## Public business

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### Confidential business

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<td><strong>13.</strong> Confidential actions and matters arising</td>
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<td><strong>14.</strong> Minutes of the Efficiency and Effectiveness Assurance and Advisory Group – 11 September 2018</td>
<td>18.10.C.05 Mark Hammond</td>
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<td><strong>15.</strong> A summary of the Audit and Risk Committee meeting – 2 October 2018</td>
<td>18.10.C.06 Digby Emson</td>
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<td><strong>16.</strong> Any other confidential business</td>
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**Date of next meeting**

Thursday, 08 November 2018
# Council meeting

11 October 2018  
13:30 to 16:00 approx.  
Council Room 1, 25 Canada Square, London E14 5LQ

## Public business

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| 13. | Confidential actions and matters arising | Nigel Clarke |
*For noting* | 18.10.C.05  
Mark Hammond |
| 15. | A summary of the Audit and Risk Committee meeting on considering the adoption of charitable status  
*For noting* | 18.10.C.06  
Digby Emson |
| 16. | Any other confidential business | Nigel Clarke |

### Date of next meeting

Thursday, 08 November 2018
General Pharmaceutical Council

Minutes of the Council meeting held on Thursday 13 September 2018 at 25 Canada Square, London at 13:30

TO BE CONFIRMED 11 OCTOBER 2018

Minutes of the public session

Present

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

Apologies

Jo Kember

In attendance

Duncan Rudkin (Chief Executive and Registrar)
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)
Tarun Chotai (Interim Head of Finance)
Terry Orford (Head of Customer Services)
Alicia Marsh (Head of Professionals Regulation)
Julian Graville (Interim Head of Inspection)
Damian Day (Head of Education)
44. Attendance and introductory remarks

44.1. The Chair welcomed all present to the meeting. Apologies had been received from Jo Kember.

44.2. The Chair also informed members that the GPhC had appointed a Pharmacist Clinical Fellow.

45. Declarations of interest

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

46. Minutes of the last meeting

46.1. The minutes of the public session held on the 12 July 2018 were confirmed as a fair and accurate record.

47. Workshop summary – 12 July 2018

47.1. Laura McClintock (LM) provided the Council with an update on the review of the workshops, highlighting that an evaluation and assessment of whether the workshops had been carried out in line with the objectives would be brought to the Council at its December meeting.

47.2. Council noted the discussions from the workshop.

48. Actions and matters arising

48.1. Mark Voce (MV) provided members with an update on the ongoing work around quality in education, including the various aspects covered in this workstream.

48.2. All other actions were in hand or due to be covered at this meeting.

49. Performance monitoring and annual plan progress report

49.1. Duncan Rudkin (DR) presented 18.09.C.01. This paper reported on operational and financial performance and progress against the annual plan as part of the organisation’s business report.
49.2. Members raised a number of questions about the percentage of abandoned calls for Q1. Terry Orford (TO) explained that demand had been underestimated in two key areas: the volume of registrants signing up to the new MyGPhC in the first few months and the volume of calls where registrants needed to be guided through the sign-up process. There were likely to be improvements in the next report, and GPhC had received a very small number of organisational complaints in this area. There had also been feedback that registrants had appreciated the support in this area. MV also highlighted that a number of important lessons had been learned, including how GPhC tested these areas with people who were less familiar with these types of processes and systems.

49.3. One member asked a question about the registration totals in section 1.2 of the report in the context of the future workforce and the previous grandparenting arrangements. There were also questions about the mix of registrants working in NHS and private sectors, and whether the GPhC could acquire data on pharmacy technicians in the same way as we received data on pharmacists from the universities. DR highlighted that although this question had been raised in relation to training numbers, the Executive would explore what more might be done through wider work on pharmacy technician accreditation and quality assurance.

**Fitness to practise (FtP)**

49.4. Members noted the correction of a small error at section 2.2 in relation to the totals for caseload age profile, which should have read 14.5% rather than 19.3%.

49.5. One member asked whether the report should reflect the numbers of cases where delay had been caused by third parties and not the GPhC. Matthew Hayday (MH) indicated that internally the GPhC had targets to reduce older caseloads, but would also look at how this wider issue was reported on in the future.

49.6. Another member asked about section 2.7 relating to postponements of interim orders. Alicia Marsh (AM) highlighted that the three applications to postpone were made by registrants. Usually, these would be opposed by the GPhC although in some cases there were reasons to adopt a more neutral approach. In all cases, GPhC was ready to progress if required.

49.7. Members asked about the increasing number of concerns received and asked about trends in case type. MH confirmed that broadly the types of concerns were following the same pattern and the numbers of stream 1 and 2 cases had risen proportionately to the overall volume.
**Inspection**

49.8. Members discussed Table 3.4 – top 5 standards not met and noted the appearance of standard 2.1 relating to staffing levels. Members asked for information on the numbers of pharmacies that had failed more than one of the top 5 standards. Julian Graville (JG) explained that we needed to conduct further analysis on the data to identify the number of pharmacies that had a combination of top 5 not met failed standards, to include analysis on the ‘recovery’ plans. In each case, where a pharmacy fails to meet a standard, there would be an action plan, and where there were several failed standards, remedial action would be required in respect of all of them. In the most serious cases, where the overall outcome was ‘poor’, there would be a follow up inspection so that the Council were assured that the pharmacy was now meeting the GPhC’s standards.

49.9. DR commented that this was an important point and that failure of standard 2.1 could have an impact on other standards. It would be important for the team to feedback to the Council with further analysis in this area in due course.

49.10. Members highlighted the importance of these issues more widely and also sought assurances that inspectors were asking the right questions in order to assess whether standard 2.1 was being met. JG outlined that inspectors asked probing questions on areas including staff rotas, sickness cover, and that inspectors had knowledge of the local areas. This allowed for examination of the issues both on the ground and at a more senior level through Strategic Relationship Managers. This was an example of how the GPhC both needed and were putting together multiple sources of intelligence, at micro and macro levels.

49.11. The Council also noted that the GPhC had written to trade bodies to ask for feedback on the implementation of the new safe and effective team guidance.

49.12. One member queried standard 4.3 on medicines and medical devices and asked whether this could be broken down into more specific areas, in order for the Council to gain more insight into the range of failings in this area. Claire Bryce-Smith (CBS) explained that the reporting system does not currently break down the standards in this way and this would require manual, qualitative analysis of all inspection reports. However, the team would explore what might be possible going forward.

**Human Resources**

49.13. Francesca Okosi (FO) provided members with an overview of the increased headcount across the different Directorates and noted the mix of new roles and long-term vacancies.

49.14. **Council noted and commented on:**
   
   i. The performance information provided at appendix 1; and
   
   ii. The report on progress against the 2018/19 annual plan at appendix 2
50. Reporting on the June 2018 Registration Assessment

50.1. Damian Day (DD) presented 18.09.C.02, which updated Council on candidate performance in the June 2018 Registration Assessment.

50.2. Members noted the feedback from the British Pharmaceutical Students’ Association (BPSA) and asked how the GPhC was encouraging and receiving feedback from those who were not members. DD confirmed that all candidates were invited to complete a survey after the registration assessment and feedback was also received through telephone calls to the GPhC. However, the team would explore how it collated this information going forward.

50.3. One member highlighted the differences in pass rate by sector (Table 7) and asked about the role of the GPhC in providing support to community candidates. DD highlighted a number of measures that may have had an impact including the new Higher Education England (HEE) strategy and the introduction of Oriel. Regardless of sector, if candidates were not succeeding then this remained a challenge.

50.4. Another member highlighted the differences in pass rate by ethnicity (Table 8.5) and asked whether more information could be provided on overseas and GB candidates. DD explained that the closest data is Table 3 (attempt by education route) although this was not a complete picture. DD also highlighted that the HEE analysis of the first year of Oriel had improved diversity in hospital applications.

50.5. Members raised questions about the low pass rate among candidates who had studied at certain universities and asked how these challenges would be addressed. DD confirmed that the GPhC would be engaging with the universities to understand the student profiles in more detail. Members suggested that it was important to consider the profile of the university, not just the student profile, recognising that pass rates were multi-factorial.

50.6. Members were provided with an overview of the role of Standard Setters and informed that this included those with first-hand experience of recent registrants and pre-registration trainees.

50.7. One member raised a question about unconditional offers and whether the Council should have a specific detailed position on this. DR noted that this was a legitimate point of debate and could be explored through the work on the new initial education and training standards for pharmacists.

50.8. Council noted:

i. Candidate performance data (appendix 1) and the GPhC’s response to feedback on the June 2018 Registration Assessment from the British Pharmaceutical Students’ Association (BPSA); and
The Board of Assessor’s report to Council and associated documents (appendices 2, 2A and 2B) and the assurance they provide about the June 2018 sitting.

51. Pharmacist independent prescribing

51.1. Priya Warner (PW) presented 18.09.C.03, which provided Council with an overview of pharmacist independent prescribing and the work planned in this area.

51.2. Members asked whether there was any evidence or research on the risks associated with independent prescribers. One member highlighted that there was published literature about error rates for prescribers in comparison to other colleagues.

51.3. One member highlighted the issue of workforce planning and asked how many pharmacists were currently completing independent prescriber programmes. DD explained that this was variable and we were not usually informed until the courses were complete. There was also a discussion about the information relating to prescribers who had not prescribed in the last 12 months, particularly whether this was a patient safety issue. PW explained that the statistics were taken from the 2013 survey. Notwithstanding this, all pharmacy professionals were required, through the standards, to recognise the limits of their competence.

51.4. Council noted the paper.

52. Standards for the education and training of pharmacist independent prescribers: Consultation report.

52.1. Damian Day (DD) presented 18.09.C.04. This paper provided Council with an analysis of the responses to the GPhC’s consultation on revised education and training standards for pharmacist independent prescribers.

52.2. Members discussed the analysis reporting on the consultation, noting that useful feedback had been provided on a wide range of issues. A question was raised about feedback from the medical sector. DD explained that broadly speaking the medical sector was supportive and there was no sense of opposition.

52.3. Members also discussed potential risk areas, including issues with limited access to care records and the impact on patients. There was also a discussion about the selection and entry requirements for independent prescribing programmes, including the removal of the requirement for two years of post-registration experience. Members agreed that it would be helpful to explore further the option of a combined time and competency based approach. A further proposal would be brought to Council on this matter, as well as further analysis of the feedback by sector.

**ACTION:** DD
52.4. The Council noted the paper and provided feedback on it.

53. Scoping research on mechanisms in fitness to practise processes to eliminate discrimination

53.1. CBS presented 18.09.C.05. This paper informed Council on action taken to date and next steps to scope out research on fitness to practise processes to assure that they eliminated discrimination effectively. A number of colleagues across different Directorates had been involved with this work.

