy technician qualification

they must also have one-year of full-time professional experience as a pharmacy technician, or for an equivalent period on a part-time basis, during the previous 10 years.

2.2 An application for registration under Route 2 (EEA) will be subject to scrutiny and evaluation. This is a comparative assessment of the applicant's qualification and work experience against the GB requirements for registration. The applicant may be required to complete an adaptation period not exceeding three years or pass an aptitude test where either:

- the training the applicant has received covers substantially different matters from those covered by the GPhC-recognised pharmacy technician qualification(s); or

- the pharmacy technician profession in GB comprises one or more professional activities which are not part of the pharmacy technician profession in the applicant's home Member State, and those professional activities require specific training which the applicant has not covered in their home Member State.

Section 3: Criteria for returning to registration as a pharmacy technician

3.1 This applies to applicants who had been previously registered with the Royal Pharmaceutical Society of Great Britain or the GPhC.

3.2 Applicants wishing to return to registration must submit a portfolio of evidence demonstrating their professional competence against the scope of practice they propose to practise within once registered. Applications will be evaluated and assessed to determine their professional competence.

3.3 Paragraph 3.2 will apply to persons applying to return to registration on any date after 26th September 2012. It will apply to persons who were previously registered as pharmacy technicians with formerly approved grand-parented pharmacy technician qualifications, accredited pharmacist qualifications and persons previously registered as pharmacy technicians with non-UK pharmacy qualifications irrespective of their initial route to registration.

Annex A - Qualifications recognised for registration as a pharmacy technician

Competency-based qualifications

Title	Awarding body or training provider	Code	Qualification start date	Qualification end date	Certificates may be issued until
Level 3 NVQ (NQF) Pharmacy Services	City & Guilds	100/2201/6	01/04/02	31/08/10	31/08/13
Level 3 NVQ (NQF) Pharmacy Services	Edexcel	100/2615/O	01/10/02	31/08/10	31/08/13
Level 3 SVQ Pharmacy Services	SQA	G759 23	11/05/03	30/09/10	30/09/14
Level 3 NVQ (QCF) Diploma Pharmacy Service Skills	City & Guilds	500/9576/6	01/09/10	Ongoing	Ongoing
Level 3 NVQ (QCF) Diploma Pharmacy Service Skills	Edexcel	500/9578/X	01/09/10	Ongoing	Ongoing
Level 3 SVQ Pharmacy Services	SQA	GA08 23	01/10/10	Ongoing	Ongoing

Knowledge-based qualifications

Title	Awarding body or training provider	Code	Qualification start date	Qualification end date	Certificates may be issued until
Level 3 Certificate Pharmacy Services	City & Guilds	100/5845/X	01/01/06	31/08/10	31/08/13
Level 3 BTEC National Certificate Pharmacy Services	Edexcel	500/1138/8	01/09/07	31/08/10	31/08/13
Level 3 National Certificate Pharmacy Services	SQA	GA6P46	01/08/11	Ongoing	Ongoing

Level 3 Diploma Pharmaceutical Science	City & Guilds	500/9959/0	01/09/10	Ongoing	Ongoing
Level 3 Diploma Pharmaceutical Science	Edexcel	500/9939/5	01/09/10	Ongoing	Ongoing
Level 3 knowledge based programme	Buttercups	Before 1 Jan 14: No code After 1 Jan 14: BCP/14/001	01/08/11	Ongoing	Ongoing
Level 3 knowledge based programme	NPA	Before 1 Jan 14: No code After 1 Jan 14: NPA/14/001	01/08/11	Ongoing	Ongoing

General Pharmaceutical Council

Meeting paper

Council on Thursday, 08 March 2018

Public business

Safe and effective pharmacy team consultation

Purpose

To provide Council with a report on the feedback from the consultation relating to the guidance on ensuring a safe and effective pharmacy team

Recommendations

The council is asked to note:

a) the analysis of the responses to our consultation (Appendix 1) and that we will publish this on our website; and

b) that we are currently considering the responses before bringing finalised guidance to Council

1. Introduction

1.1. In the twelve weeks between 20 July and 11 October 2017, we consulted on new guidance for pharmacy owners which outlines what they are expected to do to ensure everyone in the pharmacy team can provide safe and effective services to patients and the public.

1.2. We developed guidance and proposals that reflect the changing nature of pharmacy services and the increasingly diverse roles of unregistered staff within pharmacy.

1.3. We proposed:

a) that the pharmacy owner should be accountable to the GPhC for the training of unregistered staff in their pharmacy, instead of the individual pharmacist, as is currently the case

b) a new minimum level of competence for staff who are involved in dispensing and supplying medicines – namely, that staff must have the knowledge and skills of the

relevant units of a nationally-recognised Level 2 qualification, or be training towards this, and

c) that unregistered staff who need further education and training to meet the required competency level for their role should be enrolled on an appropriate training programme within three months of commencing in their role

2. Key considerations

The GPhC's strategic objectives

2.1. This consultation is closely aligned with our strategic aim to support and improve the delivery of safe, effective care and uphold trust in pharmacy by ensuring that the pharmacy team have the necessary knowledge, attitudes and behaviours. As we committed to in our Strategic plan 2017-20, our draft guidance emphasises the whole pharmacy team's contribution and their role in quality and improvement.

Consultation, analysis and reporting

2.2. As part of the consultation, we undertook an online survey, as well as a short survey targeting specifically unregistered pharmacy staff. We also held roundtables with pharmacy stakeholders, awarding bodies, training providers and members of the public, and attended relevant events.

2.3. Our consultation survey asked questions on:

c) the proposed changes

d) the key elements of the guidance

e) the impact of the changes on pharmacy owners, pharmacy professionals, unregistered pharmacy staff and pharmacy services users, as well as on individuals or groups who share any of the protected characteristics

2.4. We received 831 responses to our main consultation survey and 78 responses to our short survey.

2.5. The consultation report can be found in Appendix 1.

2.6. We have considered every response received, as well as notes from stakeholder events. Our thematic approach allows us to fairly represent the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

Key findings

2.7. The majority of respondents agreed with our proposal that the pharmacy owner, instead of the pharmacist, should be responsible for making sure that unregistered staff have the appropriate training and are competent for their roles. Individual respondents, however, were more likely than organisational ones to favour the transfer of accountability for unregistered staff training from the responsible pharmacist onto the pharmacy owner.

2.8. A large majority of respondents were supportive of our draft guidance and the areas that it currently covers. However, there were a number of suggestions on how it could be improved, including additional guidance on staffing numbers. There were certain opinions shared more widely among individuals than among organisations, and vice versa.

2.9. Individual respondents were more likely to support our proposals for unregistered staff to have the relevant knowledge and skills of a nationally-recognised Level 2 qualification, while organisational respondents were much more likely to have concerns about the proportionality and inflexibility of this.

2.10. The support for our proposal regarding the commencement of training within three months was much wider among individual respondents, compared to organisational ones. However, the reasons for supporting or opposing the proposals were similar across the two groups of respondents.

2.11. Respondents held a wide range of views around the potential impact of our proposals. Even though the majority of respondents did not envisage any adverse impact on individuals or groups sharing any of the protected characteristics, certain groups were mentioned as potentially affected by the changes (e.g. older staff, staff with learning disabilities, etc.)

