

Council meeting agenda and papers 5 December 2019

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Agenda

05 December 2019

13:30 to 16.00 approx.

Council Room 1, 25 Canada Square, London E14 5LQ

Public business

Item number	Item	Presenter
1.	Attendance and introductory remarks	Nigel Clarke
2.	Declarations of interest <i>Public items</i>	All
3.	Minutes of last meeting <i>Public session on 07 November 2019</i>	Nigel Clarke
4.	Actions and matters arising	Nigel Clarke
5.	Workshop summary – 7 November 2019 <i>For noting</i>	Nigel Clarke
6.	Board of Assessors' Report and GPhC report on the September 2019 sitting of the pre-registration examination <i>For noting</i>	19.12.C.01 Professor Andrew Husband and Damian Day
7.	Four-country registration assessment <i>For approval</i>	19.12.C.02 Damian Day
8.	Vision 2030 <i>For approval</i>	19.12.C.03 Duncan Rudkin
9.	Revised education and training requirements for pharmacy support staff <i>For approval</i>	19.12.C.04 Damian Day
10.	Review of policies and procedures <i>For approval</i>	19.12.C.05 Laura McClintock
11.	Registrant survey report <i>For noting</i>	19.12.C.06 Claire Bryce-Smith

Confidential business

12. Declarations of interest <i>Confidential items</i>	All
13. Minutes of last meeting <i>Confidential session on 7 November 2019</i>	Nigel Clarke
14. Fees review 2020 <i>For discussion</i>	19.12.C.07 Duncan Rudkin
15. Investment Management services provider <i>For decision</i>	19.12.C.08 Jonathan Bennetts
16. Confidential actions and matters arising	Nigel Clarke
17. Any other confidential business	Nigel Clarke

Date of next meeting

Thursday, 13 February 2020

Minutes

Minutes of the Council meeting held on Thursday 7 November 2019 at 25 Canada Square, London at 13:00

Present

Jayne Salt (Deputy Chair)

Digby Emson

Mark Hammond

Penny Hopkins

Jo Kember

Alan Kershaw

Elizabeth Mailey

Rima Makarem

Evelyn McPhail

Arun Midha

Aamer Safdar

Apologies

Nigel Clarke, Neil Buckley, Ann Jacklin

In attendance

Duncan Rudkin (Chief Executive and Registrar)

Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)

Laura McClintock (Chief of Staff)

Francesca Okosi (Director of People)

Mark Voce (Director of Education and Standards)

Jonathan Bennetts (Associate Director of Finance and Procurement)

Annette Ashley (Head of Policy and Standards)

Julian Graville (Head of Inspection)

Alicia Marsh (Head of Professionals Regulation)

Janet Collins (Governance Manager)

Carole Green (Policy Manager)

64. Attendance and introductory remarks

- 64.1 The Deputy Chair of Council – Jayne Salt – took the chair for this meeting as Nigel Clarke was unable to attend. References in these minutes to ‘the Chair’ refer to her, as the chair of the meeting.
- 64.2 The Chair welcomed those present to the meeting. Apologies had been received from Nigel Clarke, Neil Buckley and Ann Jacklin.
- 64.3 Evelyn McPhail had been presented with the Lifetime Achievement Award at the Scottish Pharmacy Awards on 6 November and the Chair congratulated her on behalf of the Council.

65. Declarations of interest

- 65.1 The Chair reminded members to make any declarations of interest before each item.

66. Minutes of the last meeting

- 66.1 **The minutes of the public session held on 10 October 2019 were confirmed as a fair and accurate record and signed by the Chair.**

67. Actions and matters arising

- 67.1 There were no actions due at this meeting and no matters arising.

68. Workshop summary – 10 October 2019

- 68.1 There was one minor change to the summary since it had been written, namely that the Vision work would now come back to Council in December.
- 68.2 **Council noted the discussions from the October workshop.**

69. Performance monitoring and annual plan progress report – Q2

- 69.1 Duncan Rudkin (DR) introduced **19.11.C.01** which included the finance update, Annual Plan Progress Report and Performance Monitoring Report for the second quarter of 2019-20.
- 69.2 Jonathan Bennetts (JB) highlighted the main points in the finance update:
- the deficit for 2019-20 was now anticipated to be £0.4m (down £0.4m from the original estimate);
 - efficiency savings of £1.1m had already been identified, against a target of £1.2m;
 - there was positive progress on the rent review for the GPhC premises; and

- 1350 registrants had not renewed their registration, which was in line with forecast and could improve as some might seek to restore their names to the register.

- 69.3 A programme to achieve further sustainable savings was in development.
- 69.4 It was confirmed in response to questions that the reduction in hearing days which was mentioned as a contributor to reduced expenditure was purely a result of changes in case flow and was in no way linked to the drive to reduce costs.
- 69.5 It was noted that although there was a significant saving in payroll costs, due in part to the removal of some posts, this was not leaving important areas of work exposed.
- 69.6 **The Council noted the finance update.**
- 69.7 DR introduced the Annual Plan Progress Report (APPR). Two areas of strategic priority were rated amber – building data and insight capability and operating as a professional, lean organisation. In relation to the former, it was important to note the considerable resource which had been put towards achieving the online publication of inspection reports and to acknowledge that this had of necessity diverted capacity from other areas. In relation to the latter, it was important to note that the delay in the production of a new Equality, Diversity and Inclusion strategy had not prevented other useful work in this area from progressing.
- 69.8 A new timetable and plan for the strategy were now in place. However, Council noted that the timetable was very ambitious and that it would prefer a little more time to be taken to achieve an optimal outcome. A revised timetable would be agreed as suggested and circulated to members.

ACTION: FO

- 69.8 Council endorsed the proposed review of the accreditation of education and training providers (Digby Emson declared an interest as the Chair of a pharmacy training provider). There was a discussion as to whether education and training standards should include an implementation date as there could be financial benefits for providers who chose to be late adopters. It was agreed that implementation dates would be considered as part of the review.
- 69.9 **The Council noted the report on progress against the 2019/20 annual plan**
- 69.10 The Council considered the Performance Monitoring Report (PMR) for Q2. Carole Auchterlonie (CA) gave an update on timeliness in Fitness to Practise, where processing times for concerns and Stream 1 cases was good and improving, whereas Stream 2 cases were showing longer times and fewer closures. Further work was needed to understand the reasons for this and the change in case mix.
- 69.11 There had been a small rise in the number of older cases, which included cases which were on hold because they were the subject of an investigation by another body. All those cases would be reviewed to see whether any progress could be made. There was some discussion about whether it would be helpful to differentiate in the report between those cases which were within the GPhC's control in terms of timing and those which were not. A report on all on-hold cases would be provided with the next PMR.

ACTION: CA

69.12 The types of inspections data presented in section 3 of the PMR had been updated.

69.13 There was a correction to the data on corporate complaints on page 69, where the total number of complaints received in Q1 and Q2 was 38, not 33 as shown.

69.14 **The Council noted the performance monitoring report for Q2 of 2019-20.**

Julian Graville and Alicia Marsh left the meeting

70. Strategic plan 2017-20

70.1 Claire Bryce-Smith (CB-S) introduced **19.11.C.02** which proposed a holding position for the submission of the Strategic Plan to the Privy Council.

70.2 The GPhC was in the process of developing a ten-year vision which would be supported by a medium-term five-year strategic plan, the detail from which would flow into annual plans and budgets, beginning with those for 2020-21.

70.3 The GPhC had a statutory obligation to submit a strategic plan annually to the Privy Council Office for laying before Parliament and the Scottish Parliament. This was timetabled for December each year. The statutory obligation could be met by laying an updated version of the 2017-20 plan in December with a revised foreword and then laying the Strategic Plan 2020-25 during 2020, once it had been approved by Council. This had been confirmed with the Privy Council Office.

70.4 Council agreed the principle and suggested that the recommendations in the paper should be taken in a different order. This was agreed.

70.5 **Council therefore:**

i) provided feedback on the Strategic plan 2017-20, to be finalised by the Chair;

ii) agreed that the Strategic plan 2017-20 should continue in its current form until March 2020 as a holding position; and

iii) noted that a five-year Strategic plan 2020-25 would be presented to Council in February 2020 for approval.

71. Guidance for Pharmacist Prescribers

71.1 Annette Ashley (AA) and Carole Green (CG) joined the meeting to present **19.11.C.03** which provided the Council with the latest draft of the Guidance for Pharmacist Prescribers. This had been updated in the light of feedback from the consultation and from Council's consideration of the document in September 2019.

71.2 The changes were set out in the paper and an updated draft of the guidance was provided together with an equality impact assessment. Members noted that much of the feedback had been taken on board.

71.3 Further comments were provided on the updated draft, including some issues of clarity, future-proofing and strengthening of language. It was agreed that more references would be included to medicines for mental health conditions and a check carried out to be sure

that the guidance covered people with learning disabilities. These updates could be signed off by JS as the Chair of the meeting.

71.4 The Council:

- i) agreed the revised guidance for pharmacist prescribers subject to the changes set out above;**
- ii) agreed that the changes could be signed off by the Chair of the meeting; and**
- iii) noted the equality impact analysis.**

Annette Ashley and Carole Green left the meeting

72. Remuneration Committee minutes, October 2019

72.1 Elizabeth Mailey, Chair of the Remuneration Committee, present **19.11.C.04**, the unconfirmed minutes of the committee's October meeting.

72.2 **The Council noted the unconfirmed minutes of the October 2019 meeting of the Remuneration Committee.**

73. Council remuneration 2020

73.1 Laura McClintock (LM) presented **19.11.C.05**, which proposed that Council member remuneration, including that of the Chair and the discretionary payments for chairs of the non-statutory committees, should remain unchanged in 2020. The Chair declared an interest on behalf of all members who would be remaining on Council after 31 March 2020.

73.2 This issue had been considered by the Remuneration Committee at its meeting in October. Having considered a number of key factors including the position in relation to other regulators, the need to attract and retain high quality members and the possibility of future regulatory reform, the Committee had decided to recommend that remuneration should remain at its current levels.

73.3 **The Council agreed that the remuneration for Council members, the Chair of Council and the discretionary payments for Chairs of the non-statutory committees (Audit and Risk, Finance and Planning and Remuneration) should remain unchanged for the financial year 2020-21.**

74. Audit and Risk Committee minutes, October 2019

74.1 Digby Emson, Chair of the Audit and Risk Committee, presented **19.11.C.06**, the unconfirmed minutes of the committee's October 2019 meeting.

74.2 **The Council noted the unconfirmed minutes of the October 2019 meeting of the Audit and Risk Committee**

75. Any other public business

75.1 There being no further public business, the meeting closed at 15.10.

Date of the next meeting:

Thursday 05 December 2019

These minutes are confirmed as a true and accurate record of the meeting.

Nigel Clarke, Chair of Council

5 December 2019

Council action log

Meeting	Ref.	Action	Owner	Due	Status	Comments/Update
June 2019	25.8	Evaluation of revised threshold criteria to be shared with Council	CA	February 2020	Open	Added to the February agenda
July 2019	n/a	Provide Council with a briefing paper on controlled drugs and the governance surrounding them	LM	December 2019	Complete	Paper provided
Nov 2019	69.8	Circulate revised timetable for the production of the EDI strategy to Council	FO	November 2019		
Nov 2019	69.11	Update to be provided on all on-hold cases	CA	February 2020	Open	

Council workshop summary

Meeting paper for Council on 05 December 2019

Public

Purpose

To provide an outline of the discussions at the Council workshop on 07 November 2019.

Recommendations

The Council is asked to note the discussions from the November 2019 workshop.

Introduction

The Council often holds a workshop session alongside its regular Council meetings. 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 workstreams via feedback from group work or plenary discussion; and
- receive training and other updates.

1.2 The Council does not make decisions in the workshops. They are informal discussion sessions to assist the development of the Council's views. A summary of the workshop discussions is presented at the subsequent Council meeting, making the development of work streams more visible to stakeholders. Some confidential items may not be reported on in full.

Summary of the November workshop

Developing the Fitness to Practise (FtP) strategy

Carole Auchterlonie (Director of FtP) and Jerome Mallon (FtP Policy Manager) led a session updating Council on the development of the FtP strategy covering the progress against the timetable, the feedback heard during the engagement with stakeholders, the early input from Council and how both the feedback and input had influenced the guiding principles.

CA and JM expanded on how the guiding principles had evolved and what this would mean for the strategy. A number of 'quick wins' had been identified which could be prioritised in terms of putting them into action. Council would receive a further update at its workshop in February 2020 and would be asked to approve the strategy for consultation at its meeting in April.

Fee review 2020

Duncan Rudkin introduced a session in which Mark Voce (Director of Education and Standards), Jonathan Bennetts (Associate Director of Finance and Procurement) and Annette Ashley (Head of Policy and Standards) updated Council members on the fee review work, which would be on a future Council agenda.

Vision 2030

Claire Bryce-Smith (Director of Insight, Intelligence and Inspection) introduced a short session updating the Council on the development of the draft Vision Statement. Council had done some work on this at the previous workshop, which had been followed by further engagement with staff.

A draft vision statement was put to the Council for comment. The Vision itself, including the statement, would be put to the December meeting for approval.

Policy into action – enforcement update

Julian Graville (Head of Inspection) presented a session which looked at the headline findings from recent enforcement activity since the enforcement policy had been agreed in March 2019, the work being done in relation to online pharmacies since the updated guidance had been issued in April 2019 and some common themes.

There had been 17 enforcement notices served, including six Improvement Notices and 11 which imposed conditions. Standards not being met in a number of cases included those around risk assessment and management, indemnity arrangements and safeguarding vulnerable people.

Recommendations

The Council is asked to note the discussions from the November 2019 workshop.

Janet Collins, Governance Manager
General Pharmaceutical Council

08 November 2019

Reporting on the September 2019 registration assessment

19.12.C.01

Purpose

To update Council on candidate performance in the September 2019 Registration Assessment.

Recommendations

Council is asked to note:

- i. candidate performance data (Appendix 1); and
- ii. the Board of Assessors' report to Council (Appendix 2) and the assurance it provides about the September 2019 sitting.

1. Introduction

- 1.1 Passing the GPhC's Registration Assessment is a pre-requisite for applying to register as a pharmacist. There are two sittings every year, in June and September. This paper discusses the September 2019 sitting.
- 1.2 Responsibility for the Registration Assessment is split between the GPhC and the Board of Assessors (the 'Board'). The Board sets and moderates the Assessment and agrees reasonable adjustments for candidates with specific needs; the GPhC is responsible for operational matters, including registration, venues, invigilation and printing.
- 1.3 After each sitting the Board produces a report on matters relevant to its work and the GPhC produces one relevant to its work (this paper). The British Pharmaceutical Students' Association (BPSA) also produces a report, which is discussed in the next section.
- 1.4 The pass rate of 69.16% for September 2019 compares with 65.23% in September 2018 and 58.30% in September 2017.

2. The BPSA's report

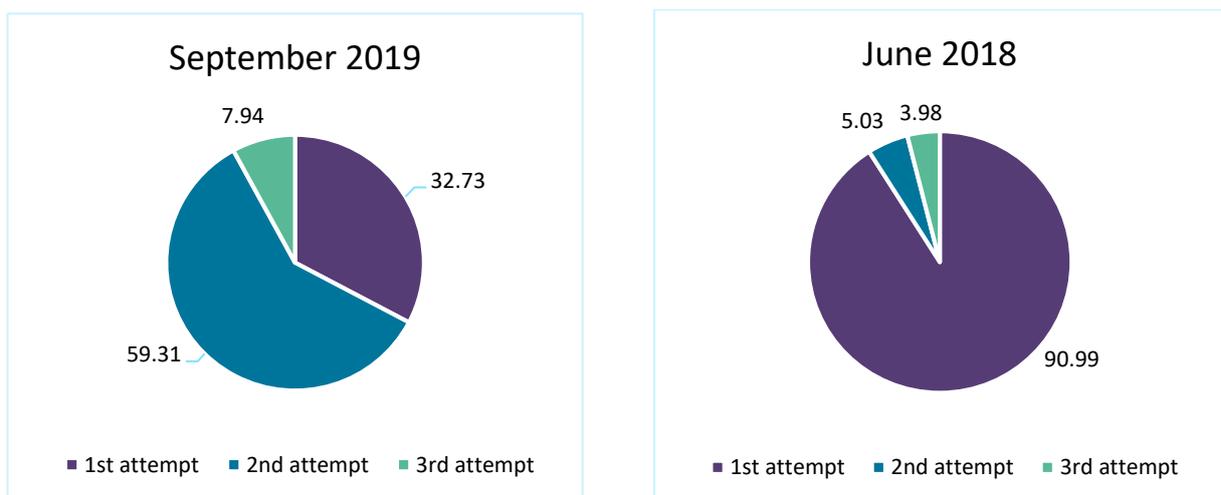
- 2.1 After the September sitting and before the October meeting of the Board of Assessors, the GPhC received a report on the sitting from the BPSA, which was considered by the Board. We welcome feedback from all quarters and take all feedback seriously. We will consider the

points made by the BPSA as well as feedback from other sources and will consider whether we need to revise any of our policies or procedures in light of that.

3. Other matters

- 3.1 Data releases: All candidate performance data releases comply with the EU’s General Data Protection Regulation (2016, implemented 2018) and the Freedom of Information Act 2000. As a general principle we release as much data as possible while ensuring that what is presented preserves the anonymity of individuals. This means that some data are not reported and because September sittings are smaller than those in June we are cannot report fully on some aspects of performance (particularly performance by country of training, candidate ethnicity and performance by school of pharmacy). As well as the data presented in this paper, in several weeks there will be a further data release of (1) performance by pre-registration training provider and (2) an anonymised list of candidate results.
- 3.2 Errors: After the June sitting we reported that there had been a small number of errors in the papers, which had been considered as part of the Board of Assessors’ standard mark awarding algorithm. To avoid further errors, we made several changes to our quality assurance processes, including the addition of an independent pharmacist check at the proofing stage. There were no errors in the September papers, so we are cautiously optimistic that the changes we made have had the desired effect.
- 3.3 June vs September sittings: June and September sittings are always different in terms of the candidate cohort. Taking June sittings first, the vast majority of candidates are sitting for the first time (90.99% in June 2019) with far smaller numbers sitting for a second or third time (5.03% and 3.98% respectively in June 2019) - see Table 1 below. In contrast, in September, the majority tend to be sitting for the second time (59.31% in September 2019) with a significant but smaller number sitting for the first time (32.73% in September 2019) and a much smaller number sitting for the third time (7.94% in September 2019).

Table 1



- 3.4 September cohorts are different from their June counterparts in that they include significant numbers of candidates who are resitting having failed in June¹ and those who started pre-

¹ 584 of the 627 second sitters in September 2019 sat for the first time in June 2019.

registration training towards the end of the training entry period² and had not completed the required number of training weeks to sit in June. Although we have not analysed the reasons for later starts formally, we know anecdotally that some are due to resitting failed MPharm finals examinations and others are due to illness or other personal reasons.

4. Equality and diversity implications

4.1 It is a feature of September sittings that a significant number of candidates are resitting. As we said in 3.3, we have anecdotal evidence as to why trainees enter training later in the pre-registration year than others. In the 2019-2020 academic year we are piloting a new MPharm degree interim visit methodology which places a far greater emphasis on academic progression. This may help us to understand better late entry in to pre-registration training and the implications that may have for candidate performance in the Registration Assessment.

5. Communications

5.1 This paper is a public document and will be shared directly with relevant stakeholders.

6. Resource implications

6.1 There are no current resource implications for the GPhC.

7. Risk implications

7.1 There are no risks associated with this report.

8. Monitoring and review

8.1 The Registration Assessment is reviewed after every sitting by the GPhC and Board of Assessors. The Board reports on each sitting to Council and the chair attends Council once a year to discuss the year's sittings.

9. Recommendations

Council is asked to note:

- i. candidate performance data (Appendix 1); and
- ii. the Board of Assessors' report to Council (Appendix 2) and the assurance it provides about the September 2019 sitting.

Damian Day, Head of Education

General Pharmaceutical Council

damian.day@pharmacyregulation.org

21 November 2019

² July to November every year.

Appendix 1: September 2019 Registration Assessment performance breakdown by characteristic

Table 1a: Overall performance

Number of candidates	Number of passing candidates	% pass rate	Part 1		Part 2	
			Total number of marks available	Average % mark	Total number of marks available	Average % mark
1057	731	69.16	40	78.26	119	73.26

¹ In a sitting, there are 40 questions in Part 1 and 120 questions in Part 2. At the post-assessment stage, the Board of Assessors may remove a question or accept more than one answer for a question, if there is evidence to support doing so. In this sitting, the Board of Assessors removed one question from Part 2. This adjusted the number of marks available to 119 in Part 2.

Table 1b: Paper pass marks

Paper	Number of questions required to pass each part
Part 1	26 (out of 40)
Part 2	83 (out of 119)

To pass the Registration Assessment, both parts must be passed.

The number of questions required to pass each part may vary from paper to paper and year to year depending on the difficulty of questions and papers.

Note that the number of questions required to pass is the standard and the pass rate is the percentage of candidates who met the standard.

Table 2: Performance by sitting attempt

Sitting attempt	Number of candidates	Number of passing candidates	% pass rate
1st	346	211	60.98
2nd	627	477	76.06
3rd	84	43	51.19

Note that data in Table 3 onwards are for 1st attempt sitters not the full cohort

Table 3: 1st attempt by education route

Education route	Number of candidates	% pass rate	Average % mark	
			Part 1	Part 2
MPharm degree	318	61.01	75.17	71.67
OSPAP PGDip/MSc	28	60.71	74.81	75.02

Table 4: 1st attempt by sex

Sex ²	Number of candidates	% pass rate	Average % mark	
			Part 1	Part 2
Male	146	57.53	74.61	71.11
Female	196	63.78	75.06	72.54

² 'Not stated' and 'Prefer not to say' are n >20 so have not been reported.

Table 5: 1st attempt by age range

Age Range	Number of candidates	% pass rate	Average % mark	
			Part 1	Part 2
36 and over	33	45.45	66.67	71.54
26 - 35	91	45.05	68.52	69.34
25 and under	222	69.82	78.57	73.03

Table 6: 1st attempt by country of pre-registration training

Country ³	Number of candidates	% pass rate	Average % mark	
			Part 1	Part 2
England	321	59.19	74.49	71.59

Table 7: 1st attempt by pre-registration sector of training

³ Numbers for Scotland and Wales are < 20 so have not been reported.

Sector ^{4 5}	Number of candidates	% pass rate	Average % mark	
			Part 1	Part 2
Hospital	37	83.78	82.84	77.67
Community	309	58.25	73.83	71.22

⁴ A candidate's sector refers to the placement of the longest duration. If placements of equal duration were undertaken, the sector of the most recent placement has been used.

⁵ Numbers of candidates from other sectors – GP Practice, Academia and Prison - are too low to report (n <20).

Table 8: 1st attempt by ethnicity (≥ 20 candidates in a category)

Ethnicity ⁶	Number of candidates	% pass rate	Average % mark	
			Part 1	Part 2
Any other ethnic group	22	36.36	70.34	65.51
Asian or Asian British: Indian	56	60.71	75.22	71.67
Asian or Asian British: Other	28	50.00	71.61	70.29
Asian or Asian British: Pakistani	69	72.46	76.41	74.11
Black or Black British: African	58	41.38	68.23	69.28
Chinese or Chinese British	24	79.17	83.02	76.02
White: British	45	80.00	81.61	75.80

⁶ The following categories have not been reported because they contain <20 candidates: 'Arab or Arab British', 'Asian or Asian British: Bangladeshi', 'Mixed: White and Asian' & 'White: Irish and White': Other. In addition, 'Not recorded', 'Not stated' and 'NULL' have not been reported.