53.2. CBS highlighted that the research being planned was a proactive enquiry to meet GPhC’s duties to ensure its processes were effective rather than an attempt to remediate a problem that had been uncovered. There had been no specific cause to question whether the mechanisms currently being used were effective, but the team were actively seeking confirmation of the effectiveness of these mechanisms and potential improvements to them.

53.3. CBS explained that the paper set out some important context about the challenges in this area, including limitations with the dataset and the risk of identification of individuals consequent upon small numbers in any category. It was important to note that EDI data was given on a voluntary basis and it was difficult to draw meaningful conclusions. As part of this work, the team had also been considering the work done across other regulators, as well as the recommendations arising from a number of recent reports including the Williams Review and the recent PSA consultation on the Standards of Good Regulation.

53.4. One member commented that the issue goes beyond data and that it was important that any potential systems issues were considered. There was also a broad discussion about fitness to practise decision-making and options including anonymisation of cases. Members noted that staff and other decision-makers took part in unconscious bias training and decisions were also subject to various forms of other scrutiny (including by the Professional Standards Authority).

53.5. Members also discussed the importance of publishing EDI information where possible as well as the benefits of collaborative working and learnings from what others were also doing. The Chair of the Appointments Committee would speak to the Council at a future meeting about the work they had been doing on equality and diversity in recruitment.

ACTION: FO

53.6. Council:
   i. Noted the work that had been completed
   ii. Provided comment to inform further work on this subject
iii. Noted the updated summary data for 2017 for pharmacists and their declared ethnicity in fitness to practise processes compared with the whole population of pharmacists (appendix 1).

54. Council member appointments 2019

54.1. Laura McClintock (LM) presented 18.09.C.06. This paper considered recommendations on the process for filling Council member vacancies arising in March 2019.

54.2. Members considered the current and future needs of the Council for particular skills and expertise; the balance between continuity and refreshment of the Council’s membership; the diversity of backgrounds within the Council’s membership; and the fact that there were no anticipated changes to the constitution of the Council.

54.3. The Council agreed that there was no reason why it could not proceed with its general principle of using a mixture of open competition and reappointments for 2019. The process would run concurrently with the open recruitment process and the GPhC would be consulting the Privy Council on the planned timing of the reappointment recommendation. This was in line with PSA guidelines, which indicated that this should not normally be more than six months before the members’ current terms ended (October 2018 to March 2019).

54.4. Council:

   i. Noted the progress update on the recruitment of Council members through an open competition process.

   ii. Agreed the process for filling the remaining vacancies through a reappointment process.

55. Minutes from the Audit and Risk Committee meeting – 17 July 2018

55.1. Digby Emson (DE), Chair of the committee presented 18.09.C.07. He drew members’ attention to a number of areas discussed by the Committee at its most recent meeting.

55.2. DE highlighted that the Committee would be considering the current policy on whistle-blowing at its next meeting in October.

55.3. Council noted the unconfirmed minutes of the Audit and Risk Committee’s meeting on 17 July 2018
56. Any other business

56.1. Council expressed their thanks to Priya Warner for her service and sustained very high quality of work for the GPhC, recording that this would be her last GPhC Council meeting.

56.2. There being no further public business to discuss the meeting closed at 15:45.

Date of the next meeting:
Thursday 11 October 2018
Council on Thursday, 11 October 2018

Public business

Council Workshop Summary

Purpose
To provide an outline note of the discussions at the September 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 is a summary of the discussions that took place, presented at the subsequent meeting. This makes 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 the September workshop
2.1. Developing the 10-year vision – an update

Council were given a recap on the development of the 10-year strategic vision.
Members discussed the draft outline vision and were asked to feed back on; what they liked, what they did not like and what they would like to see included.

Further areas were identified for discussion and clarification and consideration was given to what external input might be helpful for future discussions. It was agreed that engaging with stakeholders on the principles within the draft vision could now go ahead.

Council will continue to have updates on the development of the 10-year vision until it is finalised in Spring 2019.

2.2. Interactive financial model exercise

An initial draft of a financial model was presented to Council to help assess the interplay between fee levels, expenditure and reserves. Within the presentation members were also updated on the development of the wider finance action plan.

A draft consultation on the fees rules will come back to Council in the Autumn.

2.3. Pharmacist initial education and training standards

Members were updated on the main thrust of the proposals for the initial education and training of pharmacists’ standards, prior to the consultation later this year.

Council were also informed of the impact of the direction of travel, and members were asked to give an initial steer on how to communicate the proposals.

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

4 October 2018
### Council actions log

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<th>Owner</th>
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<tr>
<td>13 September 2018</td>
<td>52.3</td>
<td>Revised draft standards combining a time and competency approach to independent prescribing programmes would be brought to Council, as well as further analysis of the feedback to the consultation by sector.</td>
<td>MV</td>
<td>Dec 18</td>
<td>Open</td>
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<td>53.5</td>
<td>The Chair of the Appointments Committee would speak to Council at a future meeting about the work that they had been doing on equality and diversity in recruitment.</td>
<td>FO</td>
<td>Oct 18</td>
<td>Open</td>
<td>This will be covered on today’s agenda</td>
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Meeting paper

Council, Thursday, 11 October 2018

Public business

Appointments Committee report

Purpose

To inform the Council of the Appointments Committee’s work over the past year.

Recommendations

The Council is asked to note the report at Appendix A, together with the assurance in this covering paper.

1. Introduction

1.1. The Council established an independent Appointments Committee (AC) to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), the Fitness to Practise Committee (FtPC) and the Registration Appeals Committee (RAC).

1.2. The AC has a duty to report to Council annually on its work. Council reviewed and confirmed the role and remit of the Committee in June 2016 (see appendix 1 of the report).

2. Role remit and workstreams

2.1. The Appointments Committee’s name could be considered somewhat misleading, in that it reflects only one aspect of the Committee’s role, albeit a very important one. The Appointments Committee has therefore developed a forward plan which is not just about recruitment, but includes five workstreams. This plan includes nothing new in terms of the Chair and Committee’s work as a whole, but makes the breadth of the Committee’s remit more explicit. These workstreams, which are covered in more detail in the attached report, are as follows:
2.1. By more explicitly recognising the breadth of our remit, the Appointments Committee is able to more effectively focus on both continuous improvement and assurance.

2.2. In the attached report Council will see how the Appointments Committee is delivering against each of these workstreams. We have included a focus on both the process we follow and also the outcomes and what those processes are telling us. In keeping with previous reports we have included important information on monitoring and reporting back on diversity figures. This commitment remains absolutely at the heart of our work.

2.3. In adopting this approach I feel well placed to provide the Council with assurance that the work of the Appointments Committee and my own work as Chair – with the responsibility for quality assurance and performance management of the individuals which that involves – is
operating well procedurally, is aligned with the Council’s values and reinforces its commitment to maintaining public confidence in the profession.

**Recommendations**
The Council is asked to note the report at Appendix A, together with the assurance in this covering paper.

**Elisabeth Davies**
Chair of the Appointments Committee
a&p@pharmacyregulation.org
Tel: 020 3713 7817

18 September 2018
1. Introduction

1.1. Council established an independent Appointments Committee (AC) to recruit, appoint and performance manage the members of its statutory committees: the Investigating Committee (IC), the Fitness to Practise Committee (FtPC) and the Registration Appeals Committee (RAC).

1.2. The Appointments Committee has a duty to report to Council annually on its work. Council reviewed and confirmed the role and remit of the Committee in June 2016 (see appendix 1).

1.3. In 2017/18 the AC has articulated its work on the basis of five workstreams.

1.4. For each of the five workstreams this report provides information on (i) the process/what the Appointments Committee does; ii) outcomes/results for 2017/18; and (iii) plans for 2018/19. This three way approach is in recognition of the importance and value of sharing actual outcomes – what the data and processes are telling us – along with providing the Council with an indication of our plans and intentions for the next year.
2. Workstream One: Recruitment

What we do

2.1. It is essential that the Appointments Committee brings high calibre and diverse individuals into the committees through an open and thorough process.

2.2. Throughout Autumn 2018, the second and final terms of office of 14 chairs, deputy chairs and members will come to an end. By this point, all of those who were recruited at the GPhC’s inception, or who transferred from the RPSGB, will have left.

2.3. The workload of the committees is steadily increasing and we need to ensure we have enough people to cope with predicted as well as current demand. Accordingly, we have uplifted existing reserves and, for the second time since the inception of the GPhC, carried out a major recruitment exercise to refresh the committee and reserve population. This exercised aimed to ensure we will have the skills and experience to compensate for the loss of a large proportion of our more experienced workforce.

Outcomes for 17/18

2.4. The recruitment campaign for chairs, deputy chairs, lay members and pharmacist members (we already had sufficient pharmacy technicians), began in January 2018. The Appointments Committee worked closely with the Interim Director of Fitness to Practice to ensure it had estimates of the likely number of cases along with the nature of hearings. For example, we took account of the need to attract applicants who can sit for multiple days in response to the growing number of cases that last for 3 days or more.

2.5. We successfully attracted over five hundred applications for the various roles. The campaign and selection process ran smoothly and was successful; 29 new chairs and members were appointed in June.

<table>
<thead>
<tr>
<th>CHAIR</th>
<th>DEP CHAIR</th>
<th>LAY</th>
<th>PHARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>Reserve</td>
<td>Full</td>
<td>Reserve</td>
</tr>
<tr>
<td>2 (1 FtPC, 1 IC – both uplifted)</td>
<td>0</td>
<td>6 (2 IC, 4 FtPC)</td>
<td>2 (0 IC, 2FtPC)</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
2.6. This new intake has undergone a thorough onboarding programme of induction, training and observation throughout the summer, and will start their terms of office from September. Thereafter the induction process will continue, with informal mentoring, and legal adviser support for the new chairs to complement the wider training sessions.

Plans for 18/19

2.7. No recruitment is scheduled for the forthcoming calendar year, and in this last round of recruitment we increased the reserve pool to the extent that it is unlikely we will need to recruit to replace casual vacancies.

2.8. The Appointments Committee formally reviewed the learning from the recent round at its August meeting.

3. Workstream Two: Training and development

What we do

3.1. The Appointments Committee is responsible for providing Committee members with the skills and support they need to carry out their roles to a high standard.

3.2. Training and development plans are being developed in line with GPhC policy changes, GPhC guidance changes and the wider context of procedural justice etc. They are informed by the feedback from the Committee members themselves along with what is coming out of the rolling appraisal process and the wider quality assurance approach, including the work of the Council’s Outcome Review Group.