2.12. Some respondents were concerned about the GPhC's withdrawal from the accreditation of courses and the potential decline in the standard of courses. They commented that the current system was working well and was well understood by everyone. Respondents were of the opinion that the quality assurance function should be retained, and if the GPhC were to withdraw from this, then another reputable organisation should step in and provide this level of assurance.

3. Equality and diversity implications

3.1. Our equality impact analysis work has been informed by our qualitative and quantitative analysis of responses to the consultation and the available evidence relating to groups by reference to protected characteristics.

3.2. Council will be provided with an equality impact analysis alongside the decision for the final guidance and about policy proposals.

4. Communications

4.1. This report will be published on our website.

4.2. The new guidance to ensure a safe and effective pharmacy team is expected to be published in late spring 2018, subject to council approval.

5. Resource implications

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

6. Risk implications

6.1. The guidance is closely aligned with our strategic objectives and it is important that it reflects Council's commitment to recognising the valuable contribution of the whole pharmacy team, whilst ensuring the delivery of safe and effective care and services.

6.2. Confidence in the guidance and our consultation process could be undermined if full consideration is not given to the responses and views we have heard. It is also important that we are able to communicate clearly why Council has made its decisions, as this will assist in communicating and explaining any changes to the guidance.

7. Monitoring and review

7.1. The guidance to ensure a safe and effective pharmacy team, once approved, will be reviewed as and when appropriate.

Recommendations

The council is asked to note:

a) the analysis of the responses to our consultation (Appendix 1) and that we will publish this on our website; and

b) that we are currently considering the responses before bringing finalised guidance to Council

Priya Warner, Head of Policy and Standards
General Pharmaceutical Council

Priya.Warner@pharmacyregulation.org

Tel: 0203 713 7958

Mariya Stamenova, Policy and Research Officer
General Pharmaceutical Council

Mariya.Stamenova@pharmacyregulation.org

Tel: 0203 713 7992

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General Pharmaceutical Council

Consultation on guidance to ensure a safe and effective pharmacy team

Analysis report

1. Policy background

1.1. Between July and October 2017, we consulted on new guidance for pharmacy owners which outlined what they are expected to do to ensure everyone in the pharmacy team can provide safe and effective services to patients and the public.

1.2. We explained that the current policy framework is out of date and does not reflect the increasingly diverse roles within pharmacy.

1.3. The guidance that we consulted on is intended to support our Standards for registered pharmacies[1], and, in particular, principle 2 of the Standards, which states that "Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public". The guidance reflects our ambition to strengthen the regulatory framework around unregistered pharmacy staff. The scope of the guidance extends to all pharmacy staff, including non-registrant managers.

1.4. Whilst the guidance is written for those people who own registered pharmacies, we hope that it will drive consistency across all settings where unregistered pharmacy staff are involved in the delivery of pharmacy services.

1.5. We are considering the issues that have been raised in the consultation and that are detailed in this report. We will publish our finalised guidance in due course.

2. Summary of our proposals

2.1. Having reviewed our current framework of non-statutory accreditation of training programmes for unregistered pharmacy staff, we proposed that we would no longer approve individual training programmes and qualifications for unregistered pharmacy staff.

2.2. We also proposed that the pharmacy owner should be accountable to the GPhC for the training of unregistered staff in their pharmacy, instead of the individual pharmacist, as is currently the case. However, we also recognised that this would not remove the important responsibility of individual pharmacists to delegate tasks only to people who are competent, or to those in training and under supervision.

[1] GPhC (2012) Standards for registered pharmacies, available at https://www.pharmacyregulation.org/sites/default/files/standards_for_registered_pharmacies_september_2012.pdf

2.3. We proposed a new minimum level of competence for pharmacy staff who are involved in dispensing and supplying medicines. In the guidance we proposed that staff must have the knowledge and skills of the relevant units of a nationally-recognised Level 2 qualification, or be training towards this.

2.4. We also proposed that unregistered staff who need further education and training to meet the required competency level for their role should be enrolled on an appropriate training programme within three months of commencing in their role.

3. About the consultation

3.1 Overview

3.1.1. The consultation was open for twelve weeks, beginning on 20 July and ending on 11 October 2017. To ensure we heard from as many individuals and organisations as possible:

- An online survey was available for individuals and organisations to complete during the consultation period. We also received a number of email responses.
- We carried out a short survey for unregistered staff, who were targeted specifically at pharmacy conferences, and sent an email to employers to pass on to their unregistered staff.
- We organised a series of stakeholder events aimed at pharmacy service users, training providers, awarding bodies and key stakeholder organisations representing pharmacy professionals or the pharmacy sector.
- We promoted the consultation through a press release to the pharmacy trade media, via our social media and through our online publication Regulate.

3.2 Surveys

3.2.1. We received **831** responses to our main consultation survey. The vast majority of respondents had completed the online version of the questionnaire, with the remaining respondents submitting their response by email, using the structure of the consultation document.

3.2.2. **708** of these respondents identified themselves as individuals and **123** responded on behalf of an organisation.

3.2.3. Alongside these responses, we received a small number of email responses from organisations writing more generally about their views.

3.2.4. We received **78** responses to our short survey, which targeted unregistered staff and represented a shortened version of the main consultation survey.

3.3 Stakeholder events

3.3.1. The questions in the online survey were also used as a structure for discussion in our stakeholder events, allowing us to capture people's views, and include them in our consultation analysis.

- We organised three patient focus groups – in London, Glasgow and Cardiff
- We held three roundtables – with training providers, pharmacy stakeholders and awarding bodies

- We spoke at the Royal Pharmaceutical Society (RPS) conference and at the Pharmacy Show. We also attended two LPC meetings and a National Pharmacy Association (NPA) Practice and Policy committee meeting to speak about the pharmacy team consultation and other current work.

4. Our approach to analysis and reporting

4.1. Overview

4.1.1. We have considered every response received, as well as notes from stakeholder events. Every response received during the period of the consultation has been considered in the development of our qualitative analysis of themes and issues raised in the consultation. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

4.1.2. The different routes through which individuals and organisations could contribute to the consultation meant that some duplication was inevitable. For example, some organisations have met with us at our stakeholder engagement events and have also submitted a written response. Some organisations were also able to mobilise individual members to respond to us directly. In a few cases, we also received multiple responses from different branches /divisions of the same organisation. To ensure we deal with this fairly, we have treated each response or contribution in its own right and focused on the issues that have been raised.

4.1.3. The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

4.1.4. For transparency, Appendix 1 provides a list of the organisations that have engaged in the consultation through the online survey, email responses and/or their participation in our stakeholder events.

4.2. Our approach to qualitative analysis

4.2.1. This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations (to both the main consultation survey and the short survey), email responses and notes from stakeholder engagement events.

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

4.2.3. The purpose of the analysis was to identify common themes in the responses of those contributing to the consultation, rather than to analyse the differences between specific groups or sub-groups of respondents.

4.2.4. The term ‘respondents’ used throughout the analysis refers to those who responded to the online surveys and those who attended our stakeholder events. It includes both individuals and organisations.