Table 9: 1st attempt by school of pharmacy attended (MPharm and OSPAP⁷)⁸

School of Pharmacy	Number of candidates	% pass rate	Average % mark	
			Part 1	Part 2

University of Brighton MPharm	23	21.74	59.35	62.62
University of Central Lancashire MPharm	28	53.57	70.27	69.72
University of Sunderland MPharm	26	65.38	77.8	74.40

⁷ An OSPAP is an Overseas Pharmacists' Assessment Programme (postgraduate diploma or MSc).

⁸ Data have not been presented for 1st sitting candidates from all other schools because in all cases candidate numbers are <20.

Appendix 2: Report to the General Pharmaceutical Council's Council on the September 2019 Registration Assessment

1. Introduction

1.1 The initial education and training of pharmacists in Great Britain is:

- a four-year MPharm degree accredited by the GPhC³; then
- 52 weeks of pharmacist pre-registration training; and
- the GPhC's Registration Assessment.

or

- a five-year MPharm degree, with integrated pharmacist pre-registration training, accredited by the GPhC; and
- the GPhC's Registration Assessment.

1.2 During pre-registration training, trainees are signed-off on four occasions by a designated pharmacist tutor – at 13, 26, 39 and 52 weeks. Trainees must have been signed off as 'satisfactory' at 39 weeks to be eligible to be entered for a sitting of the Registration Assessment.

1.3 The Registration Assessment is an examination with two papers: part 1 (morning) and part 2 (afternoon). It is mapped on to the *Registration Assessment Framework*⁴, which covers:

- the outcomes to be assessed;
- the weighting of outcomes (high/medium/low);
- therapeutic areas which can be assessed;
- high risk drugs which can be assessed;
- proportion of paediatric questions; and
- calculations types.

Note that not everything is tested in every sitting and the Framework is reviewed annually to ensure it remains current.

³ Non-EEA pharmacists wanting to register in GB take a one-year university Overseas Pharmacists' Assessment Programme (OSPAP) instead of an MPharm degree.

⁴

https://www.pharmacyregulation.org/sites/default/files/document/registration_assessment_framework_for_sittings_in_2019.pdf

- 1.4 *Part 1*: The part 1 paper is two hours long (120 minutes) and comprises 40 calculations questions with free text responses. GPhC-approved models of calculator are permitted in Part 1.
- 1.5 *Part 2*: The part 2 paper is two and a half hours long (150 minutes) and comprises 120 questions: 90 are single best answer questions (SBAs) and 30 are extended matching questions (EMQs). Calculators are not permitted in Part 2.
- 1.6 Resource packs are provided for candidates, one for each part, and candidates are not permitted to bring any reference sources to the sitting. Examples of resources provided in packs include extracts from reference sources such as the national formularies (BNF & C-BNF), summaries of product characteristics (SmPCs, previously SPCs) as well as photographs, charts and tables.
- 1.7 Candidates with a specific need may ask for an adjustment to be made in the conduct of the assessment.
- 1.8 Candidates with specific needs may sit the assessment in a separate adjustments room and all centres have adjustment rooms.

2. Reporting to Council

- 2.1 There are two sittings of the Registration Assessment every year, in June and September, and the Board of Assessors reports to the GPhC's Council after each one. This is the report for September 2019.

3. September 2019 summary statistics

Candidate numbers	Number	% of total candidates
Total number of candidates	1057	100.00
Number of first sitting candidates	346	32.73
Number of second sitting candidates ⁵	627	59.32
Number of third sitting candidates	84	7.95

⁵ Of which 584 (93.14% of second sitting candidates) sat for the first time in June 2019.

Candidate performance – pass rates	Number	% pass rate
Overall pass	731	69.16
Overall fail	326	30.84
First sitting candidates - pass	211	60.98
Second sitting candidates - pass	477	76.08
Third sitting candidates - pass	43	51.19

4. Paper and question analysis

4.1 *Question performance:* The questions performed well in both papers and only one question was removed in Part 2: the question proved to be too difficult to discriminate between candidates and was removed for that reason.

4.2 *The balance of questions:* The balance of questions was consistent with the requirements of the *Registration Assessment Framework*:

Weighting	September 2019	Permissible range
Total % of the questions from high-weighted outcomes	67.90	60-70
Total % of the questions from medium-weighted outcomes	26.10	25-35
Total % of the questions from low-weighted outcomes	6.00	≤10

4.3 *The pass rate:* The Board notes that the pass rate is higher than in previous years but not markedly so (the pass rate was 65.23% in September 2018 and 58.30% in September 2017).

5. Standard setting

5.1 *Setting the standard:* the standard of each question is set by a panel of standard setters, who are all practising pharmacists with current experience of pre-registration trainees and early-years pharmacists. The standard of a paper is an aggregate of the standard for each question. Further information on creating papers and setting standards can be found at <https://www.pharmacyregulation.org/education/pharmacist-pre-registration-training-scheme/key-dates-scheme/registration-assessment>.

5.2 *Pass marks:* In order to pass the Registration Assessment, both Part 1 and Part 2 must be passed in the same sitting. The number of marks required to achieve a passing mark in each part in this sitting were:

Part 1: 26 questions (/40 questions)

Part 2: 83 questions (/119 questions)

5.3 *Pass rates*: The percentage of candidates achieving a passing mark for the papers were:

Part 1: 86.47%

Part 2: 71.90%

5.4 The pass rates for both parts are higher than the pass rate for the sitting as a whole, 69.16%, because a number of candidates achieved a passing mark in one paper but not both.

6. Feedback to candidates and training providers

- 6.1 Feedback to candidates is issued separately by the Board and posted on the GPhC's website.
- 6.2 A point the Board wishes to make to candidates concerns communication. Membership of the Board is made public in the interests of transparency, but members may not be contacted by candidates and will not respond to contact of any kind. All correspondence concerning the Registration Assessment must be directed to the GPhC.
- 6.3 Linked to the previous point, the Board is concerned at the tone of the language used by candidates when feeding back about the Registration Assessment: on occasions it is unprofessional, at other times abusive. This is unacceptable and unnecessary. Candidates are reminded that they are professionals in training and should behave accordingly.
- 6.4 Finally, trainees and tutors are reminded that questions are confidential and the property of the GPhC. Questions, which may or may not have been remembered accurately, should not be shared or circulated after a sitting. Trainees should note that doing so contravenes the Registration Assessment Regulations.

7. Feedback to the BPSA

- 7.1. As in previous years, the Board would like to thank the BPSA for its report, which was considered at the Board's meeting on the 16th October 2019.
- 7.2. Some of the recommendations made by the BPSA are operational and will be considered by the GPhC; and some are out of scope for the Board.
- 7.3. Some of the points made by candidates about the coverage of the Registration Assessment are the same as those made previously on several occasions and for that reason the Board does not propose to repeat its answers. However, in relation to three points, the Board reiterates that all questions are linked to the Registration Assessment Framework without exception, that the balance of weighted questions is always within permissible ranges (see 4.2 above), and sample questions are written by the same people as live questions. The Board quality assures sample questions in the same way they quality assure live ones (those used in actual papers) to ensure they are representative.

Board of Assessors

20th November 2019

Introducing a common registration examination for pharmacists in Great Britain and Northern Ireland

19.12.C.02

Meeting paper for Council on 05 December 2019

Open Business

Purpose

To agree the introduction of a common registration examination for pharmacists in Great Britain and Northern Ireland.

Recommendations

Council is asked to agree the introduction of a common registration examination for pharmacists in Great Britain and Northern Ireland.

Introduction

In the United Kingdom there are two professional pharmacy regulators: in Great Britain (GB - England, Scotland and Wales) the regulator is the General Pharmaceutical Council (GPhC) and in Northern Ireland (NI) the regulator and professional body is the Pharmaceutical Society of Northern Ireland (PSNI).

There is a close link between pharmacy practice in the two jurisdictions and through mutual recognition provisions in the *Pharmacy Order 2010* and *Pharmacy (Northern Ireland) Order 1976* pharmacists in good standing registered with one regulator can apply to be registered with the other. In part this is built on co-operation and common practices in many areas.

Both regulators co-operate on many education matters – including sharing standards and joint accreditation of courses leading to registration and annotation. This is supported by a memorandum of understanding between the two organisations.

This paper concerns the adoption of a common registration examination, which would form part of the main routes to registration as a pharmacist in GB and NI, the most common of which is:

- (a) a four-year MPharm degree; followed by
- (b) 52 weeks of professional pre-registration training; and
- (c) a national registration examination.

The current, separate registration examinations⁶ share some common features – for example, they are run twice per year at broadly similar times and sittings comprise two papers sat on the same day – but their formats are different.

After a period of reflection and discussion the PSNI's Council decided to consult on adopting the GPhC's Registration Assessment as its registration examination and consulted on this in 2019. Having considered the outcome of the consultation, on the 26th November 2019 the PSNI's Council agreed to proceed with its proposal, subject to the agreement of the GPhC's Council.

Key considerations

If a common registration examination is agreed (hereafter the Registration Assessment), it will:

- (d) test the application of pharmaceutical knowledge and numeracy relevant to current pharmacy practice in GB and NI;
- (e) share a common syllabus and format, described in a common Registration Assessment Framework;
- (f) be set by a single Board of Assessors⁷, which will report to the councils of both regulators but will be managed by the GPhC; and
- (g) comprise questions written and standard-set by pharmacists practising in all four countries of GB & NI.

The GPhC Registration Assessment is a three-country examination already so question writers, standard setters and the Board of Assessors are accustomed to and experienced in taking account of country applicability⁸.

The role and remit of the Board of Assessors will be amended to include pharmacist members practising in NI and both GPhC and PSNI pharmacist registrants will be eligible to chair the Board.

Prior to the consultation mentioned in 1.6, the GPhC and PSNI discussed in outline how a common Registration Assessment could be implemented and on the basis of those discussions agreed that the first common sitting would be offered in June 2021. That assessment would be taken by all NI pre-registration trainee pharmacists in training in 2020-2021.

⁶ In GB, the licensing examination is the GPhC's Registration Assessment, in NI it is the PSNI's Registration Examination.

⁷ The Board of Assessors has been briefed about the possibility of a common Registration Assessment on several occasions and supports the proposal.

⁸ It should be noted that the GPhC has question writers and standard setters who practise in NI and its Professional Assessment Manager is a PSNI registrant.

Equality and diversity implications

One of the most important equality and diversity aspects of the Registration Assessment is ensuring that questions reflect the health needs of the whole population served by pharmacists. From 2021 that population will include NI.

There are some differences between equality legislation in GB and NI and between the two organisations' standards for professional practice. Questions will take both into account.

There will be one process for considering candidate adjustment requests and a NI member with expertise in adjustments will be recruited to join a common adjustments panel.

Communications

As part of the discussions mentioned in 2.4, the communications teams of both organisations met to plan a communications strategy leading up to the June 2021 sitting. It includes engaging with:

- (h) NI MPharm students currently studying in Year 4, who will be the bulk of the NI trainees sitting the first common paper in June 2021⁹;
- (i) pre-registration training providers/tutors in NI;
- (j) both schools of pharmacy in NI; and
- (k) other NI pharmacy stakeholders.

We appreciate the importance of early engagement with affected students/trainees and training providers, so that will take place before the end of the 2019-2020 academic year and the start of the 2020-2021 pre-registration training year.

Resource implications

As part of the outline discussions mentioned in 2.4, the two organisations agreed that the cost of running a common Registration Assessment will be shared proportionately and reviewed annually.

Risk implications

In the context of the mutual recognition of pharmacists by the two organisations, a common Registration Assessment reduces risk by strengthening the link between day one practice in GB and NI.

Monitoring and review

The Board of Assessors reports to the GPhC's Council after each sitting and this will be extended to include the PSNI's Council from 2021.

Any substantial changes to the common Registration Assessment will be discussed and agreed jointly by both organisations.

⁹ A smaller number of 2020-2021 NI trainees will have studied for their MPharm degree in GB. They will be familiar with the GB Registration Assessment format but will need to be reminded that that is the examination they will be sitting, so there will be a communications strategy for them as well. (Annually, c.20 GB graduates enter NI pre-registration training with no more than 10 students concentrated in any one school.)

Recommendations

Council is asked to agree the introduction of a common registration examination for pharmacists in Great Britain and Northern Ireland.

Damian Day, Head of Education
General Pharmaceutical Council

27 November 2019

Vision 2030

19.12.C.03

Purpose

To agree the overarching 10-year vision for the GPhC.

Recommendations

The Council is asked to:

- Approve the overarching 10-year Vision for the GPhC, Vision 2030, set out in Appendix 1.

1. Introduction

1.1. In 2018, the GPhC identified the need to set a longer-term planning horizon. The intention was to provide a high-level overarching strategic framework to guide the direction and greater integration of the organisation's short and medium-term plans, to:

- ensure we remain relevant and impactful;
- enable the continued development of our regulatory approach;
- ensure we are fit to successfully deliver; and
- plan for and deliver a sustainable financial position.

1.2. A longer-term horizon was seen as essential to ensure big decisions which might have a longer implementation period could be made and planned for, including our operating model as appropriate.

1.3. Important external factors driving the development of the longer-term vision were recognised as being the rapid pace of change in healthcare and pharmacy practice, and in the expectations of patients and the public. During the development journey, the roles of pharmacists and pharmacy technicians are continuing to evolve in response to these changes, providing an increasing range of clinical services in a wide variety of settings, including as part of multidisciplinary healthcare teams. Technology also continues to play an increasing role in how pharmacy and health care services are delivered and we are seeing changes in operating models as a result.

1.4. The development of Vision 2030 has been shaped iteratively through a series of engagement activities with Council, staff and feedback from external stakeholders. Council has previously received updates on the progress of the Vision at various stages, summaries of internal engagement activities with staff providing assurance of their continued ownership of our

direction of travel, and feedback from external engagement with stakeholders, which has been positive. Audit and Risk Committee have also received assurance on the development approach to the Vision, following a largely positive audit undertaken by our independent internal auditors at that time.

- 1.5. Council is also asked to note the inextricable links between the Vision and the longer-term integrated approach to business and financial planning highlighted in the Strategic Plan paper approved at Council in November's Council meeting. The new 5-year Strategic Plan, supporting strategies and business plans will provide more of the detail of how the Vision will be delivered with tangible outcomes.

2. Vision 2030

- 2.1. The 10-year vision, is set out in 3 parts underneath the Vision statement. This brings together in one complete picture our intended level of ambition, how we intend to regulate, and how we will need to operate in order to successfully deliver our Vision.
- 2.2. It is an intentionally high-level document to reflect the early preference expressed by Council for it to be clear, focussed and concise and is attached as Appendix 1. This approach was also positively supported by external stakeholders during engagement.
- 2.3. 'Safe and effective pharmacy care at the heart of healthier communities' is where we want the world to be having delivered our Vision in 2030. Deliberately external in focus rather than internal, the 'healthier communities' element of the Vision statement is about the people pharmacy serves. It recognises that this is ultimately about the health of the wide range of people and their needs who use pharmacy services, wherever they are and in whatever setting that care is delivered. It also importantly recognises the important public health role of pharmacy. The word 'communities' should therefore not be read as just focussed on community pharmacy.
- 2.4. The Vision is then structured around the three main areas of:
 - a good quality, independent regulator of pharmacy for the public;
 - practising an anticipatory and proportionate approach to regulation; and
 - operating as a professional and lean organisation.
- 2.5. Each of the three main areas highlighted in 2.4 above is supported by underpinning elements, as set out in Appendix 1. A couple of these elements are highlighted below for clarification purposes.
- 2.6. Under a good quality independent regulator of pharmacy for the public the first element refers to regulating pharmacy practice to a consistent set of standards in 'all settings'. This recognises that the pharmacy professionals we regulate practise pharmacy in an ever-increasing range of settings in which our regulatory framework applies, including for example professional standards. As the pharmacy regulator, it sets a clear ambition that the public should expect the same standards of quality from pharmacy, irrespective of where they receive it, and whether we regulate the setting it is being delivered from.
- 2.7. Under operating as a professional and lean organisation, the first element recognises that that we will need to be adaptable to future changes in pharmacy and the needs of the public, including working in collaboration and partnership with others. The delivery of health and social care services is becoming increasingly more integrated and complex with health and care

professionals working across settings. This makes it important to work in collaboration and partnership with others to ensure there is a wider whole system view of the quality of care patients receive, and how we can work together to enable and support continuous improvement.

3. Equality and diversity implications

- 3.1 In putting together our draft Vision we have resisted the temptation to have a separate section about Equality, Diversity and Inclusion, which would have been an option. Our concern with that approach is that a separate section could risk identifying EDI as distinct from our regulatory work, our regulatory approach and our organisational development: in short, as an add-on. Instead, we aim to integrate EDI strategically into all aspects of our Vision (and the work that will be developed under it). We recognise there is a risk with *that* approach of the priority the Council gives to EDI being, or being seen to be, diminished. It is partly in order to eliminate that risk that we are now actively progressing a project to create a new and up to date comprehensive EDI Strategy. That will be where we expand on how we interpret and will seek to realise the Vision in EDI terms.
- 3.2 We will ensure that our ongoing engagement activities around the Vision and proposed monitoring and review arrangements as set out in 4.1, 6.2 and 7.2 below includes the views of people who share common protected characteristics. Equality impact assessments will be produced with the supporting strategies and plans for the Vision.

4. Communications

- 4.1. We are planning a programme of communications and engagement activities to promote our Vision 2030 and five-year strategic plan after the strategic plan has been agreed in February. This will include sharing the vision and strategic plan with our stakeholders through a press release and media coverage, targeted emails, an article in Regulate, social media activity and through meetings and events that we are holding or participating in. The key stakeholders we have identified include patients and the public and organisations representing them, parliamentarians and governments across Great Britain. pharmacy professionals, pharmacy owners, and individuals and organisations working across the wider pharmacy and health sectors.
- 4.2. Our Vision 2030 will also sit at the heart of all future external communications, as we will use it when explaining our approach and priorities as an organisation, and what we aim to achieve through our work.

5. Resource implications

- 5.1. The detail of any resource implications of Vision 2030 will be considered as part of our more integrated and longer-term approach to planning. Council will be receiving the new 5- year Strategic Plan 2020-25 and annual plan and budget for 2020/21 in February 2020 for approval.

6. Risk implications

- 6.1. Without having an approved longer-term Vision setting out our intended level of ambition, how we intend to regulate, and how we will need to operate to deliver these, there is a risk that any future strategies will become misaligned with the organisation's capability, culture and capacity to deliver them, as well as a failure to integrate or link properly. This would result in a suboptimal impact and potential missed opportunities.

6.2. We will need to continue to effectively engage and communicate both internally and externally on our Vision and supporting strategies and plans to ensure continued momentum and enthusiasm for the future direction of the organisation. We and those we engage with will need to have the capacity to do so in a meaningful way. This is particularly important given a key part of delivering the Vision successfully involves collaboration and joint-working.

7. Monitoring and review

7.1. Given the external drivers for Vision 2030 set out in 1.3, we will need to keep the Vision under regular review, and be ready to review it in light of any significant changes or issues that emerge.

7.2. In general, we will undertake reviews as part of the more integrated approach to planning. These will include annual touch point reviews to inform the annual submission of the 5-year Strategic Plan to parliaments. And, a more formal review will be scheduled in the run up to the development of the second Strategic Plan.

Recommendations

The Council is asked to:

- Approve the overarching 10-year Vision for the GPhC, Vision 2030, set out in Appendix 1.

Duncan Rudkin, Chief Executive and Registrar
General Pharmaceutical Council

Duncan.Rudkin@pharmacyregulation.org

Tel 020 3713 7805

5 December 2019

Appendix 1: Vision 2030: safe and effective pharmacy care at the heart of healthier communities

In 2030 we will be:

A good quality independent regulator of pharmacy for the public

1. Regulating pharmacy practice to a consistent set of standards in all settings.
2. With a clear focus on patient safety and outcomes, taking action swiftly, robustly and fairly.
3. Recognised for our contribution to driving improvements in the quality of pharmacy practice because of our work, working effectively with others.

Practising an anticipatory and proportionate approach to regulation

4. Using a range of the best available insights, intelligence and evidence to inform our decision making on the best course of action to take.
5. Ensuring education and training results in adaptable pharmacy professionals, confident and capable of working in all health care settings to meet diverse and changing patient needs.
6. Delivering tailored regulatory responses driven by the context and issues presented to secure the outcomes in the best and quickest way.
7. Using communication and engagement proactively as a powerful regulatory tool to empower pharmacy users, enhance patient safety and drive improvements in pharmacy and the communities which pharmacy serves.

Operating as a professional and lean organisation

8. We will be fleet of foot and adaptable to meet future changes in pharmacy and the needs of the public, including working in collaboration and partnership with others.
9. With a high skilled specialist dynamic and flexible workforce in touch with the public and the profession.
10. Delivering efficient services in a variety of ways, utilising enhanced technology to improve efficiency and customer experience.
11. Financially stable and sustainable, funded fairly by those we regulate and making best use of our resources.

Introducing revised education and training requirements for pharmacy support staff

19.12.C.04

Meeting paper for Council on 05 December 2019

Public business

Purpose

To present Council with a revised set of requirements for the education and training of pharmacy support staff and accompanying equality impact assessment.

Recommendations

Council is asked to agree revised education and training standards for pharmacy support staff.

Background

Education and training requirements for pharmacy support staff

Although they are not registrants, there have been education and training requirements for pharmacy support staff since 2005, when they were agreed by the then regulator, the Royal Pharmaceutical Society of Great Britain (RPSGB). The requirements were set out in the *Policy on minimum training requirements for dispensing /pharmacy assistants and medicines counter assistants*. When the GPhC took over the RPSGB's regulatory role, it agreed to adopt and continue the requirements unchanged, and as such, they remain substantively unaltered since 2005.

The purpose of the requirements was and is to provide assurance that all members of the pharmacy team have the education and training they need to undertake their important roles safely and effectively.

The requirements defined two essentially community pharmacy roles and some tasks associated with them¹⁰. They required individuals carrying out these roles to be trained on a

¹⁰ Some roles have been added in the last few years.

RPSGB/GPhC-approved¹¹ course¹² at level 2 or equivalent and defined some technical content. Finally, they also provided exemptions from having to complete training for some categories of people.

In relation to 1.3, alongside the requirements, a set of criteria for use in the approval of courses was developed. As with the requirements, these criteria have remained in use without substantive changes since 2005.

Proposed changes as part of the consultation on *Guidance to ensure a safe and effective pharmacy team* (2017)

Given the age of our existing requirements, we decided to review the key principles of setting requirements and accrediting courses as part of a 2017 consultation, *Guidance to ensure a safe and effective pharmacy team*. In this consultation, we proposed:

- to end the accreditation of courses; and
- limit the type of training we would accept to a complete level 2 NVQ.

A substantial minority of respondents, including many employers, expressed concern about this proposal and identified risks or difficulties they considered would result from them. Following this feedback, we decided to reconsider our proposals.