3.3. Training and development plans cover regular refresher training for the entire committee cohort, as well as training and induction of new members and chairs following appointment during 2018.
Outcomes for 17/18

3.4. The following training and development took place in 2017/18:

<table>
<thead>
<tr>
<th>DATE</th>
<th>ATTENDEES</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>September - November 2017</td>
<td>IC, FtPC and RAC</td>
<td>Decision making and case theory refresher training.</td>
</tr>
<tr>
<td>January 2018</td>
<td>IC Members</td>
<td>Good decision making and amending allegations - refresher training.</td>
</tr>
<tr>
<td>May 2018</td>
<td>All</td>
<td>GDPR (mandatory online training)</td>
</tr>
</tbody>
</table>

3.5. Detailed participant feedback is collected from all attendees for every training session that we run and has generally been very positive this year (sample comments: “The training today was excellent and all of it was very very useful. One of the best training sessions I have been to.”; “I don't normally score excellent for everything as I usually feel everything can be improved. However this training was very professional and stimulating and I could find no reason to mark it down”). The impact of training in specific areas is also monitored via the Outcomes Review Groups for each committee, and this, together with information from the appraisals, contributes to the design of the forward training programme.
3.6. We hold regular six-monthly meetings for the chairs of the committees. These allow chairs to share information on cases, case management and procedure, to make suggestions to improve process and, where possible, streamline hearings. The AC chair and relevant staff attend for all or part of these meetings.

3.7. Beyond that, we are conscious of the cost to the organisation of face-to-face training for the committees, and are keen to limit it to those topics where interaction and discussion with colleagues is essential. Other, more directive training, such as on information governance and GDPR, is delivered online.

Plans for 18/19

3.8. The training plan for 18/19 has been informed by all the above sources of information. As well as covering those topics where members have expressed a desire for more training, or issues falling out of the appraisals or ORG meetings, it includes a greater focus on tailored chair training, and the introduction of a succession planning programme for those lay members who may be suitable to become chairs.

4. Workstream Three: Quality performance

What we do

4.1. Assessing and understanding whether the required standards are being reached, and then maintained, is at the heart of the Appointment Committee’s approach to performance monitoring.

4.2. Feedback on committee member performance is gathered by a variety of means. Online feedback forms are completed by chairs, members and the secretariat for each hearing or meeting. These are useful for ascertaining themes such as timeliness and quality of case preparation, as well as more specific issues.

4.3. In addition, a protocol determines whether any concerns raised in any way are dealt with at the time by a chair, staff, included in the annual performance review information or passed to the AC Chair. If she needs to take immediate action to raise a matter with a chair or member she will phone them or arrange a meeting for a discussion.
4.4. As part of performance management, and as a reflection of our focus on ongoing improvement, the AC Chair reviews the performance of chairs and deputy chairs annually in a formal performance review meeting. The deputy chairs in turn review the performance of the members. Prior to the review meeting the AC chair observes the chair/deputy chair at a hearing and reviews feedback gathered through the year from online hearing/meeting feedback forms. This feedback is also shared with the deputy chairs. Those being reviewed are asked to complete self-appraisal forms. These meetings provide an opportunity to reflect on the work, to identify training needs and to appreciate the work undertaken.

4.5. In addition, the AC Chair reviews all performance appraisals and now produces a quarterly review of the themes raised.

**Outcomes for 17/18**

4.6. All appraisals have been completed within the required timeframe. Themes that have emerged from recent appraisals include:

- a clear commitment to ongoing learning;
- the challenge of real time drafting for the deputy chairs;
- giving careful and thorough consideration to what should/shouldn’t be included in public records with regards to personal health details; and
- a clear commitment to ensuring the process is fair, offering all involved clarity and the chance for full engagement.

4.7. In terms of ideas for training and development needs, these have included:

- The value of resilience training or dealing with the unexpected.
- Case law on integrity (as an alternative to dishonesty?).
- Dealing with the appearance of conflict within the makeup of a Committee.
- Recognising the value of unconscious bias training.
- Training in how to question witnesses and the registrant.

4.8. The appraisal process also collects information on learning and development requirements. All of this informs the rolling refresher training programme, as well as individual appraisal discussions.
Plans for 18/19

4.9. The Appointments Committee will review the appraisal process and forms during the course of the year, looking at learning from comparable organisations as appropriate. The AC Chair will also continue to produce quarterly thematic reviews of performance, sharing these with all committee members via the quarterly bulletin.

5. Workstream Four: Quality assurance

What we do

5.1 The Appointments Committee monitors procedures, processes and outcomes in order to ensure that they are up to the expected levels of quality standards. This is a key part of our commitment to identifying learning and supporting continuous improvement.

5.2 The Outcomes Review Group (ORG) meetings, which are attended by senior Hearings, FtP and Associates & Partners staff, feedback regularly to the AC Chair. The ORG carries out internal review of committee decisions to identify any learning or training points that may arise. A number of triggers prompt the ORG to review a case, in addition to specific referrals; these include all cases where the sanction proposed differs from that recommended by the Council and any case that has been postponed or adjourned.

5.3 The GPhC’s risk and assurance framework and approach includes both internal audit and occasional external reviews of critically important governance policies and processes. Over the last year, these have included an internal review of the IC’s decision-processers following the introduction of new guidance, and a GPhC-commissioned external review of its decisions. The AC Chair has actively shared and discussed the outcome of these reviews with the IC deputy chairs.

Outcomes for 17/18

5.4 During this year the Appointments Committee has been keen to develop and enhance its quality assurance role. In particular, it is working to ensure that feedback is two-way, and to “close the loop”; that is, to ensure that feedback is not just provided, but delivered to the relevant recipients, taken on board and, where appropriate, acted upon and responded to, by staff or Committee members.
5.5 In June, comments from one of our most experienced deputy chairs about a specific case acted as a catalyst for consideration of how ORG could work on more of a two-way basis – addressing quality concerns from the committee perspectives in a way that respects and reinforces the independence of the committees. As a result ORG piloted a different way of working. The Council has agreed to revise ORG's Terms of reference and in future the Chair of the Appointments Committee will attend part two of the meeting, which will be an opportunity to go through relevant feedback from the committees and to identify key learning and any actions for the Council.

5.6 To assist with the Appointments Committee’s monitoring of quality assurance we have recently introduced a QA issues log which enables us to maintain ongoing oversight of key quality issues. We draw a distinction between decision-making outcomes, decision-making processes and administrative issues (example entries are included below):

<table>
<thead>
<tr>
<th>QA category</th>
<th>QA issue</th>
<th>Evidence source(s)</th>
<th>Remedial action(s)</th>
<th>Evidence of improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality: Decision-making outcomes</td>
<td>Fuller explanations required in determinations</td>
<td>- ORG - External report on IC decisions</td>
<td>✓ ORG feedback shared directly with individual Chairs (ongoing). ✓ Chairs’ meeting briefed (Dec 17). ✓ Inclusion in Stat Committee newsletter (Dec 17). ✓ IC Chairs briefed on external report (Jan 18). ✓ Included in IC member training (Jan 18). ✓ Case-specific feedback shared with individual Chairs (ongoing) ❖ Examples of ‘best practice’ to be shared.</td>
<td>❖ ORG feedback will be reviewed and monitored.</td>
</tr>
</tbody>
</table>
5.7 The key question the Appointments Committee wants to be able to answer is 'What do the various feedback sources tell us about the quality of decision-making processes and outcome?'. This is very much about triangulating and making best use of the data we do have. Going forward, we would like to think rather more about how feedback from members is drawn together along with feedback from the ORG and indeed themes from eg external reports.

5.8 Working with the the GPhC’s Quality Assurance Team we are therefore working to introduce a quarterly quality assurance review. A draft format has been developed and will be finalised in 18/19.

6 Workstream Five: Communications

What we do

6.1 Ensuring feedback and information is actively and regularly shared with Committee members, and from them, is an essential part of the work of the Appointments Committee. Maintaining the independence of the Committee decision-making process is entirely compatible with sharing information and learning.

6.2 In addition to producing our Annual Report for Council, a quarterly bulletin is the major channel of communication with the committees. It updates members on GPhC and wider healthcare regulatory policy, emerging case law and thematic feedback.

Outcomes for 18/19

6.3 The quarterly bulletin has been expanded to include a more substantial update from the Chair on the five workstreams and the work of the Appointments Committee. For example, all members are aware of the evolving role of the ORG and the increased focus on quality assurance. The AC Chair has a rolling programme of meetings with senior GPhC staff, committee members and with the Chair of Council. In addition, she corresponds with members regularly, and observes as many hearings as possible, which, as well as allowing her to monitor performance, provides a welcome opportunity to catch up with panellists and listen to their feedback and any concerns.
6.4 We have also expanded and enhanced the format of the Annual Report to Council this year in order to better reflect the full scope of the Committee’s work and with a particular focus on quality assurance. Council’s views on the new format would be appreciated, together with any suggestions for further enhancement.

**Plans for 18/19**

6.5 The Appointments Committee will consider using a new working title for the Committee (not a change to the full name, which is set in statute) that better reflects the breadth of its key responsibilities. This is consistent with the approach taken by some of the other health regulators, where for example the GDC’s Appointments Committee has the working title of ‘Statutory Panellist Assurance Committee’.

6.6 Next year further thought will also be given to identifying and agreeing specific objectives for each workstream. These will then form the basis of the Appointments Committee’s own annual effectiveness review.

**7 Equality, diversity and inclusion**

7.1 The statutory committees strive to promote and reflect equality, diversity and inclusion when performing their regulatory functions. Appointments are made on merit, and we anonymise applications for longlisting and shortlisting. The Appointments Committee and the scheduling staff try to ensure that the people appointed and allocated to the statutory committees reflect the diversity of the public they serve and the registrant population.

7.2 This year’s diversity statistics for the current committees (not including the new recruits) can be found at Appendix 2. The numbers are taken from the annual, voluntary anonymised diversity survey; the response this year was 78%. It shows, amongst other things, that women are now in the majority (59%, as opposed to 48% in 2015), and the proportion of non-white panellists has risen since 2015, from 21% to 25.9%.

7.3 The Appointments Committee is, as always, aware that more needs to done to attract high calibre applicants from underrepresented groups. Accordingly, recent recruitment campaigns have been designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible, from which the Committee could appoint on merit. This included features and advertisement in a wide range of national...
and regional print and online media, an open evening, and presence at events such as the Pharmacy Show and use of social media such as Twitter, Facebook and LinkedIn.

7.4 Diversity statistics for the 2018 recruitment can be found at Appendix 3.

7.5 The Appointments Committee is also very aware that equality, diversity and inclusiveness is about more that the recruitment process we follow. Accordingly, ED&I/unconscious bias training has been included in the induction programme for all new members in 2018. In addition, online refresher training will be delivered to all members as part of the 2018/19 training plan.