4.3. Our approach to quantitative analysis

4.3.1. The online surveys contained a number of quantitative questions, including yes/no questions and impact rating scales. All responses have been collated and analysed including those submitted by email using the consultation document. Those responding by email more generally about their views are captured under the qualitative analysis only.

4.3.2. Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have, however, been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

4.3.3. One respondent who had stated that they were responding on behalf of an organisation was reclassified as an individual respondent, based on the responses they had given.

4.3.4. One response was excluded from the analysis as it did not address any of the consultation questions.

4.4. The consultation survey structure

4.4.1. The main consultation survey was structured in such a way that an open-ended question followed each closed question around the proposed approach and draft guidance. This allowed people to explain their reasoning, provide examples and add further comments.

4.4.2. The short survey contained one open-ended question at the end of the questionnaire.

4.4.3. For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation questions. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables[2].

[2] Please note, the tables presenting the breakdown of responses to the short survey are presented in Appendix 2 of this report.

Analysis of consultation responses and engagement activities: what we heard

5. What we heard: Views on proposals regarding the accountability of the pharmacy owner for the training of unregistered staff

Table 1. Pharmacy owner accountability: Breakdown of responses

Do you agree with the proposed approach?	N and % individuals	N and % organisations	Total
Yes	605 **(86%)**	76 **(63%)**	**681**
No	102 **(14%)**	45 **(37%)**	**147**
Total N of responses	**707 (100%)**	**121 (100%)**	**828**

5.1. As reflected in responses to the closed question (see Table 1 above), the majority of respondents felt that this was the right approach. There were, however, differences in the level of support among individual and organisational respondents.

5.2. Rationale for supporting the proposals

5.2.1. Individual respondents were more likely to favour the transfer of accountability for unregistered staff training from the responsible pharmacist onto the pharmacy owner. Organisational respondents who supported the change in accountability, however, had similar reasons to favour the proposals.

5.2.2. The arguments in support of our proposals included the fact that the pharmacy owner is the one in control of financial resources. As such, he or she is responsible for the hiring of staff, for ensuring the appropriate skill mix in the pharmacy, as well as for apportioning budgets, including for staff training. According to respondents, it seemed logical for the pharmacy owner to be held accountable for the training of their staff. Even though respondents agreed with responsible pharmacists' duty to only delegate tasks to those who are competent, they felt pharmacists should not be held responsible for arranging and delivering staff training.

5.2.3. Another argument pointed at the existing pressures on individual pharmacists, with staff training being an additional burden on already overstretched pharmacy professionals. Removing this responsibility was seen as a positive development, as it would free some of their time and allow them to focus on their clinical and patient-centred duties.

5.2.4. Staffing levels, budgets and time available for staff to complete their training were commonly cited problems – with pharmacists having little or no influence over these, unlike pharmacy owners. The profit-making aspect of large multiples was mentioned by some as having an adverse impact on staffing levels and sometimes on investment in staff training.

5.2.5. Some respondents mentioned the case of locum or relief pharmacists acting in the capacity of responsible pharmacists. These pharmacy professionals usually found themselves in an unfavourable position,

meaning that they had little oversight of the training of staff and limited abilities to take action in case of any deficiencies, but, on the other hand, were held accountable for staff operating under their watch. Some argued that, with a greater turnover of pharmacists, it would make more sense and would provide greater consistency if the owner was responsible for this aspect of the running of the pharmacy.

There was recognition of the severe impact that untrained staff can have on the quality of care delivered to patients and the public. It was felt that proposals of holding the owner accountable for this aspect of the business would improve quality across the sector and ensure a certain standard of practice across the board, with pharmacy professionals having confidence in the competence of their staff.

5.3. Rationale for disagreeing with the proposals

5.3.1. Those who disagreed with the proposed approach felt that individual pharmacists had a better understanding of the training needs of staff and were better able to judge their competence due to their day-to-day contact with unregistered staff in the pharmacy. This view was more commonly held among organisational respondents compared to those who responded as individuals. The reasons given for this, however, were the same for both respondent groups.

5.3.2. It was felt by some that if responsibility lay with the owner, this would lead to a tick-box approach, based on hitting specific targets and completing specific modules, rather than on patient safety and local population need.

5.3.3. Some respondents felt that the owner, who might not be pharmacist, might lack the understanding of the training needs of staff in the pharmacy. This responsibility was thus better placed with the superintendent, who is also a GPhC registrant.

5.4. Suggestions for a shared responsibility

5.4.1. It was quite common for respondents to suggest some sort of shared responsibility between the owner and the responsible pharmacist or the superintendent. This was perceived to strike the right balance between the overall training needs of the organisation and the professional's judgement of the skills and competence of their staff. It was felt that the pharmacy owner should be responsible for putting the appropriate mechanisms in place to ensure unregistered pharmacy staff are trained and competent in their roles and for providing the right resources. However, it is the pharmacist who works with unregistered staff every day and is thus best placed to identify any gaps in the training and development needs of their staff. He/she should then advise the owner of the best course of action for specific members of staff. The owner, in turn, is responsible for assessing the perceived gap and addressing it.

5.5. Other issues

5.5.1. Other relevant points raised by organisations included:

- Further guidance on managing potential professional conflict, in cases where the pharmacist takes a different view from the pharmacy owner with regard to the competence of their staff.
- Further clarification on how the GPhC would hold to account those pharmacy owners who are not GPhC registrants, were the proposals to come into effect.

6. What we heard: Views on the areas covered by the proposed guidance

Table 2. Areas covered in the guidance: Breakdown of responses

Does the proposed guidance adequately cover the key areas to ensure a safe and effective team?	**N and % individuals**	**N and % organisations**	**Total**
Yes	601 **(85%)**	94 **(78%)**	**695**
No	104 **(15%)**	26 **(22%)**	**130**
Total N of responses	**705 (100%)**	**120 (100%)**	**825**

6.1. As reflected in responses to our closed question (see Table 2 above), a large majority of respondents were supportive of the guidance and the areas that it currently covers. However, there were a number of suggestions on how it could be improved. Once again, there were certain opinions shared more widely among individuals than among organisations, and vice versa.

6.2. Recognising and acting on specific pressures in pharmacy

6.2.1. Opinions in this regard were more strongly held by individual respondents. They felt that workplace pressures, such as long working hours, the increasing workload of individual pharmacists, funding cuts and insufficient time for training, would hinder the implementation of the guidance.

6.2.2. What many wanted to see expressed in the guidance was the establishment of minimum staffing levels based on the volume of prescriptions or the turnover of the pharmacy. This was to ensure patient safety and to alleviate the pressure and stress levels currently experienced by pharmacy staff.

6.3. Further clarity around training – i.e. how it is delivered, communicated and maintained

6.3.1. A number of respondents asked for further emphasis on the provision of and support for the training of unregistered staff. They felt that it might be difficult for pharmacy owners to provide adequate resources for staff training, including protected learning time. Several respondents thought it would be difficult to ensure that protected time was available for the continued learning and development of unregistered pharmacy staff (especially as this is not currently common practice for registered pharmacy professionals).

