Council meeting
10 October 2019
14:30 to 16.00 approx.
Council Room 1, 25 Canada Square, London E14 5LQ

Public business

1. Attendance and introductory remarks
   Nigel Clarke

2. Declarations of interest
   Public items
   All

3. Minutes of last meeting
   Public session on 12 September 2019
   Nigel Clarke

4. Actions and matters arising
   Nigel Clarke

5. Workshop summary – 12 September 2019
   For noting
   Nigel Clarke

6. Engagement and communications report
   For noting
   19.10.C.01
   Rachael Oliver

7. Revalidation – standards for reflective accounts
   For approval
   19.10.C.02
   Annette Ashley

8. Update on the implementation of initial education and training standards for pharmacy technicians
   For noting
   19.10.C.03
   Damian Day

9. Annual report of the Assurance and Appointments Committee
   For noting
   19.10.C.04
   Elisabeth Davies

10. Any other public business
    Nigel Clarke
Confidential business

11. Declarations of interest
   Confidential items

   All

12. Minutes of last meeting
   Confidential session on 12 September 2019

   Nigel Clarke

13. Confidential actions and matters arising

   Nigel Clarke

14. Unconfirmed minutes of the Finance and Planning Committee meeting on 24 September 2019
   For noting

   19.10.C.05
   Mark Hammond

15. Any other confidential business

   Nigel Clarke

Date of next meeting

Thursday, 07 November 2019
Minutes of the Council meeting held on Thursday 12 September 2019 at 25 Canada Square, London at 13:00

TO BE CONFIRMED 10 October 2019

Minutes of the public session

Present
Nigel Clarke (Chair)  Rima Makarem
Penny Hopkins  Evelyn McPhail
Ann Jacklin  Arun Midha
Jo Kember  Aamer Safdar

Apologies
Neil Buckley
Digby Emson
Mark Hammond
Alan Kershaw
Elizabeth Mailey
Jayne Salt

In attendance
Duncan Rudkin (Chief Executive and Registrar)
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)
Damian Day (Head of Education)
Osama Ammar (Head of Professionals Regulation)
Janet Collins (Governance Manager)
41. Attendance and introductory remarks

41.1 The Chair welcomed all present to the meeting and introduced Laura Fraser who had been appointed as the new Director for Scotland.

41.2 Apologies had been received from Neil Buckley, Digby Emson, Mark Hammond, Alan Kershaw, Elizabeth Mailey and Jayne Salt.

42. Declarations of interest

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

43. Minutes of the last meeting

43.1 The minutes of the public session held on 11 July 2019 were confirmed as a fair and accurate record and signed by the Chair.

44. Actions and matters arising

44.1 Action 25.5 – the data analysis was included in the Performance Monitoring Report at Item 6.

44.2 Action 25.8 – the evaluation of revised threshold criteria was underway and would be presented to Council in February 2020.

44.3 Action 40.4 – this action was covered in Item 7 on the agenda.

44.4 There were no matters arising.

45. Workshop summary – 11 July 2019

45.1 Council noted the discussions from the July workshop.

46. Annual plan progress report and Performance monitoring report

46.1 Duncan Rudkin (DR) introduced this item, highlighting the increased amount of commentary which had been included and the greater prominence given to the finance update in the continuing drive to make the information more accessible and useful. The commentary gave context to the data, presenting a picture of an organisation with an
ambitious programme working to the limits of its capacity and where prioritisation of desirable activities would be needed.

Finance report

46.2 Jonathan Bennetts (JB) presented the finance section of the paper. In response to questions submitted ahead of the meeting, JB confirmed that there was currently no contingency in the budget and that any extra demands would therefore require re-prioritisation of planned activities, however the mid-year re-forecast could change the position. The forecast was still for the same deficit despite a fall in income of approximately £300k. The decrease in income was due to assumptions changing and did not relate to factors which would necessarily continue.

46.3 A staff group was examining trends in registration data and the procurement exercise for an investment services provider was now live.

46.4 The Chair passed on a member’s comment on the excellent progress on efficiency savings, which should be noted.

46.5 The ‘strategic enquiry hub’ would be a centralised focus and process for receiving queries, concerns, complaints and intelligence which would then be routed to the appropriate function/s within the organisation. Its development would require investment, time and leadership. A business case would be prepared but this could not be done at the moment as the required capacity was not available.

Annual plan progress report

46.8 In response to a question from the Chair, Claire Bryce-Smith (CB-S) confirmed that although the APPR showed that one activity related to the General Data Protection Regulations (GDPR) had been postponed due to capacity, the GPhC was GDPR-compliant, recognising that compliance would continue to be an ongoing process rather than a one-off event.

46.9 The publication of inspection reports was due to go live on Monday 16 September. The soft launch had already taken place and the feedback from stakeholders had been positive.

46.10 The GPhC had started to use its enforcement powers – they had been used to either serve improvement notices or impose conditions on five pharmacies to date, three of which were online.

46.11 In relation to the workstream on developing and initiating an online awareness-raising campaign for patients and the public on obtaining medicines safely online, CB-S noted that this would now be a collaborative piece with other regulators, including the General Medical Council. Key messages and principles for online prescribing were being developed for discussion by the Chief Executives of the health professions regulators.
Performance Monitoring Report

46.12 Members noted that it could be difficult to assess whether there was movement in either direction on particular issues without comparative data. This would be helped by the change to a balanced scorecard approach.

46.13 In response to a comment about the fall in the number of inspections from 883 in Q4 to 751 in Q1, it was noted that the number had fallen due to the introduction of the new system and the new reports and that the fall was not expected to continue. There would however be a reduction in routine inspections and an increase in targeted ones. This could mean that some pharmacies would go longer between inspections but there was no evidence that the time between inspections had any effect on compliance with standards.

46.14 Council had previously requested data on the reasons for voluntary removals from the register. Of those who had provided a reason, 23% were moving abroad, 19% were changing profession, 5.5% were taking a career break, 5% were taking parental leave, 5% cited personal reasons and 3% health reasons. Fewer than 1% cited revalidation as a reason for leaving the register.

46.15 In relation to the top five standards not met when pharmacies were inspected, standard 2.1 (there are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided) had re-entered the top five for the first time in three quarters. Over half of those had failed to meet the standard due to clutter and disorganisation, with other reasons including trip hazards and poor hygiene. Compliance would be monitored as it could be an indication of pharmacy staff under pressure. The move to unannounced inspections could also be a factor.

46.16 The Council noted:
   i) the finance update provided at appendices 1 and 2;
   ii) the report on progress against the 2019/20 annual plan at appendix 3; and
   iii) the operational performance information provided at appendix 4.

47. Vision 2030 summary

47.1 CB-S gave an update on the extensive stakeholder engagement which had taken place around the development of the Vision 2030. Stakeholders were positive about the direction of travel, the length of the document and the time span covered, as well as a number of specific points in relation to the content. There were no particular objections.
47.2 The Council noted the update on the development of the Vision 2030.

48. Standards for the initial education and training of pharmacists (IETP): consultation report

48.1 Mark Voce (MV) presented 19.09.C.03 which set out a consultation report and an equality impact assessment on the GPhC’s recent consultation on revised IETP standards for pharmacists. Members made relevant declarations of interest before speaking in the discussion.

48.2 The consultation had received a good number of high-quality responses, with the broad themes remaining consistent with those reported to Council in July 2019. There was support for the principle of greater integration of study and practical experience, although this element needed more work on the practicalities; and more engagement with stakeholders including the Pharmacy Schools Council. The GPhC would bring the various parties together to encourage further developments on integration. There could be a number of different models reflecting, in part, different approaches to funding in England, Scotland and Wales.

48.3 The movement of students across sectors would mean that the quality of the tutors/supervisors and of the recording of progress would be crucial, although there was a question as to whether all of the functions which currently sat with the tutor should remain with one person. The integrated clinical practice would need some level of standardisation to ensure that all students gained the same learning. It was not clear whether the management of pre-registration students would sit with the universities.

48.4 There was some support for a deanery-type system such as existed in medicine and dentistry.

48.5 Work could be taken forward more quickly on selection and admission and on strengthening equality, diversity and inclusion as these issues were not dependent on closer integration. Firm proposals would be developed by working through the detail of the consultation responses and discussed with relevant stakeholders.

48.6 There was some discussion about selection and admission, particularly in relation to whether one could judge the professionalism of a prospective student at the age of 18. Attempting to do so could disadvantage applicants from less articulate backgrounds and professionalism could develop with maturity as students went through the course. A number of respondents had made these points and suggested that it was more appropriate to look for qualities such as empathy and patient focus through values-based recruitment.

48.7 The Chair and members of Council commended the quality of the paper and thanked the staff for their hard work in this area and all those who had responded to the consultation.
48.8 Developments would be reported to Council following the further work with stakeholders.

48.9 The Council noted the consultation report, equality impact assessment and next steps.

49. Analysis of the responses to our consultation on draft guidance for pharmacist prescribers

49.1 MV presented 19.09.C.04 which reported on the feedback from the consultation on draft guidance for pharmacist prescribers. The responses were being considered before finalised guidance was brought to Council for approval in November. This consultation had also had very good engagement from the profession and stakeholders.

49.2 There was some concern that pharmacist prescribers often did not have access to the patient’s medical records. However, it was better to produce the guidance and use it to encourage discussions with governments, Chief Pharmaceutical Officers and departments of health and social care rather than to delay it until the question of access to records was resolved.

49.3 The guidance had been checked against that produced by the Royal Pharmaceutical Society and the General Medical Council and a final check would be carried out before it was finalised to ensure that there were no inconsistencies or, if there were, that any differences could be clearly explained.

49.4 The Medical Practitioners Tribunal Service had suspended the registration of two doctors involved in the remote prescribing of opioids without access to patient records. DR would be writing to pharmacy owners to highlight the need to ensure that their models complied with GPhC guidance and Good Medical Practice.

49.5 There was some discussion about de-prescribing, as a number of respondents had suggested that it should also feature in the guidance as a responsibility when patients no longer needed certain medicines.

49.6 The guidance would come back to Council for approval in November. The Chair thanked the team for their excellent work.

49.7 The Council noted the consultation report and gave feedback as set out above.

50. Reporting on the June 2019 registration assessment

50.1 Damian Day (DD) presented a report on the June 2019 sitting of the registration assessment, including candidate performance data and the Board of Assessors’ report.

50.2 Errors had been found in the paper, which was both unusual and concerning. As a result, the quality assurance process for the development of questions had been reviewed and would be changed before the September sitting, including the introduction of a blind proof check by pharmacists who had not previously seen the questions.
50.3 There was a variation between the pass rates of candidates from hospital settings and those from community settings but this variation was consistent. Students were selected into pre-registration places in hospitals whereas they were recruited into community and in some cases hospitals provided more support. Members noted that the variation linked back to their earlier discussion about the role and quality of pre-registration tuition.