The Appointments Committee
a&p@pharmacyregulation.org;

Tel: 020 3713 7817

18 September 2018
Appendix 1

Excerpt from the Appointments Committee remit

The Council has established an Appointments Committee with the remit set out below.

1. Under delegated powers from the Council and in accordance with the GPhC (Statutory Committees and their Advisers) Rules 2010:
   - To select and appoint appropriate persons to serve as members of the statutory committees including as chairs and deputy chairs;
   - To draft and submit to Council for approval the procedure for the suspension and removal of a member of a statutory committee, or any person on the reserve list;
   - To, where appropriate, suspend or remove from office members, including chairs and deputy chairs, of the statutory committees; and
   - To oversee procedures for the training, development, performance review and appraisal of members, including chairs and deputy chairs, of the statutory committees and, as appropriate, training for persons on a reserve list.

2. To advise the Council on the minimum competencies it considers are required for appointment as a chair, deputy chair or other member of a statutory committee, whilst having regard to best practice on competencies required for membership of quasi-judicial committees, as disseminated by the Judicial Studies Board or the PSA or any successor bodies;

3. The Appointments Committee must maintain a reserve list of appropriate persons who are eligible to serve as members of each of the statutory committees.

4. Other than as specified above, the Committee has no executive responsibilities or powers.

Accountability and reporting

5. The Committee is accountable to the Council. The Committee reports to the Council annually.

Authority

6. The Committee has delegated authority from the Council as detailed in the remit above and the GPhC (Statutory Committees and their Advisers) Rules 2010.

[...]
Monitoring diversity – EDI statistics for the committees

1. Chronological diversity comparison – 2015-2018

Gender

- 2015: 42% Male, 58% Female
- 2018: 52% Male, 48% Female

Ethnicity

- 2015: 72.8% White, 1.2% Black, 2.3% Asian, 0.7% Not disclosed, 20.6% Other
- 2018: 75.6% White, 1.7% Black, 2.2% Asian, 0.7% Not disclosed, 20.3% Other

Age


Disability

- 2015: 17% Yes, 83% No, 1% Prefer not to say
- 2018: 5% Yes, 95% No, 0% Prefer not to say

(N.B. We did not collect Religion and Sexual Orientation data in 2015. 2018 details can be found in Section 3)
2. Chairs versus overall committee diversity comparison - 2018

Chairs 2015: 85% Female, 15% Male
Chairs 2018: 88% Female, 12% Male
Overall 2018: 58% Female, 42% Male

(no-one in either year identified as "other")

Ethnicity 2018:
- White: 81.4%
- Black: 72.5%
- Asian: 15.4%
- Not declared: 1.7%
- Other: 0.0%

Disability 2018:
- Yes: 15%
- No: 80%
- Prefer not to say: 5%

Age 2018:
- 18-24 years: 40.5%
- 25-34 years: 20.0%
- 35-44 years: 5.5%
- 45-54 years: 15.0%
- 55-64 years: 10.0%
- 65+ years: 5.5%
- Prefer not to say: 0.0%
4. EDI statistics for 2018 recruitment - at application, longlist, shortlist and appointment

Lay

**Gender**

**Disability**

**Age**

**Ethnicity**

**Religion**

**Sexual Orientation**
Meeting paper

Council on Thursday, 11 October 2018

Public business

Fees rules consultation 2018

Purpose
To provide the Council with the proposed consultation on the fees rules to take effect from 1 July 2019.

Recommendations
The Council is asked to approve the consultation on the draft 2019 Fees Rules.

1. Introduction

1.1. The Council has the responsibility, under the Pharmacy Order 2010 (‘the Order’), to make rules in a number of areas, including fees. The current fees rules came into force on 15 October 2015.

2. Fees rules consultation

2.1. It is intended that, following a 12-week consultation, the Council will consider the draft consultation report and the 2019 fees rules in March 2019.

2.2. In setting fees, the Council must ensure that the GPhC has sufficient funds to protect the public through effective regulation.

2.3. The Fees proposals are to increase the entry and yearly renewal fees for:

- pharmacists by £7 from £250 to £257.
- pharmacy technicians by £3 from £118 to £121.
- pharmacy premises by £21 from £241 to £262

2.4. The consultation is primarily aimed at registrants (pharmacists, pharmacy technicians and registered pharmacies) and sets the context of the proposed fee increases against:
the cost projections for our annual planning;

• the resources required to enable us to deliver on our three year rolling strategy (2017-20);

• the principle that we wish to ensure a fair and proportionate allocation of fees to registrant groups, taking into account the burden of costs of regulation;

• our ongoing desire to avoid significant fluctuations in fee levels in future years to any single, or all, registrant groups; and,

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

3. Equality and diversity implications

3.1. We recognise that any change in fees will have an impact on registrants. This impact will be different depending on personal circumstance, whilst recognising that the proposed increases are small in cash terms.

3.2. We also need to consider the impact on registrants not only in this year, but the impact any change this year might have in relation to future recommendations.

3.3. An equality assessment of the draft rules will be published on the GPhC website during the consultation and the consultation itself will need to consider impact on different groups.

4. Communications

4.1. The fees rules will affect registrants, prospective registrants and pharmacy owners. It is important that we communicate our proposals in a transparent and open way, seeking views from all who may be affected by the proposed fees.

4.2. The consultation will be published on the GPhC’s website. It will also be sent to a wide range of stakeholders and communicated to the pharmacy media. The consultation will run for 12 weeks and respondents will be able to respond online, by email or by post.

5. Resource implications

5.1. The setting of fees is integral to the management of the GPhC’s resources.

5.2. A forecast budget for 2019/20 was produced as part of budgeting and reforecasting for 2018/19. Work is underway now to produce a final 2019/20 budget and bring it for Council approval in February 2020. When the Council considers the analysis of the consultation on fees they will be able to take into account the approved budget for 2019/20.
6. **Risk implications**

6.1. The most significant risk for patients and the public is if the GPhC does not have sufficient resources to carry out its regulatory functions appropriately.

6.2. There are additional risks if we are unable to achieve our strategic aims successfully.

6.3. We recognise the responsibility that the GPhC has to maintain the confidence in us by all our stakeholders, including registrants.

6.4. Failure to set fees in an appropriate way, or communicating any recommended changes in an open and transparent way, could create reputational risks for the GPhC.

6.5. Failure to consult appropriately on the fees rules would mean that the GPhC would not be complying with its statutory duties.

7. **Monitoring and review**

7.1. The consultation responses will be analysed and a draft consultation report prepared for Council’s meeting in March 2019. The final draft of the Fees Rules 2019 following any amendments as a result of the consultation will be presented at the same meeting.

**Recommendations**

The Council is asked to approve the consultation on the draft 2019 fees rules.

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

Duncan.Rudkin@pharmacyregulation.org

Tel 020 3713 7805

3 October 2018
Meeting paper

Council meeting on Thursday, 11 October 2018

Public business

Engagement and communications report

Purpose
To keep the Council abreast of engagement and communications with stakeholders via a quarterly report.

Recommendations
The Council is asked to note this paper.

1. Introduction
1.1. This report outlines key communications and engagement activities since June 2018 and highlights upcoming events and activities.

2. Discussion paper on making sure patients and the public obtain medicines and other pharmacy services safely online
2.1. On 26 June we published a discussion paper which outlined proposals to strengthen our guidance on supplying medicines and other pharmacy services at a distance, including online.

2.2. We organised a roundtable to discuss the proposals, with representatives from online pharmacies, pharmacy organisations and other health organisations (including the Royal College of Nurses and General Medical Council) attending the session and contributing their views.

2.3. We also encouraged stakeholders to respond to the consultation through targeted emails, a letter sent to all pharmacy owners, an article in Regulate, briefings to parliamentarians and to organisations with an interest in the issues, and through coverage in the media.

2.4. During the period that the discussion paper was open, the Guardian, the Times and the Daily Mail all featured articles highlighting their own investigations about concerns relating to one or more online pharmacies. We provided the journalists writing these articles with factual information so
they were fully aware of our role and our proposals to introduce further safeguards to protect patients and the public in their articles, which helped to promote the discussion paper to a wider audience of patients and the public. The discussion paper was also covered widely across the pharmacy trade media and in other titles including the Evening Standard.

2.5. BBC Panorama also broadcast a programme on 6 August which raised concerns about online doctors’ services prescribing opiates, slimming pills and antibiotics to patients in the UK and Europe. Whilst the programme focused on online doctors’ services, it did highlight concerns about the activities of two online pharmacies on our register and briefly referenced the role of the GPhC in regulating these pharmacies. Ahead of the transmission of the programme, we provided the programme team with answer a series of questions in relation to how we regulate online pharmacies and to highlight the discussion paper, although this was not referenced directly in the programme.

3. Guidance for pharmacy owners to ensure a safe and effective pharmacy team

3.1 On 11 June, we published new guidance for pharmacy owners to ensure a safe and effective pharmacy team.

3.2 The Chair and Chief Executive wrote to all pharmacy owners in June to make them aware of the new guidance and to ask them to take the necessary steps to ensure they are meeting our standards and have taken account of this guidance.

3.3 In September, the Chief Executive wrote to organisations representing community pharmacy owners to ask for feedback on the steps their members have taken to implement the guidance and for feedback on how pharmacy members are addressing any current challenges relating to staffing.

4. Revalidation for pharmacy professionals

4.1 Over the last quarter we have continued to support pharmacists and pharmacy technicians to get ‘revalidation ready’ and understand what they need to do and when.

4.2 We published forty examples of good revalidation records, covering planned and unplanned CPD, reflective accounts, and peer discussions from a wide range of sectors. These were promoted in an article in the July edition of Regulate, which was read by over 7,500 pharmacy professionals.

4.3 We have continued to encourage registrants to sign up to myGPhC through our communications and we now have over 63,000 registrants who have successfully signed up. This represents over 80% of the register.

4.4 We have also continued to take part in a range of events to help pharmacy professionals prepare for revalidation. Mark Voce has spoken at events organised by the RPS to support their members, and Osama Ammar has presented at events including one organised for pharmacy professionals working at the Department of Health and Social Care. At the Pharmacy Show on 7 October Duncan will be leading a keynote session on how to successfully meet revalidation requirements and will be
joined by a pharmacist working in a GP practice who will share her experience of taking part in a peer discussion.

**5. Supporting the move to online pharmacist applications**

5.1. During May to July, we provided a programme of communications to support the move to online applications for initial registration as a pharmacist via myGPhC. As the system went live after the registration assessment, this meant that applicants would need to start their application later than usual. We therefore sent targeted emails to tutors and exam candidates in the months before the assessment, explaining what information they would need to provide and when, so they could prepare this before the online application opened. We also worked with the policy and customer services teams to update the information we provide with the online application.