6.3.2. Respondents asked for more detail about how pharmacy employers would communicate to pharmacy professionals (including locum staff) that unregistered pharmacy staff have received the required training. This included the availability and accessibility of complete and accurate training records of staff to professionals working in the pharmacy day-to-day, rather than just the owner. Further clarity was also sought in relation to the monitoring of training records, e.g. at the time of inspection, especially for large multiples where these records are often held centrally.

6.3.3. Some respondents mentioned that the requirement for continuing professional development (CPD) and performance management/ appraisal needed to be strengthened in the guidance. Completing the course

once and not keeping this knowledge up to date was insufficient (especially given the extensive CPD requirements for pharmacy professionals) and potentially dangerous from a patient safety point of view.

6.3.4. Some respondents felt that completing the training course off-site or online was not sufficient, as the work of unregistered pharmacy staff often involves face-to-face interactions with patients. Work-based practice was therefore a vital element of any such training and had to be explicitly recognised in the guidance.

6.3.5. There was a point, which was also made in response to other consultation questions, around the definition of responsibility and accountability for unregistered staff training. Many shared the view that the responsible pharmacist must have the final say on the level of training which is adequate for a given member of staff. There should also be provisions for the pharmacist to challenge the view of the owner, in cases where he/she disagrees with their decision.

6.3.6. There were also a few mentions of the case of pharmacy students and the awkward situation that they would find themselves in, if they had to undertake an NVQ on top of their studies. It was felt that there should be a specific exemption for them noted in the guidance.

6.4. Details on policing the guidance

6.4.1. Some respondents argued that more clarity was needed around the monitoring and enforcement of the guidance. They felt that there should be provisions for support and scrutiny of pharmacy owners in relation to the guidance, as well as for disciplinary procedures and sanctions in case of non-compliance. This was raised specifically in relation to non-pharmacist managers, who are not GPhC registrants.

6.5. Guidance is too prescriptive / onerous

6.5.1. Some organisational respondents felt that the guidance was too prescriptive and could be too onerous, especially for part-time staff. The lack of flexibility regarding the level of training required was particularly unwelcome by some and was seen at odds with other GPhC publications – e.g. the standards for registered pharmacies.

6.6. Other suggested additions

6.6.1. The following were mentioned by some respondents as areas requiring further emphasis in the guidance:

- Communication and clinical / consultation skills
- An established whistleblowing process (which would provide for the raising of concerns about the number, skills and training of staff)
- Confidentiality
- Safeguarding
- Data protection
- Awareness of equality, diversity and cultural sensitivities
- An explicit focus on patient safety
- The behaviours and character of unregistered staff

7. What we heard: Views on proposals for the education and training requirements – Level 2 qualification

Table 3. Education and training requirements: Breakdown of responses

Do you agree with the minimum level of competence for unregistered pharmacy staff who are involved in dispensing and supplying medicines?	N and % individuals	N and % organisations	Total
Yes	529 **(75%)**	59 **(49%)**	**588**
No	176 **(25%)**	62 **(51%)**	**238**
Total N of responses	**705 (100%)**	**121 (100%)**	**826**

7.1. As reflected in responses to the closed question on minimum level of competence for unregistered staff (see Table 3 above), organisational respondents were much more likely to have concerns about this proposal, compared to individual respondents.

7.2. Rationale for agreement with NVQ/SVQ Level 2 qualification proposals

7.2.1. A large number of respondents who provided further comments on this matter agreed that the proposed approach ensured an adequate level of qualification. A major benefit of the proposal was that it provided a level of consistency and standardisation across the field which was a positive step forward. A move to an NVQ/SVQ system was perceived as a way to enable pharmacy to maintain public trust and confidence over the longer term, in a landscape of increased patient expectations of getting access to expert and well-informed advice and high quality services.

7.3. Rationale for disagreement with NVQ/SVQ Level 2 qualification proposals

7.3.1. Many respondents found the move to a specific qualification unwelcome and too prescriptive. They appreciated the current flexibility to select from a variety of equivalent choices for the same required standard. These respondents thought that the current system was of a high quality and did not need to be replaced – a move from the current system was seen as unnecessary and counterproductive. The removal of the words "or equivalent" was seen as particularly problematic.

7.3.2. A number of respondents explained that the assurance for employers that their staff have the required knowledge and skills currently derives from the completion of GPhC-approved courses. These were seen to:

- provide a good minimum level of competence
- already be used and understood by employers
- work well for the benefit of patient safety and the image of pharmacy

7.3.3. Concern was voiced in relation to GPhC's withdrawal from the accreditation of courses. There was fear that, in time, some providers of NVQ/SVQ courses might diverge from the recognised standards and, without the oversight of the GPhC, the owner or superintendent would not be able to react to this change. It was felt that the quality assurance function should be retained, and were the GPhC to withdraw from its provision, then another reputable organisation should step in and provide this level of assurance. Professional bodies such as the Royal Pharmaceutical Society (RPS) and the Association of Pharmacy Technicians, UK (APTUK) were considered best placed to undertake such a role. There was also a mention of the possibility for a peer review system to support innovation and best practice.

7.3.4. Respondents who opposed the proposal also pointed at the burden of a formal NVQ/SVQ Level 2 qualification compared to existing courses. A nationally recognised vocational qualification was considered more expensive and more onerous for both the trainee and their supervisor. Some also noted that a course like this would be prohibitive for certain demographics – e.g. older people – who would struggle with the rigid nature of the course, as well as the length of time needed to complete it. Respondents suggested this would impact on the attractiveness of these pharmacy roles and the ability of pharmacy to recruit among such demographics. Respondents felt that equivalent accredited courses should remain an alternative way to achieve the minimum level of competence.

7.3.5. Another difficulty was foreseen with regard to those who have already completed a relevant course and were practising effectively. Respondents sought clarity on whether these staff would need to retrain or whether grandparenting could apply.

7.3.6. Below are some of the other concerns that we picked up from the consultation responses:

- Some respondents explained that a formal level of qualification did not necessarily translate into high quality staff.
- Some thought the proposed level of qualification was too low and should be the absolute minimum required of people in patient-facing roles. CPD was deemed crucial in this regard.
- Some thought the level of qualification should not be set in stone, but should depend on unregistered staff's role in the pharmacy, and be up to the owner to determine.
- Some respondents called for additional guidance from the GPhC regarding the relevant units of a Level 2 qualification required, rather than leaving this to the owner's discretion.
- Some participants in our roundtable events discussed the differences between NVQs and SVQs and the fact that NVQs are not future-proof. Some felt that NVQs/SVQs did not cover the increasing range of roles and responsibilities of unregistered staff.
- Several respondents questioned the feasibility of the proposals in the case of pharmacy students and pre-registration trainees. They thought that completing a formal NVQ/SVQ was disproportionate in their case.

8. What we heard: Views on proposals for training to start within three months of employment

Table 4. Start of training within three months of employment: Breakdown of responses

Do you agree with our proposed approach?	N and % individuals	N and % organisations	Total
Yes	526 **(75%)**	64 **(53%)**	**590**
No	180 **(25%)**	57 **(47%)**	**237**
Total N of responses	**706 (100%)**	**121 (100%)**	**827**

8.1. There were differences among individuals and organisations in relation to our proposal. Support for the three month period for commencing training was much wider among individual respondents compared to organisational ones (see Table 4 above). However, the reasons for supporting or opposing the proposals were similar across the two groups of respondents.