50.4 The results of candidates from five schools had a particular effect in reducing the overall pass rate. This was cause for concern as some of the schools had been in the same position before. Those schools had been contacted and the team would be speaking to them. Student outcomes should be linked to accreditation and this would be explored when the accreditation methodology was re-visited.

50.5 Entry grades had been correlated with pre-registration results previously to see whether the results provided any evidence in relation to admissions. While entry profile was not a perfect indicator of outcomes, it was a factor.

50.6 The Council noted the candidate performance data and the Board of Assessors’ report.

51. Regulation of investigatory powers – update

51.1 Laura McClintock (LM) updated Council on the development of the new governance framework relation to the regulation of investigatory powers.

51.2 The GPhC had published its enforcement policy in March 2019, setting out the approach and principles to be followed when using its enforcement powers in relation to registered pharmacies. The policy referred to other legislation relevant to investigatory and enforcement work, including the Regulation of Investigatory Powers Act 2000 (RIPA). The GPhC had committed to developing a new governance framework in this area following recent legislative change which permitted it to use covert investigatory powers for the first time. Such use would always be a last resort and was expected to be very limited.

51.3 A draft policy and draft procedures had been developed which:

- set out in more detail the statutory framework regulating the GPhC’s use of covert surveillance;
- outlined the statutory criteria to be considered when deciding whether to use it;
- explained the authorisation procedures to be followed; and
- gave examples of situations where the use of covert surveillance might be considered.

51.4 Training would be provided to all GPhC inspectors, relevant teams in the Fitness to Practise directorate and Directors who would be Authorising Officers.
51.5 The Investigatory Powers Commissioner (IPCO) had carried out an inspection of the GPhC in May 2019 to assess the level of compliance with RIPA in respect of the use and management of directed surveillance. The IPCO found that the GPhC was preparing well and was establishing a robust governance framework for the use of these powers. No formal recommendations were made, although some advice was provided in relation to drafting, which had been taken on board.

51.6 The Council welcomed the positive outcome from the inspection and:

i) noted the draft RIPA policy and procedures;

ii) noted the letter from the IPCO dated 19 June 2019 and the associated report; and

iii) noted the overall progress update, including the upcoming programme of staff training.

52. Minutes of the Audit and Risk Committee, 17 July 2019

52.1 Council noted the unconfirmed minutes of the public session of the Audit and Risk Committee held on 17 July 2019.

53. Any other public business

53.1 There being no further public business, the meeting closed at 15.00.

Date of the next meeting:
Thursday 10 October 2019
## Council actions log

<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Ref.</th>
<th>Action</th>
<th>Owner</th>
<th>Due</th>
<th>Status</th>
<th>Comments/update</th>
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<td>June 2019</td>
<td>25.8</td>
<td>Evaluation of revised threshold criteria to be shared with Council</td>
<td>CA</td>
<td>Tbc</td>
<td>Open</td>
<td>Date to be confirmed as evaluation is underway</td>
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<tr>
<td>July 2019</td>
<td>n/a</td>
<td>Provide Council with a briefing paper on controlled drugs and the governance surrounding them</td>
<td>LM</td>
<td>November</td>
<td>Open</td>
<td>Added to November agenda</td>
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Council workshop summary

Meeting paper for Council on 10 October 2019

Public business

Purpose

To provide an outline of the discussions at the Council workshop on 12 September 2019.

Recommendations

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

1. Introduction

1.1 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.

2. Summary of the September workshop

Risk Appetite

2.1 Chris Harris of TIAA (the GPhC’s internal auditors), Jonathan Bennetts (Associate Director of Finance and Procurement) and Pascal Barras (Risk Manager) gave a presentation and ran an exercise on risk appetite. The presentation included defining risk appetite, giving examples of it in practice and then seeking members’ input on the GPhC’s approach to risk.

2.2 Ownership of key risks sat at Council level and so it was important that members understood not only the risks themselves but the possible consequences should they occur. Council members also needed to establish the risk appetite of the organisation. Risk appetite varied
depending on organisational characteristics and was not static. Articulating risk appetite helped better management and understanding of exposure to risk.

2.3 Working in groups, members considered risk appetite in relation to finance, compliance, operational efficiency and regulatory effectiveness. Their input would be fed into the re-drafting of the GPhC’s Risk Appetite Statement, which would be considered by the Audit and Risk Committee before coming to Council for approval.

**Vision 2030 – developing a ‘vision statement’**

2.4 Claire Bryce-Smith (Director of Inspection, Intelligence and Insight). She summarised the development process for the Vision 2030 and gave brief feedback from the engagement with stakeholders, which was largely positive. Part of the feedback from Council in an earlier discussion was that there should be a ‘vision statement’ which came at the start of the vision summarising where the GPhC would want to be if the vision was achieved (as opposed to a mission statement which summarised the ‘who’ and the ‘why’ of an organisation).

2.5 Having looked at some examples of vision statements from large companies and some from other healthcare regulators, members fed back on what they liked and did not like about the regulatory vision statements and then began some early thinking about what a GPhC vision statement might say.

2.6 Those ideas would feed into the drafting of some vision statements which would be fed back to the members, with a draft being put to Council for approval at the next meeting.

3. **Recommendations**

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

Janet Collins, Governance Manager
General Pharmaceutical Council

[Enter date final version signed-off]
Engagement and communications report

Meeting paper for Council meeting on 10 October 2019

Public business

Purpose

To update the Council on engagement and communications with stakeholders through a quarterly report.

Recommendations

The Council is asked to note this paper.

1. Introduction

1.1 This report outlines key communications and engagement activities since June 2019 and highlights upcoming events and activities.

2. Pharmacy inspection publication website and learning from inspections report

2.1 In September 2019 we launched our new pharmacy inspections publication website alongside a report sharing what we have learnt from carrying out over 14,000 inspections covering every registered pharmacy in Great Britain since 2013.

2.2 Ahead of the launch, we coordinated extensive testing of the website both internally and by external organisations.

2.3 Claire Bryce-Smith, our Director of Insight, Intelligence and Inspection, provided tailored face-to-face and written briefings to key stakeholder organisations ahead of the launch. These organisations were provided in advance with a toolkit of resources to help them promote the new pharmacy publication site to their members and networks. GPhC colleagues also highlighted our updated approach to inspections and the new website being developed at a range of pharmacy events across Great Britain.

2.4 On the day of the launch, we contacted pharmacy professionals and pharmacy owners, pharmacy and health stakeholders and organisations representing patients and the public via email to let them know about the new website and the findings in our report. We also issued a press release to the national and trade media, which led to significant coverage in
the trades, included an article in our e-bulletin Regulate and promoted the new site via social media.

2.5 Several pharmacy organisations, including the RPS, CCA and NPA, issued supportive statements welcoming the new website and the learning from inspections report, and included articles on their website, in newsletters and in direct email which have helped drive visitors to the site. A number of patient organisations including local Healthwatch organisations across England have also promoted the new site to patients and the public in their area.

2.6 In the first two weeks following launch we had over 18,000 visitors to the new site and over 62,000 page views.

2.7 We are continuing to promote the new site and the findings from our learning from inspections report via a range of channels, including through speaking opportunities at events.

2.8 We have also produced a new poster and short online guide for patients and the public to promote the new inspections publication site and to inform patients and the public about what they can expect when visiting a pharmacy. We have been testing the poster and guide with patient representatives we regularly work with and organisations including the Patients’ Association. We are currently piloting the poster through events such as the Pharmacy Show and through pharmacy organisations to seek feedback from pharmacy owners. We will then review the feedback received before a full launch of these new resources for patients and the public.

3. Providing pharmacy services online: further communications and engagement

3.1 There has been significant communications and engagement activity over this quarter relating to the regulation of online pharmacies. On 18 September 2019 we sent a letter from Duncan Rudkin, our Chief Executive and Registrar, to the owners whose pharmacies with the voluntary internet logo to ask them to provide information on the actions they have taken to follow the updated guidance on providing pharmacy services at a distance, including online.

3.2 In the letter, we emphasised that when prescribing and supplying high-risk medicines such as opioids, it is not acceptable to rely solely on information provided by the patient via an online questionnaire; the prescriber needs to take other steps such as consulting with the patient, reviewing medical records and contacting the patient’s GP, as outlined in regulatory standards and guidance. The letter also highlighted enforcement action taken against online pharmacies that were not following the guidance and meeting our standards.

3.3 We issued a press release to highlight the letter to national and trade media, which led to articles on the Mail Online website and in several pharmacy titles. We also shared the letter with a range of key stakeholders in pharmacy, health and in governments.

3.4 On 26 September, we published a statement on our website on online primary care services. This statement was produced jointly with other members of the UK cross-regulatory forum on online primary care services, including the Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Health Inspectorate Wales and the Medicines and Healthcare Products Regulatory Agency (MHRA). It sets out how the forum members are working
together to share information and work together to take a coordinated approach, address regulatory gaps, and help improve the quality and safety of services for people in the UK.

3.5 On 28 September, the Times newspaper ran a series of articles highlighting an undercover investigation one of their reporters had undertaken into the supply of codeine and dihydrocodeine by registered online pharmacies. This investigation found that five online pharmacies supplied these medicines without contacting the patient’s GP, as outlined in our guidance. We provided a statement from Duncan which was featured in the article and highlighted our guidance and the enforcement action we are taking against a number of online pharmacies.

3.6 We are continuing to take forward the project to develop digital resources giving advice for patients and the public on using online healthcare services safely. The chief executives of the health professional regulators agreed to support this initiative and the current draft at a recent meeting, and the CQC, MHRA and HIS have also indicated their support. We are now undertaking testing of the draft text with patients and the public, and organisations that represent them (including Healthwatch England, Which? and Addaction) before finalising the text and commissioning the design of the resources. We are also leading discussions with other regulators to agree timelines and plans for the launch of these resources.

4. Council member recruitment campaign

4.1 We supported the recent recruitment campaign for three new Council members through a variety of activities. These included:

- producing a video highlighting the opportunity to join the Council, which featured contributions from two current Council members
- working with another current Council member to develop a blog about their experience of the role, which was placed in a prominent pharmacy publication in Scotland
- featuring an article in the July edition of Regulate about the recruitment campaign, with a quote from another Council member
- securing articles in the pharmacy trade press and promoting the opportunity on social media.

5. Development of standards for the initial education and training of pharmacists

5.1 We have continued to engage with key stakeholders on our work to develop new standards for the initial education and training of pharmacists, following the recent consultation.

5.2 We issued a statement following the July Council meeting highlighting the Council’s discussions on the key themes emerging from the consultation and our plans for future engagement.

5.3 We then wrote to all consultation respondents after the September meeting to highlight the publication of the consultation report and to give them an update on next steps.