Further engagement following the consultation on *Guidance to ensure a safe and effective pharmacy team*

In the light of the feedback from the *Safe and effective pharmacy team* consultation, in late 2018 we carried out further engagement on this issue across GB with a wider range of stakeholders. This activity included meeting with (for the first time) pharmacy support staff, patients and the public, some course providers and representative pharmacy bodies.

There was a clear consensus in this engagement that we should continue to set education and training requirements for pharmacy support staff and approve courses, because participants:

- valued our externality and independence; and
- believed that in setting requirements we would not be influenced unduly by commercial considerations.

1.8 We also identified that our requirements, if continued, would need updating as and when necessary to reflect further changes in pharmacy practice and pharmacy support staff roles.

Updated education and training requirements for pharmacy support staff and how we engaged on them

Following the engagement activity and a Council workshop in March 2019, we proceeded to develop and then engage on revised education and training requirements based on what we had heard. We also developed and tested our proposals with members of our accreditation and recognition panel and our inspections team.

Key feedback from Council, which we have incorporated into our revised requirements, was the need for a broader focus on the involvement of pharmacy support staff in the delivery of a

¹¹ 'Approved' and 'approval' will be used to cover the variety of methods we use to quality assure support staff courses.

¹² 'Course' will be used to cover both courses and qualifications.

range of pharmacy services in a variety of setting, not just the sale and supply of medicines in a community context.

While taking that into account, the underlying principles of our revised requirements remain unchanged, that:

- pharmacy support staff must be educated and trained for the roles they undertake;
- there is a need for national requirements for pharmacy support staff education and training, to provide consistency in provision; and
- having set the requirements, we should accredit courses based on them as a quality assurance measure.

The key issues raised in our engagement activity are discussed in 2.5-2.12 below.

Setting requirements for the full range of pharmacy support roles

As has been explained, our current requirements refer mainly to two community-orientated roles.

The revised requirements set out a flexible framework to ensure that all pharmacy support staff who deliver 'pharmacy services' (rather than the more narrow 2005 definition of those involved in 'sale and supply') are appropriately skilled, regardless of role, sector or location.

Consequently, the revised scope of the policy covers staff involved in:

supporting registered pharmacy professionals in the provision of pharmacy services; including the dispensing and supply of medicines and medical devices; and/or the provision of advice about medicines and medical devices.

The revised requirements set out generic learning outcomes for all pharmacy support staff embed 'soft skills' (especially communication skills for patient-centred care) across all roles and contexts. Alongside this we have taken a more flexible approach to technical skills to accommodate the range of current pharmacy support staff roles and to future-proof the requirements as new roles emerge.

Revised criteria for approval

We have written new, up-to-date criteria for approving courses - these are designed to strengthen some areas in our existing criteria (for example, in respect of equality, diversity and inclusion).

Maintaining the exemption for students/pre-registration trainee pharmacists, subject to a new safeguard

Under our current requirements, three groups are exempt from our requirement to complete education and training for pharmacy support staff roles:

staff declared competent for their role when requirements were introduced in 2005;
holders of historic pharmacy technician qualifications; and
students on MPharm degrees and Overseas Pharmacists' Assessment Programme (OSPAP) courses¹³ and pre-registration trainee pharmacists.

¹³ OSPAPs are the one-year university conversion course for non-EEA/non-GB-NI pharmacists taken prior to applying to enter pre-registration training in GB.

The first two exempt groups are historic, and while some individuals in these categories remain in the workforce, no new members of support staff can meet our requirements through these exemptions. Such exempted persons do not need to retrain (but they and their employers must ensure their practice is current).

Currently, the third group, students and pre-registration trainees, do not have to meet these requirements if they are employed as support staff. As this exemption is granted to students/trainees at any point in their education and training, without a formal check on their knowledge of experience gained, we explored whether this was still appropriate and have developed a proposal based on the feedback we received.

After due consideration, we propose that this exemption should continue, because students and trainees are participating in educational courses/training and are embedded in a pharmacy-focused learning/training environment. However, employers will be required to check that pharmacy students/pre-reg trainees they employ as pharmacy support staff are equipped to undertake their role. We have developed a self-evaluation form for this purpose.

Sense checking our revised proposals

Having revised our requirements a second time, we held roundtable events with stakeholders (including course providers, representative bodies and employers of support staff) in June 2019. Following this, we carried out an online survey. We received 124 responses from individuals and 48 from organisations (172 in total). This concluded our engagement activity. The results of this round of engagement are discussed in section 3.

How we have responded to issues raised during engagement

Setting requirements for the full range of pharmacy support staff roles

Stakeholders we engaged with were largely supportive of this change. We received some feedback on the potential for impact on delivery services and as a result, we strengthened the sections in the document around ensuring that staff at each stage of the supply of medicines to patients are competent for the role. We also plan to cover this in guidance.

Following testing with our inspections team¹⁴, we also revised our definition of which staff are required to meet the requirements, to make it clear that staff who assist in the provision of a wide range pharmacy services to individuals are covered by this requirement (see 2.3 above).

Setting generic learning outcomes

Respondents to our engagement activity were supportive of this measure and felt the proposed outcomes were appropriate for all roles. A few suggested some outcomes would be difficult for support staff with limited patient-facing roles. We have modified the outcomes slightly to reflect this.

Revised criteria for approval

Again, respondents largely supported the criteria we proposed to approve pharmacy support staff courses and welcomed improvements to the coverage of issues like equality, diversity and

¹⁴ Internally, we have discussed what training about our requirements would benefit the inspections team and that has been arranged for early 2020.

inclusion. We have strengthened and revised the sections on raising concerns also in response to feedback.

We plan to cover requests for more information about issues such as quality management, supervision and support for learners through guidance.

Exemptions

Pharmacy students and pre-registration trainee pharmacists

Respondents to the survey were asked for their views on our proposal to require employers carry out an assessment of the learning needs of students/trainees they employed, addressing any gaps they identified (through either taking GPhC-approved courses or in-house training and development packages). Most respondents to the survey felt this was a reasonable and appropriate safeguard, and some indicated this approach was already established among some employers (especially in secondary care).

Some organisations (especially employers and education organisations) identified a risk that this could become an onerous task for employers and as a result, reduce the experience or opportunities available to students/trainees. As mentioned above, we plan to mitigate this by providing a template and guidance to employers to help them carry out the learning needs assessment. The self-assessment template is not lengthy or complicated but it does capture a student's/trainee's learning needs.

Other groups

Some stakeholders wished to see new exemptions created for various other groups, so that those with certain kinds of qualifications or experience (such as retired professionals) are not required to relearn knowledge or skills they already possess. We did not make this change as the new exemptions proposed would not guarantee relevant or current competency. As stated in 2.3, one of our guiding principles in this work has been that people should be trained for the role they are undertaking.

While noting the points made in 3.8, we have included the principle of the recognition of relevant prior learning in our requirements. This allows training providers to consider an individual's existing competency when deciding on appropriate education and training requirements.

The revised requirements and approval criteria

Having concluded our engagement activity, we finalised our revised requirements and approval criteria which are presented in this paper (Appendix 1) along with an equality impact assessment (Appendix 2).

Transitional arrangements and next steps

We will honour accreditation periods for existing accredited courses, which expire in 2021. Once guidance is in place, we will set a date from which any new courses will need to meet the revised criteria for approval, and from which the change to exemption for student/trainees will apply, in 2020. This means that support staff currently in the process of completing an approved course can continue on it, and that existing approved courses can continue to enrol learners up to their expiry date, when new courses should be in place.

The requirements will not be applied retrospectively, meaning that pharmacy support staff who have met our existing requirements already will not be required to undertake further training. Introducing new standards and approving courses/qualifications based on them will form part of the transitional arrangements. We will keep Council updated on progress being made with the approval of new courses, to provide additional reassurance that this work is in hand.

Equality and diversity implications

Equality and diversity issues are discussed in the equality impact assessment accompanying this paper. As noted, the revised accreditation requirements embed principles of equality, diversity and inclusion in the accreditation and learning outcomes of these courses and significantly strengthens our coverage of equality, diversity and inclusion in respect of pharmacy support staff.

Communications

Subject to Council's feedback, we will publish the requirements, along with guidance and supporting resources on our website and send them to key stakeholders.

We have already carried out significant engagement and consultation on this issue. We remain in close contact via our education activities with key education stakeholders and will consider and respond to further requests for information or communication as the need arises.

Resource implications

Providing a more flexible framework may mean an increase in approval activity. We recover the cost of approval for these courses from providers. As approval activity is carried out as part of an agreed schedule, the workload can be planned and managed.

Risk implications

Our current requirements date from 2005 and are now significantly out of step with support staff practice and employers' requirements. Introducing our new requirements, courses and qualifications will align pharmacy support staff education and training with contemporary practice.

Monitoring and review

We will monitor the impact of introducing the new standards through our approval process and will report back to Council periodically.

Recommendations

Council is asked to agree revised education and training standards for pharmacy support staff.

Simon Roer, Policy Manager (Education)

Damian Day, Head of Education

General Pharmaceutical Council

26 November 2019

Appendix 1: GPhC requirements for the education and training of pharmacy support staff

November 2019

Introduction

Pharmacy teams and the GPhC

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

Each pharmacy – in community, secondary care, GP or anywhere else - will have a team to provide services. This team usually consists of registered professionals (who are accountable to us and must meet professional standards) - and pharmacy support staff (who are not registered with us but accountable to their employer for the performance of their role).

Pharmacy support staff do many different roles in many different contexts. What they all have in common is that they play a key part in making sure people receive safe and effective pharmacy services.

For example, pharmacy support staff often assist pharmacy professionals with dispensing and supplying medicines and devices as well as providing information and advice about medicines and pharmacy services. Making sure the supply of medicines to patients is safe and effective is a vital pharmacy service: if these roles are not performed well, they can risk the safety of pharmacy users and the ability of the whole pharmacy team to meet the standards we set. This is why it is important that all pharmacy support staff have the appropriate education and training for their particular role.

We have set requirements for the education and training of pharmacy support staff since we came into operation in 2010. In 2017~~8~~ and 2019 we consulted on whether we should continue to set requirements for pharmacy support staff and what these requirements should be. We heard from patients and the public, pharmacy support staff and the pharmacy sector that they want us to continue to set education and training requirements for pharmacy support staff. By setting regulatory requirements for the education and training of support staff, and then checking these are met, we are providing assurance to everyone that pharmacy support staff have the training they need to do these important roles safely and effectively.

We have now updated our education and training requirements for pharmacy support staff based on what we heard during our consultation and engagement, including how we should reflect developments in pharmacy practice and the role of pharmacy support staff in our requirements.

This new policy replaces our *Interim policy on minimum training requirements for unregistered pharmacy staff – September 2018*

The role of pharmacy support staff

Support staff are a major part of the pharmacy workforce.¹⁵ They do not have the responsibilities or accountability of registered pharmacy professionals but play a key role in supporting the work of pharmacy professionals in providing safe and effective pharmacy services. Their accountability to their employer, who must meet our standards, also means they must perform their role in a way that meets our *Standards for registered pharmacies*. New roles are appearing in different sectors of pharmacy and the boundaries between different support staff roles are becoming more fluid. While different settings will require different skills, they will all contribute to the safe and effective supply of medication to the public and require competent and knowledgeable staff.

These requirements are designed to ensure that support staff in any sector or setting have the generic skills required to provide a safe and effective pharmacy service, and the technical skills necessary to perform their particular role safely and effectively. This means that:

all support staff, no matter what their setting, will need to be able to understand how their role contributes to person centred care and effective collaboration with patients, members of the wider pharmacy/healthcare team, and the public, and be able to carry out their role in a way that maintains trust in pharmacy services

all support staff should have skills appropriate for the activities they perform and the setting in which they work. This might include dispensing a prescription in a community pharmacy, making up specialised medicines in a hospital, delivering pharmacy services to a care home or in a GP surgery, or advising a patient about their medication remotely

How these requirements relate to our standards

The first priority for any pharmacy is to ensure patient safety, and as such, our standards for pharmacy services explain that anyone involved in providing pharmacy services must be competent and empowered to safeguard the health, safety and wellbeing of patients and the public. Non-registrant pharmacy support staff are expected to undergo training so they can meet this standard.

Our **Standards for registered pharmacies** require that:

¹⁵In 2017, they accounted for close to half of the community pharmacy workforce in England, see **The Community Pharmacy Workforce in England 2017**, HEE (2018:13-14) (accessed December 2018). The **NHS Workforce Statistics - October 2018** shows a smaller but still significant proportion of the hospital pharmacy workforce is made up of support staff- around 4,000 staff from a total workforce of 21,500- almost 20% of the hospital pharmacy workforce in England.

Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person¹⁶ while they are in training (2.2)

Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public (2.3)

The purpose of these requirements is to support the standards above by making sure that the supply of medication and medical devices to the public is safe and effective. They do this by setting out education and training requirements for pharmacy support staff so that they:

are competent and knowledgeable in the technical requirements of their role

demonstrate the skills and behaviours required for safe and effective pharmacy practice and person-centred care

provide appropriate support for the work of pharmacy professionals.

The principles of these requirements are applicable to all pharmacy settings:

they apply to all staff working in, or providing services from, GPhC registered pharmacies

providers of pharmacy services not registered with us and whose regulation is undertaken by another regulator (such as the Care Quality Commission (CQC) in England, Health Improvement Scotland (HIS) in Scotland, Health Inspectorate Wales (HIW) in Wales) can make use of these principles to assist the delivery of safe and effective pharmacy services, and to support pharmacy professionals to comply with their own professional and legal obligations

These requirements should be read alongside:

Standards for registered pharmacies (2012)

Guidance to ensure a safe and effective pharmacy team (2018)

Structure of these requirements

Our requirements for the education and training of support staff are in two parts:

requirements for the education and training of pharmacy support staff

criteria for the approval of support staff courses - setting out how we will approve those providing training for support staff to meet our requirements

¹⁶ This could be a registrant or another appropriately qualified or experienced individual. See *Standards for registered pharmacies*.

Part 1: GPhC requirements for pharmacy support staff

Requirements

Context

The appropriate minimum level of knowledge and competence for pharmacy support staff is Regulated Qualifications Framework (RQF) level 2/ Scottish Credit and Qualifications Framework (SCQF) level 5. The RQF and SCQF are national frameworks that define different levels of knowledge which an employer can expect from an individual who has completed a course at that level. We will approve courses that contain the required content at this level as meeting our requirements for support staff training. There are several ways in which courses of this level can be delivered:

a regulated qualification, which is the case for most provision in Scotland and Wales, and much of the training carried out in secondary care in England; the GPhC recognises these qualifications as approved and meeting our requirements for content and delivery

a course accredited by us as meeting an equivalent level of quality in terms of content and delivery and demonstrated at minimum RQF L2/SQCF L5. This includes freestanding support staff courses predominantly used by community pharmacy across Great Britain

the Level 2 apprenticeship for pharmacy support staff, in England. The method of approval of apprenticeships for support staff by us will depend on whether they are delivered through a regulated qualification recognised by us, or by another means which we have accredited as meeting our requirements. Pharmacy support staff apprentices must pass the apprenticeship's End Point Assessment (EPA).

GPhC requirements for the education and training of pharmacy support staff

0. Support staff roles vary widely, and the variation is increasing. Our 2005 requirements identified traditional roles involving dispensing prescriptions and selling medicines 'over the counter'. In recent years, the range of support roles has expanded, with staff working to provide services in 'hub and spoke' pharmacies, stocking and supplying medicines, manufacturing and preparing (often in specialised conditions), providing delivery services, advising pharmacy users remotely, and assisting pharmacy professionals to providing other services to name a few. Regardless of role, we require that the following must meet our education and training requirements:

staff involved in all stages of the dispensing and/or supply of medicines and medical devices to individuals

staff who advise individuals about the use of medicines and medical devices

staff who assist pharmacy professionals to provide pharmacy services

Meeting our education and training requirements means demonstrating the relevant knowledge, understanding, abilities and behaviours for these roles at minimum RQF level 2/ SCQF level 5 (in Scotland) or a level accredited as equivalent to this .

These are defined as achieving the outcomes below. These outcomes may be demonstrated by successfully completing or working towards completing:

a nationally recognised pharmacy services qualification at minimum RQF L2/ SCQF L5 in Scotland
a course accredited by us as covering the required learning outcomes at a level equivalent to RQF L2/SCQF L5

in England, an apprenticeship for pharmacy support staff that includes either of the above

Support staff must be enrolled on a training course as soon as practically possible and within three months of commencing their role.

The course must also be completed in a timely manner conducive to safe practice, normally within three years. (NB this if this time is exceeded, providers should consider the reasons for the delay and whether an extension is appropriate (or not), recording their decision and the reasons for it; this will be particularly relevant where health or employment issues have contributed to the delay)

Application of our requirements: who we require to have education and training

1. These requirements apply to all staff involved in the dispensing and/or supply of medicines and medical devices to individuals from a registered pharmacy. They also apply to those who advise individuals about the use of medicines and devices, and who assist in providing pharmacy services. All such staff must be appropriately trained for the role they are employed in. These requirements can also be considered and applied in respect of roles in non-registered pharmacies, such as hospital pharmacies, where training is essential in providing safe and effective pharmacy services and supporting the activities of pharmacy professionals.
2. Examples and case studies about dispensing and supply- related activities will be provided in guidance.
3. Staff will require training if they perform dispensing and supply tasks that have the potential to affect the safety and health of pharmacy users and/or their trust in pharmacy services. This will include those who, for example:

provide advice about medicines, medical devices or health remotely via call centres or the internet;

prepare prescriptions in a 'hub' pharmacy which are then issued at a 'spoke' pharmacy;

provide collection or delivery services to patients in their own home or in care or nursing homes;

prepare medicines to be delivered to a patient by someone else; and/or

support pharmacy professionals who provide additional services (for example those designed to promote healthy lifestyles) from a registered pharmacy.

4. These requirements apply to all staff involved in the dispensing and/or supply of medicines and medical devices to individuals from a registered pharmacy. The principles of this guidance can also be considered in relation to staff who support the activities of pharmacy professionals working in or from non GPhC-pharmacies (usually hospital pharmacies whose regulation is undertaken by another regulator – the CQC in England, HIS in Scotland and HIW in Wales).

Entry requirements

5. To start support staff training, an individual must be employed, either full-time or part-time, in a pharmacy:

The reason for this is that the training is vocational and requires knowledge to be demonstrated in practice.

The entry requirements for the course are determined by the individual course provider.

Exemptions

6. Historically, we have allowed students on MPharm degrees and OSPAP programmes and pre-registration pharmacy trainees to work as support staff without requiring further training. This exemption is retained (with additional safeguards) in order to allow individuals training to become pharmacy professionals to have access to experience of working in pharmacy.
7. These requirements do not apply retroactively. Individuals who have already met our requirements under previous versions of this policy do not have to do so again. This includes those who were exempted from training by previous versions of this policy (see appendix 1 for a list). NB if an individual's role or place of work has changed additional training may be required.
8. No new exemptions are provided by this policy.
9. Further information for individuals holding registerable pharmacy qualifications but who are no longer registered pharmacy professionals can be found in our guidance on *Working in pharmacy when not on the register*¹⁷. In this guidance, we advise that individuals who are no longer on our register should have the appropriate skills, qualifications and competence for their role and the tasks they carry out. As such, they are not exempted from this policy.

Education and training activities in a pharmacy

10. Individuals who are participating in educational placements, traineeships, work experience or carrying out other tasks for educational purposes under appropriate supervision are not required to complete additional training. For example, students completing placements as part of an MPharm degree, pre-registration pharmacist training, or trainee pharmacy technicians are exempt from these requirements.

Students and trainees employed as support staff

11. Students on MPharm or OSPAP programmes and pre-registration trainees who are employed as support staff may continue to work in support staff roles without completing specific support staff training. This is because they will be either participating in an educational programme recognised by us, or working in a training environment regulated by us. In this case, their employer should:

carry out an assessment of the knowledge, skills and experience of the student relevant to the role undertaken; the assessment itself should be undertaken by a registered pharmacy professional

identify any further learning or experience required by the student to carry out the tasks within the role

make arrangements to provide the student with any further skills knowledge and experience, and the supervision required to work safely in their role. This may be carried out by the employer themselves 'in house', or through an approved training course

¹⁷ See *Working in pharmacy when not on the register*, GPhC (2017)

make and retain clear records of this assessment in line with our *Guidance to ensure a safe and effective pharmacy team*

Recognition of prior learning

12. Employers and course providers should also consider recognising the prior learning of individuals who already hold relevant knowledge, experience or training so that individuals are not required to repeat learning they have already covered and can transfer their existing learning to new roles efficiently.

Required outcomes

13. This section sets out our required learning outcomes for pharmacy support staff courses. Our These outcomes have been developed to relate to our *Standards for pharmacy professionals*. The reasons for this are to:

make sure that support staff are aware of the core knowledge, skills, behaviours and values that underpin person centred care;

make sure that support staff work in a way that supports the work of pharmacy professionals effectively and that maintains confidence in pharmacy services; and

support pharmacy professionals in following the Standards for pharmacy professionals when they are supervising, managing and delegating to support staff to deliver pharmacy services.

14. The outcomes include:

Outcomes for all support staff:

These are the generic requirements we expect from all support staff and which relate to behaviours and non-technical skills in their role. They capture the things patients, public, members of the pharmacy or wider healthcare team and employers should be able to expect from anyone when carrying out a pharmacy support role. These requirements relate to skills and behaviours that apply to any role in which a member of support staff contributes to safe and effective services through their role in the dispensing and supply of medicines and medical devices.

A role-specific outcome:

This requirement sets out that support staff must be trained in the technical skills required for the tasks they perform.

Employers should identify the key tasks and functions required for the role and ensure that training is given that covers the requirements to carry out these functions safely and effectively.

Examples of dispensing and supply roles applying technical knowledge and skills will be provided in guidance.

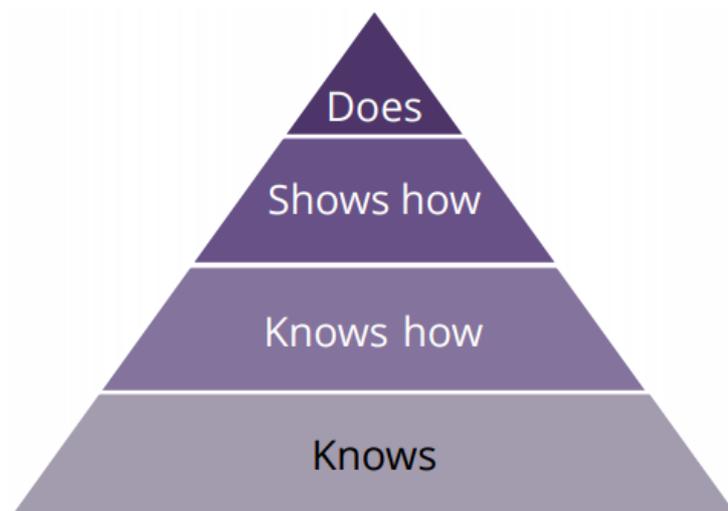
We will agree with the provider through the accreditation process that the technical skills selected by the employer are appropriate and covered by the course.¹⁸

Describing and assessing outcomes

15. The outcome levels in this standard are based on an established competence and assessment hierarchy known as 'Miller's triangle':

¹⁸ Pharmacy owners are already expected to identify essential elements of training for each role within the team, see our ***Guidance to ensure a safe and effective pharmacy team*** 4.2.5

Diagram 1: Miller’s triangle



16. As what is being assessed at each of the four levels is different, the assessment methods needed are different too – although there will be some overlap. Generally, achieving one level of Miller’s triangle requires achieving and exceeding the preceding level.