8.2. Rationale for agreement with the proposed timescale

8.2.1. The majority of respondents thought that three months was an appropriate timeframe for the commencement of training for unregistered staff. This was considered good from a patient safety point of view, as well as for the unregistered staff themselves. It was frequently mentioned that this would help unregistered staff in their job and stop them from forming 'bad habits'.

8.2.2. It was felt that three months was a suitable period with regard to probationary periods, induction and familiarisation with the workplace.

8.2.3. A set standard for the commencement of training was also perceived as a way to provide consistency and quality across the sector.

8.2.4. Some suggested that unregistered staff should be enrolled on a course within the three months, but not necessarily commenced the course in that period.

8.3. Rationale for disagreement with the proposed timescale

8.3.1. Those who disagreed often indicated that three months is usually the length of probationary periods, so it would be inappropriate to commence the training during this time. Some felt that unregistered staff should be enrolled on a course straight after the probationary period has ended and their suitability for the role has been established. Four and six months were indicated as alternative options.

8.3.2. Some respondents expressed concern that this time limit is not always feasible for commencement of training and that very restrictive or legislative constraints add to the existing workload and financial pressures in pharmacy. For example, this proposal might mean investing in a course for someone who does not pass their probationary period or decides to leave soon after that. Another argument concerned staff with irregular working patterns, such as part-time working, which made a defined timeframe for commencement of training impractical, unfeasible or unjustified in some cases.

8.3.3. Other respondents held an opposing view – namely that unregistered staff should be enrolled on an appropriate course as soon as they start in their role. This was to ensure that they know what is expected of them as early as possible and are competent for their roles, which are often responsible and patient-facing. One month was indicated as an alternative timeframe for commencing the course, in the interest of patient safety.

8.3.4. There was also a shared view among some that an arbitrary period of three months for commencement of training might be inappropriate or too short, but a defined timeframe for completing such training was desirable.

8.3.5. Organisational respondents were more likely to favour the option of extending the suggested three-month period, in view of probationary periods and to avoid the cost of investing in someone who might not be suitable for the role or was likely to leave the workplace. Individual respondents, on the other hand, tended to mention a shorter timeframe for commencing the training for unregistered staff more often. This was to make sure that people are competent and safe to operate as soon as they join the pharmacy.

9. What we heard: Views on the impact of the proposed changes

Table 5. Impact on pharmacy owners: Breakdown of responses

What kind of impact do you think the proposals will have on pharmacy owners?	**N and % individuals**	**N and % organisations**	**Grand total**
No impact	23 **(3%)**	0 **(0%)**	**23**
Mostly positive	232 **(33%)**	26 **(21%)**	**258**
Partly positive	39 **(6%)**	6 **(5%)**	**45**
Positive and negative	283 **(40%)**	36 **(30%)**	**319**
Partly negative	44 **(6%)**	7 **(6%)**	**51**
Mostly negative	82 **(12%)**	46 **(38%)**	**128**
Total N of responses	**703 (100%)**	**121 (100%)**	**824**

Table 6. Impact on pharmacy professionals: Breakdown of responses

What kind of impact do you think the proposals will have on pharmacy professionals?	**N and % individuals**	**N and % organisations**	**Grand total**
No impact	25 **(4%)**	3 **(2%)**	**28**
Mostly positive	420 **(60%)**	41 **(34%)**	**461**
Partly positive	65 **(9%)**	7 **(6%)**	**72**

Positive and negative	91 **(13%)**	29 **(24%)**	**120**
Partly negative	35 **(5%)**	18 **(15%)**	**53**
Mostly negative	67 **(10%)**	23 **(19%)**	**90**
Total N of responses	**703 (100%)**	**121 (100%)**	**824**

Table 7. Impact on unregistered pharmacy staff: Breakdown of responses

What kind of impact do you think the proposals will have on unregistered pharmacy staff?	**N and % individuals**	**N and % organisations**	**Grand total**
No impact	18 **(3%)**	1 **(1%)**	**19**
Mostly positive	363 **(52%)**	44 **(37%)**	**407**
Partly positive	55 **(8%)**	7 **(6%)**	**62**
Positive and negative	143 **(20%)**	32 **(27%)**	**175**
Partly negative	45 **(6%)**	7 **(6%)**	**52**
Mostly negative	76 **(11%)**	29 **(24%)**	**105**
Total N of responses	**700 (100%)**	**120 (100%)**	**820**

Table 8. Impact on people using pharmacy services: Breakdown of responses

What kind of impact do you think the proposals will have on people using pharmacy services?	**N and % individuals**	**N and % organisations**	**Grand total**
No impact	56 **(8%)**	16 **(13%)**	**72**
Mostly positive	483 **(69%)**	50 **(41%)**	**533**
Partly positive	44 **(6%)**	7 **(6%)**	**51**
Positive and negative	65 **(9%)**	23 **(19%)**	**88**
Partly negative	15 **(2%)**	5 **(4%)**	**20**
Mostly negative	42 **(6%)**	20 **(17%)**	**62**
Total N of responses	**705 (100%)**	**121 (100%)**	**826**

9.1. As reflected in responses to the respective closed questions (see tables 5, 6, 7 and 8 above), respondents held a wide range of views around the potential impact of the proposals.

9.2. Generally positive views

9.2.1. Respondents on the positive end of the spectrum thought that the proposals would have a welcome impact on patient safety. They thought that better trained pharmacy staff was a benefit to everyone, ensuring:

- consistency across the sector
- a reliable workforce for the owner
- adequate support for the pharmacist, and
- unregistered staff who are better equipped to serve patients and the public

9.2.2. However, it was frequently mentioned that the success of the guidance and its proposals would depend on how the GPhC enforces and polices the initiative. It was felt that the obligations under the guidance should be monitored during pharmacy inspections. A potential problem was envisaged with regard to the lack of direct contact with owners of body corporates during inspections. A question was raised around the consequences of non-compliance and the sanctions that might be imposed on pharmacy owners in such case.

9.3. Negative impact on owners and pharmacy management

9.3.1. A frequently mentioned concern was around the added burden of NVQs/SVQs compared to the current GPhC-accredited courses. This was envisaged in terms of the direct training cost, but also in terms of the added managerial time, administration, and in-house training/development time. NVQs were seen to be more time consuming and more onerous for both the trainee and their tutor, compared to current programmes. Some felt that this might discourage new applicants and might make recruitment and retention difficult, at least in the short term.

9.3.2. Some respondents felt that this added financial and bureaucratic burden was particularly problematic at a time of challenged pharmacy budgets, and might have negative consequences on patient care. For example, it might discourage some owners from making staff additions or even providing certain services.

9.3.3. These proposals were seen to have a greater negative impact on independent pharmacy owners compared to owners of multiples due to the added financial burden of training on their overstretched budgets.

9.4. Negative impact on pharmacists

9.4.1. According to some respondents, there might be a potential negative impact on pharmacists, due to the managerial burden of NVQs, as they are the ones who would be delegated to provide the training.