5.4 The focus in the next quarter will be supporting further meetings with key stakeholders to take forward discussions on key areas and issues raised within the consultation, as we work
towards finalising the standards.

6. **Updated publication and disclosure policy**

6.1 We introduced our updated publication and disclosure policy on 8 August 2019.

6.2 We have highlighted the updated policy to pharmacy owners, pharmacy professionals and other stakeholders through a range of channels, including via the pharmacy trade media, an article in Regulate and via social media.

7. **Publication of joint report on whistleblowing disclosures**

7.1 As part of our commitment to working collaboratively with the other health professional regulators, we published for the second time a joint report on whistleblowing disclosures. The report provides information on all disclosures received by each of the regulators from between 1 April 2018 and 31 March 2019.

8. **Government response to consultation on reforming regulation**

8.1 In July 2019, the Government published its response to the ‘Promoting professionalism, reforming regulation’ consultation. We issued a [statement welcoming the government response](#) to the media and published it on our website.

9. **Revalidation: further communications and engagement**

9.1 We have continued to raise awareness of the requirements of revalidation and share resources to support pharmacy professionals to meet the requirements. This has included taking part in a range of events, including the APTUK conference, RPS seminars and the Pharmacy Show.

10. **Pharmacy registrant survey 2019**

10.1 We worked closely with Enventure, the research agency conducting the pharmacy registrant survey 2019, to promote the opportunity to take part in this survey to registered pharmacy professionals. This included using direct emails, social media, an article in Regulate, media coverage and events to encourage responses. We also liaised with a number of stakeholder organisations across England, Scotland and Wales and they shared links to the survey through their own networks including newsletters and social media.

10.2 There was a 23% response rate among pharmacy professionals, with spikes in response rates after the direct emails were sent out.

11. **Engagement on education and training requirements for pharmacy support staff**

11.1 We continued to seek views on our education and training requirements for pharmacy support staff in this period through a survey targeted at key stakeholders, an article in
Regulate and a programme of 1-2-1 meetings with key stakeholders.

12. **Recent events and meetings**

12.1 Please see appendix 1 for a list of key events and meetings that have taken place since June 2019.

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

13. **Upcoming events and activities**

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

- **NHS Education for Scotland Pre-reg talk (Aberdeen), 11/10/19** – Deborah Zuckert (Inspector) presenting
- **NHS Education for Scotland Pre-reg talk (Edinburgh), 24/10/19** – Deborah Zuckert (Inspector) presenting
- **RPS conference, 17/11/19, London, 09:00-17:30**
  We will have a stand at this event
- **Pharmacy services in England - integration, digitisation and regulation, 20/11/19, London, 08:30-13:00**
  Duncan Rudkin speaking on regulating online pharmacies
- **British Association of Physicians of Indian Origin conference, 22/11/19, London, 09:00-17:00**
  Duncan Rudkin joining a panel at this conference

14. **Consultations**

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

15. **Equality and diversity implications**

15.1 A key priority in this period has been in making sure that the pharmacy inspections publication website is accessible for all users. This has included commissioning testing by the Shaw Trust, a charity which employs people with a wide range of disabilities and accessibility needs to check if websites are accessible for all users. We have made a number of improvements and changes to the site in response to feedback from the Shaw Trust.
15.2 We have also implemented ReciteMe on the new inspections publication website to allow visitors to customise the website to the way they need it to work for them, including reviewing reports in different languages.

16. **Recommendations**

The Council is asked to note this paper.

Rachael Oliver, Head of Communications
General Pharmaceutical Council

02 October 2019
Appendix 1

Events from 14 June -10 October 2019

**Avon Local Pharmaceutical Committee, 19/05/19.** Liam Mason (Inspector) presentation on regulating registered pharmacies.

**Health Education England South, 25/05/19.** Sarah Purdy (Pre-reg Training Facilitator) presented to pre-reg tutors.

**Avon Local Pharmaceutical Committee, 26/05/19.** Liam Mason (Inspector) presentation on regulating registered pharmacies.

**Hertfordshire Local Pharmaceutical Committee, 04/07/19.** Nicola Carlisle (Inspector) presentation on regulating registered pharmacies.

**Community Pharmacy Surrey and Sussex, 04/07/19.** Martin Packham (Inspector) presentation on regulating registered pharmacies.

**CQC Northern Team, 25/07/19.** Craig Whitelock Wainwright (Inspector) presentation on regulating registered pharmacies.

**Keele University, 13/08/19.** Lisa Gilbert (Pre-Registration Training Facilitator) presentation on ‘making the most of your pre-reg year’.

**Royal Pharmaceutical Society event, 12/09/19, London.** Annette Ashley (Head of Policy and Standards) presentation on revalidation.

**Healthwatch Barnet, 12/09/19.** Jerome Mallon (Fitness to Practise Policy Manager), presentation on FtP strategy.

**APTUK conference, 13/09/19-14/09/19**
- Duncan Rudkin (Chief Executive) and Nicky Nardone (Pharmacy Technician Clinical Fellow) presentation on ‘Future of pharmacy regulation’
- Duncan Rudkin and Andrea Ashton (Head of Communications, APTUK), presentation on ‘Lessons from Gosport’
- Mark Voce (Director of Education and Standards) presentation on ‘Revalidation – what you need to know, and do next’
- GPhC stand

**Spire Healthcare event, 18/09/19.** Mark Voce (Director of Education and Standards) presentation on revalidation.

**NHS England webinar, 18/09/19.** Julian Graville (Head of Inspections) demonstrated new inspection publication site.

**Leicester, Leicestershire & Rutland Local Pharmaceutical Committee, 23/09/19.** Richard Chapman (Inspector) presentation on regulating registered pharmacies.
NHS Education for Scotland Pre-reg talk (Glasgow), 04/10/19 - James Duggan (Inspector) presenting

Pharmacy Show, 06/10/19-07/10/19. Mark Voce (Director of Education and Standards) presentation on ‘Revalidation – what you need to know, and do next’. We also had a stand at this event.

Association of Independent Multiple Pharmacy Superintendents Forum, 07/10/19. Claire Bryce-Smith (Director of Insight, Intelligence and Inspection) presentation on new inspection publication site.

NHS Education for Scotland Pre-reg talk (Glasgow), 10/10/19 – Carol Muir (Inspector) presenting

Meetings from 14 June- 10 October 2019

Listed below is a non-exhaustive selection of significant meetings since the last engagement and communications report to Council.

Initials are as follows: Nigel Clarke (NC), Duncan Rudkin (DR), Carole Auchterlonie (CA), Claire Bryce-Smith (CBS), Mark Voce (MV), Laura Fraser (LF), Darren Hughes (DH)

Chair (Nigel Clarke):

- Meeting with Chairman and Director of Public Affairs, Pharmacists’ Defence Organisation (with DR)
- Meeting with Vice President, Director of International Public Affairs and Superintendent Pharmacist, Boots UK (with DR)
- Meeting with Chair, Nursing & Midwifery Council
- Meeting with Vice Provost, Education & Student Affairs, University College London (with DR)
- Meeting with Chair and Chief Executive, Professional Standards Authority (with DR)
- Meeting with Chief Pharmaceutical Officer Wales (with DH)
- Meeting with Chief Executive, Health Education and Improvement Wales (with DH)
- Pharmacy and Public Health Forum meeting
- Meeting with Chair, GPhC Appointments Committee
- Meeting with President and Chief Executive, Pharmaceutical Society of Northern Ireland (with DR)
- Meeting with Chair, English Pharmacy Board and Director of England, Royal Pharmaceutical Society (with DR)
• Meeting with Chair and Chief Executive, National Pharmacy Association (with DR)
• Chemist & Druggist and Pharmacist Support event - pressures on pharmacists (with DR)
• RPS Education Governance Oversight Board (with DR)
• Meeting with Pharmacy Schools Council (with MV)
• Meeting with Executive Director and Head of Pharmacy, Day Lewis
• MHRA Annual Lecture - The future of life sciences: keeping the UK at the forefront of medical and scientific excellence

Staff:

• Meeting with Chairman and Director of Public Affairs, Pharmacists’ Defence Organisation (DR with NC)
• Meeting with Vice President, Director of International Public Affairs and Superintendent Pharmacist, Boots UK (DR with NC)
• Pharmacy Deans Meeting (MV)
• FTP Directors’ Meeting (CA)
• People Plan Advisory Board (DR)
• Meeting with Chief Executive, General Optical Council (DR)
• Meeting with Vice Provost, Education & Student Affairs, University College London (DR with NC)
• Royal Society of Public Health Event - Vaccines, information and social media (DR)
• Meeting with Chair and Chief Executive, Professional Standards Authority (DR with NC)
• Meeting with Director of Pharmacy, National Pharmacy Association (CA)
• Chief Pharmaceutical Officer England Clinical Fellows Graduation event (CBS)
• Meeting with Pharmacists’ Defence Association (CA)
• Meeting with National Director, Health Watch England (DR)
• CQC Online Cross Regulatory Forum (CBS)
• Gosport Family Forum (DR)
• Meeting with President and Vice President, Association of Pharmacy Technicians UK (DR, MV)
• Meeting with Pharmacist Support (CA)
• Meeting with Chief Executive, Company Chemists Association (DR)
• Chief Executives Steering Group (DR)
• Meeting with President and Chief Executive, Pharmaceutical Society of Northern Ireland (DR with NC)
• Chief Inspector PMS & Integrated Care, Care Quality Commission (DR)

**CQC Regulation of GP Programme Board (CBS)**

• Meeting with Chair, English Pharmacy Board and Director of England, Royal Pharmaceutical Society (DR with NC)
• Presentation to CPhO Scottish Pharmacy Clinical Leadership Fellows (LF)
• Meeting with Chair and Chief Executive, National Pharmacy Association (DR with NC)
• Visit to Aston University (MV)
• Chemist & Druggist and Pharmacist Support event - pressures on pharmacists (DR with NC)
• RPS Education Governance Oversight Board (DR with NC)
• Presentation at APTUK Annual Conference (DR)
• Pharmacy Schools Council Meeting (MV)
• Meeting with Directors of Pharmacy (LF)
• PSA Seminar - Whistleblowing/freedom to speak up (DR)
• Regulation of healthcare professionals conference (CA)
• Meeting with Scottish Government Regulatory unit (LF)
• NHSX Primary Care Digital Transformation Clinical Advisory Group (CBS)
• National Personalised Care Institute Event (MV)
• Meeting with Director, Scottish Health Council (LF)
• Meeting with Principal Lead Pre-registration Pharmacy Scheme and Associate Postgraduate Dean, NHS Education for Scotland (LF with Jim Duggan)
• Meeting with Chief Pharmaceutical Officer, England (DR)
• Meeting with Head of Scotland Office, General Medical Council (LF)
• Presentation at Pharmacy Show (MV)
• Meeting with Chief Pharmaceutical Officer Scotland (LF)
• Regulatory Forum/Regulatory Event planning meeting (LF)
• CMO Conference - Realistic Medicine - making it personal (LF)
• Meeting with Lead Information Pharmacist, Numark (CBS)
• Meeting with Department of Health and Social Care (CBS)
• Meeting with Association of Independent Multiple pharmacies (CBS)
• Meeting with Director of Scrutiny and Quality, Professional Standards Associations (CBS, CA)
• Meeting with Health Education England (CBS)
• Meeting with Head of Advice and Support Services, National Pharmacy Association (CBS)
- Meeting with Director of Operations and Support, Pharmaceutical Services Negotiating Committee (CBS)
- Meeting with Chief Pharmaceutical Officer, NHS England & NHS Improvement (CBS)
- Meeting with Chief Pharmaceutical Officer, Welsh Government (CBS)
- Meeting with Director, Centre for Pharmacy Postgraduate Education (CBS)
## Appendix 2

### Active and new consultations

The table below lists all the consultations by other organisations that we have reviewed. Consultations we have provided responses to are listed first, those currently being responded to appear next; the table ends with the list of consultations to which we have not provided responses.