Table 2: Levels of Miller’s triangle

Level 1 – Knows	This is knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).
Level 2 – Knows how	Context-based tests – a member of support staff knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.
Level 3 – Shows how	A member of support staff is able to demonstrate that they can perform in a simulated environment or in real life. Assessments may include observed assessments or dispensing tests.
Level 4 – Does	Acting independently and consistently in a complex but defined situation. Evidence for this level is provided when a member of support staff demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably. Assessments may include observed assessments.

Outcomes for all support staff

Table 2: Outcomes for all support staff

#	Outcome	Level
1	Act to maintain the interests of individuals and groups, making patients and their safety their first concern	Does
2	Recognise what it means to give person-centred care and support in pharmacy settings, including settings where patients are not physically present	Shows how

#	Outcome	Level
3	Recognise principles of consent and apply them as appropriate to their role	Knows how
4	Listen to and communicate effectively with users of pharmacy services, which could include: <ul style="list-style-type: none"> • individual patients • carers • other members of the pharmacy or healthcare team • other health and social care staff using a range of techniques to determine their needs	Shows how
5	Adapt information and communication style to meet the needs of particular audiences and communication channels	Shows how
6	Respect diversity and cultural differences, ensuring that person-centred care is not compromised because of personal values and beliefs	Does
7	Recognise and raise concerns about safeguarding people, particularly children and vulnerable adults	Knows how
8	Refer issues and/or individuals as appropriate to another member of the pharmacy team, other health and social care staff, organisations or services.	Shows how
9	Recognise and work within the limits of their knowledge and skills, seeking support and referring to others when needed	Shows how
10	Make use of feedback on performance, local HR processes and reflection, to identify and act on their own learning needs	Knows how
11	Apply the principles of information governance and ensure confidentiality	Does
12	Recognise and raise concerns, even when it is not easy to do so, using appropriate systems	Knows how
13	Demonstrate trust and respect for individuals, members of the pharmacy team and health professionals at all times	Does
14	Identify the roles and responsibilities of those they work with and functions of the wider pharmacy and healthcare system	Knows
15	Work effectively as part of the pharmacy team and/or the wider health team	Shows how
16	Apply policies around health and safety relevant to their role, including recognising hazards and acting appropriately to avoid harm to themselves and others	Does
17	Recognise, apply and work within the relevant legal and regulatory requirements, local processes and standard operating procedures as applicable to their own role	Does
18	Apply technical knowledge and skills identified as being required for the safe and effective performance of their role in the dispensing and supply of medicines and	Shows how

#	Outcome	Level
	medical devices ¹⁹ . This includes applying legal and regulatory requirements, including best practice in the context of their role, using relevant systems and accurate performance of pharmacy tasks.	

Identifying learning outcomes for role specific requirements

17. The technical knowledge and skills content of the course must be derived from and mapped to an appropriate framework for pharmacy knowledge and skills in the UK. An example of this could be the National Occupational Standards (NOS) framework which includes a suite of 26 units specific to pharmacy²⁰.
18. Employers should identify the tasks and functions required by members of pharmacy support staff and engage with course providers to ensure that appropriate training for these tasks and functions is provided. Course providers must ensure that these functions are covered through a documented mapping exercise to an appropriate external framework such as the NOS.
19. For staff who work to support pharmacy professionals to deliver other specialised pharmacy services to individuals, it may be appropriate to include content from the wider healthcare suite of NOS, depending on the tasks they perform.

Responsibilities for meeting requirements

20. Providing safe and effective care is the responsibility of the whole pharmacy team. While some roles may have specific responsibilities, our *Standards for registered pharmacies* require that all staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.
21. Pharmacy owners are responsible for:
 - meeting the *Standards for registered pharmacies*, including:
 - ensuring that staff have the appropriate skills, qualifications and competence for the tasks they carry out
 - enabling all staff to comply with their own professional and legal obligations, and ensuring they are empowered to exercise their professional judgement in the interests of patients and the public
 - enabling the education and training requirements for pharmacy support staff
 - following relevant parts of the *Guidance to ensure a safe and effective pharmacy team*²¹, including identifying essential elements of training for each role within the team

¹⁹ It is for employers to identify the tasks/functions of a role and for course providers to ensure these knowledge and skills required for these tasks/functions are provided by the course through deriving the technical content of the course from an appropriate framework for pharmacy skills in the UK, such as the National Occupational Standards.

²⁰The *Apprenticeship Standard: pharmacy services assistant* provides an appropriate framework for pharmacy knowledge and skills for some roles.

²¹ See the **Guidance to ensure a safe and effective pharmacy team** (2018)

appointing a responsible pharmacist(s) to secure the safe and effective running of the registered pharmacy

following our *Guidance on Working in pharmacy when not on the register*²²

22. Pharmacy professionals are responsible for ensuring:

that they delegate tasks only to people who are competent and appropriately trained or are in training, and exercise proper oversight

following the *Guidance to ensure a safe and effective pharmacy team* and the *Standards for pharmacy professionals* as relevant to their role

following our *Guidance on working in pharmacy when not on the register*

For more information, see our *Guidance to ensure a safe and effective pharmacy team*

23. Pharmacy support staff are responsible for:

supporting pharmacy professionals to provide safe and effective pharmacy services

the responsibilities of training providers are set out in our accreditation criteria below.

Ongoing training and development of pharmacy support staff

24. The criteria in this document set out our requirements for the education and training required for new pharmacy support staff or staff who are new to their role.

25. The *Guidance to ensure a safe and effective pharmacy team* explains that pharmacy owners, working with pharmacy professionals, should:

encourage and enable all staff – particularly those still in training – to reflect on their performance, knowledge and skills, and to identify learning and development needs, and

support them in meeting those needs, to enable them to carry out their role

26. This includes, but is not limited to:

understanding the learning and development needs of their team and taking appropriate steps to meet those needs, preferably making protected time available for learning and development

making sure pharmacy staff work within the limits of their competence and refer to other, more appropriate, staff when they need to

making sure everyone in the pharmacy team, with the help of other members of the team, within the resources provided, keeps their knowledge and skills up to date

making sure managers have the competence, skills and experience needed to carry out their role

identifying essential elements of training for each role within the team, and actively reviewing and reassessing these in response to changing needs and circumstances, and any ensuring changes are made in a timely manner

demonstrating that learning and development is taking place

making sure individual and team development plans are in place to make sure pharmacy staff are not carrying out roles they have not been trained for

²² See the *guidance on Working in pharmacy when not on the register* (2017)

taking a tailored approach to learning and development which is continued throughout individuals' employment to make sure the knowledge and skills of pharmacy staff remain up to date

27. For more information, see the *Guidance to ensure a safe and effective pharmacy team*.

Changing or expanding roles

28. The Guidance to ensure a safe and effective pharmacy team states that employers should: actively review and reassess the essential training for each role in the team

review the requirements of the role and the skills of their staff and arrange any additional training required if a staff member changes their role, or their tasks or responsibilities expand or change

Part 2: Course approval information

Approval: recognition and accreditation

29. To enable employers to meet our requirements for the education and training of pharmacy support staff, we will approve courses of education and training to meet these requirements. This section explains how we will approve courses for support staff.
30. There are two methodologies by which we will approve a course of education and training for unregistered pharmacy support staff:

accreditation

recognition

31. The purpose of approval is to confirm that support staff complete a programme of learning that provides the knowledge and skills required to contribute to the dispensing and supply of medicines and medical devices as part of a safe and effective pharmacy team. Training providers will either provide a recognised, nationally regulated course at L2 or a course accredited by the GPhC as being equivalent to this.

Approval by recognition

32. We will recognise a course as meeting our criteria for approval if:

it is already approved by one of the national education regulatory bodies, the Office of the Qualifications and Examinations Regulator (Ofqual), Qualifications Wales or the Scottish Qualifications Authority (SQA); and

it is included in a national qualification framework (the Regulated Qualifications Framework (RQF), Credit and Qualifications Framework Wales (CQFW), or Scottish Credit and Qualifications Framework (SCQF)

Approval by accreditation

Regulated national qualifications have the infrastructure and resources to be recognised as meeting our criteria for approval. Courses that do not include a qualification can achieve approval by demonstrating they meet similar standards through our accreditation process²³.

We will assess a course of education and training in order to approve courses for pharmacy support staff. To gain approval, a course must undergo accreditation and demonstrate they meet the criteria set out below.

Information for approval of apprenticeship courses (England only)

33. Support staff courses based on the *Apprenticeship standard: Pharmacy services assistant* in England can be approved as meeting our requirements:

Apprenticeship courses which include a regulated national qualification are approved by virtue of recognition of the qualification

²³ Under current policy, course providers are charged to cover the cost of this activity.

Apprenticeship courses which do not contain a qualification can be approved by demonstrating they meet our criteria for approval by accreditation.

34. GPhC approved courses/qualifications delivered through an apprenticeship funded route must fulfil all the relevant requirements of the apprenticeship standard, and as such this will include the End Point Assessment (EPA).

Criteria for approval:

Criteria 1: Equality, diversity and inclusion:

Courses must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and must be delivered in such a way that the diverse needs of all students are met:

- a. Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.
- b. Reasonable adjustments must be made to teaching, learning or assessment to help those with specific needs to meet requirements; teaching, learning and assessment may be modified for this purpose but learning outcomes may not.
- c. Course design and delivery must ensure support staff understand principles of equality and diversity as they relate to the delivery pharmacy services

Criteria 2: Course curriculum:

Courses must be designed and delivered to develop the skills, knowledge and behaviours required to work safely as part of the pharmacy team:

All courses must ensure those completing them successfully achieve the learning outcomes required for their role, including the outcomes relevant to all support staff

- b. The technical knowledge and skills content of the course is relevant to the tasks/activities to be carried out by the support staff in question and both derived from and mapped to an appropriate knowledge and skills framework for pharmacy services in the UK, such as the National Occupational Standards framework
- c. All courses must ensure those who complete it can apply technical knowledge and skills required for their role. They must specify the purpose of the course and identify the tasks and technical skills required, clearly setting out what content the course intends to cover and demonstrating that it is designed to do so through mapping
- d. The level of the course is equivalent to minimum RQF L2/ SQCF L5 in Scotland
- e. Courses must be designed and delivered using strategies which bring together knowledge, competence and work experience. Learning must be applied to, and demonstrated in, the workplace.
- f. Courses must be structured in a logical and coherent way. Course structure, content and assessments must reflect relevant and current principles in education and pharmacy.

Criteria 3: Assessment:

Courses must have an assessment strategy which assesses skills, knowledge and behaviours required to work safely as part of the pharmacy team:

The provider must have a strategy or plan that sets out the different assessments in the course and how these assessments make sure that all learning outcomes have been met by the learner

- b. All the required outcomes of the course must be assessed, using methods that are robust and appropriate to the outcome level
- c. Assessment regulations are appropriate for a course that allows those who complete them to work in the supply of medicines, meaning that they prioritise working safely and supporting the practice of pharmacy professionals
- d. Students must receive appropriate and timely feedback on their performance to support their development as learners

Criteria 4: Management, resources and capacity:

The education and training facilities, infrastructure, leadership, staffing and staff support must be adequate to deliver the course:

There must be adequate resources to enable all students on the course to meet outcomes, including staffing, facilities, learning materials and learning resources

- b. There must be a sufficient numbers/mix of teaching staff, mentors and assessors to deliver the course
- c. The roles and responsibilities of the trainee, employer and course provider must be defined and set out in agreements
- d. Learners who successfully complete the course, or parts of the course, must receive certificates which clearly state what the learner has achieved
- e. Course regulations must include procedures for dealing with behavioural issues such as academic malpractice. They must communicate these procedures clearly to learners and employers and link them to expectations in role
- f. Course providers must have procedures to deal with any concerns raised during the course. This may include:

concerns about the learner themselves

the environment they are working or training in

the practice of those they come into contact with

The provider must support the learner to raise a concern where appropriate. Serious concerns, such as those related to safety must be reported appropriately. This could include raising concerns to the GPhC

- g. Course providers must have processes to manage and address complaints or concerns about the course in a clear, timely and transparent manner.

Criteria 5: Quality management

The quality of courses must be monitored, reviewed and evaluated in a systematic and developmental way

All relevant aspects of the course are quality managed, monitored and reviewed and issues identified are addressed, including teaching, learning and assessment. Procedures for this must be set out, and timings and responsibilities for taking action must be described.

- b. Feedback from those on the course and their employers must be collected as part of quality management processes and used to improve the course.
- c. The course must reflect developments in medicines, medical devices, pharmacy law, pharmacy practice and national guidelines so that it is up to date.
- d. Data about the students and their progression on the course is collected, reviewed and used to inform the management of the course. This should include analysis and review of equality and diversity characteristics of students.

Criteria 6: Supporting learners and the learning experience

Support staff must receive support for their initial education and training in all learning environments.

Students and those involved in supporting, supervising and teaching them must have access to clear information and resources to enable them to meet the requirements of the course. This includes providing information on processes and course regulations, for example, about appeals and providing information to employers about the time and opportunities required by learners to meet course requirements

Students have access to a designated individual (or individuals) at course provider level who can help them with academic and pastoral issues related to the course.

Agreements between the provider and employer specify that there is a designated supervisor in their place of work who is able to provide support and supervision on a regular and reliable basis to the student.

Those involved in supporting, supervising and teaching on the course must receive the information and support they need to be able to perform their roles in supporting and supervising students.

Course providers must seek to provide students with a positive learning experience

Appendix 1: Historic exemptions

These requirements do not apply retroactively and members of support staff who have already met our requirements do not have to do so again. This includes those who were exempted by previous iterations of these requirements from having to complete training. These are:

support staff who qualified prior to January 2005 and who were declared competent under the grandparenting clause to meet the knowledge and understanding associated with one or more units of the S/NVQ level 2 Pharmacy Services. The exemption applied only to those of areas of work in which the supervising pharmacist declared the Assistant competent- should the member of staff's role or place of work have changed, additional training may be required.

Assistants who hold one of the qualifications are those recognised until 30 June 2011 for registration as a pharmacy technician, under transitional arrangements.

Glossary

Table 3: Glossary

Term	Definition
Accreditation	Accreditation means that all processes around a course have been reviewed for quality assurance purposes to ensure that the course of education or training meets the relevant GPhC standards, accreditation criteria or training policies.
Awarding body	A recognised examination board which sets examinations and awards qualifications
Apprenticeship	A course funded in England through the apprenticeship levy, combining paid employment and study. The learning content of each apprenticeship is defined in the <i>standard</i> or <i>framework</i> for each apprenticeship
Course provider	Provider that delivers a recognised or accredited or course for support staff in Great Britain. The course provider could be directly accredited by the GPhC or deliver a recognised course, which has been developed by an awarding body and recognised by the GPhC.
Protected characteristics	The nine protected characteristics as listed in the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
Reasonable adjustments	The duty to make reasonable adjustments aims to make sure that a disabled person, has, as far as is reasonable, the same access to everything that is involved in getting and doing a job as a non-disabled person. When the duty arises, the employer is under a positive and proactive duty to take steps to remove or reduce or prevent the obstacles they face as a disabled worker or job applicant. This duty is set out in the Equality Act 2010.
Recognition	Recognition relates to the approval of national qualifications delivered country wide. These courses are mapped to the quality credit framework and agreed national occupational standards. We recognise the quality assurance of these awarding bodies and do not directly accredit the specific providers.
RQF – Regulated Qualifications Framework	A tool used to define, categorise and link the different levels and credit values of qualifications, regulated by Ofqual.

Term	Definition
SCQF – Scottish Credit and Qualifications Framework	Scotland’s national qualification framework and credit transfer system for all level of qualifications in Scotland.

Appendix 2: Equality impact assessment: Pharmacy Support Staff Education and Training

Analysis completed by:	Joseph James	Date	12 November 2019
Decision approved by:	Damian Day	Date	27 November 2019
Referred to the Council on:		Date	27 November 2019
Published on:		Date	[Date]

Aims and purpose of the project or policy

This Equality Impact Analysis (EIA) focuses on the equality and diversity issues surrounding unregistered pharmacy support staff.

The EIA aims to help ensure that the General Pharmaceutical Council (GPhC) do not unfairly affect groups with protected characteristics. It focuses on how protected characteristics have been taken into consideration throughout the stakeholder engagement and the policy development process. In carrying out this analysis, we have considered the potential equality and diversity implications of the proposed policy changes to the support staff workforce.

We aim to be proactive in facilitating opportunities for people with the widest possible range of experience and perspectives to engage with our work, and by doing so to ensure that we are not acting in a way that is incompatible with a Convention right and meeting our public-sector Equality Duty under the Equality Act 2010.

To meet Section 149 of the Equality Act 2010 we have due regard to each of the following statutory objectives:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In preparing this analysis, we have considered all of the statutory objectives under Section 149 of the Equality Act 2010.

The EIA includes an overview of the work we have completed to inform our understanding of the equality and diversity dimensions of the proposed changes. We aimed to identify any trends or

issues that apply to people who share protected characteristics and considered potential negative impacts on these groups.

This EIA has been informed by our analysis of responses from all of the engagement with stakeholders, and the available data and/or evidence relating to groups of people with protected characteristics.

We sought to identify and mitigate any adverse impacts on groups of people with a protected characteristic. This includes current and future support pharmacy staff.

Policy context

Unregistered pharmacy support staff ('support staff') have been operating in pharmacies for many years. The roles of these staff are changing and the GPhC has a responsibility to check that the requirements we set meet the needs of patients and the public, pharmacies and the support staff themselves.

In 2005 the Royal Pharmaceutical Society of Great Britain (RPSG) agreed to set requirements and accredited courses for support staff. Alongside the policy, a set of criteria was developed for use in the accreditation of courses to meet these requirements. When the GPhC was formed in 2011, it agreed to continue the policy and accreditation criteria unchanged; there have been no substantive changes to the policy or accreditation since 2005.

Other than setting education and training requirements and approving courses, we do not regulate pharmacy support staff, although their work is relevant to our regulation of pharmacies and pharmacy professionals.

In 2015, *Tomorrow's Pharmacy Team*²⁴ identified non-technical skills as an important area to develop for support staff with dispensing and supply roles.

In 2017 we held a consultation on guidance to ensure a safe and effective pharmacy team. In this consultation, we proposed (1) to end the accreditation of courses and (2) restrict the type of training we would accept to a level 2 NVQ.. Following the consultation we agreed to reconsider our proposals. This guidance was published in 2018²⁵.

To explore the future requirements of support staff, we identified a need for engagement with patients and the public and support staff themselves. We held engagement events in London, Glasgow and Cardiff which helped to gather feedback on various issues.

We also held an internal working group to understand the impact on and the needs of relevant functions in the GPhC including Inspection, Education and Standards.

We also reviewed the Pharmacy Order 2010 to identify the legal requirements surrounding support staff.

Following this engagement period, we updated our draft requirements for the education and training of support staff. We then decided to further engage in 2019 to see if our proposals were fit for purpose.

²⁴ See [*Tomorrow's pharmacy team*](#) (accessed 14 November 2019)

²⁵ See [*Guidance to ensure a safe and effective pharmacy team*](#) (accessed 14 November 2019)

Legal framework

Upon review, there are sufficient powers in the Pharmacy Order 2010 to continue to set education and training standards for support staff and doing so would be consistent with one of the GPhC's principal purposes. Furthermore, the GPhC does have the power to approve courses not linked, necessarily, to the education and training of registrants, should it wish to do so.

This position has helped form the basis of a revised policy put forward for consideration by the GPhC's Council.

Review of available information

The support staff workforce

The GPhC do not regulate support staff and therefore do not hold any workforce demographic data on a register. We have gathered data where possible on the protected characteristics from various sources which provide some information on the support staff workforce, however this information is limited.

Developing our evidence-base

We have carried out a systematic and evidence-based approach to our policy development, including an assessment of the equality and diversity dimensions of our proposals.

We have used the data gathered through our engagement activities and through our online survey about the equality impacts of our proposals.

External evidence about the support staff workforce

We reviewed information from websites collating data from Health Education England (HEE), NHS Digital and the Office for National Statistics (ONS).

The ONS produces a classification of jobs called the *Standard Occupational Classification (SOC)*. Jobs in the SOC are classified in terms of their skill level and skill content. Support staff are included in the ONS category 7114: 'pharmacy and other dispensing assistants'²⁶. The ONS category is a classification and does not map exactly to our definition of support staff. Despite these limitations, workforce surveys using this classification provide the best estimates of the size of this workforce, and the only information about its demographic characteristics at a national level.

In particular, some (limited) information is available about this part of the workforce from ONS *Annual Survey of Hours and Earnings*²⁷:

- Size of the workforce
 - Estimated to be around 78,000 across the UK, including:
 - Wales: 3,957 staff
 - Scotland: 7,215 staff
 - England: 65,007 staff
- The average salary is around £18,250, with male pharmacy assistants earning more on average than female ones

²⁶ See ONS **[SOC2010 volume 1: structure and descriptions of unit groups](#)**, accessed 15 November 2019

²⁷ See Careers Smart: **<https://careersmart.org.uk/occupations/pharmacy-and-other-dispensing-assistants>** accessed 13 November 2019- data presented includes ONS data from multiple years

- Gender/sex: 90% of the workforce is female
- Working pattern: the majority (67.9%) of the workforce is employed part time

We have not been able to identify information on the other diversity characteristics of this part of the workforce from this source.

The HEE and NHS data indicates that support staff accounted for:

- Close to half of the community pharmacy workforce in England- around 60,000 staff from the total of workforce of nearly 97,000²⁸ in 2017
- Close to 20% of the hospital workforce in England around 4,000 staff²⁹ in 2018

We have not identified comparable figures for the other countries of Great Britain but anticipate broadly similar trends in terms of the proportion of the workforce.

Additional information relevant to equality and diversity issues

This table shows if this project or policy has any relevance to the equality and diversity issues below. If it is relevant to any of these issues, a full equality impact analysis will need to be carried out.

Issue	Relevant?		Explanation
	Yes	No	
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issues relating to exemptions
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issues relating to further training
Gender (Sex)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issues relating to support staff salaries, working pattern and hours
Pregnancy and maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issues relating to working out of hours and part time workers
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Marriage or Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Welsh Language Scheme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Other identified groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see below

²⁸ see [The Community Pharmacy Workforce in England 2017](#), HEE (2018:13-14) (accessed December 2018).

²⁹ See [NHS Workforce Statistics - October 2018](#) (accessed December 2018) shows a smaller but still significant proportion of the hospital pharmacy workforce is made up of support staff- around 4,000 staff from a total workforce of 21,500- almost 20% of the hospital pharmacy workforce in England. The Community pharmacy workforce audit and NHS data together provide an estimate of around 64,000 staff in England, compared to 65,000 from the ONS Annual survey of hours and earnings

Other diversity and equality related issues	Relevant?		Explanation
	Yes	No	
Course providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issues relating to strengthening EDI criteria in approval of providers
Exempt groups: Pre-registration, MPharm & Overseas Pharmacists' Assessment Programme students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issues relating to amending the training exemption for students to work in support staff roles
Exempt groups: staff who are exempted under our existing requirements by virtue of <ul style="list-style-type: none"> • 'Grandparenting' and declaration of competence in 2005 • Holding one of the qualifications listed in Appendix 1 of the current policy on minimum training requirements for dispensing pharmacy assistants and medicines counter assistants 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This group will remain exempt

Decision on impact

Based on the answers above, does this project or policy require a full impact analysis? This decision takes into account whether this policy or project would result in a substantial change or overall impact for pharmacy.