9.5. Negative impact on unregistered pharmacy staff

9.5.1. The disproportionate impact on part-time staff was reiterated.

9.5.2. There was also a mention of the issue of grandparenting and that this needed to be resolved.

9.6. Negative impact on users of pharmacy services

9.6.1. A number of respondents mentioned the potential for inconsistencies in the skills and qualifications of unregistered staff, and failing standards in pharmacy, were the GPhC to remove itself from the responsibility of approving courses. Some respondents felt that the public perception of pharmacy would suffer from the lack of officially recognised courses.

9.6.2. A view was also expressed that the tone of the guidance might suggest to members of the public that there are widespread concerns over the safety and effectiveness of the current system. In fact, there was no clear evidence that this was the case, so there was no need to "fix what was not broken".

10. What we heard: Views on the impact of the proposed changes on individuals or groups who share any of the protected characteristics

Table 9. Impact on individuals or groups sharing any of the protected characteristics: Breakdown of responses

Do you think the proposal might have an impact on certain individuals or groups who share any of the protected characteristics?	**N and % individuals**	**N and % organisations**	**Grand total**
Yes	108 **(15%)**	28 **(24%)**	**136**
No	591 **(85%)**	91 **(76%)**	**682**
Total N of responses	**699 (100%)**	**119 (100%)**	**818**

10.1. As reflected in responses to our closed question on the potential impact of proposals on individuals or groups sharing any of the protected characteristics (see Table 9 above), the majority of respondents did not tend to envisage such an impact.

10.2. Respondents who did envisage such an impact mentioned the following groups as potentially disadvantaged by the proposals:

- Unregistered staff with learning disabilities, dyslexia, or those who require reasonable adjustments. Those who struggle with formal learning, but are not impaired when it comes to practical learning, were also mentioned.
- Part-time workers, who are more likely to be disabled, younger, older or contemplating pregnancy / being back from maternity leave. For these employees it might be more difficult to complete the training or to be assessed appropriately and enrolled on a course within the three-month timeframe from commencing their role.
- Older staff who may have been in the profession for years but would see themselves forced to undertake academic studies and might not be willing to or able to do that.
- Staff for whom English is not their first language

- Undergraduate pharmacists, who would be required to complete an NVQ/SVQ on top of their university studies
- Vulnerable groups with protected characteristic among pharmacy service users, who would suffer from the potential consequences of the move away from GPhC-accredited courses – e.g. inconsistency in the skills and capabilities of unregistered staff.

10.3. Some respondents highlighted the potential impact of the changes on already overworked and overstressed pharmacists. They thought that the added pressure of an even more onerous system could trigger mental instability, depression or anxiety in pharmacy professionals.

10.4. There was also an appreciation of the importance of equality training for unregistered staff. Respondents agreed with the importance of recognising and dealing professionally with cultural sensitivities and the protected characteristics of patients and members of the public.

11. Respondent profile

11.1. A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were pharmacists, pharmacy technicians or pharmacy owners, and in what setting they usually worked. For organisational respondents, there was a question about the type of organisation that they worked for. The tables below present the breakdown of their responses.

11.2. Category of respondents

Table 10. Responding as an individual or on behalf of an organisation

Are you responding:	**N**	**% of total**
As an individual	708	85%
On behalf of an organisation	123	15%
Total N of responses	**831**	**100%**

11.3. Profile of individual respondents

Table 11. Individual respondents - countries

Where do you live?	**N**	**% of total**
England	575	83%
Scotland	79	11%
Wales	28	4%
Northern Ireland	3	0%
Other	11	2%

Total N of responses	**696**	**100%**

Table 12. Profile of individual respondents

Are you responding as:	**N**	**% of total**
A pharmacy professional or pharmacy owner	673	95%
A member of the public	20	3%
A pre-registration trainee	6	1%
A student	1	0%
Other[3]	8	1%
Total N of responses	**708**	**100%**

Table 13. Profile of pharmacy professionals

Are you:[4]	**N**	**% of total**
A pharmacist	522	74%
A pharmacy technician	140	20%
A pharmacy owner	46	6%
Total N of responses	**708**	**100%**

Table 14. Pharmacy professionals: area of work

Please choose the option below which best describes the area you mainly work in:	**N**	**% of total**
Community pharmacy	489	73%
Hospital pharmacy	84	13%
Primary care organisation	42	6%
Pharmacy education and training	17	3%

[3] Please note, some respondents identified themselves as "other"; however, they were added to either the pharmacist or pharmacy technician category based on their description of their role.

[4] Please note, the total number of pharmacy professionals presented in this table is larger than the one reported in the previous table. This is due to the fact that a number of pharmacy owners are also pharmacists or pharmacy technicians, so they would have been included in both categories.

Pharmaceutical industry	8	1%
Other	30	4%
Total N of responses	**670**	**100%**

11.4. Profile of organisational respondents

Table 15. Organisational respondents: type of organisation

Please choose the option below which best describes your organisation:	**N**	**% of total**
Organisation representing patients or the public	3	2%
Organisations representing pharmacy professionals or the pharmacy sector	22	18%
Independent pharmacy (1-5 pharmacies)	62	50%
Multiple pharmacy (6 or more pharmacies)	17	14%
NHS organisation or group	8	7%
Research, education or training organisation	6	5%
Other	5	4%
Total N of responses	**123**	**100%**

11.5. Profile of respondents (short survey)

Table 16. Profile of respondents (short survey)

What is your current role in the pharmacy team?	**N**	**% of total**
Dispensing assistant	41	54%
Registered pharmacist	17	22%
Registered pharmacy technician	6	8%
Pharmacy manager who is not registered with the GPhC	5	7%
Medicines counter assistant	5	7%
Trainee technician	1	1%
Trainee dispenser	1	1%
Total N of responses	**76**	**100%**

Appendix 1: Organisations

The following organisations engaged in the consultation through the online survey, email responses and stakeholder meetings:

A J Gilbert (Chemist) Ltd

A P Chemist Ltd

A.F. Browne Ltd T/A Brownes Chemist

Abalane Ltd

Alcura Ltd

All Wales Principal Pharmacist for Education

Allesley Pharmacy

AMF Medica

Anna healthcare ltd

Ashburton Pharmacy

Association of Pharmacy Technicians UK (APTUK)

Association of the British Pharmaceutical Industry (ABPI)

Avicenna plc

Barons Pharmacy Ltd

BJ Wilson Ltd

Boots' Pharmacist Association

Boots UK

Buttercups Training

Cambridge University Hospitals NHS Foundation Trust

Camden and Islington LPC

Celesio UK

Central and North West London NHS Foundation Trust

Chelmack Ltd

City and Guilds of London Institute

Clarity Pharmacy

Clockwork Pharmacy

Communications International Group CIG

Community Pharmacy Scotland

Community Pharmacy Wales

Company Chemists' Association

Craigavon Area Hospital

Cranston Ltd

Dalston Pharmacy Ltd

Devon Local Pharmaceutical Committee

Dickson Chemist

Direct2Chemist

Dorset LPC

Dumlers pharmacy

East Sussex LPC

Education and Training Operational sub-group of the Welsh Chief Pharmacists Committee