5.2. Overall, this helped reduce how many applications were incomplete and needed further work from around 50% to between 13-16% of total applications. A total of 1,436 new pharmacists successfully joined the register during August using the new system.

**6. Publication of annual report**

6.1. Our annual report 2017-18 was laid before the UK and Scottish Parliaments at the end of June and was sent to our key stakeholders, including parliamentarians and organisations representing patients and the public, and pharmacy professionals and owners.

6.2. The annual report is also available on our website, with an infographic within the report showing the highlights from 2017-18.

**7. Consultation on our updated publication and disclosure policy**

7.1. We held a public consultation on our updated publication and disclosure policy from 5 July until 14 September. We promoted the consultation to key stakeholders through Regulate, a targeted email campaign and social media activity.

**8. Emerging concerns protocol**

8.1. In July, we issued a joint statement with seven other health and social care regulators about the introduction of the new ‘Emerging Concerns Protocol’. The statement explained how the new protocol would help us to share concerns with each other more effectively. It also linked to a case study which gave an example of how the protocol would be used.
8.2. We highlighted the joint statement via our website and social media accounts. The joint statement was also covered in the Health Service Journal and several other trade publications.

9. Recent events and meetings

9.1. Please see appendix 1 for a list of key events and meetings that have taken place since June 2018.

9.2. The Chair and the Director for Wales met with Vaughan Gething AM, Cabinet Secretary for Health and Social Services in the Welsh Government, on 2 August 2018. This meeting provided an opportunity to discuss our proposals for developing our approach to regulating registered pharmacies and other key programmes of work. The Minister expressed his support for our proposals to introduce unannounced inspections and to publish inspection reports for the first time. Mr Gething also expressed interest in other areas of our work, including our review of education standards and proposals to strengthen guidance in relation to the supply of medicines and other services online.

9.3. The Chair and Director for Scotland are due to meet with Jeane Freeman, Cabinet Secretary for Health and Sport in the Scottish Government, on 26 September 2018.

9.4. We have presented and exhibited at a number of conferences during this period. Nigel Clarke gave a keynote presentation to the APTUK conference in Glasgow on 18 June on our priorities in relation to education and training. We exhibited at the NHS Scotland conference in June and at the FIP World Congress of Pharmacy and Pharmaceutical Sciences in Glasgow from 2-6 September. Duncan and Claire will present at two keynote sessions on revalidation and patient safety at the Pharmacy Show on 7 October.

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

10. Upcoming events and activities

10.1. Please contact Laura Oakley, Stakeholder Engagement Manager, at laura.oakley@pharmacyregulation.org if you would like to attend any of these events:

- **NHS Education for Scotland, 12/10/18** Aberdeen
  Deborah Zuckert (Inspector) presentation to pre-reg trainees

- **GPhC focus group with patients and the public on reviewing our requirements for unregistered pharmacy staff, 15/10/18** Cardiff
GPhC focus group with unregistered pharmacy staff on reviewing our requirements for unregistered staff, 15/10/18 Cardiff

NHS Education for Scotland, 25/10/18 Edinburgh
Deborah Zuckert (Inspector) presentation to pre-reg trainees

Annual Regulation Conference, 05/11/18 Edinburgh
Duncan Rudkin is joining a panel discussion at this conference and Mark Voce is giving a presentation on our pharmacy team guidance

11. Consultations

11.1. Please see appendix 2 for the grid of active and new external consultations to which we have considered responding.

11.2. From 19 June until 11 September the Department of Health and Social Care consulted on behalf of the four UK governments on proposals for 2 draft orders which would amend current pharmacy legislation on dispensing errors and clarify how registered pharmacies are governed. We issued a statement welcoming the consultation when it launched and issued a press release to highlight our response to the consultation when it closed in September.

12. Equality and diversity implications

12.1. As part of our work to improve accessibility for people viewing our documents online, we are in the process of reviewing the word templates used to produce both corporate publications and day to day documents, so that all the documents we produce are fully compliant with the latest digital accessibility guidelines and therefore accessible for people with a range of different needs and requirements.

12.2. A major project is also underway to ensure the main website meets digital accessibility guidelines and is fully responsive across all types of devices, including mobile phones and tablets.

Recommendations

The Council is asked to note this paper.

Rachael Oliver, Head of Communications
General Pharmaceutical Council
Appendix 1

Events from 7 June-10 October 2018

Pharmacy Forward conference, 10/06/18 Birmingham
Os Ammar (Head of Revalidation) presented on revalidation

Hertfordshire Local Pharmaceutical Committee meeting, 11/06/18 Welwyn Garden City
Os Ammar (Head of Revalidation) presented on revalidation and the registered pharmacies consultation

Dudley Local Pharmaceutical Committee meeting, 12/06/18 Netherton
Jyoti Buxani (Inspector) presented on the registered pharmacies consultation

GPhC stakeholder event on the registered pharmacies consultation, 12/06/18 Cardiff

National Pharmacy Technicians meeting, 13/06/18 Scotland
Lynsey Cleland (Director for Scotland) presented on revalidation

Morrisons study day, 13/06/18 Darlington
Helen Jackson (Inspector) presented on revalidation and the registered pharmacies consultation

Coventry Local Pharmaceutical Committee meeting, 13/06/18 Coventry
Noor Mohamed (Inspector) presented on the registered pharmacies consultation

South Staffordshire Local Pharmaceutical Committee meeting, 13/06/18 Cannock
Vicky Harris (Inspector) presented on the registered pharmacies consultation

Association of Pharmacy Technicians UK (ATPUK) Annual Conference, 17/06/18-18/06/18 Glasgow
Nigel Clarke delivered key note address and Os Ammar (Head of Revalidation) spoke on revalidation. We also had a stand at this event.

Morrisons study day, 18/06/18 Sheffield
Helen Jackson (Inspector) presented on the registered pharmacies consultation
NHS Scotland conference, 18/06/18-19/06/18 Glasgow
Joint stand with other health professions regulators

GPhC stakeholder event on the registered pharmacies consultation, 20/06/18 London

NHS Education for Scotland webinar, 20/06/18
Os Ammar (Head of Revalidation) presented on revalidation

Directors of Pharmacy Scotland meeting, 22/06/18
Lynsey Cleland (Director for Scotland) presented on the registered pharmacies consultation

Community Pharmacy Cheshire and Wirral meeting, 26/06/18 Ellesmere Port
Steven Gascoigne (Inspector) presented on the registered pharmacies consultation

North of Tyne Local Pharmaceutical Committee meeting, 26/06/18 Durham
Alison Hopkins (Inspector) presented on the registered pharmacies consultation

Online Primary Care Providers Forum, 26/06/18 London
Julian Graville (Head of Inspections) presented on ensuring patients and the public can obtain medicines safely online

North of Tyne Local Pharmaceutical Committee meeting, 27/06/18 Newcastle
Alison Hopkins (Inspector) presented on the registered pharmacies consultation

Community Pharmacy Humber meeting, 04/07/18 Cottingham
Helen Jackson (Inspector) presented on the registered pharmacies consultation

Sheffield Local Pharmaceutical Committee meeting, 05/07/18 Rotherham
Faiyaz Haque (Inspector) presented on the registered pharmacies consultation

Community Pharmacy Surrey and Sussex meeting, 06/07/18 Crawley
Tim Snewin (Inspector) presented on the registered pharmacies consultation

Lincolnshire Local Pharmaceutical Committee meeting, 10/07/18 Lincoln
Shelley Edmonds (Inspector) presented on the registered pharmacies consultation

Doncaster Local Pharmaceutical Committee meeting, 11/07/18 Doncaster
Shelley Edmonds (Inspector) presented on the registered pharmacies consultation

Rotherham Local Pharmaceutical Committee meeting, 12/07/18 Bramley
Shelley Edmonds (Inspector) presented on the registered pharmacies consultation
Gloucestershire Local Pharmaceutical Committee meeting, 12/07/18 Staverton
Deborah Hylands (Inspector) presented on the registered pharmacies consultation

Community Pharmacy Surrey and Sussex meeting, 12/07/18 Uckfield
Simon Denton (Inspector) presented on the registered pharmacies consultation

Community Pharmacy West Yorkshire meeting, 18/07/18 Leeds
Helen Jackson (Inspector) presented on the registered pharmacies consultation

Sandwell Local Pharmaceutical Committee meeting, 18/07/18 Sandwell
Jyoti Buxani (Inspector) presented on the registered pharmacies consultation

Tees Local Pharmaceutical Committee meeting, 18/07/18 Middlesbrough
Paula Gardner (Inspector) presented on the registered pharmacies consultation

GPhC roundtable on ensuring patients and the public can obtain medicines safely online, 18/07/18

Nottinghamshire Local Pharmaceutical Committee meeting, 18/07/18 Ramsdale
Colette Cooknell (Inspector) presented on the registered pharmacies consultation

Swindon and Wiltshire Local Pharmaceutical Committee meeting, 19/07/18 Marlborough
Liam Mason (Inspector) presented on the registered pharmacies consultation

Liverpool Local Pharmaceutical Committee meeting, 26/07/18
Craig Whitelock-Wainwright (Inspector) presented on the registered pharmacies consultation

National Pharmacy Association Forum Scotland, 21/08/18
Lynsey Cleland (Director for Scotland) presented on GPhC current work

Royal Pharmaceutical Society / International Pharmaceutical Federation (FIP) conference, 02/09/18-06/09/18 Glasgow
GPhC had a stand at this event.

Cheshire and Merseyside Local Pharmaceutical Committees and NHS England (Merseyside) meeting, 06/09/18 Whiston
Os Ammar (Head of Revalidation) presented on revalidation

Green Light Pharmacy, 08/09/18 London
Sarah Purdy (Pre-registration Training Facilitator) presented at tutor training session

Isle of Man Contractors meeting 12/09/18
Rachel O’Callaghan (Inspector) presented on GPhC current work
RPS Revalidation event, 14/09/18 London
Mark Voce (Director for Education and Standards) presented on revalidation

Leicestershire Local Pharmaceutical Committee meeting, 24/09/18
Richard Chapman (Inspector) presented on GPhC current work

Shropshire Local Pharmaceutical Committee meeting, 25/09/18 Shrewsbury
Steve Gascoigne (Inspector) presented on GPhC current work

Lancashire Local Pharmaceutical Committee meeting, 27/09/18
Craig Whitelock-Wainwright (Inspector) presented on GPhC current work

GPhC focus group with patients and the public on reviewing our requirements for unregistered pharmacy staff, 03/10/18 London

GPhC focus group with unregistered pharmacy staff on reviewing our requirements for unregistered staff, 03/10/18 London

NHS Education for Scotland, 04/10/18 Glasgow
Jim Duggan (Inspector) presented to pre-reg trainees

Pharmacy Show, 07/10/18-08/10/18 Birmingham
Duncan Rudkin (Chief Executive) spoke on ‘Revalidation: what every pharmacy professional needs to know’ and Claire Bryce-Smith (Director for Insight, Intelligence and Inspection) spoke on patient safety at a joint presentation with the National Pharmacy Association. We also had a stand at this conference.