Yes No

Consultation and involvement

Stage 1: Early engagement

We undertook a comprehensive phase of stakeholder engagement before we drafted the revised requirements. As part of the pre-consultation engagement, we undertook the following activities:

Focus groups with patients and the public, and support staff held in London, Glasgow and Cardiff

Engagement with a sample of stakeholders on support staff education and practice to confirm finalised requirements

Internal working group to discuss the future requirements for support staff

Council workshop to consider the proposals

Focus groups

We identified a need for engagement with patients and public to help inform our proposals for the requirements for support staff.

We identified the following aims for the focus groups:

To help us understand the experiences of support staff and the expectations of patients and the public

To see if our current requirements for courses are aligned to the needs of pharmacies, patients and the public, and support staff

To seek views on whether the GPhC should continue to set education and training standards for support staff members and approve Level 2 courses in the future

To gain more input and information from support pharmacy staff about their education

To see if our current requirements reflect the range of roles and risks within the pharmacy team

Throughout the early engagement phase, we consulted with the following groups:

Patients and the public

support staff themselves

Focus groups were held in London, Glasgow and Cardiff on 3, 8 and 15 October 2018 with patients and the public and support staff. 57 delegates attended the patient and public focus groups and 56 delegates attended the pharmacy support staff focus groups in London, Glasgow and Cardiff (approximately 20 at each event).

Patient and public participants at the Cardiff focus groups were recruited by a market research agency, which was asked to recruit groups which were broadly representative of the public in Great Britain. Half of the patient and public participants at the Glasgow and London focus groups were recruited by the same market research agency and the other half from local groups we work with, Alliance in Scotland and Tower Hamlets Parent and Carers Group in London. Support staff were recruited through a range of methods including emails to pharmacies, messages via GPhC inspectors and Strategic Relationship Managers and through social media. In London, the GPhC communications team visited their local pharmacies to hand out flyers. The majority of support staff who attend the focus groups consented to be contacted by the GPhC in the future. Participants were asked to provide demographic information and each focus group included a range of participants with protected characteristics.

Following a presentation about the role of support staff, facilitation at the workshops was provided by GPhC staff members. Facilitators made notes of all discussion sessions, which have been used in producing a summary report.

Two Council members observed a focus groups held in Glasgow and Cardiff, one at each. The role of Council members at stakeholder events is to listen to feedback from delegates, so they can use what they learn through their engagement to validate or constructively challenge the organisation's report of what has been heard through external engagement.

We also held a series of meetings and phone conferences with a sample of course providers, employers and representative organisations from across the pharmacy sector.

During the early engagement phase, a variety of different themes were identified. The key themes can impact on equality, diversity and inclusion were that:

Patients:

person centred, professional and confidential care was considered very important by patients, who felt that support staff needed to be able to show empathy, trust and respect for users of pharmacy and be sensitive to their varying needs and values

patients thought that staff should be trained to safeguard vulnerable members of the public

Support staff

the majority of staff we spoke to said there was not enough time to complete the training in working hours; several noted they had to balance training with other family commitments

support staff also said they would like to have more opportunities for training and development to keep learning and progress in their careers. Several felt there is a lack of financial reward for support staff

Equality and diversity support staff who attended focus groups

Support staff who attended the focus groups were asked to provide information about their equality and diversity characteristics. These questions were optional. 52 support staff provided this information and the results are summarised below.

Given the small sample and lack of information about the equality and diversity characteristics of this workforce as a whole, we cannot make any claims that those we spoke to are representative of this workforce as whole. We gathered this data to capture a range of experiences that may be reflected in the wider workforce. The breakdown is below:

Age:

Table 3: age of support staff attending focus groups

Age	Percentage (n=52)
16 – 24 years	15%
25 – 34 years	27%
35 – 44 years	27%
45 – 54 years	19%
55 – 64 years	10%
65 + years	-
Prefer not to say	-
Skipped question	2%

Disability:

Table 4: disability status of support staff attending focus groups

Do you consider yourself disabled?	Percentage (N=52)
Yes	2%
No	96%

Do you consider yourself disabled?	Percentage (N=52)
Prefer not to say	2%
Skipped question	-

Race:

Table 5: ethnicity of support staff attending focus groups

Ethnicity	Percentage (N=52)
White British	81%
White Irish	-
Gypsy or Irish traveller	-
Other white background	5%
Black Caribbean	2%
Black African	-
Other Black background	-
White and black Caribbean	-
White and black African	-
White and Asian	-
Other mixed background	4%
Indian	2%
Pakistani	-
Bangladeshi	-
Other Asian	2%
Chinese or Chinese British	-
Arab	2%
Prefer not to say	2%
Skipped question	-

Gender

Table 6: gender of support staff attending focus groups

Sex	Percentage (N=52)
Male	6%
Female	94%
Other	-

Sex	Percentage (N=52)
Prefer not to say	-
Skipped question	-

Religion

Table 7: religion of support staff attending focus groups

Religion	Percentage
Christian	37%
Jewish	-
Muslim	2%
Hindu	2%
Buddhist	2%
Sikh	-
None	37%
Any other religion	-
Prefer not to say	4%
Skipped question	17%

Sexual orientation

Table 8: sexual orientation of support staff attending focus groups

Sexual orientation	Percentage
Heterosexual/straight	88%
Gay woman/lesbian	-
Gay man	2%
Bisexual	6%
Other	-
Prefer not to say	4%
Skipped question	-

Early engagement with stakeholders

- We engaged with a sample of stakeholders including organisations who represented employers of support staff in different sectors, providers of courses and members of our accreditation panel.
- The key issues that these stakeholders raised relevant to equality impacts were:

Exemptions:

Some suggested that students on pre-registration, a Master of Pharmacy degree (MPharm) or an Overseas Pharmacists' Assessment Programme (OSPAP) should continue to be exempt from completing training and noted many students are trained anyway.

Access to training:

Some highlighted that it could be difficult for employers to provide training for support staff due to time and financial reasons. They also pointed out the issue that staff in this sector do not always stay very long in these roles and therefore courses cannot be completed.

Internal workshop on the requirements for support staff

We identified a need for engagement with GPhC staff from various parts of the organisation. The aim of this working group was:

To help inform our proposals for the requirements of support staff

To identify the impact on and needs of relevant functions in the GPhC which included Inspection, Education and Standards

- Participants were shown a presentation on the current requirements of support staff, what we found from the early engagement events and the legal vires surrounding them. The working group were then shown the suggested policy proposals and asked some questions.

The key outcomes from the internal workshop can be found at appendix 2.

We also held teleconferences with members of the accreditation panel with expertise on this issue. We provided them with a draft of the education and training requirements policy in advance for them to review, and in the teleconferences, we asked them a series of questions. The purpose of these teleconferences was to test and refine our proposals before we shared them externally.

Council workshop

At the March 2019 Council workshop, the following proposals on the education and training requirements were considered:

Whether the GPhC should:

Continue to set requirements for support staff education and training

Develop more generic attributes for support staff

Set learning outcomes for job roles

Accredit courses against new outcomes

- Council were content with the proposals, but identified some issues that needed refining.
- Council indicated its support for further engagement with course providers, education and training experts and other key interest groups to achieve the proposals.
- The key outcomes from the Council workshop can be found at appendix 3.

Stage 2: Formal engagement

Following the early engagement events and the steer from Council, we updated the education and training requirements for support staff. The revised requirements were largely similar to in content to the original requirements, but made important changes in some areas. For example, the updated version maintained the exemption for students but incorporated an additional safeguard, requiring employers to assess and act on any learning needs identified in respect of students or pre-registration trainees they employed as support staff.

We agreed with Council to engage with course providers, education and training experts and other key interest groups to on the revised proposals.

We needed to see if our proposals for the education and training requirements were fit for purpose, so we decided to hold formal engagement activities.

The purpose of this was:

- to explain our approach to stakeholders (continuing to set requirements for support staff and accredit courses)
- to seek feedback on our proposed approach to exemptions to the policy (suggesting taking them away for students)
- to test the feasibility of the proposed learning outcomes and accreditation criteria (suggesting a modern set of core outcomes + revised accreditation criteria)

Stakeholder engagement activities

We held stakeholder events in which the draft online survey questions were used as a structure for discussion, allowing us to capture people's views and include them in our consultation analysis. We:

- held a round table event that consisted of stakeholders from course providers
- held an event with the pharmacy technician trailblazer group
- held an online survey which began on 26th June and ended on 23rd August

Around 25 individuals and representatives of organisations participated each of in the two events.

Round table event

We held a round table event that consisted of stakeholders from course providers and representative bodies. We provided them with a draft of the education and training requirements policy in advance for them to review, and in the meeting, we asked them a series of questions.

We also held an event with the pharmacy technician trailblazer group, as this group represents employers including of support staff. this event followed the same format as the stakeholder event.

Key issues relevant to Equality and diversity raised at these two events were that:

- there would likely be a negative impact on students and employers from removing the exemption for students; employers may be reluctant to pay for students to train to training or reluctant to offer placements as a result. Some also suggested that students who relied on paid employment to fund their studies would be negatively affected
- retired pharmacy professionals may benefit from an exemption from having to complete training
- the outcomes may place too much responsibility on relatively low paid workers

safeguarding should be included as a learning outcome

more emphasis in the learning outcomes could be placed on communicating with patients with specific needs which might be connected to protected characteristics (eg disabilities that might affect communication)

without clarity around how the requirements applied to the different individuals involved in the supply chain, this may have an effect on delivery services. If pharmacies decide to move use courier services instead, this may impact on individuals who rely on delivery services, especially older or disabled users of pharmacy services

Modified exemption proposal

Following the stakeholder events we modified the exemption proposal as stakeholders thought that ending the exemption may cause difficulties and could unduly restrict opportunities for practice learning. This revised proposal retains student exemption, but requires students to undergo an assessment of their learning needs with the aim of addressing any gaps in their education and training.

Survey

The consultation was open for eight weeks, beginning on 26 June and ending on 23 August. We promoted the consultation through a press release to the pharmacy trade media, via our social media and through our e-bulletin, *Regulate*.

To make sure we heard from as many individuals and organisations as possible, an online survey was available for individuals and organisations to complete during the consultation period and we also accepted postal and email responses.

We received a total of 172 written responses to our survey. 124 of these respondents identified themselves as individuals and 48 responded on behalf of an organisation.

These respondents completed the online version of the survey.

Alongside the survey responses, we received two responses from organisations writing more generally about their views.

Equality and diversity characteristics of survey respondents

Of the 172 respondents to the survey, 89 provided equality and diversity information. These questions were not compulsory and cannot be linked to the responses to the main questions in the survey. The tables show how many respondents skipped some questions. As with those who attended the events, we cannot make claims of representativeness in relation to any group as a whole from these figures.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals may not add up to 100%.

Sex/gender

Table 9: Sex of respondents to the engagement survey

What is your sex	N respondents	% of respondents
Female	60	67%

What is your sex	N respondents	% of respondents
Male	23	26%
No response	1	1%
Prefer not to say	5	6%
Grand Total	89	100%

Gender reassignment

Table 10: gender identify of respondents to the engagement survey

Does your gender identity match your sex as registered at birth?	N respondents	%
No response	1	1%
Prefer not to say	5	6%
Yes	83	93%
Grand Total	89	100%

Sexual orientation

Table 11: Sexual orientation of respondents to the engagement survey

What is your sexual orientation?	N respondents	%
Heterosexual/straight	74	83%
Prefer not to say	10	11%
Gay woman/lesbian	2	2%
No response	1	1%
Bisexual	1	1%
Gay man	1	1%
Grand Total	89	100%

Disability

Table 12: disability status of respondents to the engagement survey

Do you consider yourself disabled?	N respondents	%
No	82	92%
Prefer not to say	5	6%
Yes	2	2%
Grand Total	89	100%

Age

Table 13: Age of respondents to the engagement survey

What is your age?	N respondents	%
16-24 years	1	1%
25-34 years	16	18%
35-44 years	18	20%
45-54 years	22	25%
55-64 years	21	24%
65+ years	4	4%
Prefer not to say	7	8%
Grand Total	89	100%

Race

Table 14: ethnicity of respondents to the engagement survey

What is your race?	N respondents	%
British	65	73%
Indian	9	10%
Other white background	6	7%
Prefer not to say	6	7%

What is your race?	N respondents	%
African	1	1%
Chinese	1	1%
Irish	1	1%
Grand Total	89	100%

Full impact analysis

We analysed the feedback received at engagement events and the responses provided by stakeholders to questions in the survey asking them to identify any positive or negative impacts from our proposals on specific groups, including:

- those sharing protected characteristics

- pharmacy owners and employers of pharmacies, pharmacy professionals, and people using pharmacy services and

- pharmacy support staff

Overall, respondents across the engagement felt the changes would either have little impact or would have a generally positive impact from the inclusion of equality and diversity in accreditation. A few of those we spoke to engagement also considered that including generic learning outcomes related to communication, person centred care, and demonstrating respect for others would result in a support staff workforce that was more sensitive to equality and diversity issues and better equipped to meet the needs of diverse groups of patients.

The main issues raised in terms of negative impacts on individuals sharing protected characteristics concerned age, gender and disability. Respondents also noted issues related to other groups such as students and employers. These are set out in detail below.

For all characteristics, individuals were more likely to identify positive impacts than organisations, who were more likely to respond that the changes would have no impact, or a mix of positive and negative impacts.

Age

Data from the survey

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact on individuals because of their age.

Table 15: respondents who identified impacts related to age

Do you think the proposals will have positive or negative impacts?	N and % individuals	N and % organisations	Total N and %
Protected characteristic: Age			
Positive impact	39 (31%)	7 (15%)	46 (27%)

Do you think the proposals will have positive or negative impacts?	N and % individuals	N and % organisations	Total N and %
Protected characteristic: Age			
Negative impact	7 (6%)	1 (2%)	8 (5%)
Both positive and negative impacts	12 (10%)	6 (13%)	18 (10%)
No impact	45 (36%)	26 (54%)	71 (41%)
Don't know	21 (17%)	8 (17%)	29 (17%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

27% of respondents thought the changes would have a positive impact, compared to 5% who thought they would have a negative impact.

One tenth (10%) thought that the changes would have both positive and negative impacts.

Two fifths (40%) of respondents thought the changes would have no impact and just under one fifth (17%) didn't know. Respondents were asked to explain the reasons for their response.

Impacts on equality

Exemptions - financial implications for students

Pharmacy students- in common with most undergraduates- are likely to be under 30 years old. Data from our register indicates that just over half (55%) of pre-registration trainees are under 25 years old, indicating that most pharmacy students and pre-registration trainees are likely to be younger than this.

One survey response highlighted that there could be a negative impact on students if we introduce an additional safeguard and require them to undergo assessment of their further training needs if they are employed in support staff roles. The reasons given for this were that if students are unable to work in support staff roles automatically from the beginning of the studies, they will not be able to earn money at a time when they need it most.

Mitigation/justification

We have revised our exemption proposal significantly to retain the exemption for students from completing training, with the safeguard that the employer must check that the student has the skills and knowledge for the role student and address any learning needs. While we identified some impacts from this role, this represents an appropriate balance between recognising that students and pre-registration trainees are in a supported and supervised educational environment, and providing safeguards to prevent them working beyond their competence, especially when they are in the early years of their education and training.

Exemptions – deregistered and retired pharmacists and pharmacy technicians

Our existing policy does not provide an exemption for deregistered pharmacy professionals from completing training if they are employed as support staff. Stakeholders suggested that if deregistered and retired pharmacists or technicians show they have a relevant qualification, they should be exempt from having to complete support staff training.

Mitigation/justification

It is our responsibility to ensure that support staff are educated and trained effectively for their role to ensure patient and public safety. Since deregistered and retired professionals may be deregistered or retired for many years, may have worked in a different area, and do not participate in revalidation, we would have little assurance about their competence. We have therefore decided that the revised requirements will maintain this position with deregistered and retired pharmacists and pharmacy technicians having to undergo training.

Our new requirements also support the recognition of prior learning, by asking employers and training providers to ensure that training is not repeated by individuals who already hold relevant knowledge, experience or training. This will enable individuals to transfer their existing learning to new support staff roles efficiently.

Course length and older workers and exemptions granted by our current requirements

We identified a potential negative impact our proposal may have on older workers. Some responses to the survey thought that new courses may take longer to complete, and that if this was the case, this may deter older workers from undertaking these roles as they may not want to participate in a lengthy programme or qualification, especially if they are close to retirement.

Attendees at early engagement events thought that older support staff members who had already met previous versions of our requirements should not have to retrain or complete additional qualifications. They suggested that there could be a way to assess competence of staff to see if they require further training, rather than mandating extra training unnecessarily.

Mitigation/justification

While we understand that this negative impact may be caused, it is our responsibility to ensure that support staff are educated and trained effectively for their role, ensuring patient and public safety. We therefore have decided to continue with the proposal, and support staff must be enrolled on a training course as soon as practical and within three months of commencing their role.

Moreover, it is not a given that courses will take longer under the new requirements. The proposed requirements are intended to enable flexibility for approved courses which may mean some courses are longer but others shorter. Further, the requirement to include generic content may make little difference to many existing courses, as much of this content is already delivered (or may be required under new funding arrangements in England anyway). It is unlikely that the changes will mean all courses take longer under the new requirements.

Finally, we will not require those who have already met our requirements to complete further training, meaning there should be no impact on older staff who have already met previous versions of our requirements.

Disability

Data from the survey

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact.

Table 16: respondents who identified impacts related to disability

Do you think the proposals will have positive or negative impacts?	N and % individuals	N and % organisations	Total N and %
Protected characteristic: Disability			
Positive impact	42 (34%)	9 (19%)	51 (30%)
Negative impact	2 (2%)	1 (2%)	3 (2%)
Both positive and negative impacts	9 (7%)	4 (8%)	13 (8%)
No impact	47 (38%)	24 (50%)	71 (41%)
Don't know	24 (19%)	10 (21%)	34 (20%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

Nearly one third (30%) of respondents thought the changes would have a positive impact, compared to the minority (2%) who thought they would have a negative impact.

Less than one tenth (8%) thought that the changes would have both positive and negative impacts.

Two fifths (41%) of respondents thought the changes would have no impact and one fifth (20%) didn't know. Respondents were asked to explain the reasons for their answers.

Impacts on equality

Learning formats and further training

Many support staff participants in the early engagement events said that they preferred the practical aspect of the learning. Some of those we spoke to suggested that those who may have learning disabilities and who struggle with formal learning are often not impaired when it comes to practical learning.

Similarly to the pre-consultation engagement events, survey respondents some raised that our new requirements may indirectly disadvantage those with learning difficulties if we require trainee support staff to complete various formal learning training modules, or require qualified staff to retrain. They also mentioned that broadening the scope of training could impact on those with physical disabilities because of the additional physical aspect of some of the training.

Currently there is no evidence to suggest that there are significant disadvantages relating to support staff with disabilities because of our education and training requirements. They allow for people with disabilities to train as support staff effectively.

Mitigation/justification

Our revised accreditation criteria embed consideration of equality, diversity and inclusion into course design and delivery, including making reasonable adjustments. They make it clear that training must be delivered in such a way that the diverse needs of all learners are met and this is checked at accreditation. This is intended to ensure that courses are designed and delivered so that reasonable adjustments are made to teaching, learning or assessment to help those with specific needs to meet requirements.

Our revised requirements also emphasise practical and theoretical learning going hand in hand. This emphasis and requirements around equality and diversity would be expected to have a positive impact.

Gender (Sex)

Data from the survey

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact.

Table 17: respondents who identified impacts related to disability

Do you think the proposals will have positive or negative impacts? Protected characteristic: Sex	N and % individuals	N and % organisations	Total N and %
Positive impact	42 (34%)	7 (15%)	49 (28%)
Negative impact	0 (0%)	0 (0%)	0 (0%)
Both positive and negative impacts	2 (2%)	3 (6%)	5 (3%)
No impact	57 (46%)	31 (65%)	88 (51%)
Don't know	23 (19%)	7 (15%)	30 (17%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

28% of respondents thought that changes would have a positive impact. None thought they would have a negative impact.

A small amount (3%) thought that the changes would have both positive and negative impacts.

Half (51%) of respondents thought the changes would have no impact and nearly one fifth (17%) didn't know.

Impacts on equality

Gender profile of the support staff workforce

Attendees at the early engagement events consisted mainly of female participants. 94% were female and 6% were male.

Research shows that 90.3% of the support workforce are female and 9.7% are male³⁰. It appears this small number of participants reflects the gender profile of the workforce, as there were far more women than men.

We need to consider why so few men work in pharmacy support staff roles and whether our policies are negatively affecting men in applying for these roles or staying in them. We also need to

³⁰ <https://careersmart.org.uk/occupations/pharmacy-and-other-dispensing-assistants> (accessed 13 November 2019)

consider if there are any specific impacts from making changes that will affect an overwhelmingly female workforce.

Support staff salaries and gender

support staff are relatively low paid with the average annual salary being £18,250³¹. The median full-time weekly earnings of all UK employees in 2018 was £569, which equates to £27,312 annually³². The average annual salary of a female member of support staff is £17,729 compared to the male salary of £19,293³³.

There appears to be no information regarding the breakdown of salaries in various healthcare settings and how this affects unregistered pharmacy staff.

There is a clear inequality in the UK labour market with women being paid less than men. For support staff, this pay inequality is unlikely to be influenced by our current requirements and we have not found any evidence that this is the case. We must ensure however, that in future, we consider this issue to make sure that our future requirements continue to have no negative impact.

Working pattern and hours

67.8% of support staff are part time workers which is a significant proportion of the workforce. The average working hours all support pharmacy staff are 38 per week³⁴.

We do not have any further information relating to the gender, age or other related characteristics of those who work part time. The gender profile of the workforce makes it likely that impacts will be observed related to pregnancy, maternity and part time working.

Mitigation/justification

We have not identified impacts on gender from our requirements, however, there are several linked issues that require mitigation. We have considered these issues under ‘pregnancy and maternity’ (below)- please see this section for consideration of these issues.

Pregnancy or maternity

Data from the survey

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact.

Table 18: respondents who identified impacts related to disability

Do you think the proposals will have positive or negative impacts? Protected characteristic: Pregnancy and maternity	N and % individuals	N and % organisations	Total N and %
Positive impact	41 (33%)	5 (10%)	46 (27%)

³¹ ibid

³² See ONS [Earnings and working hours](#) (accessed 14 November 2019)

³³ See Careers Smart [Pharmacy and other dispensing assistants](#) (accessed 13 November 2019)

³⁴ ibid

Do you think the proposals will have positive or negative impacts? Protected characteristic: Pregnancy and maternity	N and % individuals	N and % organisations	Total N and %
Negative impact	2 (2%)	2 (4%)	4 (2%)
Both positive and negative impacts	10 (8%)	6 (13%)	16 (9%)
No impact	46 (37%)	28 (58%)	74 (43%)
Don't know	25 (20%)	7 (15%)	32 (19%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

The largest proportion of respondents (43%) thought the proposals would have no impact.