Essentials

Fagley Pharmacy

Fourway Pharmacy

Gallagher Healthcare Ltd

Green Light Pharmacy

Griffiths Pharmacy

Grove Park Pharmacy

Guild of Healthcare Pharmacists

Guild of Healthcare Pharmacists (Scottish division)

H A McParland Group

Halton St Helens and Knowsley LPC

Hampshire Pharmaceuticals Limited

Health Education England

Health Education England (London & South East)

Healthwatch Dudley

Hive

Howells & Jolley

Howells and Harrisons (Southend) Ltd

Ian Morton Ltd

Jade Pharmacy Group

Jhoots Pharmacy

John P Fenton and Sons Ltd

John Ross Chemist/Ltd

Kent LPC

Kings Health Pharmacy

LGBT foundation

Lo's Pharmacy group

Lords Pharmacy Ltd

Masons Chemists

Massinghams chemist

Meanwood Pharmacy

Mediapharm ltd

Medichest Ltd

MediShop Ltd & Boreham EA Ltd

Medix Pharmacy

Mildcare Ltd

Mirash Ltd

MJ Roberts Chemist Ltd

Mornicrest Ltd

Nashi Ltd

National Clinical Homecare Association

National Pharmacy Association

NHS Education for Scotland

NHS GG&C APC

NHS Highland

NHS Scotland Directors of Pharmacy Group

Parkinson's UK

PC Pharmacies Ltd

Pearl Chemist Ltd

Perfucare Pharmacy

Pharm@Sea

Pharmaceutical Services Negotiating Committee

Pharmacists' Defence Association

Pharmacy Forum

Pharmacy Team Ltd

Pharmacy Thames Valley

Pleck Pharmacy

Polypharm Ltd

Rains Pharmacy

Rowlands Pharmacy

Royal Pharmaceutical Society

RTCP

Scientia skills

Scott the Chemist

Scottish Qualifications Authority

Shivas Pharmacy Ltd

South Staffordshire Local Pharmaceutical Committee

SPM Network - Hospital Workforce Development Group

St Helen's Millenium Centre Pharmacy

Sterling Pharmacy

Suffolk LPC

Sutton Associates Ltd

Swindon and Wiltshire LPC

Tanna Pharmacy

Tele Chem Pharmacy

The Nelson Pharmacy

The University of Manchester

The Village Pharmacy

Theydon Bois Pharmacy

V U Chem Ltd

Walsall Local Pharmaceutical Committee

Weldricks Pharmacy

Wemyss Bay Pharmacy

Wolverhampton LPC

Workforce Education Development Service

Wraysbury Village Pharmacy

Appendix 2: Responses to consultation questions (short survey)

Table 17. Pharmacy owner accountability: Breakdown of responses (short survey)

Do you agree that the pharmacy owner, instead of the pharmacist, should be responsible for making sure that unregistered staff have the appropriate training and are competent for their roles?	**N**	**% of total**
Yes	62	79%
No	16	21%
Total N of responses	**78**	**100%**

Table 18. Education and training requirements: Breakdown of responses (short survey)

Do you agree that unregistered staff should have to complete the relevant units of an NVQ/SVQ Level 2 qualification?	**N**	**% of total**
Yes	71	91%
No	7	9%
Total N of responses	**78**	**100%**

Table 19. Start of training within three months of employment: Breakdown of responses (short survey)

Do you agree that unregistered staff should have to start their training within three months of starting the role?	**N**	**% of total**
Yes	69	88%
No	9	12%
Total N of responses	**78**	**100%**

Table 20. Impact of proposals on respondents: Breakdown of responses (short survey)

What impact do you think the proposals will have on you?	**N**	**% of total**
No impact	14	18%
Mostly positive	45	58%
Partly positive	6	8%
Positive and negative	9	12%
Partly negative	2	3%
Mostly negative	2	3%
Total N of responses	**78**	**100%**

General Pharmaceutical Council

Meeting paper

Council on 8 March 2018

Revalidation and new myGPhC launch

Purpose

To provide information and assurance to the council about the launch of revalidation and the new myGPhC online service, specifically risks and mitigations relating to the technical system testing and the communications activities which will be carried out to deliver this work successfully.

Recommendations

The council is asked to note and discuss the content of this paper.

1. Introduction

1.1. Over the past 12 months we have been developing an online service which will replace both uptodate.org (the current CPD recording system) and myGPhC (the current renewal processing service). The new system is built on the Microsoft Azure platform and will send and receive data to and from our CRM database. It is a modular system and the aims of this initial phase of the project are to:

- set up the overall infrastructure to provide a secure, self-service system which interacts with our existing CRM database
- provide modules to deliver self-service renewal and revalidation, which will replace the current CPD system, and the current myGPhC system

1.2 During the last three years, we have also been developing our policy and requirements for revalidation for pharmacy professionals. This is now finalised and the **revalidation framework document**, agreed by council, sets out what registrants need to do to meet the new revalidation requirements.

1.3 As revalidation comes into force on 30 March 2018, and the new myGPhC is scheduled to go live on 26 March 2018, it is important that we are confident that:

- the system is robust and will deliver the specified functionality reliably so registrants will be able to carry out revalidation and renewal
- we are able to communicate our requirements (both practical and strategic) clearly and effectively to registrants and stakeholders, so they know what to do to revalidate and renew

1.4 This paper sets out the risk analysis and planning in two key areas: system testing and communications, specifically relating to the initial sign up phase for the new system, and then the subsequent use of the system for revalidation and renewal.

2. Testing

2.1. Testing has been integral to the development of the new myGPhC system. Testing so far has included

- IT unit and integration testing during development
- Functional testing during development
- Two external reviews on the developing system by the registrant users from the pilot group
- Initial feedback on accessibility
- Initial technical testing of the Azure infrastructure and myGPhC architecture
- Initial load testing on email and text message generation
- Full functional testing of the new myGPhC system covering system log in, renewal and revalidation

Before go live further testing will take place to re-test some areas and also to ensure the system is accessible, secure and capable of handling the number of users we anticipate.

3. Communications

3.1. The communications plan for the implementation of revalidation also covers the sign-up launch stage of the new myGPhC system. The objectives of the communications plan are to:

- effectively communicate implementation of revalidation and the online portal to all relevant stakeholders and audiences
- deploy a series of activities that provide multiple opportunities for these audiences to understand what is required and when as revalidation is implemented
- offer a variety of approaches to make sure that reassurance and clear messaging is provided to all relevant stakeholder groups, and that concerns and uncertainty are clearly responded to and addressed
- successfully manage any queries and issues that arise, to help reduce risks and minimise the number of registrants who have to contact the customer services team

3.2. The main activities in terms of sign up are:

- An **initial set of web pages** on the GPhC website explaining the revalidation requirements, the framework document, resources and support, and what registrants will need to do to sign up to the new portal, plus resources for organisations to promote revalidation.
- An article in February Regulate explaining revalidation and driving traffic to the revalidation section of the website.