Association of Independent Multiple Pharmacies AGM, 08/10/18 Birmingham
Claire Bryce-Smith (Director for Insight, Intelligence and Inspection) spoke on developing our approach to regulating registered pharmacies

GPhC focus group with patients and the public on reviewing our requirements for unregistered pharmacy staff, 08/10/18 Glasgow

GPhC focus group with unregistered pharmacy staff on reviewing our requirements for unregistered staff, 08/10/18 Glasgow

NHS Education for Scotland, 10/10/18 Glasgow
Carole Muir (Inspector) presented to pre-reg trainees
Meetings
Listed below is a non-exhaustive selection of significant meetings since the last engagement and communications report to Council.

Initials are as follows: Nigel Clarke (NC), Duncan Rudkin (DR), Claire Bryce-Smith (CBS), Mark Voce (MV), Matthew Hayday (MH), Lynsey Cleland (LC), Darren Hughes (DH), Osama Ammar (OA), Damian Day (DD)

Chair (Nigel Clarke):
- Association of Pharmacy Technicians UK Annual Conference – Speaking
- National Pharmacy Association Board Meeting – speaking (with DR)
- UK Antimicrobial Resistance (AMR) Human Health Stakeholder Group meeting
- Meeting with Chair, GPhC Appointments Committee
- Meeting with Managing Director, Pharmacy Complete
- Leadership for Quality Event (with DR)
- Meeting with Chair, Royal Pharmaceutical Society Task & Finish Group on Pharmacy Careers and Continuing Professional Development and Chief Executive, Royal Pharmaceutical Society (with DR)
- Pharmacy and Public Health Forum Meeting
- Meeting with Chief Pharmacist, Healthcare Public Affairs Director and Pharmacy Director, Boots (with DR)
- Meeting with Chief Pharmaceutical Officer Wales (with DH)
- Meeting with Cabinet Secretary for Health and Social Services (with DH)
- Meeting with Chair and Chief Executive, Community Pharmacy Wales (with DH)
- Meeting with Chief Pharmaceutical Officer, England, Chief Pharmaceutical Officer Wales, Pharmacy Dean/Regional Head of Pharmacy, Health Education England South and Programme Governance Lead, University of East Anglia School of Pharmacy (with DR)
- Meeting with Chief Executive, Pharmaceutical Services Negotiating Committee (with DR)
- Meeting with Chair, GPhC Board of Assessors (with DR)
- Meeting with President and Director of HR, Association of Pharmacy Technicians UK (with DR)
- Scottish Directors of Pharmacy Dinner – speaking
- Meeting with Chief Pharmaceutical Officer Scotland (with LC)
- Meeting with Chief Executive, Community Pharmacy Scotland (with LC)
- Meeting with Cabinet Secretary for Health and Sport (with LC)
- RPS Education Governance Oversight Board meeting (with DR)

Staff:
- Meeting with Chair, All Party Pharmacy Group (DR)
- Recognition of Excellence Awards 2018 (DR)
• Joint GPhC Inspectors’ and Care Quality Commission Pharmacy Team Meeting (CBS)
• Westminster Health Forum Seminar- Next steps for professional healthcare regulation (MH)
• National Pharmacy Association Board Meeting – speaking (DR with NC)
• Meeting with Interim Chair, General Optical Council (DR)
• Scottish Government Automated Technology Advisory Group meeting (LC)
• Meeting with HIS and Scottish Government to discuss independent healthcare regulation and pharmacy professionals (LC)
• Meeting with Neil Jenkins, Head of NHS Shared Services Wales to discuss information sharing (DH)
• Meeting with Alan Jones, Head of Welsh Language Legislation Team, Welsh Government (DH)
• Leadership for Quality Event (DR with NC)
• Meeting with National Director, Healthwatch England (DR)
• Meeting with Chair, Royal Pharmaceutical Society Task & Finish Group on Pharmacy Careers and Continuing Professional Development and Chief Executive, Royal Pharmaceutical Society (DR, MV with NC)
• Meeting with President and Chief Executive, Royal Pharmaceutical Society (DR, MV)
• Presentation to the National Pharmacy Technicians Group on initial education and training and revalidation (LC)
• Meeting with Elen Jones, Interim Director RPS Wales (DH)
• NHS Scotland Conference (LC)
• GDC Council meeting in Edinburgh (LC)
• Rebalancing Programme Board Partners Forum meeting (DR, MV)
• Independent sector pharmacists meeting (DR)
• Meeting with Chief Pharmacist, Healthcare Public Affairs Director and Pharmacy Director, Boots (DR with NC)
• Meeting with NHS Counter Fraud Services Scotland (LC and James Duggan)
• Meeting with NPA representation manager for Scotland (LC)
• Meeting with Katie Laugharne, Head of Welsh Affairs, GMC (DH)
• Bevan Commission Conference in Newport (DH)
• Meeting with CPhO for Scotland (LC)
• NHS 70th Birthday Celebration at the Senedd with Cabinet Secretary and First Minister (DH)
• Meeting with CPhO for Wales (DH)
• Meeting with Alyson Thomas Interim Director Board of Community Health Councils to discuss improving patient engagement (DH)
• Meeting with Chief Pharmaceutical Officer, England, Chief Pharmaceutical Officer Wales, Pharmacy Dean/Regional Head of Pharmacy, Health Education England South and Programme Governance Lead, University of East Anglia School of Pharmacy (DR, MV with NC)
• Meeting with Director of Defence Services, Pharmacists Defence Association (CBS, MH)
• Meeting with Chief Executive, Pharmaceutical Services Negotiating Committee (DR)
• Meeting with Judith Vincent, Chair of All Wales Chief Pharmacists group to discuss MOUs on information sharing (DH)
• Scottish Government Conflicts of Interest steering group meeting (LC)
• Meeting with Ruth Mitchell and Scott Jamieson from the clinical governance team at Boots (DH)
• Quarterly meeting with HIS (LC)
• Presentation to NPA members forum on various topical issues (LC)
• Recruitment and admissions advisory group meeting for 5 year integrated initial education and training programme for pharmacists in Scotland (LC)
• Meeting with CPhO for Scotland (LC)
• Meeting with Director of Pharmacy and Member Experience and Director for Wales, Royal Pharmaceutical Society (MV)
• Meeting with Interim Chief Executive and Registrar, Nursing & Midwifery Council (DR)
• Meeting with Pharmacy Dean/Regional Head of Pharmacy, Health Education England South (MV)
• Meeting with Chair, GPhC Board of Assessors (DR, MV with NC)
• Meeting with President and Director of HR, Association of Pharmacy Technicians UK (DR with NC)
• Chief Executives Steering Group (DR)
• Meeting with Director, Centre for Pharmacy Postgraduate Education (CBS)
• RPS Education Governance Oversight Board meeting (DR with NC)
• All Wales Chief Pharmacists Meeting (CBS)
• Meeting with PSA Director of Standards & Policy and Policy Advisor to discuss devolved issues (LC)
• Presentation to RGU 1st year pharmacy students (LC)
• Stakeholder meeting with Health Education and Improvement Wales (DH)
• Meeting with Director of Scrutiny and Quality, Professional Standards Authority (CBS, MH)
• Health and Social Care Regulators Forum (DR)
• Pharmacy Business Awards (DR)
• Meeting with HIS and Scottish Government to discuss independent healthcare regulation and pharmacy professionals (LC)
• Meeting of Scottish Controlled Drug Accountable Officer’s network executive (LC)
• MOU review meeting with NES (LC)
## Appendix 2
### Active and new consultations