### Table 1: Active and new consultations

<table>
<thead>
<tr>
<th>Consultation title</th>
<th>Organisation</th>
<th>Description</th>
<th>Deadline</th>
<th>Response status</th>
<th>Type of response</th>
<th>GPhC lead</th>
<th>Reasoning</th>
<th>Link to GPhC response</th>
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<tbody>
<tr>
<td>Consultation on the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2019</td>
<td>Scottish Government</td>
<td>This consultation seeks views on the draft order to amend the Scottish Public Services Ombudsman Act 2002, to allow the Scottish Public Services Ombudsman (the SPSO) to investigate complaints in relation to the handling of whistleblowing cases in NHS settings in Scotland.</td>
<td>28/06/2019</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>AA, MS (Policy and Standards)</td>
<td><a href="https://www.pharmacyregulation.org/sites/default/files/document/2019-06-14_consultation_on_draft_healthcare_whistleblowing_order_2019_-_gphc_response.pdf">https://www.pharmacyregulation.org/sites/default/files/document/2019-06-14_consultation_on_draft_healthcare_whistleblowing_order_2019_-_gphc_response.pdf</a></td>
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<td>Consultation on section 38 of the Human Trafficking and Exploitation (Scotland) Act 2015: Duty to notify and provide information about victims</td>
<td>Scottish Government</td>
<td>This consultation document is about section 38 of the Act, which relates to specified Scottish public authorities providing information to Police Scotland about a person(s) who is, or appears to be, a victim of a section 1 or section 4 offence. Once Police Scotland receive this information they must</td>
<td>06/09/2019</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>AA, TD (Policy and Standards)</td>
<td></td>
<td><a href="https://www.pharmacyregulation.org/sites/default/files/document/human_trafficking_scotland_-2019_final.pdf">Link</a></td>
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<td>notify a third party about the person who is, or appears to be, a victim of either a section 1 or 4 offence.</td>
<td>PSA</td>
<td>The PSA sets standards for organisations holding registers for health and social care occupations not regulated by law and accredits those that meet them. Organisations applying for initial accreditation, renewal of accreditation or a notification of change have to demonstrate that they meet or continue to meet the standards set by the Authority. The Authority is now interested to hear the experiences of organisations working with UKBHC, who has declared its intent to seek renewal of accreditation.</td>
<td>04/06/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LM (Executive Office)</td>
<td>We have reviewed this PSA ‘share you experience’ call for evidence. However, we are unable to make any valuable contribution on this matter.</td>
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<tr>
<td>Invitation to share your experience of a Professional Standards Authority Accredited Register – UK Board of Healthcare Chaplaincy (UKBHC)</td>
<td>EMA, EC</td>
<td>EMA, the Heads of Medicines Agencies (HMA) and the European Commission (EC) have launched a six-month Public consultation on key principles for the electronic</td>
<td>31/07/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>MP (Registration and International )</td>
<td>It is not for the GPhC to respond to this consultation. However, we would be interested in any developments relating to</td>
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<td><strong>product information of EU medicines</strong></td>
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<td>public consultation on draft key principles which will form the basis on which the electronic product information (ePI) for human medicines will be developed and used in the European Union.</td>
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<td>the consultation, as the outcome may affect pharmacy practice. Currently it is a legal requirement for a dispensed medicine to be supplied with a patient information leaflet – if these become available electronically, this may no longer be necessary. Also, in line with the proposals, patients and healthcare professionals would have access to up to date accurate information when they need it.</td>
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<td><strong>Competency Framework for Designated Prescribing Practitioners</strong></td>
<td>RPS</td>
<td>From early 2019 regulatory changes will enable experienced independent prescribers to work as designated prescribing practitioners (DPPs) for the practice element of non-medical prescribing training. The RPS is leading on the development of a competency framework for those taking on this role which will help programme providers and DPPs in ensuring training in practice is effective.</td>
<td>02/08/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DD (Education)</td>
<td>The GPhC is already involved in this work and is one of the stakeholders on the multi-professional steering group. Therefore, we shall be contributing to this consultation in other ways.</td>
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<td><strong>Measuring social services performance: code of practice</strong></td>
<td>Welsh Government</td>
<td>The Welsh Government is consulting on what should be included in the code of practice and the supporting technical guidance for local authorities, including on: • how local authorities performance should be measured • the quality standards that all local authorities should be working towards</td>
<td>05/08/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DH (Director for Wales)</td>
<td>We have reviewed this consultation; however, we have felt that it is not for the GPhC to provide a response, as the proposals fall outside of our regulatory scope.</td>
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<td>Draft national framework for continuing NHS healthcare</td>
<td>Welsh Government</td>
<td>Continuing NHS Healthcare in Wales (CHC) is a package of care and support for people who have complex care issues which are primarily health based. Existing arrangements for the provision of CHC are set out in the National Framework for Continuing NHS Healthcare in Wales which was published in 2014. This consultation sought views on amendments to the 2014 Framework.</td>
<td>21/08/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DH (Director for Wales)</td>
<td>We have considered this consultation, but it falls outside of our regulatory scope, so we will not be submitting a response.</td>
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<tr>
<td>Digital-first Primary Care: Policy consultation on patient registration, funding and contracting rules</td>
<td>NHS England</td>
<td>NHS England is consulting in relation to the commitment in the NHS Long Term Plan that every patient will have the right to be offered digital-first primary care by 2023/24. As the current GP contract is not designed for digital-</td>
<td>23/08/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards Team</td>
<td>Whilst we are interested in proposals and developments relating to the NHS Long Term Plan, it is not for us to comment on the practical aspects of the plan’s implementation.</td>
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<td>Together for Mental health delivery plan 2019 to 2022</td>
<td>Welsh Government</td>
<td>first services, there is potential for problems for existing practices, the NHS and new providers alike. They are thus engaging on proposals and options to make this commitment a reality. Together for Mental Health, is the Welsh Government’s 10 year cross governmental strategy to improve mental health and wellbeing across all ages. It was published in 2012. The proposed 2019 to 2022 delivery plan is the final plan which will support this strategy. The consultation is on priority areas for the Welsh Government, including: improved access to mental health support for children and young people; further improvements to crisis and out-of-hours provision; improving the access and range of psychological therapies; and supporting vulnerable groups.</td>
<td>30/08/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DH (Director for Wales)</td>
<td>Having reviewed this consultation, we felt that we are not able to make a substantive contribution to the debate, on this occasion.</td>
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<td>Consultation on the data and analytics statement of intent</td>
<td>NICE</td>
<td>NICE is looking to extend the use of real world data that will help inform its independent committees who produce its guidance. They are proposing to extend their use of data from sources including hospital records of operations, surveys of people using services, etc. This consultation is on their Statement of Intent, which sets out the ways in which they already use data in their work, and how they would like to extend this in the future.</td>
<td>13/09/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards Team</td>
<td>We have considered this consultation with interest and recognise the importance of widening the data pool that organisations use in developing their policies and guidance. However, we felt we were unable to make any valuable contribution to the specific statement of intent consultation.</td>
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<tr>
<td>Community pharmacy drug reimbursement reform</td>
<td>Department of Health and Social Care</td>
<td>The DHSC is seeking views on proposals to reform some of the drug reimbursement arrangements for community pharmacy in England. Community pharmacies are paid by the NHS for each drug they dispense against an NHS prescription. The payment arrangements are outlined in the Drug Tariff. The arrangements</td>
<td>17/09/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards Team</td>
<td>It is not appropriate for the GPhC to comment on matters relating to pharmacy contracts and reimbursement.</td>
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<td>Future Doctor: What do the NHS, patients and the public require from 21st-century doctors?</td>
<td>Health Education England</td>
<td>The Interim NHS People Plan committed Health Education England to work with key stakeholders and partners on a national consultation to establish “what the NHS, patients and the public require from 21st-century medical graduates”. This work will look at the role of the doctor within the context of the future multidisciplinary team and consider how they interact with the evolving roles of other healthcare professionals. The current Call for Evidence seeks expert views from the service, multi-professional regulatory bodies, clinical professionals and</td>
<td>26/09/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards Team</td>
<td>We have considered this call for evidence but feel that it is not for the GPhC to provide comments on the role of the future doctor. Depending on the consultation questions, we might be able to provide feedback to the full scale public consultation to come.</td>
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<td>Safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal</td>
<td>GPhC lead</td>
<td>The collated evidence will then be used to develop a consultation document on the Future Doctor. A national consultation for patients and the public will be launched in November 2019.</td>
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<td>Safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal</td>
<td>NICE</td>
<td>The Department of Health and Social Care in England has asked NICE to develop a new clinical guideline on safe prescribing and withdrawal management of prescribed drugs associated with dependence or withdrawal. This guideline will also be used to develop the NICE quality standard for safe prescribing and withdrawal management of prescribed drugs associated with dependence or withdrawal.</td>
<td>26/09/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>Whilst the topic of safe prescribing is of interest to the GPhC, given our recent consultation on a prescribing guidance and the recently updated GPhC guidance on distance sale and supply, we have felt that it is not for us to contribute to this early stage of guidance scope development. However, we will monitor the outcome of this work and consider any relevance to our own work on prescribing.</td>
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<tr>
<td>Student Support Arrangements - Health Related</td>
<td>Welsh Government</td>
<td>The Welsh Government is seeking further views on the future of the NHS Wales Bursary Scheme.</td>
<td>30/09/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DD, SR (Education)</td>
<td>We have reviewed the terms of this engagement exercise, but feel that is</td>
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<td><strong>Education and Training Programmes in Wales</strong></td>
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<td>This engagement exercise is intended to build on the top four proposed options from the extensive 2018 consultation, to decide which was the most appropriate option for the long-term sustainability of the NHS Workforce in Wales, and to consider any further options.</td>
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<td><a href="#">not for us to provide a response.</a></td>
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<td><strong>Community pharmacies: promoting health and wellbeing</strong></td>
<td><strong>NICE</strong></td>
<td>This is a topic engagement exercise, which describes core elements of the forthcoming NICE quality standard. This quality standard will cover health and wellbeing advice and tailored health and wellbeing activities for everyone in contact with community pharmacy staff. Respondents are invited to share five key areas for quality improvement which they consider as having the greatest potential to improve the quality of care in this area.</td>
<td>02/10/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td><a href="#">Given the practical nature of this topic engagement exercise, it is not for us to provide comments.</a></td>
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<td>Consultation on Sexual Harassment in the Workplace</td>
<td>Government Equalities Office</td>
<td>This consultation aims to gather evidence about whether the current laws on protecting people from sexual harassment in the workplace are effective. The Equality Act 2010 says that employers are legally responsible if an employee is sexually harassed at work by another employee, and the employer had not taken all steps they could to prevent it from happening.</td>
<td>02/10/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>CA (HR), VT (EDI)</td>
<td>We have considered this consultation and it is inappropriate for us to comment on its first part, calling for views from people who have experience of sexual harassment in the workplace. The second, more technical part of the consultation, invites views on the legislative framework from organisations and individuals with a detailed knowledge of the relevant laws. Our EDI and HR teams have reviewed this consultation and will feed the outcomes into our own work, in particular around the practical application of the Equality Act 2010.</td>
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<tr>
<td>How should we engage and involve patients and the public in our work</td>
<td>MHRA</td>
<td>The MHRA has launched a consultation on how to best engage and involve patients in the Agency’s work. The responses will help inform the MHRA’s future engagement with patients and the public. The MHRA wants to</td>
<td>07/10/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards Team, Communications team</td>
<td>This consultation is not targeted at us, so we shall not be providing a response. However, we have considered the proposals with interest and look forward to reading the published results, as there may be potential lessons for us as</td>
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<td>Social Services and Well-being (Wales) Act 2014 - Statutory guidance in relation to Part 7 of the Act - safeguarding children from child sexual exploitation</td>
<td>Welsh Government</td>
<td>The Welsh Government is seeking views on guidance to safeguard children under 18 from child sexual exploitation. This guidance is aimed at assisting those planning for and working with children to: identify and prevent abuse; protect children; and meet the needs of children at risk of abuse.</td>
<td>08/10/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DH (Director for Wales)</td>
<td>Having reviewed this consultation, we felt that we were not able to make a substantive contribution to the debate, on this occasion.</td>
<td></td>
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<tr>
<td>Consultation on Proposals for a Joint GPhC/Pharmaceutical Society NI 4-</td>
<td>PSNI</td>
<td>In January 2019 the Council of PSNI completed a review of the current registration examination. The review concluded that, whilst</td>
<td>11/10/2019</td>
<td>Reviewed but not responding</td>
<td>Informal response (letter, email, other)</td>
<td>DD (Education)</td>
<td>We shall not be responding to this consultation, as we have worked closely with the PSNI in developing the proposals.</td>
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<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
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<td>GPhC lead</td>
<td>Reasoning</td>
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<tr>
<td><strong>Country Registration Assessment</strong></td>
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<td>the current examination remains fit for purpose, improvements are needed to bring it in line with best practice. It considered three options for delivering on the review’s findings and decided that the most appropriate, cost effective and timely way to make the necessary improvements is to develop a joint GPhC/Pharmaceutical Society NI final assessment for gaining entry onto our respective registers. PSNI is now testing this approach with the public and interested parties.</td>
<td></td>
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<td>engineering</td>
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<tr>
<td><strong>Advancing our health: prevention in the 2020s</strong></td>
<td>Cabinet Office and Department of Health and Social Care</td>
<td>The Government is seeking views on proposals to tackle the causes of preventable ill health in England over the next decade and onwards.</td>
<td>14/10/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Policy and Standards), RO (Communications)</td>
<td>We have carefully reviewed the proposals and support the direction of this consultation. However, we have decided not to provide a formal response. This is because the consultation proposals are not directly relevant to our role. The consultation questions ask for examples of best</td>
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<tr>
<td>Implementatio of the Regulation and Inspection of Social Care (Wales) Act 2016</td>
<td>Welsh Government</td>
<td>The Welsh Government is consulting on draft proposals which include: - mandatory registration of domiciliary care workers</td>
<td>16/10/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DH (Director for Wales), JG (Inspections)</td>
<td>We have reviewed the consultation, but felt that it wasn’t appropriate for the GPhC to provide a response.</td>
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<td></td>
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<td>- opening the workforce register on a voluntary basis to social care workers</td>
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<td>- changing the way that Care Inspectorate Wales decides whether a person is fit and proper to be a service provider</td>
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<td>practice or case studies, which we are not able to provide - these would be more suitable for contractors and LPCs to respond to. Also, we would not normally comment on aspects of government policy unless it directly impacts our work. Moreover, it is not appropriate for us to comment on financial aspects of the pharmacy contract or the commissioning of services, and these are key aspects to this consultation.</td>
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<tr>
<td>Consultation title</td>
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<tr>
<td>Freedom of Information extension of coverage</td>
<td>Scottish Government</td>
<td>In June 2018, the Scottish Parliament agreed the Scottish Government should consult on proposals to further extend coverage of Scotland’s freedom of information legislation, for example, to companies providing services on behalf of the public sector. This consultation seeks to establish the potential range of persons who may be identified as providing services on behalf of a Scottish public authority and to inform how the Ministers might prioritise designating them.</td>
<td>22/11/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LF (Director for Scotland)</td>
<td>We have reviewed this consultation but have felt that it is not for us to comment on extending the coverage of Scotland’s freedom of information legislation.</td>
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</tr>
<tr>
<td>Public health apprenticeships: community-centred roles</td>
<td>Public Health England</td>
<td>In March 2019, Public Health England convened a workshop to explore the employer demand for an advanced level apprenticeship for community-centred roles (such as social prescribers, link workers, community connectors, health trainers, and</td>
<td>01/11/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>We have reviewed the consultation and even though pharmacists fit into the emerging community-centred workforce, we have felt that it is not appropriate for the GPhC to provide comments, given that the consultation is targeted at</td>
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<tr>
<td>Consultation title</td>
<td>Organisation</td>
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<tr>
<td>Disclosing confidential information aA4:A9</td>
<td>GOC</td>
<td>Given requests for more clarity around disclosures of confidential information in the public interest, the</td>
<td>13/06/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>N/A</td>
<td>employers and front line workers.</td>
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</table>