Nearly one third (27%) of respondents thought that the changes would have a positive impact whereas only a very small amount (2%) thought they would have a negative impact.

Less than a tenth (9%) thought that the changes would have both positive and negative impacts.

Over two fifths (43%) respondents thought the changes would have no impact and one fifth (19%) didn't know.

Impacts on equality

Working out of hours

As 90% of pharmacy support staff are women, it is likely that during their careers some women may be pregnant and have childcare responsibilities.

A theme that emerged from the early engagement events was that many support staff had to complete their training outside of working hours for various reasons, which they found difficult due to family commitments.

We need to consider the equality and diversity implications that the current education and training requirements cause for women who are pregnant or on maternity leave.

Part time workers

As previously mentioned, the majority of the workforce are women, so many may work part time due to child care responsibilities.

Respondents to the survey suggested that time limits for trainees to complete courses should not be stipulated but should be completed in a timely manner to allow for those that work part time.

Survey participants raised that our proposals may negatively affect part time workers, where completing training may not be practical for the amount of time they actually work. If the new courses take longer to complete, this may deter pregnant and new mothers from completing them

Mitigations/justifications

Protected time for training

Accreditation criteria 6a includes a requirement for students to be provided with guidance on time for training. By including this in the accreditation criteria, we have made our position clear that the provider should ask this of the employer and have it as part of the agreement, which will help those that are pregnant or have child care responsibilities. It also reiterates the sections of our *Guidance to ensure a safe and effective pharmacy team* that ask employers to make time available for training. These changes emphasise and strengthen requirements around providing time for training compared to previous versions of our requirements.

Course time limits

We have updated our requirements around the time in which courses are completed, retaining a suggested three-year limit for completion but making it clear that if this period is exceeded, the reasons for doing so must be considered.

This updated requirement will ensure that those who work part time, or cannot complete a course within three years due to extenuating circumstances, are not penalised for factors outside of their control or related to protected characteristics. This requirement reflects the inclusion of accreditation criteria relating to equality, diversity and inclusion and reasonable adjustments specifically. This may have a positive impact on those who take time out of the workforce for reasons of pregnancy and maternity, and potentially other groups such as those with disabilities or long-term conditions.

Gender reassignment

Data from the survey

Survey respondents were asked if they thought our education and training proposals will have a positive or negative impact on this group.

Table 19: respondents who identified impacts related to gender reassignment

Do you think the proposals will have positive or negative impacts?	N and % individuals	N and % organisations	Total N and %
Protected characteristic: Gender reassignment			
Positive impact	41 (33%)	7 (15%)	48 (28%)
Negative impact	1 (1%)	0 (0%)	1 (1%)
Both positive and negative impacts	4 (3%)	3 (6%)	7 (4%)
No impact	51 (41%)	30 (63%)	81 (47%)
Don't know	27 (22%)	8 (17%)	35 (20%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

28% of respondents thought that the changes would have a positive impact whereas only 1 respondent (1%) thought they would have a negative impact.

A small amount (4%) thought that the changes would have both positive and negative impacts.

Nearly half (47%) of respondents thought the changes would have no impact and one fifth (20%) didn't know.

Respondents were asked to provide comments to explain their answers. However, none of those who identified negative or mixed impacts provided comments to explain the reasons for this.

Impacts on equality

Attendees at early engagement events did not identify disadvantages relating to gender reassignment from our education and training requirements for support staff (current or proposed).

Following the survey, there is insufficient evidence to identify any impacts.

Marriage or Civil Partnership

Data from the survey

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact.

Table 20: respondents who identified impacts related to marriage and civil partnership

Do you think the proposals will have positive or negative impacts? Protected characteristic: Marriage and civil partnership	N and % individuals	N and % organisations	Total N and %
Positive impact	41 (33%)	6 (13%)	47 (27%)
Negative impact	0 (0%)	0 (0%)	0 (0%)
Both positive and negative impacts	3 (2%)	2 (4%)	5 (3%)
No impact	57 (46%)	32 (67%)	89 (52%)
Don't know	23 (19%)	8 (17%)	31 (18%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

Nearly half (47%) of respondents thought that that the changes would have a positive impact and none thought they would cause a negative impact.

A small amount (3%) thought that the changes would have both positive and negative impacts.

Just over half (52%) of respondents thought the changes would have no impact and nearly one fifth (18%) didn't know.

Respondents were asked to provide comments to explain their answers. However, none of those who identified a mix of positive and negative impacts provided comments that explained the reasons for this.

Impacts on equality

Attendees at early engagement events did not identify disadvantages relating to marriage or civil partnership from our education and training requirements for support staff (current or proposed). Nor did our desk-based analysis identify any issues in this area.

Following the survey, there is insufficient evidence to identify any impacts.

Race

Data from the consultation

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact.

Table 21: respondents who identified impacts related to race

Do you think the proposals will have positive or negative impacts? Protected characteristic: Race	N and % individuals	N and % organisations	Total N and %
Positive impact	43 (35%)	7 (15%)	50 (29%)
Negative impact	1 (1%)	0 (0%)	1 (1%)
Both positive and negative impacts	3 (2%)	3 (6%)	6 (3%)
No impact	54 (44%)	31 (65%)	85 (49%)
Don't know	23 (19%)	7 (15%)	30 (17%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

Nearly one third (29%) of respondents thought that the changes would have a positive impact whereas only 1 respondent (1%) thought they would have a negative impact.

A small amount (4%) thought that the changes would have both positive and negative impacts.

Nearly half (49%) of respondents thought the changes would have no impact and nearly one fifth (17%) didn't know. No comments provided by respondents identified specific impacts relating to race

Impacts on equality

Support staff and the community

Responses to consultation on the *Guidance to ensure a safe and effective pharmacy team* highlighted that it can be an advantage to employ staff locally, as members of the pharmacy team will have connections with the community they serve. They explained that staff may bring a good understanding of cultural sensitivity with them and sometimes the pharmacy is the only local health service locally which meets the needs of groups who share protected characteristics. Respondents thought that the role and qualifications needed should be flexible and adaptable to local needs³⁵.

³⁵See [*Guidance to ensure a safe and effective pharmacy team*](#) (accessed 14 November 2019)

Our updated requirements are designed to ensure that support staff in any sector or setting have generic skills required to provide a safe and effective pharmacy service, and the technical skills necessary to perform their particular role safely and effectively. There are a wide variety of support staff roles and therefore we have updated the requirements so that staff are trained for the role they are in, ensuring that the training completed is relevant to each role and setting. This reflects the need for qualifications to be flexible and adaptable to meet the needs of local communities.

Following the survey, there is insufficient evidence to identify any impacts for this group.

Religion or belief

Data from the survey

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact.

Table 22: respondents who identified impacts related to religion or belief

Do you think the proposals will have positive or negative impacts? Protected characteristic: Religion or belief	N and % individuals	N and % organisations	Total N and %
Positive impact	43 (35%)	7 (15%)	50 (29%)
Negative impact	0 (0%)	0 (0%)	0 (0%)
Both positive and negative impacts	3 (2%)	3 (6%)	6 (3%)
No impact	55 (44%)	30 (63%)	85 (49%)
Don't know	23 (19%)	8 (17%)	31 (18%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

29% of respondents thought that changes would have a positive impact whereas no respondents thought they would have a negative impact.

A small amount (3%) thought that the changes would have both positive and negative impacts.

Nearly half (49%) of respondents thought the changes would have no impact and nearly one fifth (18%) didn't know.

Respondents were asked to provide comments to explain their answers. None of those who identified a mix of positive and impacts provided comments that explained their answer.

Impacts on equality

Attendees at early engagement events did not identify disadvantages relating to religion and belief from our education and training requirements for support staff (current or proposed).

Conflict between person centred care and personal values and beliefs

Our revised requirements include a generic learning outcome requiring support staff to learn to ensure person centred care is not compromised because of personal values and beliefs. This is aligned to our other standards and guidance for pharmacy professionals and pharmacies. Responses

to our previous consultations, such as on *Guidance for pharmacist prescribers*, suggested that those who held particular religious beliefs may find it difficult to meet our requirements or follow our guidance³⁶. They explained that some religious beliefs conflicted with the supply of some medicines or devices, such as emergency contraception. This may be relevant to support staff who may share these beliefs and whose role involves supporting the work of pharmacy professionals, as well as contributing to meeting our standards for pharmacy services

Mitigation/justification

Equality and diversity are embedded in the standards for registered pharmacies, and in our professional standards. We expect pharmacy services and professionals to make sure that person-centred care is not compromised because of personal values and beliefs. While support staff are not required to meet professional standards, their role in pharmacy services and in supporting the work of pharmacy professionals means that they must work in a way that is consistent with our standards.

Following the survey, there is insufficient evidence to identify any further impacts.

Sexual orientation

Data from the survey

Survey respondents were asked if they thought the education and training proposals will have a positive or negative impact.

Table 23: respondents who identified impacts related to sexual orientation

Do you think the proposals will have positive or negative impacts? Protected characteristic: Sexual orientation	N and % individuals	N and % organisations	Total N and %
Positive impact	42% (34%)	7 (15%)	49 (28%)
Negative impact	0 (0%)	0 (0%)	0 (0%)
Both positive and negative impacts	2 (2%)	2 (4%)	4 (2%)
No impact	55 (44%)	31 (65%)	86 (50%)
Don't know	25 (20%)	8 (17%)	33 (19%)
Total N of responses	124 (100%)	48 (100%)	172 (100%)

28% of respondents thought that changes would have a positive impact whereas none thought they would have a negative impact.

A small amount (2%) thought that the changes would have both positive and negative impacts.

Half (50%) of respondents thought the changes would have no impact and nearly one fifth (19%) didn't know.

³⁶ For example, see GPhC ***Analysis of the effects on equality: guidance on pharmacist prescribing*** (2019)

Respondents were asked to provide comments to explain their answers. However, none of those who identified a mix of positive and negative impacts provided comments to explain the reasons for this.

Impacts on equality

Following the survey, there is insufficient evidence to identify any impacts.

Attendees at early engagement events did not identify disadvantages relating to sexual orientation from our education and training requirements for support staff (current or proposed). Nor did our desk-based analysis identify any issues in this area.

Welsh language scheme

Any documents that contain the future requirements of the education and training of unregistered staff will also be available in Welsh.

Other identified groups

Course providers: support staff course accreditation process

The accreditation criteria for support staff courses do not currently require course design and delivery to consider equality, diversity and inclusion (EDI). These criteria pre-date the Equality Act 2010 which under which we must have due regard to each of the following statutory objectives:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The future accreditation process for support staff courses

We are proposing to add the requirement for support staff courses to ensure the GPhC complies with its statutory objectives under section 149 of the Equality Act 2010.

Course design and delivery will have to ensure that pharmacy support staff understand and meet their legal responsibilities under equality and human rights legislation; respect diversity and cultural differences; and take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs. This will reflect the current pharmacist and pharmacy technician accreditation criteria and strengthen the coverage of all equality, diversity and inclusion issues in the accreditation process.

Exemptions: Pre-registration, MPharm & Overseas Pharmacists Assessment Programme (OSPAP) students

Impacts on equality

Pre-registration pharmacist trainees and students on a Master of Pharmacy degree (MPharm) or an Overseas Pharmacists Assessment Programme (OSPAP) receive an exemption from the requirement to undertake the qualifications that support staff must complete. Currently students can work without training at any point of their course.

The risks of this current arrangement are:

any student can work without training at any point in their course (even a 'day one' MPharm student)

this cannot guarantee appropriate skills and experience (especially for early years students)

this can divert pre-registration trainees from their training

The initial exemption proposal

Initially we proposed:

that in future, as for other support staff, students would need to be trained for the role they are in

The implications of this proposal were:

it would effectively end blanket/student exemptions

therefore, making it more difficult to employ students

However:

student placements/work experience (such as summer placements) would continue

training of students would continue to be widespread

it would have been no more difficult to employ a student than any other member of support staff

We wanted to better understand the operational implications of removing exemptions for employers. We therefore decided that we would engage with them for a limited period before finalising this element.

The revised exemption proposal

Following the early stakeholder engagement, we modified the exemption proposal as stakeholders thought that ending the exemption may cause difficulties and could unduly restrict opportunities for practice learning for various reasons. Under the revised proposal, the exemption would be retained subject to the safeguard that an employer would have check that the student had the skills for the role by carrying out a learning needs assessment, and that they should address any gaps identified.

Respondents to the survey were asked what impact the proposed changes would have on pharmacy students and pre-registration trainees:

Table 24: respondents who identified impacts on pharmacy students and pre-registration pharmacy trainees

What kind of impact do you think the changes will have on:	Pharmacy students			Pre-registration trainees		
	Ind'ls	Org'ns	Total	Ind'ls	Org'ns	Total
Positive impact	72 (58%)	22 (46%)	94 (55%)	65 (52%)	20 (42%)	85 (49%)
Negative impact	8 (6%)	4 (8%)	12 (7%)	8 (6%)	3 (6%)	11 (6%)
Both positive and negative impacts	28 (23%)	17 (35%)	45 (26%)	31 (25%)	16 (33%)	47 (27%)

What kind of impact do you think the changes will have on:	Pharmacy students			Pre-registration trainees		
	Ind'ls	Org'ns	Total	Ind'ls	Org'ns	Total
No impact	10 (8%)	2 (4%)	12 (7%)	13 (10%)	6 (13%)	19 (11%)
Don't know	6 (5%)	3 (6%)	9 (5%)	7 (6%)	3 (6%)	10 (6%)
Grand Total	124 (100%)	48 (100%)	172 (100%)	124 (100%)	48 (100%)	172 (100%)

More than a quarter of respondents felt the changes would have both positive and negative impacts on both students and pre-registration trainees, and a few felt the impact would be predominantly negative. Most comments we received to explain this focussed on the impact on learning and work opportunities available to students.

Although we do not hold any workforce data relating to the number of students working in support pharmacy staff roles, this exemption allows for students to earn money during a financially difficult period in their life and therefore has a positive impact on this group. According to the Student Money's Survey 2017, 84% of students worry about making ends meet. 40% of students have less than £100 in savings, with almost a third having no savings. Furthermore, 50% of students said they have experienced mental health issues as a result of money problems.³⁷

Mitigation/justification

The revised proposal aims to mitigate the impacts identified by *retaining* student exemptions, subject to identifying and addressing any learning needs. Respondents to the survey generally agreed this was appropriate but several remained concerned that this additional assessment could still result in extra work for employers and restrict students access to learning and experience. We plan to mitigate this potential impact further impact by providing guidance and templates to help employers apply the learning needs assessment in a way that is not onerous for employers or students.

Exempt groups:³⁸

'Grandparented' support staff

Our current minimum training requirements for support staff grant exemptions to:

- staff who were declared competent under the grandparenting arrangements when our requirements were introduced

- support staff who holding pre-2011 pharmacy technician qualifications

Some respondents suggested there would be a negative impact on these individuals (mostly older staff) if they were required to retrain to meet our revised requirements. However, we do not plan

³⁷ See Save the student "[Student Money Survey 2017 – Results](#)" accessed 18 November 2019

³⁸ GPhC [Policy on minimum training requirements for dispensing/pharmacy assistants and medicines counter assistants](#), p8

to do this and will not apply our revised requirements to those who have already met our existing requirements.

Mitigation/justification

There is no evidence to suggest that there are significant disadvantages relating to these groups because our proposals will not require staff who have already met our requirements to complete further education or training.

Employers

Respondents to the survey were asked what they thought the impact would be on employers of the proposed changes.

Table 25: respondents who identified impacts on pharmacy owners and employers

What kind of impact do you think the changes will have on:	Employers/pharmacy owners		
	Individuals	Organisations	Total
Positive impact	58 (47%)	12 (25%)	70 (41%)
Negative impact	13 (10%)	5 (10%)	18 (10%)
Both positive and negative impacts	46 (37%)	25 (52%)	71 (41%)
No impact	3 (2%)	- (0%)	3 (2%)
Don't know	4 (3%)	6 (13%)	10 (6%)
Grand Total	124 (100%)	48	172 (100%)

Respondents to engagement activities requested administrative and financial resources to help smaller employers implement the proposed changes. They suggested that if these were not provided, the change would have a negative impact due to cost increases, especially for small businesses who would find it difficult to employ support staff, reducing the number of jobs available. Some respondents also suggested employers may struggle carry out a learning needs assessment for students they employed.

Mitigation/justification

We have taken on board feedback around the learning outcomes to ensure that they are set at an appropriate level and that accreditation criteria are flexible and proportionate to avoid lengthening or substantially increasing the content of courses. We will also provide templates and guidance to help employers carry out the learning needs assessment.

Support staff

Respondents to the survey were asked about the impact on support staff themselves.

Table 26: respondents who identified impacts on pharmacy support staff

What kind of impact do you think the changes will have on:	Support staff		
	Individuals	Organisations	Total
Positive impact	91 (73%)	29 (60%)	120 (70%)
Negative impact	3 (2%)	1 (2%)	4 (2%)
Both positive and negative impacts	22 (18%)	13 (27%)	35 (20%)
No impact	4 (3%)	4 (8%)	8 (5%)
Don't know	4 (3%)	1 (2%)	5 (3%)
Grand Total	124 (100%)	48 (100%)	172 (100%)

The majority (70%) of respondents felt the changes would benefit support staff and cited better training, support and careers as a result of this training. However, 24% of respondents identified potential for negative impacts on support staff. Respondents were asked to explain the impacts identified in their comments.

Some respondents mentioned that the outcomes are quite ambitious and place too much of responsibility on low paid, support workers. If new, stringent training requirements are introduced, this may put people off roles that are paid at minimum wage. This may indirectly cause support staff to change careers and/or deter applications.

Mitigation/justification

It is our responsibility to ensure that support staff are educated and trained effectively ensuring patient and public safety. Whilst we understand that these negative impacts may be caused, our new requirements will help to mitigate against some of these impacts. Accreditation criteria 1, which relates to equality, diversity and inclusion will ensure that reasonable adjustments are made to teaching, learning or assessment to help those with specific needs to meet the requirements. Furthermore, criteria 6 requires course providers and employers to support learners throughout their training. This support is intended to prevent some of the issues described in responses to the consultation.

Action needed as a result of the analysis

We will consider the impacts raised by stakeholders, event participants and survey respondents during the consultation when finalising the education and training requirements for support staff.

Once the requirements have been updated, we will present them to Council in December 2019 and incorporate any further changes requested.

Monitoring and review

a) How will the implementation of the proposal be monitored and by whom?

This analysis is intended to assist Council in considering whether the changes to support staff education and training requirements should be approved and/or subject to further amendment before introduction.

We have updated the draft education and training requirements for support staff. We engaged with experts to help set learning outcomes for job roles and develop more generic, professionalism-focused attributes as well as accreditation criteria.

Our accreditation and quality assurance processes allow us to monitor and assess courses, to ensure they meet the learning outcomes. We will consider how feedback is incorporated into evidence gathering and ensure we have appropriate mechanisms in place that highlight any other equality concerns that emerge.

b) How will the results of monitoring be used to develop this proposal and its practices?

The results from the various consultation engagements have informed the proposals.

c) What is the timetable for monitoring, including key dates?

The requirements will be kept under continues review, with a formal review carried out by the Education in line with policy review cycles.

Summary of the analysis of the effects on equality

This section sets out what action will be taken as a result of the analysis

No impact identified: no change to the policy or project	<input type="checkbox"/>
Equality impact identified: continue the policy	<input checked="" type="checkbox"/>
Equality and/or Welsh language impact identified: adjust the policy and continue	<input checked="" type="checkbox"/>
Equality and/or Welsh language impact identified: stop and remove the policy	<input type="checkbox"/>

The reasons for this decision are:

Whilst undertaking the analysis of the effects on equality for support pharmacy staff, impacts on equality were identified. When the impacts were identified, we adjusted the policy where we could to mitigate against these as much as possible.

With some impacts that were identified, we could not amend the policy to mitigate against these. In these cases, the positive impacts of updating the proposals outweighed the negative impacts of not implementing them.

The areas where we identified negative impacts and the changes we made to our proposals as a result, as well as the reasons for continuing with some of the current requirements, are below.

Exemptions – students and pre-registration trainees

We identified potential negative impacts that our exemption proposal may have on students and pre-registration trainees.

Students on pre-registration, an MPharm or an OSPAP degree receive an exemption from the requirement to undertake the qualifications that support staff must complete. Currently students can work without training at any point of their course which allows them to gain experience and earn money. We proposed to end this exemption.

After the stakeholder engagement, we adjusted the exemption proposal as stakeholders thought that ending the exemption may cause difficulties and could unduly restrict opportunities for practice learning and financial gain. This revised proposal retains student exemptions, but requires students to undergo an assessment of their learning needs with the aim to address any gaps in their education and training.

Exemptions – deregistered and retired pharmacists and pharmacy technicians

Our current policy requires deregistered and retired pharmacists and pharmacy technicians to complete support staff training. Stakeholders suggested that if deregistered and retired pharmacy professionals should be exempt from having to complete support staff training.

Whilst we understand that some groups may benefit from providing further exemptions, it is our responsibility to ensure that support staff are educated and trained effectively for their role, ensuring patient and public safety. We therefore have decided to continue with the current requirements.

Our new requirements however, will encourage the recognition of prior learning by asking employers and training providers to ensure that training is not repeated by individuals who already hold relevant knowledge, experience or training. This will enable individuals to transfer their existing learning to new support staff roles efficiently.

Exemptions – currently exempt groups

There is no evidence to suggest that there are significant disadvantages relating to the exempt groups because our proposals will not require these support staff, who have already met our requirements, to complete further education and training.

Disability and training

We identified potential negative impacts our proposals may have on those with disabilities. Our new requirements may indirectly disadvantage those with learning difficulties if we require trainee support staff to complete various formal learning training modules, or require qualified staff to retrain. Also, broadening the scope of training could impact on these groups because if there is an additional physical aspect to some of the training.

Criteria 1 in our accreditation criteria is about equality, diversity and inclusion and requires courses to be designed and delivered in such a way that the diverse needs of all learners are met. This will ensure that during courses, reasonable adjustments must be made to teaching, learning or assessment to help those with specific needs to meet requirements.

Incorporating equality, diversity and inclusion into GPhC accreditation process and learning outcomes

We identified a negative impact from our existing requirements due to the absence of equality, diversity and inclusion criteria in our requirements for accreditation. Our proposed accreditation criteria and learning outcomes address this and will ensure the GPhC complies with its statutory objectives under section 149 of the Equality Act 2010.

Financial implications effecting support staff

We identified a negative impact our proposals may have on support staff. Some respondents were concerned that if administrative and financial resources are not available to help smaller employers implement the proposed changes, cost increases may make it difficult for small pharmacies to employ support staff. This will mean that there will be fewer jobs available for already low paid workers.

Some thought that the outcomes are quite ambitious and place too much of responsibility on low paid, support workers. If new, stringent training requirements are introduced, this may put people off these relatively low paid roles. This may indirectly also deter applications and reduce employment opportunities, particularly for women who make up the overwhelming majority of this workforce.

It is our responsibility to ensure that support staff are educated and trained effectively ensuring patient and public safety. Whilst we understand that these negative impacts may be caused, our new requirements will help to mitigate against some of these impacts. Accreditation criteria 1, which relates to equality, diversity and inclusion is designed to ensure that reasonable adjustments are made to teaching, learning or assessment to help those with specific needs to meet the requirements. Furthermore, criteria 6 requires course providers and employers to support learners throughout their learning experience.