<table>
<thead>
<tr>
<th>Consultation title</th>
<th>Organisation</th>
<th>Brief description</th>
<th>Deadline</th>
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<th>Lead</th>
<th>Reasons and further information</th>
<th>Link to consultation response</th>
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<tbody>
<tr>
<td>How can professional regulation encourage healthcare practitioners and social workers to be more candid when care goes wrong?</td>
<td>PSA</td>
<td>In 2014, post-Francis, the regulators published a joint statement on the duty of candour. Four years later, the PSA want to find out what progress they have made to embed candour among professionals. They also want to find out what more can be done to encourage professionals to be candid with patients.</td>
<td>24/05/2018</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>LM (Executive Office), MS (Education and Standards), JM (Fitness to practise)</td>
<td></td>
<td><a href="https://www.pharmacyregulation.org/sites/default/files/document/20180524_psa_candour_questionnaire_gphc_response_final.pdf">https://www.pharmacyregulation.org/sites/default/files/document/20180524_psa_candour_questionnaire_gphc_response_final.pdf</a></td>
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<tr>
<td>Ensuring patient safety, enabling professionalism</td>
<td>NMC</td>
<td>This public consultation seeks views on changes to the NMC's fitness to practise function. The proposals build on improvements that have already been made to the way that the NMC investigate concerns and places public protection at the heart of the process.</td>
<td>30/05/2018</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>JM, BP (Fitness to practise)</td>
<td></td>
<td><a href="https://www.pharmacyregulation.org/sites/default/files/document/gphc_response-to-nmc-consultation-ensuring-patient-safety-enabling-professionalism-june-2018.pdf">https://www.pharmacyregulation.org/sites/default/files/document/gphc_response-to-nmc-consultation-ensuring-patient-safety-enabling-professionalism-june-2018.pdf</a></td>
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<td>Joint Committee on the Draft Health Service Safety Investigations</td>
<td>Joint Committee on the Draft Health Service Safety</td>
<td>The Joint Committee on the Draft Health Service Safety Investigations Bill was appointed in May 2018 to consider the Government’s draft Bill to establish the Health Service Safety Investigations</td>
<td>08/06/2018</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>OA, MS (Education and Standards)</td>
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<td>Bill: Call for evidence</td>
<td>Investigations Bill</td>
<td>Body (HSSIB). The Committee invites interested individuals and organisations to submit written evidence to this inquiry.</td>
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<td>Protection of Vulnerable Groups and the Disclosure of Criminal Information</td>
<td>Disclosure Scotland, Scottish Government</td>
<td>This consultation seeks views on proposals for the reform to the disclosure regime in Scotland. The aim is for respondents to focus on what changes are required to make disclosure of criminal convictions fit for the 21st century. Some changes that may be identified might be better pursued through non-legislative means. Others may require to be looked at in terms of wider Scottish Government policy.</td>
<td>18/07/2018</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>LC (Director, Scotland)</td>
<td>We reviewed the questions and decided to share the briefing prepared to support our evidence to the Williams review, instead of submitting a new response, as it covered the same range of issues.</td>
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<td>Clare Marx Review</td>
<td>GMC</td>
<td>The GMC has commissioned Dame Clare Marx to lead a review of the issues surrounding gross negligence manslaughter (GNM) and culpable homicide (CH) in Scottish law, involving doctors. This follows recent high profile cases. The review is not seeking to change the law relating to GNM/CH or to interfere with the autonomy of the prosecuting authorities or the courts in these matters. Rather, within the parameters of the existing law and medical regulation, it is seeking to understand how the law and regulatory processes operate in this area and identify opportunities for improvement in procedures and processes which will support just decision making and the application of the law.</td>
<td>27/07/2018</td>
<td>Responded to</td>
<td>Informal response (letter, email, other engagement)</td>
<td>LM (Executive Office), MS (Education and Standards)</td>
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<td>A review of the Standards of Good Regulation</td>
<td>PSA</td>
<td>The PSA have launched a consultation as part of their review of the Standards of Good Regulation and are now seeking feedback on the detailed proposals. This follows an earlier consultation, which was carried out in 2017. The PSA hope that the new Standards will remove duplication and will provide greater flexibility for the regulators to develop their processes. The proposed Standards also look at the way in which regulators monitor their own performance and ensure that the different parts of the organisation are working together to protect the public.</td>
<td>10/09/2018</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>LM (Executive Office)</td>
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<td><a href="https://www.pharmacyregulation.org/sites/default/files/document/2018-09-10_gphc_response_to_the_psa_review_of_the_standards_of_good_regulation.pdf">https://www.pharmacyregulation.org/sites/default/files/document/2018-09-10_gphc_response_to_the_psa_review_of_the_standards_of_good_regulation.pdf</a></td>
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<td>Rebalancing Medicines Legislation and Pharmacy Regulation: Two Draft Section 60 Orders</td>
<td>DHSC</td>
<td>The Health Departments in England, Scotland, Wales and Northern Ireland are committed to delivering a modern approach to healthcare regulation, which promotes patient safety whilst supporting health professionals and the development of quality systems. In line with this, and with broader developments in the delivery of healthcare, the opportunity has been taken to examine the different systems underpinning the regulation of pharmacy. This UK-wide consultation, issued on behalf of the four UK Health Departments, seeks comments and views on two pharmacy-related draft Orders being made under the powers in section 60 of the Health Act 1999:</td>
<td>11/09/2018</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>PW Education and Standards</td>
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<td><a href="https://www.pharmacyregulation.org/sites/default/files/document/gphc_response_to_the_rebalancing_medicines_legislation_and_pharmacy_regulation.pdf">https://www.pharmacyregulation.org/sites/default/files/document/gphc_response_to_the_rebalancing_medicines_legislation_and_pharmacy_regulation.pdf</a></td>
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<td><strong>Implementing ‘safety features’ under the Falsified Medicines Directive</strong></td>
<td>MHRA</td>
<td>- the draft Pharmacy (Preparation and Dispensing Errors - Hospitals and Other Pharmacy Services) Order 2018 and; - the draft Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2018. The EU Falsified Medicines Directive (2011/62/EU) (FMD) was adopted in 2011 and introduced new harmonised measures to ensure that medicines in the European Union are safe and that trade in medicines is properly controlled. Member States have until 9 February 2019 to implement the final part of the Directive, the ‘safety features’ Delegated Regulation. This consultation invites views on the proposed steps that the Government intends to take to make sure the United Kingdom meets its obligations to transpose the provisions of the Falsified Medicines Directive requiring ‘safety features’ to appear on the packaging of certain medicinal products.</td>
<td>23/09/2018</td>
<td>Reviewed and being responded to</td>
<td>Formal written response</td>
<td>AP, JG (Insight, Intelligence and Inspections)</td>
<td>We have reviewed this consultation, but felt that, even though the competency framework for consultation covered pharmacy professionals and pharmacy support staff, we did not have any comments to</td>
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<td><strong>Consultation on Safeguarding for Adults: Roles &amp; Competencies</strong></td>
<td>RCN</td>
<td>The Royal College of Nursing has been asked by NHS England to lead the development of an intercollegiate competency framework for healthcare staff to support adult safeguarding. Comments are invited on the framework document, Safeguarding for Adults: Roles and competencies, which will support the workforce in the delivery of high quality safeguarding and will align to the competencies currently</td>
<td>26/06/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>CBS (Insight, Intelligence and Inspections), DD (Education), Policy and Standards team</td>
<td>We have reviewed this consultation, but felt that, even though the competency framework for consultation covered pharmacy professionals and pharmacy support staff, we did not have any comments to</td>
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| Antimicrobial resistance inquiry | Health and Social Care Committee | The Health and Social Care Committee seeks evidence on the progress of the Government to date in responding to the challenge of AMR, including:  
- What results have been delivered by the UK AMR 2013-2018 strategy?  
- What should be the key actions and priorities for the Government’s next AMR strategy, due to be published at the end of this year. | 29/06/2018 | Reviewed but not responding | No response | Policy and Standards team | make in response to the consultation questions. These required specific reflections on areas for improvement or identified areas for inclusion. We have however shared the key consultation proposals with the GPhC safeguarding lead. |
<p>| The Interface between health and social care inquiry | Public Accounts Committee | The Public Accounts Committee has regularly explored the relationship between health and social care. It is now taking evidence from the Department of Health and Social Care, NHS England and the Ministry of Housing, Communities and Local Government to explore how to improve the health and social care interface in a way that not only saves money, but gives a better experience for patients and those requiring care. | 10/07/2018 | Reviewed but not responding | No response | Policy and Standards team | We will be following developments with this inquiry and would be happy to provide oral evidence to it, if invited. However, due to its broad scope, indirect link to pharmacy and short turnaround time for response, we will not |</p>
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<td>Price increases for generic medications inquiry</td>
<td>Public Accounts Committee</td>
<td>Generic medications are medications that can be manufactured by any company. These differ from branded medicines, which are protected by patents for a minimum of 20 years. During 2017, costs of generic medicines rose unexpectedly, putting financial pressure on pharmacies. The Committee will take evidence from the Department of Health and Social Care, and NHS England, to ascertain what they are doing to control price increases and make sure that patients are protected from harm.</td>
<td>26/07/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>While we are interested in the topic of this inquiry, it is not appropriate for the GPhC to comment on price increases.</td>
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<td>Have your say on digital-first primary care and its implications for general practice payments</td>
<td>NHS England</td>
<td>NHS England are facing a challenge to ensure that the way in which they commission, contract and pay for care keeps up with the opportunities digital innovation offers - ensuring that new technology is safely integrated into health and care pathways, whilst not unfairly destabilising existing services. Their analysis concludes that there are a number of ways in which the payments for general practice may need to be updated to account for the emergence of digital-first innovative primary care providers, related to: - The rurality index payment; - The London adjustment; and - A reduction in the payment to</td>
<td>31/08/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>While digital healthcare is a topic of interest to the GPhC, given the expanding remit of online pharmacy, the specific subject of this survey is not something for us to comment on.</td>
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<td>ICO call for views on updating the data sharing code of practice</td>
<td>ICO</td>
<td>As required by the Data Protection Act 2018, the ICO are working on updating their data sharing code of practice, which was published in 2011. The updated code will explain and advise on changes to data protection legislation, where these changes are relevant to data sharing. It will address many aspects of the new legislation including transparency, lawful bases for processing, the new accountability principle and the requirement to record processing activities.</td>
<td>10/09/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>CG (Governance &amp; Assurance)</td>
<td>We have reviewed the terms of this call for views and look forward to reading and commenting on the updated code of practice.</td>
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<tr>
<td>Changes to the statutory scheme to control the costs of branded health service medicines</td>
<td>DHSC</td>
<td>The government is consulting on proposed changes to legislation to ensure that the overall growth of branded medicines sales made to the NHS by pharmaceutical manufacturers in the statutory medicines pricing scheme remains at a sustainable level. The consultation seeks views on: • the methodology for forecasting expected future branded medicines growth • proposed changes to the method of calculating a payment percentage, based on allowed growth rates • minor technical changes to the products in scope of payment</td>
<td>18/09/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>The consultation and its proposals are of a very specific technical nature and it is therefore inappropriate for the GPhC to respond.</td>
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<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Brief description</td>
<td>Deadline</td>
<td>Consultation response status</td>
<td>Type of response</td>
<td>Lead</td>
<td>Reasons and further information</td>
<td>Link to consultation response</td>
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<td>SCR Additional Information Pharmacy Survey</td>
<td>NHS Digital</td>
<td>The Summary Care Records (SCR) is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff involved in the patient's direct care. The purpose of this survey is to assess the benefits of the Additional Information to Pharmacy professionals who view Summary Care Records.</td>
<td>21/09/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>The consultation is not targeted at regulators and its proposals are of a very specific nature. It is therefore inappropriate for the GPhC to respond. However, we will monitor any relevant outcomes, as we are interested in how health and care professionals share information for the purpose of providing person-centred care.</td>
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<td>Evidence-Based Interventions programme</td>
<td>NHS Clinical Commissioners, NHS England</td>
<td>NHS Clinical Commissioners are working in collaboration with NHS England, NICE, CQC, the Academy of Medical Royal Colleges and the relevant Royal Colleges to identify current NHS spend that could be better utilised for higher priority areas, such as primary care and mental health. This is part of a new the Evidence-Based Interventions programme that they are now consulting on, with the hope that it will help curb waste, free up resources and prevent unnecessary pain and inconvenience to patients. This work builds on similar joint consultations over the past year which resulted in commissioning guidance on items which should not routinely be prescribed in</td>
<td>28/09/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>Whilst we are interested in the outcome and implications of this consultation, it is not for us as an organisation to comment on the specific proposals.</td>
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<td>Consultation title</td>
<td>Organisation</td>
<td>Brief description</td>
<td>Deadline</td>
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<td>Reasons and further information</td>
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<td>Developing the long term plan for the NHS</td>
<td>NHS England</td>
<td>The NHS has published a discussion guide, intended to help stimulate ideas and allow people to share experiences across three key themes – life stage, clinical priorities and enablers of improvement. Each of these covers a number of different areas which have the greatest potential to deliver improvements to the way the NHS provides care. This is part of their ongoing work to develop a long term plan for the NHS.</td>
<td>30/09/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>We have reviewed the discussion guide with interest and look forward to reading NHS England’s long-term plan for the NHS. We will also monitor specific developments which link to pharmacy.</td>
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<td>Consultation on a Draft updated guidance for the development of Consultant Pharmacist posts</td>
<td>Consultant Pharmacists Short Life working Group</td>
<td>The Guidance for the Development of Consultant Pharmacist Posts was published in 2005. There have been many changes in the pharmacy profession and the NHS in the last 13 years. The draft guidance document currently consulted on aims to create a fresh approach to consultant pharmacist development in line with the current and emerging drivers for change within the NHS, while retaining the emphasis on the four pillars of expert practice, research leadership and education.</td>
<td>30/09/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DD (Education and Standards)</td>
<td>We have taken a view not to respond to this consultation, as the proposals are not directly relevant to the GPhC as a regulator, except in a general sense.</td>
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<td>Consultation title</td>
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<td>Enforcement of the Equality Act</td>
<td>Women and Equalities Committee</td>
<td>The Women and Equalities Committee has launched an inquiry into the enforcement of the Equality Act 2010 – legislation which is designed to “provide a legal framework to protect the rights of individuals and advance equality of opportunity for all”.</td>
<td>05/10/2018</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team, VT (Equality and Diversity)</td>
<td>We have considered the terms of this inquiry and will monitor the outcome. We have however felt that we cannot provide any specific feedback.</td>
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<td>Consultation title</td>
<td>Organisation</td>
<td>Brief description</td>
<td>Deadline</td>
<td>Consultation response status</td>
<td>Shared with</td>
<td>Other considerations</td>
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<td>Consultation on Nursing Associates - the Regulation of a New Profession</td>
<td>NMC</td>
<td>The NMC seeks views on proposals for the regulation of the new nursing associate profession. This consultation is about the tools and processes they will use to regulate nursing associates. It includes: standards of proficiency, the Code, education requirements, routes to the register, revalidation and fitness to practise.</td>
<td>02/07/2018</td>
<td>Reviewed but not responding</td>
<td>Policy and Standards team</td>
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<td>ADEE &amp; GDC CPD Survey</td>
<td>GDC</td>
<td>The Association of Dental Education Europe, ADEE, is cooperating with the General Dental Council to investigate specific aspects of the continuing professional development of dentists, other healthcare professionals and non-healthcare professionals.</td>
<td>27/07/2018</td>
<td>Reviewed but not responding</td>
<td>OA (Education &amp; Standards)</td>
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<td>Standards for Optical Businesses</td>
<td>GOC</td>
<td>GOC is consulting on draft standards for optical businesses. They are updating their current standards to make sure they are consistent with the Standards of Practice that apply to optometrists and dispensing opticians and to ensure that they are up to date. The standards for consultation reiterate the position adopted by the GOC Council in July 2015 that they will be seeking an extension of their powers through legislative reform to include compulsory registration (and therefore, regulation) of all optical businesses carrying out restricted functions.</td>
<td>30/08/2018</td>
<td>Reviewed but not responding</td>
<td>Policy and Standards team</td>
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<td>Consultation on the revised Indicative HCPC</td>
<td>HCPC</td>
<td>HCPC is consulting on proposed changes to their Indicative Sanctions Policy. It sets out what principles Practice Committee Panels should</td>
<td>31/08/2018</td>
<td>Reviewed but not responding</td>
<td>Policy and Standards team</td>
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<td>Sanctions Policy</td>
<td>This consultation seeks stakeholder views on GOC's Continuing Education and Training (CET) scheme. The aim in consulting is to gain views on how the CET scheme can successfully evolve to help meet the challenges of the future.</td>
<td>11/09/2018</td>
<td>Reviewed but not responding</td>
<td>OA (Education &amp; Standards)</td>
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<td>Fit for the Future: Lifelong Learning Review</td>
<td>GOC</td>
<td>consider when deciding what, if any, sanction should be applied to fitness to practise cases. It aims to ensure that decisions are fair, consistent and transparent.</td>
<td>11/09/2018</td>
<td>Reviewed but not responding</td>
<td>OA (Education &amp; Standards)</td>
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<td>Health and Disability Review</td>
<td>GMC</td>
<td>The GMC are looking at how disabled students and doctors are supported throughout medical education to improve access to the profession. They are looking to help education providers by giving them more practical advice, as well as to make sure learners know what support is available, and how to get it in the best form for them. This consultation is on a revised version of the GMC guidance called 'Welcomed and valued'.</td>
<td>20/09/2018</td>
<td>Reviewed but not responding</td>
<td>Policy and Standards team</td>
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Meeting paper