There was broad support for continuing to scope an apprenticeship standard, to reflect both the interests of employers and the clear direction of travel in government policy around health, care and other public service areas. This consultation aims to:
- better understand and articulate the duties and capabilities of people in community-centred roles
- determine how these workers are currently being trained and developed to discharge these duties
- establish the extent of employer need and commitment to an apprenticeship standard at level 3 for this workforce

Given requests for more clarity around disclosures of confidential information in the public interest, the
<table>
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<th>GPhC lead</th>
<th>Reasoning</th>
<th>Link to GPhC response</th>
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</thead>
<tbody>
<tr>
<td>Consultation on draft Restoration Guidance</td>
<td>GOsC</td>
<td>The GOsC is proposing the introduction of guidance on the arrangements for, and procedure at, a hearing where an application for restoration to the Register is made after an osteopath has been removed from the Register following a</td>
<td>20/06/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>N/A</td>
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</table>

GOC have developed draft guidance on disclosing confidential information which covers the following:
- General principles of disclosing confidential information, with or without consent
- What to do when a patient may not be fit to drive as a result of their vision
- Other disclosures in the public interest
- Disclosing information in compliance with investigations
They are now seeking registrants' and other stakeholders' views on the draft guidance and its potential impact.
<table>
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<tr>
<th>Consultation title</th>
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<th>Reasoning</th>
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<tbody>
<tr>
<td>Consultation on changes to our revalidation requirements for patient feedback</td>
<td>GMC</td>
<td>fitness to practise hearing. The GMC is consulting on proposed changes to its guidance on how doctors should collect and reflect on feedback from patients, their families and carers to support their revalidation.</td>
<td>23/07/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Corporate Strategy 2020-2022: Working with the dental team for public safety and confidence</td>
<td>GDC</td>
<td>The GDC is seeking views on their high-level regulatory aims for 2020-22, the associated costs and the resulting level of the Annual Retention Fee (ARF) for both dentists and dental care professionals (DCPs).</td>
<td>30/07/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>GCC Consultation: On Fitness to Practise Proposals</td>
<td>GCC</td>
<td>In line with their strategic plan, the GCC have reviewed their approach to Fitness to Practise. They are seeking views on three aspects relating to their Fitness to Practise work: 1. The introduction of guidance to inform the decision-making of the GCC Investigating</td>
<td>31/08/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Policy and Standards team</td>
<td>N/A</td>
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<tr>
<td>Consultation title</td>
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<tr>
<td><strong>Strategy 2020-2025: Consultation on draft strategic themes</strong></td>
<td>NMC</td>
<td>Committee 2. The introduction of guidance on threshold criteria on unacceptable professional conduct (UPC) 3. An amendment to The Code</td>
<td>16/10/2019</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>N/A</td>
<td>N/A</td>
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Meeting paper

Council on Thursday, 10 October 2019

Public business

Revalidation: 2020-2021 submissions and standards for pharmacy professionals

Purpose
To agree the standards for pharmacy professionals from which registrants can select to produce their reflective accounts for their 2020-2021 submissions for revalidation.

Recommendations
The council is asked to agree to retain for a further year, the three previous standards for pharmacy professionals from which registrants can choose one or more when writing their reflective accounts during the 2020-21 cycle of revalidation. The standards from last year were:

- Standard three – Pharmacy professionals must communicate effectively
- Standard six - Pharmacy professionals must behave in a professional manner
- Standard nine - Pharmacy professionals must demonstrate leadership

1. Introduction

1.1. The revalidation framework was agreed by Council at its meeting in December 2017.

Part of the revalidation framework includes a reflective account on the standards for pharmacy professionals to be produced each year by registrants.

1.2. Three standards were chosen for the first year that submission of reflective accounts was required. Registrants could choose one or more on which to reflect, using one or more examples from their practice. The number of standards selected was restricted to three to help registrants focus on areas considered important for pharmacy practice and the healthcare sector more broadly.
1.3. Following Council agreement at its meeting in November 2018, registrants were required to reflect on standard three (communicate effectively) and/or six (behave in a professional manner) and/or nine (demonstrate leadership) for their first reflective account.