Protected time for training

We identified a negative impact our current requirements may have on some women. As 90% of pharmacy support staff are women, it is potentially the case that during their careers some women may be pregnant and and/or be involved in childcare. A theme that emerged from the early engagement events was that many support staff had to complete their training outside of working hours for various reasons, which they found difficult due to family commitments.

We have attempted to mitigate this impact by including this in the accreditation criteria. Accreditation criteria 6a includes a requirement for students to be provided with guidance on protected time for training. The policy also reiterates relevant principles from our current guidance.

Course time limits

We identified a negative impact our proposal may have on part time workers or those that cannot complete a course within three years due to extenuating circumstances. Our current requirements specify a three-year time period for completion. Respondents to the survey suggested that time limits for trainees to complete courses should not be stipulated but should be completed in a timely manner (though some found the current time limit helpful as a guide).

Survey participants raised that time limits on the completion of courses may negatively affect part time workers, where completing training may not be practical for the amount of time they actually work. The majority of the workforce are women, so many may work part time due to child care

responsibilities. If the new courses take longer to complete, this may deter pregnant and new mothers from completing them. It was also raised that there may be various reasons for a student not completing a course within the three-year time limit, so our proposals need to consider these factors.

We have taken adjusted our proposals to mitigate against these issues by clarifying that where an individual takes longer than three years to complete a course, the reasons for this should be considered when deciding whether to terminate an individual's course or to allow them additional time to complete.

This updated requirement will ensure that those who work part time, or cannot complete a course within three years due to extenuating circumstances, are not penalised for factors outside of their control.

Course length and older workers

We identified a negative impact our exemption proposal may have on older workers. If new support staff courses take longer to complete, this may deter older workers from undertaking these roles as they may not want to participate in a lengthy programme or qualification, especially if they are close to retirement.

The proposed requirements are intended to enable flexibility for approved courses which may mean some courses are longer but others shorter. The requirement to included generic content may make little difference to many existing courses, as some or all of this content us already delivered. It is unlikely that the changes will mean all courses take longer under the new requirements.

Further, we will not be requiring existing support staff who have already met our requirements (and therefore likely to be older) to retrain as a result of our revised requirements.

Whilst we understand the potential for negative impact, it is our responsibility to ensure that support staff are educated and trained effectively for their role, ensuring patient and public safety. We therefore have decided to continue with the proposal.

Review of governance policies

19.12.C.05

Meeting paper for Council on 05 December 2019

Public

Purpose

To seek the Council's approval for a refreshed set of governance policies and procedures within its remit

Recommendations

The Council is asked to approve the following policies and procedures:

- i. Governance policy (including openness at Council meetings)
- ii. Values, conduct and behaviours for Council members, associates and partners
- iii. Reappointment of Council members and Chair of Council
- iv. Declarations of interest policy for Council members and staff
- v. Gifts and hospitality policy for Council members and staff

Introduction

As part of good governance, our policies and procedures are reviewed on a regular basis to ensure that they remain fit for purpose and in line with relevant legislation and other good practice guidelines. Authority in a number of policy areas is reserved to the Council within our current Scheme of Delegation, and updates are presented to the Council as and when required.

In May 2019, Council approved updates to a number of governance policies and procedures, including the Standing Orders of the Council; the Standing Orders of the non-statutory committees; the reappointment of Council members and the Chair of Council; the appointment of the deputy Chair of Council; Standards of attendance for Council members and associates, Standards of education and learning for Council members and associates; and, the Council member and Chair appraisal process.

This paper presents a further set of refreshed governance policies and procedures for Council's approval. These are attached at **appendices 1 - 5**.

Key considerations

Below is a brief summary of the key changes and the rationale behind these, including other relevant information such as feedback from key stakeholders, where appropriate.

The key changes to each policy and procedure are as follows:

Appendix 1 – Governance policy (including openness in Council meetings)

The current governance statement was approved by Council in April 2017 and we are not proposing any significant change to this. However, we are proposing to add a new section (paragraphs 4.1 to 4.10), to outline our approach to maximising openness in Council meetings.

Transparency and accountability are two of the five principles of better regulation. As a regulator and public body, these are vital to our effectiveness and the public interest. And, our decision-making must be open, transparent and subject to public scrutiny.

Although the default position for Council business is that it will be conducted in public, it may be appropriate and necessary, for some matters to be discussed in confidential session. This additional policy information provides clarity on the type of business that may be conducted in confidential session and outlines that the criteria that we apply to ensure consistent decision-making. It is intended to sit alongside the existing Standing Orders of the Council that deal primarily with the practical arrangements around public access to and conduct of meetings.

Appendix 2 - Values, conduct and behaviours for Council members, associates and partners

The current policy was approved by the Council in June 2017. We are not proposing any significant changes, as this remains fit for purpose.

We have adjusted the wording in the policy to make it explicit that Council members, associates and partners must comply with the requirements set out in the policy, particularly those within the code of conduct. We have also added some further guidance about communicating in a public space or online.

These proposed changes are supported by the Chair of the Appointments Committee, particularly as this policy extends to associates and partners, as well as Council members.

Appendix 3 – Reappointment of the Council members and Chair of Council

This procedure was updated in May 2019 and is not yet due for review. However, the Professional Standards Authority (PSA) has provided some general feedback on the existing policy about the role of the Chair as the sole decision-maker in any reappointments process.

Taking this into account, we have added an additional requirement for the Chair to take soundings from one or more of the Chairs of the Audit & Risk, Remuneration, or Finance & Planning Committees as part of the decision-making process. And, in the event that this is not appropriate, or there is a conflict or perceived conflict of interest, the Chair may take soundings from one or more external members of the non-statutory sub-Committees.

In line with the current good practice advice from the PSA, we have also clarified that during the process of reappointment that the Chair will seek third party and key stakeholder feedback, in particular from the Chief Executive and Registrar, or, should this not be possible other members of the regulator's senior team.

Appendix 4 – Declarations of interest policy

We have refreshed the format and content of this policy, and added new guiding principles for identifying, managing and recording conflicts of interest. We have also included some additional examples of what is likely to constitute a conflict of interest, and we have cross-referenced a number of related policies such as the current Code of Conduct for staff members as well as for Council members.

In addition, the PSA have published a new and revised set of Standards of Good Regulation for use in the 2019/20 performance cycle and beyond. The new Standards will continue to cover our four core regulatory functions (registration, fitness to practise, education, standards and guidance), but they have been reduced and rationalised (18 instead of 24). And, there are also five new general Standards, which cover all aspects of how regulators deliver these core regulatory functions.

Under these new general standards, regulators are required to be clear about their purpose, which includes having policies and processes to manage conflicts of interest and publishing registers of interest. As part of next year's assessment, the PSA will look for evidence of how regulators consider potential conflicts of interest and manage these within their governance structures. It is therefore important that our policy sets out clearly the way in which we identify, declare and record conflicts of interest.

Appendix 5 – Gifts and hospitality policy

This policy provides Council members and staff with guidance on what to do if they are offered gifts and/or hospitality in connection with GPhC activities and sits alongside the conflicts of interest policy.

It is designed to protect the integrity of our Council members, staff and our organisation, and sets out guidance that must be followed to ensure that the acceptance of gifts or hospitality does not have an adverse effect on our work or on public confidence in the GPhC.

There are no significant changes proposed to the way in which gifts and hospitality are managed, and this remains in line with the approach taken by a number of other relevant organisations and regulators. We have refreshed the format and content, to ensure that both policies are aligned and that they reflect current arrangements. And, we have added some general guidance on how to approach these scenarios in practice.

Equality and diversity implications

Equality and diversity implications have been considered in the updating of individual policies and the changes recommended in this paper do not raise any specific equality or diversity issues.

The policies set out clearly the expectations on all staff and Council members and align with other relevant policies and procedures.

Communications

Subject to approval by the Council, we will publish the updated policies on our intranet and raise awareness through a variety of mechanisms including the Capsule - our all staff e-newsletter. Where relevant, policies will also be published on our website. Policies affecting non-staff will also be shared through the relevant channels.

Resource implications

There are no specific resource considerations associated with the policy and procedure review.

Risk implications

It is essential that our range of policies and procedures are fit for purpose and reflect current legislation or other good practice guidance. It is also vital that policies are clear and published in an accessible format, so that people understand their responsibilities and what they can expect from the organisation.

Monitoring and review

Each policy has a review date at which point the effectiveness of the policy is reviewed as well as currency with relevant guidance and best practice. Policies are reviewed earlier if there are changes in legislation or other processes, which need to be reflected.

Recommendations

The Council is asked to approve the following set of refreshed policies and procedures:

- i. Governance policy (including openness at Council meetings)
- ii. Values, conduct and behaviours for Council members, associates and partners
- iii. Reappointment of Council members and Chair of Council
- iv. Declarations of interest policy for Council members and staff
- v. Gifts and hospitality policy for Council members and staff

Laura McClintock

laura.mcclintock@pharmacyregulation.org

General Pharmaceutical Council

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Appendix 1: Governance policy

This policy sets out the key governance principles of the GPhC and our approach to maximising openness in Council meetings

[new text in red]

Introduction

- 1.1 This policy sets out the key corporate governance arrangements for GPhC and outlines the approach we take to maximise the amount of Council business which is conducted in public, in line with the principles of good regulation.

Purpose

- 2.1 This policy is designed to provide an overview of the corporate governance arrangements of the organisation.

Governance policy

- 3.1 The Council is responsible for deciding the organisation's aims and for making sure that they are achieved. The Council accounts for the organisation's performance to Parliament, the Scottish Parliament and the Welsh Assembly, representing the public.
- 3.2 The GPhC organisation is headed by the Chief Executive and Registrar (CE&R). The CE&R manages the staff, resources and business of the organisation, **assisted by the Senior Leadership Group**.
- 3.3 The CE&R is required to assure the Council as to the organisation's achievement of the aims set out by Council and as to the management of the risks facing the organisation.
- 3.4 Governance arrangements are implemented through the GPhC's governance and assurance framework. **This includes the Scheme of Delegation, Authority Framework, Standing Financial Instructions as well as a number of supporting policies and procedures.**

Openness in Council meetings

[All new paragraphs 4.1 to 4.10 below]

- 4.1 Transparency and accountability are two of the five principles of better regulation. As a regulator and public body, these are vital to our effectiveness and the public interest. Our decision-making must be open, transparent and subject to public scrutiny.
- 4.2 As such, the default position for Council business is that it will be conducted in public. In line with the Standing Orders of the Council, members of the public may attend meetings of the Council. Council meeting agendas, papers and minutes are routinely published on our website.

- 4.3 It may however be appropriate, and necessary, for some matters to be discussed in confidential business. This is also provided for in the Standing Orders of the Council.
- 4.4 Generally, items discussed in confidential business will fall within specified criteria, for example, where information is sensitive for personal or commercial reasons.
- 4.5 The Council may take business as confidential when the item:
- a. could be prejudicial to the effective conduct of the GPhC's functions if discussed in public; or
 - b. contains information which has been provided to the Council in confidence; or
 - c. contains information whose disclosure is legally prohibited, or is covered by legal privilege; or
 - d. is part of a continuing discussion or investigation and the outcome could be jeopardised by public discussion; or
 - e. refers to an individual or organisation that could be prejudiced by public discussion; or
 - f. relates to negotiating positions or submissions to other bodies; or
 - g. could be prejudicial to the commercial interest of an organisation or individual if discussed in public session; or
 - h. could be prejudicial to the free and frank provision of advice or the exchange of views for the purpose of deliberation if discussed in public; or
 - i. needs to be discussed in confidence due to the external context, for example, during periods of heightened sensitivity such as during an election period.
- 4.6 This is not an exhaustive list, and there may be occasions when a judgement will need to be made in relation to a specific item of business.
- 4.7 There will also be some routine matters of confidential business, for example, confidential minutes of the Audit & Risk, Finance and Planning, and Remuneration Committees.
- 4.8 Additionally, not all items which would fall within the above criteria need necessarily be excluded from public business. A judgement will be made in each case as to whether it is appropriate to include an item in confidential business or whether it could reasonably be discussed in public. Items should be discussed in public whenever it is reasonable and appropriate to do so.
- 4.9 The GPhC is covered by the Freedom of Information Act 2000 (Fol Act). The Fol Act provides a general right of access to information held by public bodies in the course of carrying out their public functions, subject to certain conditions and exemptions. The fact that an item has been discussed in confidential session at Council does not mean that information relating to it, including papers and confidential minutes, is not disclosable under Fol.
- 4.10 Any requests made under the Fol Act will be considered in line with our usual procedures. There is more information about available on our website [here](#).

Appendix 2: Values, conduct and behaviours for Council members, associates and partners

This policy sets out the values, conduct and behaviours which Council members, associates and partners are expected to demonstrate

[new text in red]

Introduction

- 1.1 As an independent regulator, it is our role to protect, promote and maintain the health, safety and wellbeing of patients and of those who use or need pharmacy services. We also act to uphold public confidence in pharmacy. To do this, the GPhC needs to carry out its regulatory functions and statutory requirements in an open, honest and ethical way. As such, we have a code of conduct for Council members and others which sets standards of behaviour for them and for others, who carry out work in connection with the GPhC.
- 1.2 The Council has adopted the seven principles of public life (also known as the Nolan principles) as its values for Council members, associates and partners. These are set out in section 3 below. The code of conduct, set out in section 4, provides further detail of the behaviours expected.

Purpose

- 2.1 This policy sets out clearly the values, conduct and behaviours which Council members, associates and partners are expected to demonstrate.

Scope

- 3.1 As well as Council members, there are a number of non-employee groups who help the GPhC to fulfil its regulatory functions. We use the terms 'associate' and 'partner' to describe these groups. Associates and partners fill a variety of roles, providing a wider range of knowledge and skills to support the GPhC's work.
- 3.2 Council members, associates and partners must demonstrate high standards of corporate and personal behaviour, and are required to observe the same code of conduct and standards of behaviour, although not all provisions may be equally relevant to all groups. Where appropriate, associates may also need to comply with legislative and other requirements and codes of conduct relevant to their specific functions.

Principles of public life

4.1 Council members, associates and partners must demonstrate the seven principles of public life, also known as 'The Nolan Principles'. These are:

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best

evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit

themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner.

Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Code of conduct

5.1 Members, associates and partners **must**:

- a. ~~are~~ **be** committed to fully upholding the principles of public life and, in addition, they are committed to ethical and lawful conduct
- b. ~~are~~ **be** professional and demonstrate good behaviours in their roles

- c. ~~do~~ not attempt to exercise individual authority within the organisation, unless expressly authorised by the Council
- d. co-operate and work collaboratively with colleagues
- e. **use good judgement and communicate professionally in public, or online (please see below for more guidance on this aspect)** ~~recognise that when communicating in a public space, such as at an event or through social media, their opinions are likely to be interpreted as being representative of the GPhC and their personal behaviour is likely to be interpreted as being endorsed by the GPhC and reflective of its values. This is despite whatever efforts they may make to distinguish clearly the views as their own. They consider carefully this risk before engaging in communications that may be associated with the GPhC or topics that could be related to the work of the GPhC and avoid being drawn into negative, unconstructive discussions (see demonstrating professionalism online)~~
- f. adhere to the principle of collective responsibility in decision making that they are involved in
- g. maintain confidentiality at all times, working within the GPhC's information governance and security policies and the law
- h. avoid any behaviour that may impair the ability of the GPhC, the Council or a committee to perform its functions or to enjoy the confidence of stakeholders
- i. keep in mind the competencies required for their role and seek to demonstrate these throughout their tenure
- j. ~~are~~ **be** properly prepared for Council or committee deliberations.
- k. promote equality, ~~and~~ diversity **and inclusion**, and treat others with respect
- l. observe the all applicable GPhC standards and policies such as conflicts of interests; gifts & hospitality; education & training; attendance at meetings; and performance appraisal policies
- m. disclose to the **relevant person (for example, the Chair of Council**, or the Associates and Partners Manager), as soon as a situation arises, any commitment or activity which may be perceived as a potential conflict of interest in respect of the role they undertake with the GPhC, **and to so in line with the relevant policy.**
- n. challenge any action or behaviour by a fellow member or associate or partner which appears not to comply with this code.
- o. inform their Chair or staff lead of any reason why they may be liable to be suspended or removed from the Council or a committee under the provisions of the GPhC (Constitution) Order, the GPhC's rules and/or standing orders. (The Chair must inform the Chief Executive

& Registrar of any reason why he or she may be liable to be suspended or removed from the Council under the provisions of the GPhC (Constitution) Order and standing orders 3.3)

Communicating in public or online

- 5.2 In line with the above, Council members, associates and partners must use good judgement and communicate professionally when in public, or online. This includes maintaining confidentiality and privacy, when appropriate to do so.
- 5.3 When communicating in a public space such as at an event or on social media, members, associates and partners must understand and take into account that their opinions are likely to be interpreted as being representative of the GPhC, despite any efforts they make to point out that their views are their own.
- 5.4 Similarly, members, associates and partners must understand and take into account that their behaviour is likely to be interpreted as being endorsed by the GPhC and reflective of its values.
- 5.5 It is therefore important that members, associates and partners think carefully about these risks before engaging in communications that may be associated with the GPhC or topics that could be related to the work of the GPhC and avoid being drawn into negative, unconstructive discussions or behaviours.

Behavioural standards

- 6.1 Members, associates and partners ~~are~~ **must be** professional and display good standards of behaviour in their roles. The statements below, although not exhaustive, illustrate the types of behaviour the GPhC expects from members, associates and partners (please note not all may be equally relevant to all groups)

The Behavioural Statements

i. Good Corporate Behaviour

This is characterised by members, associates and partners engaging in constructive challenge internally, whilst speaking with a single voice externally:

A.1 *Acting in the public interest*

Putting the interests of the public first, never forgetting the duty to use the position for public benefit not personal advantage

A.2 *Considering the impact of the Council's work*

Analysing strategic direction to ensure it supports improvement of public safety and wellbeing and considering the impact on all communities

A.3 *Challenging the status quo*

Constructively challenging the status quo and probing effectively to achieve the best outcomes for the public whom the GPhC exists to serve

A.4 *Building constructive relationships*

Displaying empathy and respect for others and building constructive relationships across boundaries

A.5 *Holding others to account*

Holding others to account for performance of delegated responsibilities, working

within the distinction between the non-executive and executive role in line with the GPhC's governance policy

A.6 Weighing up risk

Balancing the cost (whether financial or resource) against the benefit and considering the overall impact including the risks and opportunities of different strategic approaches

ii. Good personal behaviour

This is characterised by members, associates and partners demonstrating courtesy, listening and respect in dealings with each other, with the organisation's staff, and with stakeholders:

- B.1 Modelling behaviours in line with the GPhC's commitment to equality, diversity and inclusion
- B.2 Displaying a high level of probity, integrity, objectivity and fairness in working with the GPhC and being accountable and responsible for behaviours and actions
- B.3 Supporting and hold themselves to account for a collective decision taken. Accepting personal responsibility for their part in whether the GPhC succeeds or fails
- B.4 Accepting challenge on their own perspective
- B.5 Embracing change when it is needed, remaining open to adapting their position in light of others' views or new information
- B.6 Giving and accepting feedback positively and constructively
- B.7 Listening to and actively seeking to understand issues from a range of different perspectives, including individual and minority views

Non compliance

7.1 All Council members, associates and partners must read, understand and comply with this policy.

7.2 Any action which may be a breach of this policy will be considered in line with the GPhC's governance framework, and may be dealt with in accordance with the GPhC's ability to suspend, remove or take other action against its members, associates and partners.

Appendix 3: Reappointment of Council Members and Chair of Council

This procedure sets the process of reappointment of Council Members and the Chair of the Council in the event they are eligible and considered for reappointment

1. Introduction

- f. The following procedure is to be used when Council members or the Chair of Council are to be considered for potential reappointment.

2. Purpose of procedure

- 1.1. This procedure is intended to ensure that a consistent approach is taken when the potential reappointment of Council members or the Chair of Council is being considered. Any reappointment would be made by the Privy Council, once the process followed had been approved by the Professional Standards Authority.

3. Procedure statement

- 1.2. This process takes account of the guidance on Good practice in making council appointments, issued by the Professional Standards Authority (PSA). The process for Council reappointments must adhere to the four principles of a good appointments process set out by the PSA: merit, fairness; transparency and openness, and inspiring confidence in regulation.
- 1.3. The Governance team will advise the Chair of Council and the Chief Executive & Registrar of any Council members whose terms are coming to an end of the timetable required for making timely appointments or reappointments.
- 1.4. The Governance team will establish which of those members whose terms are ending would be eligible for reappointment under the legislation and which of the eligible members would wish to be considered for a further term.
- 1.5. The Council will be asked to confirm whether Council vacancies will be filled using a combination of open competition and a reappointments process³⁹, by open competition only, or by reappointment only.
- 1.6. In deciding whether open competition, reappointment or a combination of these should be used in a particular recruitment round, the Council should:
- Assess and consider the current and future needs of the Council for particular skills and expertise

³⁹ The Council agreed in April 2014 that Council vacancies would generally be filled using a combination of open competition and a reappointments process

- Consider the balance between continuity and refreshment of the Council's membership. The aim should be to produce a degree of change which minimises the risks of stagnation, on the one hand, and instability and delays, on the other
- Consider the diversity of backgrounds within the Council's membership
- Take account of any relevant external factors e.g. anticipated changes to the constitution of the Council.

1.7. This process applies when the Council decides that some or all of the vacancies should be filled by reappointment. Where this is the case, all re-appointments must be made via recommendation or open competition – there must not be a mixture of the two with some members recommended for re-appointment and others required to go through open competition. If an open competition is run, all sitting members who desire and are eligible for a second term must go through that process.

1.8. The governance team will confirm the planned timing of the reappointment recommendation/s with the Privy Council and the PSA. Reappointments should not be made more than six months before they are due, so as to ensure that evidence of the member's performance is current and relevant.

1.9. It should be made clear at appointment and again when terms are due to end that there is no automatic right to reappointment. Each case will be considered on merit, bearing in mind the current and future needs of the Council.

1.10. Factors to be considered in relation to potential reappointment are:

- Merit, as evidenced by the member's performance assessment throughout their time in office
- The current and assessed future needs of the Council for particular skills and expertise
- Any potential conflict of interest
- The member's attendance record and ability to continue to commit the time required to the role
- Anything in the member's professional or personal background which could cause embarrassment to the GPhC or the Privy Council
- Continuing to satisfy the eligibility criteria set out in the GPhC Constitution Order⁴⁰ eg. Relating to bankruptcy or criminal conviction
- The requirement that a member may not hold office for more than an aggregate of 8 years within any 20 year period
- The requirement to have at least one Council member living or working in each of England, Scotland and Wales.

1.11. A member wishing to seek a further term will be asked to provide a brief statement of their case for reappointment, including confirmation that they continue to meet the eligibility criteria and would be able to commit the time required to the role. The member will also be

⁴⁰ The General Pharmaceutical Council (Constitution) Order 2010 (S.I. 2010/300)

asked to state whether there is anything in their professional or personal background which could cause embarrassment to the GPhC or the Privy Council.