- A preparation email at the end of February to registrants, with a timeline setting out the dates and what they will need to do based on their registration expiry date and explaining that they will receive a letter with their unique PIN code and instructions on how to sign up to the new portal. It will also include a link to the website resources about revalidation. The timeline will also be available on our website.
- A letter in April 2018 sent to the home address of registrants which will contain their unique PIN code and instructions on how to sign up to the new system. We will also include a printed copy of their timeline, based on their expiry date. To manage demand on both myGPhC and the contact centre, the letters will be sent out each week in April and will be grouped according to registration expiry date.

3.3. In terms of the revalidation requirements, the main resources are:

- A suite of resources on the website for both individuals and organisations to help promote revalidation. Resources for individuals include the revalidation framework, sample CPD records, downloadable forms to complete all types of records offline, and 'how to' peer discussion and reflective account video content. For organisations, we have a PowerPoint presentation explaining revalidation, and longer and shorter versions of a video presentation given by the Head of Revalidation, plus pre-written newsletter and social media content which they can share. We will add resources as necessary, based on feedback
- We will support this with a comprehensive social media schedule, and a stakeholder engagement plan including tailored emails to stakeholders and a comprehensive engagement schedule.

3.4. The main risks identified as part of the communications planning and their mitigations are set out below. These cover revalidation, and sign up and renewal and are included in the communications and engagement plan.

Risks	Mitigating actions
Lack of understanding / confusion among pharmacy professionals: • confusion because registrants do not know what they need to do and when • external stakeholders may share incorrect information about revalidation	Clear messages in communications about what is required and when, including a tailored email and letter to all registrants which sets out what they personally need to do and by when, with a tailored timeline Suite of supporting materials and guidance available to help explain the different aspects of revalidation and how to meet the criteria. Additional suite of materials which other organisations can use to raise awareness of and explain requirements of revalidation.

Risks	Mitigating actions
	Ensure that we use clear and consistent language in all communication about revalidation, explaining what it is, what is happening when and its purpose. Use social and traditional media to ensure that GPhC is viewed as the authentic source of all information related to revalidation. Produce and make available supporting materials such as presentations, tweets etc to help stakeholders share accurate messages and provide reassurance to their members.
Lack of support from pharmacy organisations	Ongoing engagement by revalidation team with key stakeholders including advisory group members. Sharing of clear key messages and timelines. Monitor messages being put out by stakeholders and follow up as appropriate.
Concern that revalidation is an additional burden	Clear messages in communications that we are introducing a more streamlined process supported by technological improvements and that the reduction in the number of CPD entries creates space for the peer discussion and reflective account. We will be monitoring and evaluating the process to check there are no unintended time implications for registrants, employers or the GPhC.
Concerns about different elements of revalidation • CPD: confusion about difference between planned and unplanned learning • Peer discussion how to complete the peer discussion element, particularly locums and those who consider themselves to be working in unusual setting and may be concerned about finding a peer. • **Reflective account:** how to complete the reflective account	Highlight the enhanced guidance in the framework which clearly explains the different types of CPD activity and when different elements are going to be introduced. Provide information on the support and guidance available on finding a peer and doing a peer discussion. Signpost to other pharmacy organisations who can provide additional support. Provide supporting information and guidance, including examples, on the peer discussion element.

Risks	Mitigating actions
element, and when they will be told standards they should be reflecting upon.	Provide supporting information and guidance, including examples of reflective accounts. Clear messaging in communications on when registrants will be told which standards they need to use for their reflective account, and that there will be a choice of standards on which they can reflect each year.
Concerns about submission of records • stakeholders, including patients and the public: that registrants could cheat or could resubmitted the same records each year • registrants: that records will not be held indefinitely in MyGPhC, and concerns about using multiple systems to store records • Registrants: about cut-off date for when they need to download records from current system	Provide further guidance on submission of records. Clear messages that registrants will need to declare on renewal that the work is their own and that the retention period for records has been extended so that we can further assure that records are not being submitted repeatedly. Clear message that we are working with other pharmacy organisations to promote opportunities for recording and transferring records. Signpost to other organisations as appropriate. Clear message on the simplicity of using MyGPhC. Clear message that previous records need to be taken out of **www.uptodate.org** by June 2018 if registrants want to keep them.
Concerns about review of records and feedback • registrants: about having their records reviewed and who will review the records	Clear messaging that registrants can have their records reviewed at any time in the year following submission and that they will be told if their records are being reviewed (but that we will not be reviewing records in the first year). Signposting to review criteria in framework which clearly sets out what reviewers will consider and to examples which meet and do not meet the criteria. Clear messaging that there will be a professional and lay reviewer so there is some who understands the scope of practice and someone who can provide a lay perspective and that this improves consistency and quality.

Risks	Mitigating actions
Stakeholder apathy or other priorities	Targeted messages to stakeholder groups about the importance of revalidation and why we are introducing it.
Lack of engagement with sign up to myGPhC	Use the system to monitor take up and target remedial communications to those who haven't yet signed up – such as longer lead in times to renewal communications and specific messages about sign up Use inspectors and stakeholders to encourage registrants to sign up Encouragement via social media to sign up
Increase in query calls to the contact centre	Provide training to the contact centre and make sure that they understand and can explain the process simply Provide clear resources that the contact centre staff and other colleagues (including inspectors) are aware of and can use to explain to callers Good communication across teams about what's happening and when
Technical issues with my GPhC	Good communication across teams about potential issues and incidents as they happen (establish a procedure) so we can put updates on our website or on myGPhC itself
Issues with understanding what to do to use myGPhC	Clear communications and signposting on sign up and what to do if this doesn't work
Reputational risk if the system does not work or is seen as being difficult to use	Initial testing as set out in section 2 to identify and fix or mitigate issues pre- launch Gather user feedback and/or technical reporting - communicate that we are identifying issues and working on solutions in good time
Specific user group issues	Good communications across teams (and project members) to identify issues and pinch points so these can be taken account of in communications

Risks	Mitigating actions
	materials and information (for example identifying that pre-registration pharmacists currently have access to the CACs system to start recording CPD. We will need to change the information in the communications to new and existing trainees to tell them that they will now need to use the online forms from the website to record CPD, and that existing trainees will need to remove their records from COACs

4. Equality and diversity implications

4.1. Equality analysis has been conducted and completed following agreement of the revalidation framework. And accessibility review will take place for the ne MyGPhC which was also built to comply with a range of accessibility standards.

5. Communications

5.1. The paper has summarised the communications plan above.

6. Resource implications

6.1. Resources for both roll out and continued support of the new MyGPhC have been accounted for in business planning and budgeting for this financial year and the next.

7. Risk implications

7.1. The paper summarises risks as a result of introducing the new MyGPhC and also the relevant mitigations.

8. Monitoring and review

8.1. Monitoring and review of the introduction of MyGPhC will be continuous over the course of its roll out and the months before all registrants have completed their initial log in. We will be monitoring and following up on initial log in data to ensure our registrants are aware of their responsibilities to prepare for revalidation.

8.2. The council assurance group will receive regular updates on information related to the roll out and revalidation.

Recommendations

The council are asked to note and discuss the contents of this paper.

Mark Voce, Director of Education and Standards
General Pharmaceutical Council