1.4. For the second year of submitting reflective accounts, we have considered whether we should require registrants to focus on a different set of standards. On balance, we think a better approach is to retain the same three standards from which registrants can choose. While all the standards for pharmacy professionals continue to be important, there remains a real currency for communication, professional behaviour and leadership. These are all areas of focus in our ongoing work around education and training and in wider healthcare development.

1.5. Also, the reflective account is an integral part of the new revalidation framework and it is important that it beds in effectively. Keeping the same standards for a second year will enable registrants to build on the experience they have developed in the first year and to incorporate feedback obtained from the first year. It will also minimise any confusion amongst registrants about which standards they should reflect on. This issue is caused by registrants having different renewal dates and cycles where some will start their second year of reflective submission in November 2019 and some in October 2020. This has already prompted a number of enquiries from registrants.

1.6. When writing their second reflective account for the 2020-21 cycle of revalidation, registrants can again select one or more of the three standards. Before the third cycle of revalidation, we will consider the most effective way for registrants to demonstrate their reflections across all standards over a period of time, the importance and relevance of particular standards at a given point and the responsibility for registrants to identify their own areas of reflection.

2. **Equality and diversity implications**

2.1. Equality and diversity implications for revalidation for pharmacy professionals have been considered throughout the development and implementation period through multiple analyses.

2.2. Relevant to this decision is the analysis from the pilot study presented to Council prior to consultation on the framework which indicated there were no significant barriers to engagement with the reflective account based on protected characteristics.

2.3. Also relevant is the work done to ensure myGphC, the online portal through which registrants will record and submit their reflective accounts is accessible. This work included testing with a diverse range of registrants over multiple stages of system design and an independent accessibility review.
3. **Communications**

3.1. We will communicate the standards upon which reflective accounts must be based from November 2019 in our newsletter Regulate, on our website, in direct communications to our registrants, and through the network of organisations supporting registrants with revalidation for pharmacy professionals.

4. **Resource implications**

4.1. The resource implications of this decision have already been accounted for in planning for operations of revalidation.

4.2. Further, communications costs have been kept to a minimum by using communications channels that are already in place.

5. **Risk implications**

5.1. There are limited risk implications for this decision from Council because the wider risks related to revalidation are not impacted by the selection of the three standards for the reflective account.

5.2. Routine risk management processes are in place for revalidation and its implementation.

6. **Monitoring and review**

6.1. Revalidation submissions will provide an opportunity to review how effective the reflective account is as a tool to drive positive professional behaviours. Each year, analysis of the way in which registrants are engaging with the requirements for revalidation will provide useful insight to feed into review of policy and process.

**Recommendations**

The council is asked to agree to retain for a further year, the three previous standards for pharmacy professionals from which registrants can select one or more when writing their reflective accounts during the 2020-21 cycle of revalidation. The standards from last year were:

- Standard three – Pharmacy professionals must communicate effectively
- Standard six - Pharmacy professionals must behave in a professional manner
- Standard nine - Pharmacy professionals must demonstrate leadership

**Annette Ashley, Head of Policy and Standards**
General Pharmaceutical Council
Annette.Ashley@pharmacyregulation.org

Tel 020 3713 7837
Update on the implementation of initial education and training standards for pharmacy technicians

Meeting paper for Council on 10 October 2019

Public business

Purpose

To update Council on the implementation of initial education and training standards for pharmacy technicians

Recommendations

Council is asked to note progress on implementing the GPhC’s new initial education and training standards for pharmacy technicians

1. Introduction

1.1 One of the principal functions of the GPhC is to set standards for the initial education and training of its registrants and to set initial registration criteria. Revised standards for the initial education and training (IET) of pharmacy technicians were published in October 2017, followed by new criteria for initial registration in August 2018 (subsequently revised in July 2019).

1.2 This paper provides Council with an update on the development and introduction of qualifications/courses¹ for the IET of pharmacy technicians and related matters.

2. Updates

2.1 The availability of new pharmacy technician IET qualifications/courses: Since publication of the standards, providers and awarding bodies have been developing new courses and qualifications. One course has now been accredited by us and admitted trainees in September. Qualifications are being prepared for recognition by us and awarding organisations have agreed a common start date of March 2020.

¹ ‘Courses’ are written and delivered by providers and ‘accredited’ by us. ‘Qualifications’ are written by awarding organisations (AOs), delivered through a franchise network of providers (frequently further education colleges and NHS trusts) and are ‘recognised’ by us. Both courses and qualifications deliver fully the learning outcomes in our IET standards for pharmacy technicians.
2.2 *Pharmacy technician apprentice trainees in England:* we have been discussing some issues relating to the practical implementation of pharmacy technician IET with the Association of Pharmacy Technicians UK (APTUK), course providers, national qualifications bodies and other stakeholders. The issues are linked to the delivery of pharmacy technician apprenticeships in England and are set out below.

2.3 In order to draw down public funding for pharmacy technician IET in England, trainees must enrol as apprentices on a national apprenticeship, designed by a ‘Trailblazer’ group of employers and overseen by the Institute for Apprenticeships (IfA). The pharmacy technician apprenticeship includes (1) a minimum period of two-years’ part-time work experience in a pharmaceutical environment, (2) undertaking a qualification/course accredited/recognised by us and (3) passing an End Point Assessment (EPA) delivered by an independent EPA organisation (EPAO). EPAs are taken towards the end of the period of IET.

2.4 The key points are:

2.4.1 *The placement of EPAs in apprenticeships:* We have confirmed with the IfA that the EPA for pharmacy technician apprentice trainees is an integrated one and, as a result, can begin before the end of the two-year period of work experience required of trainees, provided a trainee is ready to take it. This means that the EPA itself does not in itself extend the minimum period of IET required to apply to register with us. We will clarify this with End Point Assessment Organisations (EPAOs), once appointed, as well as course providers and AOs.

2.4.2 *The requirement to pass EPAs:* Again, we have confirmed with the IfA that as the pharmacy technician EPA assesses some of the learning outcomes in our 2017 *Standards for the Initial Education and Training of Pharmacy Technicians*, it must be passed in order for a pharmacy technician apprentice trainee to apply to register as a pharmacy technician with us. This means that it would not be possible for someone to register with us without passing the EPA. We will clarify our 2019 *Criteria for the Initial Registration of Pharmacy Technicians* to reflect this.

2.5 *Scotland and Wales:* Council is asked to note that the structure and funding of pharmacy technician IET is different in Scotland and Wales and the apprenticeship points discussed above do not apply there. We continue to work with relevant stakeholders in both countries to move forward their plans for pharmacy technician IET and will update Council again when further progress has been made.

3. **Equality and diversity implications**

3.1 There are no equality and diversity implications linked to this update.

4. **Communications**

4.1 We will or have already written to stakeholders about the clarifications in 2.4 above.

5. **Resource implications**

5.1 Accreditation and recognition activity discussed above is in budget.

6. **Risk implications**

6.1 We will continue to engage with providers, awarding bodies, the IfA and APTUK to identify any risks emerging from the development of the new courses/qualifications.
7. Monitoring and review

7.1 Regular monitoring is built in to our accreditation and recognition methodologies.

8. Recommendations

Council is asked to note progress on implementing the GPhC’s new initial education and training standards for pharmacy technicians

Damian Day, Head of Education
General Pharmaceutical Council

[Enter date final version signed-off]
Meeting paper
Council, Thursday, 10 October 2019

Public business
Assurance and Appointments Committee report

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

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

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

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

2. Role remit and workstreams
2.1. The Committee articulates its work on the basis of five workstreams.
2.2. In the attached report Council will see how the Assurance and Appointments Committee is delivering against each of these workstreams. We have included a focus on both the process we follow and also the outcomes and what those processes are telling us. In keeping with previous reports we have included important information on monitoring and reporting back on diversity figures. This commitment remains absolutely at the heart of our work.
2.3. In adopting this approach I feel well placed to provide the Council with assurance that the work of the Assurance and Appointments Committee and my own work as Chair – with the responsibility for quality assurance and performance management of the individuals which that involves – is operating well procedurally, is aligned with the Council’s values and reinforces its commitment to maintaining public confidence in the profession.

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

**Elisabeth Davies**
Chair of the Assurance and Appointments Committee
associates@pharmacyregulation.org
Tel: 020 3713 8080

September 2019
Assurance and Appointments Committee
Annual Report 2018/19

1. Introduction

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

1.2 The role and remit of the Committee was last reviewed by Council in June 2016 and the terms of reference are included as Appendix 1. The Committee articulates its work on the basis of five workstreams.

- **Recruitment**
  Bringing high calibre and diverse individuals into the Committees through an open and thorough process, matched against clear competencies.

- **Training and Development**
  Providing Committee members with the skills and support they need to carry out their roles to a high standard.

- **Quality Performance**
  Assessing and understanding whether the required standards are being reached and then maintained; particularly using outputs to inform training and development and support continuous improvement.

- **Quality Assurance**
  Monitoring procedures, processes and outcomes in order to ensure that they are up to the expected quality levels; particularly focusing on identifying learning and supporting continuous improvement.

- **Communication**
  Ensuring feedback and information is actively and regularly shared with Committee members and from them; creating a culture of continuous improvement that reinforces the independence of the Committee decision-making process.
1.3 The Assurance and Appointments Committee has a duty to report to Council annually on its work. Accordingly for each of the five workstreams this report provides information on (i) the process or what the Assurance and Appointments Committee does; ii) particular outcomes or results for 2018/19; and (iii) plans for 2019/20. This three-way approach is in recognition of the importance and value of sharing actual outcomes – what the data and processes are telling us – along with providing the Council with an indication of our plans and intentions for the next year.
2. Workstream One: Recruitment

What we do

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

2.2 In the spring of 2018 the Committee oversaw the recruitment of 10 Deputy Chairs, 11 lay members and 8 registrant members. This was reported on in detail in last year’s Annual Report. In contrast there has been no further recruitment since this point so the focus for 18/19 has rather been on the support and induction of the newer members.