Council on Thursday, 11 October 2018

Public business

Professional Standards Authority (PSA) annual performance review

Purpose
To update the Council on the Professional Standards Authority (PSA) performance review process

Recommendations
Council is asked to note the outcome of the 2017/18 performance review

1. Introduction

1.2. The review concluded that the GPhC has maintained its performance since last year and, for the third consecutive year, has met all of the Standards of Good Regulation.

2. Key considerations
(a) Our performance in 2017/18
2.1. The PSA assesses the performance of the nine health and care professional regulators against its Standards of Good Regulation, which cover the following areas: guidance and standards; education and training; registration; and, fitness to practise.

2.2. During March 2018, the PSA carried out an initial review of the GPhC’s performance from 1 March 2017 to 28 February 2018. This included a review of council papers, performance monitoring reports, Audit and Risk Committee reports, policy and guidance documents, the statistical performance dataset and third-party feedback. The review also included a check of the GPhC register information available to the PSA through their review of final fitness to practise decisions under the Section 29 process.
2.3. Following the initial assessment, the PSA also carried out a detailed review of the GPhC’s performance in relation to Standards 3 and 6 of the Standards for Good Regulation for Fitness to Practise.

2.4. The PSA sought and obtained further information as part of the targeted review, and after carrying out a detailed analysis, concluded that the GPhC met all of the standards for 2017/18. The performance report highlighted a number of activities and initiatives that demonstrate how we were meeting the Standards, including:

- widely consulting with stakeholders to obtain their views and experiences to help develop guidance and standards, including new guidance on ensuring a safe and effective pharmacy team (this included consideration of how we respond to and manage concerns about workplace pressures)
- ensuring the education and training for the professions and unregistered pharmacy team are appropriate and relevant, while continuing to actively engage with course providers
- maintaining our performance in the investigation and progression of cases, with recognition that the PSA will continue to monitor performance in this area.

2.5. The PSA has also signalled future areas for consideration in the next performance review in 2018/19. This includes a review of the impact of the revised threshold criteria for use when deciding if a case should be referred to the Investigating Committee. Given that the threshold criteria came into effect in February 2018, the number of cases where the new criteria applied was likely to be low, and as such, the PSA will complete a more detailed review next year when there will be a larger number of cases to consider.

2.6. Going forward, the investigation and progression of cases will remain an important area of the 2018/19 performance review, including the progression of cases to a final hearing and numbers of postponements or adjournments of hearings.

(b) The wider landscape of performance reviews for 2017/18

2.7. To date, the PSA has only published the performance report for one other regulator (the Health and Care Professions Council) in the 2017/18 cycle.

2.8. We will therefore continue to review the reports of other regulators as and when these are published by the PSA throughout the performance review cycle. This is will enable us to identify any other areas of good practice and learning that may relevant to our own work.

(c) Future changes to the Standards of Good Regulation

2.9. The Council is aware that the PSA has been consulting on proposed changes to the Standards of Good Regulation, which have been in place since 2010. The most recent phase of the consultation process closed on 10 September.
2.10. As part of the consultation, the PSA identified a number of areas for review including widening the scope to include a new group of general Standards, which cover elements of the regulators’ governance and behaviours that affect performance; reducing the overall number of Standards and removing areas of duplication; and, retaining the ‘met/not met’ approach to performance assessment, with a clear narrative on whether performance is improving or declining.

2.11. A sub-group of the Council was established to assist with formulating the GPhC’s response to the consultation. The sub-group met with PSA during the consultation process to learn more about the proposals and provide initial feedback, particularly on the areas relating to the Council’s oversight role. The responses to both phases of the consultation are available [here](#) and [here](#).

2.12. We understand that the PSA aim to decide on the new Standards and evidence base in the Autumn of 2018 and to report on the regulators’ performance against those Standards in the performance reviews from January 2020. Some of the new Standards may require new forms of data collection and reporting and this will be taken into account during the initial assessment of the relevant Standard. Regulators have also been invited to work with the PSA in piloting some of this work in the 2019 performance round.

2.13. The Council may be interested to note that the consultation recognises that some regulators have roles in respect of businesses. Although this is not explicitly mentioned in the new Standards, the consultation highlights that the Authority expects that Standards 10 and 13 will cover the regulators’ work in respect of businesses and that they do not expect to expand the existing evidence base in respect of this. We will be working with the PSA to explore how it might extend its oversight role to cover our work with registered pharmacies.

3. **Equality and diversity implications**

3.1. There are no specific equality and diversity implications raised in this paper.

3.2. More widely, and as mentioned in the context of the new Standards above, the PSA is proposing the introduction of a new Standard on equality and diversity, specifically that regulators understand the diversity of their registrant population and service users, and ensure that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics. We supported the inclusion of this Standard from the outset of the consultation process and continue to do so.

3.3. The PSA has recognised through the consultation that some areas are outside the control of the regulators. However, regulators should be aware of the diversity of its registrants and aware of any particular needs. The PSA indicates that evidence will be in the form of general statistics on diversity produced by the regulator, from its Council papers (particularly equality impact assessments) and, where appropriate, from changes to its processes and procedures.
4. **Communications**

4.1. The PSA published the performance review report on 28 September 2017. We have also published the report on the GPhC website, along with a supporting press release.

5. **Resource implications**

5.1. The PSA funds its performance review activities through a levy imposed on all the health and care professional regulators it oversees. Each year the PSA consults with the regulators on this fee and is required to submit their ‘Statement of Needs’ to the Privy Council. This provides the Department of Health and Privy Council with appropriate time to determine the relevant fee for the year.

6. **Risk implications**

6.1. There are risks for the GPhC if it fails to respond adequately to the PSA recommendations and observations. We have effective arrangements in place to ensure we are monitoring progress and performance in all areas covered by the PSA standards of good regulation.

7. **Monitoring and review**

7.1. The PSA continues to monitor the GPhC, and other health and care regulators, throughout the year and reports the outcome of reviews to the UK Parliament on an annual basis.

**Recommendations**

Council is asked to note the outcome of the 2017/18 performance review

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**Laura McClintock, Chief of Staff**  
General Pharmaceutical Council  
Laura.Mcclintock@pharmacyregulation.org  
Tel 0203 713 8079

1 October 2018