- 1.12. The governance team will collate the following information relating to the member concerned for consideration by the Chair of Council, with the member's statement:
- Records of appraisals since the member's last appointment
 - Attendance records at meetings of the Council and, where relevant, committees and working groups
 - The member's current statement of declared interests
 - The total period for which the member will have held office when the current term ends
 - The results of due diligence checks
 - Confirmation that relevant legislative provisions will be satisfied if the member is reappointed, including eligibility criteria, provisions relating to members from Scotland and Wales, and provisions relating to lay and registrant membership.
- 1.13. The Chair of Council will decide whether to recommend a member for reappointment and, if so, the recommended term of the reappointment. In doing so, the Chair should assess whether the member seeking reappointment continues to meet the Council's requirements and is likely to continue to do so during a further term, bearing in mind the current context of the Council's work and any anticipated changes.
- 1.14. In determining the term of office to be recommended, factors to be considered include:
- The perceived likelihood of change in the Council's need for particular skills and expertise during the term being contemplated
 - The balance between continuity and change within the Council's membership
 - The wishes of the member concerned
 - The desirability of holding recruitment and/or reappointment processes no more often than every two years⁴¹.
- 1.15. As part of this decision-making process, the Chair will take soundings from one or more of the Chairs of the Audit & Risk, Remuneration, or Finance & Planning Committees. In the event that this is not appropriate, or there is a conflict or perceived conflict of interest, the Chair may take soundings from one or more external members of the sub-Committees referred to above.
- 1.16. The Chair will also seek third party and key stakeholder feedback, in particular from the Chief Executive and Registrar, or, should this not be possible other members of the regulator's senior team.
- 1.17. The Chair will provide the Notice of Reappointment Recommendation to the PSA with the following information (with the name of the member redacted):
- Statement of case for reappointment from the Council member concerned

⁴¹ The Council agreed in May 2012 that terms of office should be staggered to allow an appointments process to run every other year

- Recommendation from the Chair, including discussion of whether the competencies required of Council members have changed since the member was first appointed and, if so, how the member has demonstrated that they meet the revised competencies
 - Summary of the member's most recent appraisal, including the outcome of the appraisal and any areas of concern
 - Up-to-date profile of other Council members
 - Recommendation for term of reappointment and explanation
 - Any other information relevant to the reappointment.
- 1.18. The governance team will notify the Privy Council office of the recommendation/s for reappointment
- 1.19. The process for reappointment of a Chair of Council will be the same as for a Council member except that:
- The Chief Executive & Registrar will discuss with the Chair whether they intend to seek a further term
 - If so, the Council will assess the current and future needs of the regulator
 - The Council will also nominate two Council members (one lay, one registrant) to oversee the collation and assessment of evidence in the same way that the Chair of Council does for a member seeking reappointment, and to submit the recommendation of reappointment to the PSA. The Council should select members with appropriate skills and experience who are impartial and will be perceived to be so. These members would be expected to provide a written declaration that they do not intend to seek a further term of office. The appraisal reports for the Chair of Council will be based on a 360° appraisal process, including third party feedback.
 - The Chair will be asked to provide a broader statement in support of their potential reappointment, including their ideas and approach to a further term
 - The Council will decide whether to recommend a Chair for reappointment and, if so, the recommended term of office
 - In doing so, the Council will take account of the current and future needs of the regulator, as assessed. The Council should also reflect on other relevant information including: the GPhC's annual report, accounts and strategic plan; media and reports in the public domain, and proposed changes in the regulatory environment.

4. Application of procedure

- 1.20. This procedure applies to the Council, the governance team and all staff involved with the process for reappointing Council members.

Appendix 4: Conflicts of interest policy

This policy sets how we identify, manage and record conflicts of interest and outlines the key responsibilities of Council members and staff

[new text in red]

1. Introduction

- 1.1 Integrity is a principle of public life and, as a regulator and public body, impartiality and independence are vital to our effectiveness and the public interest. We must be objective in our decision-making, and personal interests should never influence our decisions at work.
- 1.2 We recognise that the identification and management of potential or actual conflicts of interest (including gifts and hospitality) is an essential component of good governance. All of us must ensure that we are able to recognise any potential conflict of interests we have and that they do not affect, or appear to affect, any of our decisions.
- 1.3 In line with our '**Values, conduct and behaviours for Council members, associates and partners**' policy, these groups are required to disclose any commitment or activity which may be perceived as a potential conflict of interest in respect of the role they undertake with the GPhC, and to comply with all applicable GPhC standards and policies, including those relating to conflicts of interests and gifts and hospitality.
- 1.4 Similarly, our '**Code of Conduct**' for GPhC staff states that all employees must declare if they or their relatives, friends or associates have any interests, financial or otherwise that could influence, or be seen to influence, decisions that they may take on behalf of the GPhC.
- 1.5 All Council members and staff are required to declare and register relevant interests, when appropriate and in line with this policy.

2. Purpose

- 2.1 This policy provides advice on how we identify, manage and record conflicts of interest, or potential conflicts of interest. It helps to protect the integrity of our Council members, staff and our organisation, and sets out guidance that must be followed to ensure that a conflict of interest, or potential conflict of interest, does not have an adverse effect on our work or on public confidence in the GPhC.
- 2.2 It also provides guidance on what types of interests should be declared by Council members and staff relating to them, their family members or their close acquaintances that could influence, or be seen to influence, their objectivity when making decisions on behalf of the GPhC, or in connection with the GPhC. These groups must also declare any paid employment or relevant voluntary activity.

3. Scope

- 3.1 This policy applies to Council members and staff. There are some additional requirements for senior staff (Directors) outlined below.
- 3.2 As well as Council members, there are a number of non-employee groups who help the GPhC to fulfil its regulatory functions. We use the broad terms 'associate' and 'partner' to describe these groups. Associates and partners fill a variety of roles, providing a wide range of knowledge and skills to support the GPhC's work.
- 3.3 Council members and associates and partners are required to observe the same code of conduct and standards of behaviour, although not all provisions may be equally relevant to all groups. **Associates and partners are covered by a separate, but similar, conflicts of interest policy.** This is because associates may also need to comply with legislative and other requirements relevant to their specific functions. For example, there are specific legislative provisions relating to conflicts of interest for statutory committee members in the General Pharmaceutical Council (Statutory Committees and their Advisers Rules) Order of Council 2010.
- 3.4 If you are not sure whether this policy applies to you, please contact the Executive Office and Governance Team for information and advice. You should always err on the side of caution and declare any interests if you are unsure of their relevance.

4. Conflicts of interest

Guiding principles

- 4.1 When identifying, managing and recording conflicts of interest, you should be guided by the following principles:
- Always act with honesty and integrity
 - Be open about the relationships and personal interests that could be seen as influencing your independent judgement
 - Make full, accurate and timely declarations (declarations should be made on appointment, as and when they arise throughout the year, as well as during the bi-annual attestation process for Council members and senior staff)
 - Always alert the relevant person to any actual or potential conflict of interests and agree with them how this should be managed
 - Notify the relevant person immediately if your circumstances change, in case this gives rise to conflict of interests
 - Do not seek to make a profit or benefit for yourself or others by making personal use of information acquired during your duties
 - Ensure you do not leave yourself open to improper influence or the perception of improper influence through the acceptance of gifts and hospitality, or otherwise.
 - Read, understand and comply with this policy and ask questions if you need clarification or advice
 - Speak up if you have concerns, including about any breach, or potential breach of this policy

What constitutes a 'conflict of interest'

- 1.1. A conflict of interests arises when your responsibilities could be affected by your personal or professional situation, financial matters or a close personal relationship. It could also arise if your responsibilities could be affected by a personal interest of your close family or any other close personal relationship with an individual. It becomes significant if any person, internally or externally, might reasonably believe there is a risk of your actions, or those of a personal acquaintance, being inappropriately influenced.
- 1.2. You should declare any interests, financial or otherwise, that you, your family or friends have that could influence, or be seen to influence, decisions that you may take on behalf of the GPhC. This includes any activity for which you are paid if this could influence, or be seen to influence, decisions that you may take on behalf of the GPhC
- 1.3. A conflict of interest may also be anticipatory, where the actions of an individual may be perceived to put them or their family or close associates in a more favourable position.
- 1.4. Conflict of interests, or perceived conflict of interest, may arise in various ways, such as:

Financial interests – direct

This should include but is not restricted to:

- Any activity for which you are paid, whether or not the activity relates to matters concerning the GPhC, such as:
 - full time or part-time employment of any kind, including paid directorships
 - paid offices held
 - self-employment, such as freelance, contract or consultancy work
 - sponsorship, awards, bursaries, research grants etc.
- Ownership of any company, business or consultancy
- Direct beneficial interests or shareholdings in companies or other bodies that could be perceived as relevant to the GPhC (on your own behalf or on behalf of a spouse, partner, child or children)
- Any business dealings or other financial transactions, including any contract to supply goods or services to the GPhC, or to any person or organisation connected to the activities of the GPhC.

Financial interests – indirect and relating closely to GPhC activity

You should declare all indirect financial interests arising from connections with bodies which have a direct financial interest in matters concerning the GPhC or from being a business partner of, or being employed by, a person with such an interest.

Non-financial interests

You should declare all non-financial interests that relate to unpaid office in, membership of or involvement in organisations, associations or other bodies which are regulated in any way by the GPhC or whose activities could be perceived as relevant to the GPhC.

For example, any office held in any healthcare related organisation in the public, private or third sector. This includes NHS authorities and trusts, regulatory bodies, professional associations,

trade unions and charities, trusts and voluntary organisations. This would also include membership of any organisation whose principal purposes include influencing public opinion or policy such as membership of 'think tank' or lobbying organisations.

Close family interests

You should declare all financial and non-financial interests of close family members and persons living in the same household (where these are known to you) that could be thought of as relevant to GPhC activity. Close family members include personal partners, parents, children (adult and minor), brothers, sisters and the personal partners of any of these.

- 1.5. This list is not exhaustive. If you are unsure of whether a conflict has risen or may arise in future, please seek advice from the Executive Office and Governance Team. If you are in any doubt as to whether or not something represents an interest, you should err on the side of caution and declare it.

5. Declaring and recording conflicts of interest

- 5.6 Council members and staff a responsibility to provide relevant information and make appropriate declarations in line with this policy. This includes providing updated information as soon as possible following a change in circumstances.
- 5.7 The GPhC is committed to transparency in its decision making. As such, the register of interests is made public on the GPhC website.
- 5.8 Every six months (March and September) Council members, and senior staff (Directors) will be asked to update their declaration of interests by completing a new form, including sending in a nil return, if appropriate.
- 5.9 In March and September, the finance team reconcile the Council member and senior staff declarations against the prior six months' purchases to check if there have been any related party transactions. This is then reported to the external auditors as part of the year end processes.
- 5.10 The information provided through declarations will be processed in accordance with data protection principles as set out in the Data Protection Act 2018. Data will be processed only to ensure the objectivity and transparency of GPhC decision making.
- 5.11 The Standing Orders of Council (Standing Orders 13.1 to 13.4) provide further guidance on how conflicts should be declared and managed at Council meetings. This includes how conflicts are recorded in the minutes.

6. Gifts and hospitality

- 6.2 Council members and staff must not accept gifts or hospitality that might reasonably be seen to compromise or call into question their independence, impartiality or personal judgement, or that of the GPhC. This includes anything that could place these groups under an obligation to outside individuals or organisations that might influence their performance of official duties or, just as importantly, that might give rise to a perception that they might be so influenced.
- 6.3 Further guidance can be found in the Gifts and Hospitality policy.

7. Supporting documents

7.1 This policy is supported by a range of other supporting policies and procedures, which can be found on the Governance, HR and Finance pages of the intranet, and in the policies and procedures library. This includes:

- Standing Orders of Council
- Gifts and hospitality policy
- GPhC Staff Code of Conduct
- Values, conduct and behaviours for Council members, associates and partners
- Anti-bribery policy
- Disciplinary policy and procedures
- Raising concerns policy

7.2 For more information or advice about this policy, please contact the Executive Office and Governance Team.

Appendix 5: Gifts and hospitality policy

This policy provides guidance on what to do if you are offered gifts and/or hospitality in connection with GPhC activities

[new text in red]

1. Introduction

- 1.2 Integrity is a principle of public life and, as a regulator and public body, impartiality and independence are vital to our effectiveness and the public interest. We must be objective in our decision-making, and personal interests should never influence our decisions at work.
- 1.3 We recognise that the identification and management of potential or actual conflicts of interest (which includes gifts and hospitality) is an essential component of good governance. All of us must ensure that we are able to recognise any potential conflict of interests we have and that they do not affect, or appear to affect, any of our decisions.
- 1.4 In line with our 'Values, conduct and behaviours for Council members, associates and partners' policy, these groups are required to disclose any commitment or activity which may be perceived as a potential conflict of interest in respect of the role they undertake with the GPhC, and to comply with all applicable GPhC standards and policies, including those relating to gifts and hospitality.
- 1.5 Similarly, our 'Code of Conduct' for GPhC staff specifies that certain gifts may be accepted provided this is compliant with the principles of the GPhC's formal arrangements as set out in our anti-bribery policy, declarations of interest policy, and this gifts and hospitality policy.

2. Purpose

- 2.1 As a regulator and public body, we must observe high standards of ethical behaviour. We recognise that it is important to build and maintain effective networks to support our work. This can occasionally give rise to offers of gifts and/or hospitality.
- 2.2 This policy provides guidance on what to do if you are offered gifts and/or hospitality in connection with GPhC activities.
- 2.3 It also helps to protect the integrity of our Council members, staff and our organisation, and sets out guidance that must be followed to ensure that the acceptance of gifts or hospitality does not have an adverse effect on our work or on public confidence in the GPhC.

3. Scope

- 3.5 This policy applies to Council members and staff. There are some additional requirements for senior staff (Directors) outlined below.

- 3.6 As well as Council members, there are a number of non-employee groups who help the GPhC to fulfil its regulatory functions. We use the broad terms ‘associate’ and ‘partner’ to describe these groups. Associates and partners fill a variety of roles, providing a wide range of knowledge and skills to support the GPhC’s work.
- 3.7 Council members and associates and partners are required to observe the same code of conduct and standards of behaviour, although not all provisions may be equally relevant to all groups. **Associates and partners are covered by a separate, but similar, conflicts of interest policy.** This is because associates may also need to comply with legislative and other requirements relevant to their specific functions. For example, there are specific legislative provisions relating to conflicts of interest for statutory committee members in the General Pharmaceutical Council (Statutory Committees and their Advisers Rules) Order of Council 2010.
- 3.8 If you are not sure whether this policy applies to you, please contact the Executive Office and Governance Team for information and advice. You should always err on the side of caution and declare any interests if you are unsure of their relevance.

4. Guiding principles

- 4.2 When identifying, managing and recording conflicts of interest (including gifts and hospitality), you should be guided by the following principles:
- Always act with honesty and integrity
 - Be open about the relationships and personal interests that could be seen as influencing your independent judgement
 - Make full, accurate and timely declarations (declarations of interest should be made on appointment, as and when they arise throughout the year, as well as during the bi-annual attestation process for Council members and senior staff)
 - Always alert the relevant person to any actual or potential conflict of interests and agree with them how this should be managed.
 - Notify the relevant person immediately if your circumstances change, in case this gives rise to conflict of interests
 - Do not seek to make a profit or benefit for yourself or others by making personal use of information acquired during your duties
 - Ensure you do not leave yourself open to improper influence or the perception of improper influence through the acceptance of gifts and hospitality, or otherwise.
 - Read, understand and comply with this policy and ask questions if you need clarification or advice
 - Speak up if you have concerns, including about any breach, or potential breach of this policy

5. Guidance on gifts and hospitality

- 5.1 Gifts and hospitality can be an appropriate part of a working relationship, but any acceptance must not improperly influence, or be seen to improperly influence, any decisions or create a feeling of obligation.
- 5.2 Council members and staff must not accept gifts or hospitality that might reasonably be seen to compromise or call into question their independence, impartiality or personal judgement, or that of the GPhC. This includes anything that could place these groups under an obligation to outside individuals or organisations that might influence their performance of official duties or, just as importantly, that might give rise to a perception that they might be so influenced.
- 5.3 There will often be an element of judgement in coming to a decision. When following this policy, common sense needs to apply about whether gifts or hospitality should be accepted. If acceptance of gifts and hospitality were challenged, it would be necessary to show that acceptance was lawful, appropriate and consistent with our rules and that personal judgement or integrity had not been compromised.
- 5.4 For example, you should never accept any gift and/or hospitality from any person or organisation against which you know we are engaged in or considering formal regulatory action, or from any person or organisation with which you know we are considering entering into a contract.
- 5.5 Declining gifts and hospitality can sometimes seem discourteous; however, this may be necessary to uphold high standards of propriety and guard against any concern about a perceived or actual conflict of interest, or creation of an undue obligation.
- 5.6 If in doubt, you should err on the side of caution and do not accept the gift and/or hospitality.
- 5.7 If you are aware of such an offer in advance (this is more commonly the case with hospitality than with a gift) you should seek advice from the Executive Office and Governance Team.

6. Declaring and recording gifts and hospitality

- 6.1 Council members and staff should declare any gift, hospitality or benefit received in this capacity, or connected to the performance of their duties or GPhC activities.
- 6.2 It is not necessary to record/register gifts with a value of less than £20, or hospitality such as a light lunch as part of a working event.
- 6.3 If you receive a gift or hospitality which has to be recorded/registered, you must speak to the Executive Office and Governance Team to update the register.
- 6.4 Additionally, every six months (usually March and September) Council members, and senior staff (Directors) will be asked to update their declaration of gifts and hospitality by completing a new form, including sending in a nil return, if appropriate. These are published on the GPhC website.
- 6.5 Gifts and hospitality declared by all other staff are kept in a separate register held in the Executive Office.

Offering gifts or hospitality

- 6.6 In line with our anti-bribery policy, any offering, or giving, of gifts and/or hospitality must:

- be given at a corporate level, not an individual level;
- be appropriate, reasonable, proportionate, given in good faith and at an appropriate time; and be given openly;
- not be given or received with the intention of influencing a third party to obtain or retain business or business advantage, to reward the provision or retention of business or business advantage, or in an explicit or implicit exchange for favours or benefits;
- not constitute an offence under the Bribery Act 2010 (*see GPhC Anti-bribery policy for more information*);
- not include cash or a cash equivalent;

6.7 The purchase of gifts, using GPhC funds, should only be considered in exceptional circumstances. For example, in some cases, it may be appropriate for the GPhC to provide hospitality, for example, a light lunch as part of a stakeholder event or meeting.

6.8 You should seek approval from the relevant budget holder, or advice from the relevant Director or the Executive Office and Governance Team before proceeding.

7. Supporting documents

7.1 This policy is supported by a range of other supporting policies and procedures, which can be found on the Governance, HR and Finance pages of the intranet, and in the policies and procedures library. This includes:

- Standing Orders of Council
- Declarations of interest policy
- GPhC Staff Code of Conduct
- Values, conduct and behaviours for Council members, associates and partners
- Anti-bribery policy
- Disciplinary policy and procedures
- Raising concerns policy

7.2 For more information or advice about this policy, please contact the Executive Office and Governance Team.

GPhC survey of registered pharmacy professionals 2019

19.12.C.06

Meeting paper for Council on 05 December 2019

Public Business

Purpose

To provide Council with the findings from the survey of registered pharmacy professionals conducted independently by Enventure Research on our behalf.

Recommendations

The Council is asked to note:

- a. the outputs of the commissioned registrants survey in 2019:
 - i. The infographics report (Appendix 1)
 - ii. The main report (Appendix 2)
 - iii. The comparisons with 2013 survey report (Appendix 3)
 - iv. The EDI report (Appendix 4)
- b. an index of report contents and analysis variables document (Appendix 5). This can be used as a reference document to help guide readers to where the analysis variables are in each report for Appendix 2 to 4.
- c. that we will be reviewing the outputs of the registrants' survey for any insights that we may need to consider in relation to our policy or operational work.

1. Introduction

- 1.1. The GPhC commissioned Enventure Research, an independent research organisation, to undertake an online registrant survey during June to July 2019 of our registered pharmacists and pharmacy technicians. The research aimed to gain valuable insights into the pharmacy professions to improve our understanding of pharmacy professionals' work, training, job satisfaction, professional practice and future plans. A similar survey was undertaken in 2013.

- 1.2. An overall response rate of 23.1% was achieved. This represents a very good response rate for an external online survey that was not mandatory to complete and is sufficient for robust and confident data analysis.
- 1.3. We will use the data collected in the survey as an important resource to help inform our work and to share the outputs with the public and key stakeholders as a resource for them to use to provide insights into current pharmacy practice.

2. Key considerations

- 2.1 The registrant survey is part of our strategic priority to build our data and insight capability. It is part of our strategic research programme within our 2019/20 annual plan.
- 2.2 The GPhC will use the findings in the reports as a resource of data for us to draw on in the next few years to inform our work.
- 2.3 We will be reviewing the outputs of the registrants' survey for any insights that we may need to consider in relation to our policy or operational work.

3. Equality and diversity implications

- 3.1 A separate equality, diversity and inclusion report was commissioned as part of the research at Appendix 4. This analyses the findings of the survey questions by people who share protected characteristics.
- 3.2 This will provide a wealth of information and valuable resource for our EDI team.

4. Communications

- 4.1 The registrant survey reports will be published on our website on 6 December 2019.
- 4.2 We will promote the reports on our website, as well as through a press release, an article in Regulate and emails to our key stakeholders as well as through social media. We expect significant interest in this work as a resource for those with an interest in policy development to consider wider issues within pharmacy and the pharmacy workforce beyond regulation.

5. Resource implications

- 5.1 The resource implications for this work, including communication and drafting of a follow up insights reports focussed on our registrants, have been accounted for in existing budgets.

6. Risk implications

- 6.1 We are releasing a large amount of data about the pharmacy workforce into the public domain which will be available to the media and the sector. There is a risk that some of the findings may be taken out of context or some findings may be unexpected, and the media may pay particular attention to these.
- 6.2 The outputs of the research contain factual and representative data on registered pharmacy professionals. The findings have been anonymised to protect individual identities and publication of the findings is in line with our commitment to transparency.
- 6.3 The registrant survey was commissioned by an independent third-party research organisation to ensure objectivity and robust findings which provides assurance of the reliability and validity of the findings.

7. Monitoring and review

- 7.1. The data from the registrant survey will be used as a resource as a baseline to measure changes in the pharmacy profession. When we undertake the survey in future the data will be used to compare any changes. We will run the survey on a cyclical basis and as part of our wider research programme we will consider the frequency required.

8. Recommendations

The Council is asked to note:

- a. the outputs of the commissioned registrants survey in 2019:
 - 8.1.1. The infographics report (Appendix 1)
 - 8.1.2. The main report (Appendix 2)
 - 8.1.3. The comparisons to 2013 report (Appendix 3)
 - 8.1.4. The EDI report (Appendix 4)
- 8.2. an index of report contents and analysis variables document (Appendix 5). This can be used as a reference document to help guide readers to where the analysis variables are in each report for Appendix 2 to 4.
- 8.3. that we will be reviewing the outputs of the registrants' survey for any insights that we may need to consider in relation to our policy or operational work.

My Phan, Head of Data and Insight
General Pharmaceutical Council

28 November 2019

[Infographics report \(Appendix 1\)](#)

[Main report \(Appendix 2\)](#)

[The comparisons to 2013 report \(Appendix 3\)](#)

[EDI report \(Appendix 4\)](#)