Outcomes for 18/19

2.3 It has been essential to recognise the potential impact of the loss of skills and experience and to compensate for losing a proportion of our more experienced workforce. We have done this through:

- Prioritising observing the newer Deputy Chairs in action in their early months.
- Collating and sharing the written feedback on each of the new Deputy Chairs within their first three months so that they could understand how they are presenting themselves and make adjustments accordingly.
- Ensuring the Deputy Chairs and newer members had access to an effective induction programme.
- Facilitating informal buddying between the newer Deputy Chairs and our more experienced Deputy Chairs.
- Ensuring the twice-yearly Chairs’ meeting was well attended by the newer Deputy Chairs and that the agenda reflected their needs (e.g. more guidance on drafting determinations) and provided space for peer to peer support.
2.4 We currently have the following breakdown of members and Deputy Chairs, and lay and registrant members:

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<th>IC</th>
<th>FTP</th>
<th>RAC</th>
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<tr>
<td></td>
<td>1 x Chair</td>
<td>1 x Chair (*also RAC Deputy Chair)</td>
<td>*See FTP</td>
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<td>2 x Deputy Chairs</td>
<td>9 x Deputy Chairs (*2 of which also RAC Deputy Chairs)</td>
<td>*See FTP</td>
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<td>2 x Reserve Deputy Chairs</td>
<td>6 x Reserve Deputy Chairs</td>
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<td></td>
<td>3 x Lay Members</td>
<td>15 x Lay Members</td>
<td>1 x Lay Member RAC only</td>
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<td></td>
<td>3 x Pharmacist Members</td>
<td>20 x Pharmacist Members</td>
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<tr>
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<td>3 x Pharmacy Technicians</td>
<td>3 x Pharmacy Technicians</td>
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<td>5 x Reserve Lay Members for IC &amp; FTP &amp; RAC</td>
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<td>6 x Reserve Pharmacists for IC &amp; FTP &amp; RAC</td>
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</tbody>
</table>

2.5 In addition in 18/19 15 members contracts expired and we reappointed 31 members and moved 20 reserve members to full members. Five members resigned due to changes in professional or personal circumstances. All were replaced by reserve members.

**Plans for 19/20**

2.6 No recruitment is scheduled for the forthcoming calendar year, and in this last round of recruitment the reserve pool was increased, minimising the chances of needing to recruit to replace casual vacancies. The next recruitment round is planned for mid 2021.

2.7 Future recruitment needs will be critically informed by the number of hearings predicted by the GPhC. They will also be informed by the ongoing learning from the last recruitment round and will specifically include looking at whether the Committee will appoint in the future on the basis of being a disability confident recruiter (https://disabilityconfident.campaign.gov.uk/).

3. Workstream Two: Training and development

**What we do**

3.1 The Assurance and Appointments Committee is responsible for providing Committee members with the skills and support they need to carry out their roles to a high standard.
3.2 The annual training and development plan is developed in line with GPhC policy changes, GPhC guidance changes and the wider context of regulatory and procedural justice, including relevant PSA developments. It is informed by the feedback from Committee members themselves along with what is coming out of the rolling appraisal process and the wider quality assurance approach, including the work of the Council’s Quality Review Group (QRG).

3.3 The training and development plan covers regular refresher training for the entire committee cohort, as well as ongoing training and induction of new members and Deputy Chairs following appointment during 2018.
Outcomes for 18/19

3.4 The following training and development took place in 2018/19:

<table>
<thead>
<tr>
<th>DATE</th>
<th>ATTENDEES</th>
<th>% attendance</th>
<th>TOPIC/ ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2018</td>
<td>Newly appointed IC and FtP Deputy Chairs and members.</td>
<td>100%</td>
<td>Day-long induction session which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Who we are and what we do, our culture and values</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The role and procedures of the relevant committee(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Their role within the committees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• How to recognise and mitigate against their own unconscious biases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• How to create good decisions</td>
</tr>
<tr>
<td>September 2018</td>
<td>Newly appointed IC and FtP Deputy Chairs.</td>
<td>100%</td>
<td>Written induction pack which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Case law 101</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Case management practicalities</td>
</tr>
<tr>
<td>November 2018</td>
<td>Meeting of IC Deputy Chairs</td>
<td>100%</td>
<td>Twice yearly half day meeting which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• AAC’s approach to QA.</td>
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<td></td>
<td></td>
<td></td>
<td>• Revisiting past themes from external reviews.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Role of QRG.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Comms protocol.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Declaring offences and sanctions.</td>
</tr>
<tr>
<td>DATE</td>
<td>ATTENDEES</td>
<td>% attendance</td>
<td>TOPIC/ ISSUES</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------------------</td>
<td>--------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>November 2018</td>
<td>IC Deputy Chairs and members</td>
<td>100%</td>
<td>Half day training session which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The legal framework</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Case theory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Assessing evidence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- initial consideration</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- applications for rescission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Health cases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- role of the clinical adviser</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Formulation of undertakings</td>
</tr>
<tr>
<td>January 2019</td>
<td>IC and FtP Deputy Chairs</td>
<td>64%¹</td>
<td>Twice yearly face to face Chairs’ meeting which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Protected cautions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Working with clinical advisors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Conduct of hearings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Approval of final determinations.</td>
</tr>
</tbody>
</table>

¹ All Deputy Chairs are invited to attend this and tend to self-select based on the relevance of the agenda and their availability. Minutes are shared with all Deputy Chair’s, whether they attend the meeting or not, therefore providing them with the opportunity to engage.
<table>
<thead>
<tr>
<th>DATE</th>
<th>ATTENDEES</th>
<th>% attendance</th>
<th>TOPIC/ ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb/ March 2019</td>
<td>FtP and IC Deputy Chairs and members</td>
<td>88%</td>
<td>Refresher face to face training focusing on aspects of vulnerability which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Recognising potential vulnerabilities.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Communicating with someone with a mental health condition.</td>
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<td></td>
<td>• Managing and assessing evidence from vulnerable people.</td>
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<td></td>
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<td></td>
<td>• Handling unrepresented registrants.</td>
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<tr>
<td></td>
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<td></td>
<td>• Reflective practice/developing resilience.</td>
</tr>
<tr>
<td>June 2019</td>
<td>Teleconference with IC Deputy Chairs</td>
<td>100%</td>
<td>Teleconference specifically focused on issues arising from QRG which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Greater guidance/templates/examples of paragraphs to help ensure sufficient</td>
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<td></td>
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<td></td>
<td>information is included and explanation for the choice of sanction.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• How to work effectively with clinical advisors - nature of guidance and</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>support required.</td>
</tr>
<tr>
<td>DATE</td>
<td>ATTENDEES</td>
<td>% attendance</td>
<td>TOPIC/ ISSUES</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------</td>
<td>--------------</td>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>July 2019</td>
<td>IC and FtP Deputy Chairs</td>
<td>62%(^2)</td>
<td>Twice yearly face to face Chairs’ meeting which included:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Guidance on working with clinical advisors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Drafting and communicating determinations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Drafting warnings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Contribution of the legal advisor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Training on holding appraisals.</td>
</tr>
</tbody>
</table>

3.5 Detailed participant feedback is collected from all attendees for every training session run and has generally been very positive this year. Comments have included:

“The practical tasks were extremely helpful in gaining a practical insight into the difficulties someone might experience. The trainer did a fantastic job of designing tasks in which the issues were raised in a very natural and organic way so that we discovered them for ourselves rather than being 'taught' them on a PowerPoint slide.”

“One thing that was very helpful was when participants spontaneously gave examples of when vulnerability issues had arisen in hearings they had been involved in. It would have been nice to have more of this. Perhaps to ask participants to come up with one or two short real-life examples so that the group could also learn from that experience.”

“The exercises challenged any thoughts of what you would do and demonstrated the issues that can be experienced e.g. in communicating with all parties. Also, the real-life examples provided from speakers experience really helped bring home how even experienced people need to constantly check behaviour.”

“I worked as a mental health pharmacist by background and assumed I had good knowledge of mental health issues and vulnerability but the session has given me new insight to how registrants with mental health issues would feel and I should approach the person with dignity.”

\(^2\) All Deputy Chairs are invited to attend this and tend to self-select based on the relevance of the agenda and their availability. Minutes are shared with all Deputy Chair’s, whether they attend the meeting or not, therefore providing them with the opportunity to engage.
“...all aspects of the course were hugely valuable to me. If I can only list one thing then it was the session then the session on Registrant vulnerability and mental health issues - how best to support and safeguard an individual with vulnerability. Another one would have been recognising our own vulnerability and the impact of emotional intelligence/reflective practice.”

“All of the sessions were incredibly valuable to me. I can link them all to my work life with the GPhC and HCPC Tribunal Service and also with Mental Health Act hearings I am involved in. I found the sessions also really valuable to me on a personal front. I know it will be very helpful to me in my personal life.”

3.6 Regular six-monthly meetings for the chairs of the committees are held. These provide safe space for chairs, allowing them to share information on cases, case management and procedure, to make suggestions to improve process and, where possible, streamline hearings. The AAC chair and relevant GPhC staff attend for all or part of these meetings.

3.7 Building on the value of peer to peer support, particularly in bringing together newer with longer standing members, a teleconference for IC DCs was also held this year along with establishing an informal ‘buddying’ programme to match the newer Deputy Chairs with more experienced members.

3.8 Throughout the year EDI has been a core theme within and influence on the training plan. The Induction sessions included training on unconscious bias for all new members and Deputy Chairs whilst the vulnerability training specifically considered the needs of those with a mental health condition along with unrepresented registrants.

**Plans for 19/20**

3.9 The training plan for 19/20 is likely to include protected cautions, recissions, and working with clinical advisors along with revisiting unconscious bias and in particular what this means for collective decision-making.

3.10 There will also be an increased focus on succession planning from within. Whilst recognising that, in the last recruitment round, none of the Statutory Committee members applied for a Deputy Chair role, the AAC deliberately recruited lay members with internal succession in mind.
4. Workstream Three: Quality performance

What we do

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

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

4.3 In addition, a protocol determines whether any concerns raised are dealt with at the time by a chair, staff, included in the annual performance review information or passed to the AAC Chair. If she needs to take immediate action to raise a matter with a chair or member she will phone them or arrange a meeting for a discussion.

4.4 As part of performance management, and as a reflection of our focus on ongoing improvement, the AAC Chair reviews the performance of chairs and deputy chairs annually in a formal performance review meeting. The deputy chairs in turn review the performance of the members. Prior to the review meeting the AC chair observes the chair/deputy chair at a hearing and reviews feedback gathered through the year from online hearing/meeting feedback forms. This feedback is also shared with the deputy chairs. Those being reviewed are asked to complete self-appraisal forms. These meetings provide an opportunity to reflect on the work, to identify training needs and to appreciate the work undertaken.

4.5 In addition, the AAC Chair reviews all performance appraisals and produces a quarterly review of the themes raised which are considered by the full AAC at every meeting. This is also included in the quarterly bulletin and therefore shared back with all members.
Outcomes for 18/19

4.6 All appraisals have been completed within the required timeframe. Performance messages clearly emerge from the appraisal process with clear themes around:

- The commitment to self-development that so many of our members have, ensuring they keep up to date with case law and frequently doing extra work to make sure they are fully informed.
- The amount of preparation put in.
- The commitment to collective decision-making and the constant effort put into getting the balance right between listening and contributing.
- A growing commitment to feedback.

4.7 The appraisal template asks the reviewer to discuss training and development needs with the reviewee and key points have included:

- Further training/resources on case law (such as a case law digest).
- With regard to newly appointed members, being able to ‘observe’ a full case and not being limited to one day.
- The viability of filming a mock hearing so this could be used to inform new members.
- Reviewing the legal processes in more detail.

4.8 Finally a number of points raised via the feedback forms are shared with the GPhC, including at the QRG part 2 meetings. Examples of issues raised this year include:

- Lack of clarity around why certain cases required a clinical advisor.
- If reference is made to material, eg. medical assessments and employer assessments, which the Committee is not provided with, then the Committee should be clearly told why these have not been supplied.
- Need for more guidance/support on drafting.

4.9 Recognising the number of new Deputy Chairs, training has been provided for the Deputy Chairs on carrying out appraisals. This has been to help ensure a consistent approach is taken across the piece and to ensure the focus remains on constructive feedback and continuous improvement.

4.10 The appraisal forms have also been revised, ensuring they are simpler to complete and minimising repetition.
4.11 During the course of the year the following complaints were received:

<table>
<thead>
<tr>
<th>Complaint area</th>
<th>Nature of complaint</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>One complaint against two members of the RAC</td>
<td>Failure to disclose mutual interests resulting in prejudice or bias within the appeals process.</td>
<td>A number of allegations were made. Allegations were either dismissed or accepted with advice or a warning given to the member.</td>
</tr>
<tr>
<td>One complaint against a FtP Deputy Chair</td>
<td>The complaint originated from the work of a GPhC Deputy Chair in their responsibilities at a different regulator; the complainant then wrote to all of the Deputy Chair’s ‘places of work’ alleging they were not a fit and proper person.</td>
<td>The complaint was not upheld.</td>
</tr>
</tbody>
</table>

**Plans for 19/20**

4.12 The AAC Chair will continue to produce quarterly thematic reviews of performance, sharing these with all committee members via the quarterly bulletin.

4.13 In recent months the Assurance and Appointments Committee has been working on a new procedure for dealing with complaints about statutory committee members. Currently there is only an existing procedure for the suspension and removal of members. Whilst this procedure was used for dealing with complaints received in 2018 the feedback from members involved has been that it is not proportionate and that it does not include an informal mechanism for dealing with complaints, focusing solely on the possibility of suspension and removal. In 19/20 we this feedback has been used to inform the development of a new complaints procedure that incorporates an informal approach to dealing with less serious complaints as well as a procedure for removing members and as required by GPhC Rules.
5. Workstream Four: Quality assurance

What we do

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

5.2 The GPhC’s Quality Review Group, and in particular the part 2 meetings, is an important element in our approach to quality assurance and has come about through the AAC’s instigation. Part 2 meetings of the Quality Review Group have now been taking place for coming up to a year. The revised terms of reference of the Quality Review Group note that the role of part 2 meetings is:

“...the opportunity for the Chair of the Assurance and Appointments Committee to explore staff feedback to the committee, member or adviser so that there is clarity and consistency about the issues identified. In Part 2 the Chair of the Assurance and Appointments will highlight feedback from the committees and any other feedback to the QRG as appropriate. Part 2 also allows for a strategic discussion about general trends and concerns that may need to be addressed at cross directorate level”.

Outcomes for 18/19

5.3 The Assurance and Appointments Committee reviews a summary of the key QRG part 2 issues at every meeting. These are also shared with all members via the quarterly bulletin.

5.4 Key themes raised by statutory committee members via QRG part 2 have included:

- Questioning when the Council has worded charges in a particularly complex way and which require the Council to then provide more details of surrounding circumstances. In March 2019 the GPhC ran training for its staff on the drafting of allegations and this included looking at such issues as style, structure and terminology.

- A request for more guidance on the wording of warnings when chosen as the most appropriate sanction.

- Undercharging and what happens when a Committee wants an allegation to be heard when

- the Council doesn’t think it should be considered.

- Ensuring the Communications protocol (setting out how and who should be communicating feedback with Deputy Chairs) is in place and agreed.
5.5 In addition, QRG part 2 provides a vital route to highlight quality issues from QRG part 1 with the Chair of AAC and which are then fed back at either an individual level and/or might inform the annual training and development plan. For example, IC training is currently being planned for November and this will pick up directly on working with Clinical Advisors and the level of detail in determinations, both of which have been highlighted at QRG meetings.

5.6 To assist with the Assurance and Appointments Committee’s monitoring of quality assurance a QA issues log is maintained and reviewed at every meeting. A distinction is drawn between decision-making outcomes, decision-making processes and administrative issues (example entries are included below):

| QA category          | QA issue                                                                 | Evidence source(s)                                                                 | Remedial action(s)                                                                 | Evidence of improvement (NB Could give a RAG assurance rating:)
|----------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------|
| **Quality: Decision-making outcomes** | Fuller explanations required in determinations, especially IC | - QRG part 1 Field Fisher report on IC decisions                                      | ✓ Reviewed in QRG part 2; QRG part 1 case-specific feedback shared directly with individual Chairs (ongoing). | ✔ Substantial assurance  
|                      |                                                                          | - PSA Audit 2019                                                                     | ✓ Chairs’ meeting briefed (Dec 17).                                                | Adequate assurance  
|                      |                                                                          |                                                                                     | ✓ Inclusion in Stat Committee newsletter (Dec 17).                                | Limited assurance  
|                      |                                                                          |                                                                                     | ✓ IC Chairs briefed on Field Fisher report (Jan 18).                              | ✔ ORG part 1 feedback being reviewed and monitored – issue still being identified.  
|                      |                                                                          |                                                                                     | ✓ Included in IC member training (Jan 18).                                        |                                      
|                      |                                                                          |                                                                                     | ✓ IC Chairs (including those newly appointed) re-briefed (Nov 18).                |                                      
|                      |                                                                          |                                                                                     | ✔ ORG part 1 feedback being reviewed and monitored – issue still being identified. |                                      
|                      |                                                                          |                                                                                     | ✔ ORG part 1 feedback being reviewed and monitored – issue still being identified. |                                      


Examples of ‘best practice’ shared with IC DCs (June 19).
✓ Included in communication to all IC DCs and discussed in teleconference call with all IC DCs (June 19).
✓ Will be included in training for IC DCs and members in November 2019.
✓ QRG part 2 will actively track and monitor a sample of cases in early 2020.

Plans for 19/20

5.7 What particularly matters in the future is how the learning from the QRG part 2 meetings is reflected in the training and development programme. In addition to this systemic approach feedback to individual remains vitally important and is a key part of establishing and maintaining a culture of ongoing learning and continuous improvement.

5.8 The key question the Assurance and Appointments Committee wants to be able to answer is ‘What do the various feedback sources tell us about the quality of decision-making processes and outcome’? This is very much about triangulating and making best use of the data that is held. Going forward, there are plans for the QRG part 2 to adopt a more pro-active approach to tracking improvements in critical quality areas and to therefore strengthen levels of assurance and evidence of improvement. For example, in early 2020 QRG part 2 may pro-actively review a sample of cases to satisfy itself that panels are including sufficient explanations.
6. Workstream Five: Communications

What we do

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

6.2 A quarterly bulletin is the main channel of communication with all members, updating them on GPhC and wider healthcare regulatory policy, emerging case law and thematic feedback.

Outcomes for 18/19

6.3 The quarterly bulletin has been expanded to include a more substantial update from the Chair on the five workstreams and the work of the Assurance and Appointments Committee. For example, all members are aware of the evolving role of the QRG and the increased focus on quality assurance. This has been supplemented by additional dedicated communications from the AAC Chair.

6.4 The AAC Chair also has a rolling programme of meetings with senior GPhC staff and with the Chair of Council. In addition, she corresponds with members regularly, and observes as many hearings as possible, which, as well as allowing her to monitor performance, provides a welcome opportunity to catch up with panellists and listen to their feedback and any concerns.

6.5 This year the AAC Chair has also initiated regular meetings with her counterparts (where they exist) at the other health regulators. So far these have included the NMC, the HCPC and the GDC and issues explored have included EDI, unrepresented registrants and the PSA’s work looking at public confidence issues. More generally the discussion has looked at how valuable it would be if more data was captured on the degree of shared membership across the different panels of the different health regulators and how this might aid with a more joined up approach to future training.

Plans for 19/20

6.6 Meetings with the Health Regulators will continue next year and will be expanded to bring in the other regulators as appropriate. Opportunities to pilot a more joined up approach to commissioning training will be sought and scoped out.
6.7 The AAC will continue to support the GPhC in considering the future role of an online portal for members, enabling them to access GPhC policies and procedures, guidance and relevant case law in one place.

7. Equality, diversity and inclusion

7.1 The statutory committees strive to promote and reflect equality, diversity and inclusion when performing their regulatory functions. The Assurance and Appointments Committee and the scheduling staff try to ensure that the people appointed and allocated to the statutory committees reflect the diversity of the public they serve and the registrant population.

7.2 This year’s diversity statistics for the current committees can be found at Appendix 2. The numbers are taken from the annual, voluntary anonymised diversity survey. The response rate this year was 96% (79/82 responses were received). The UK census figures are from the 2011 census (the next census is due in 2021) and the registrant population figures are taken from the GPhC’s register. The combined data highlights the following key points:

**Overall diversity**

- Over half (59%) of committee members are female.
- The largest proportion of committee members are between the ages of 55 to 64.
- BAME members make up just over 28% of the committee population.

**Chair statistics**

- 52% of the committee Chairs are male, or 11 out of a total of 21 Chairs.
- In keeping with the wider membership, the largest proportion (57%) of Chairs are also drawn from those aged between 55 and 64.
- Whilst 76% of Chairs are white and 14% are Asian there are currently no black Chairs.

**Comparing the committee population with UK and Registrant populations**

- 22% of committee members are Asian compared with a UK population figure of 8% but a Pharmacist population figure of 38%.
Despite most committee members being between the age of 55 and 64, almost 33% of committee members fall from within the 35 to 54 year brackets and this is more consistent with the registrant population. For example, almost 56% of Pharmacy Technicians are between the ages of 35 and 54. In comparison to other decision-making bodies, the average age of both non-executive Board members and Trustees in the UK is rising (just over 60 years for the former and now 61 years for the latter).

7.3 The AAC is, as always, aware that more needs to done to attract high calibre applicants from underrepresented groups. Accordingly, plans for the next recruitment campaign will be designed to attract applicants from as diverse a range of backgrounds and sections of the community as possible. Particular attention will need to be paid to the fact that currently none of the Deputy Chairs are black. Accordingly, future approaches might include to organisations such as the Black Solicitors Network, Society of Black Lawyers, Law Society – Ethnic Minority Lawyers Division and the African Women Lawyers Association. In addition consideration will be given to approaching such organisation as Inclusive Boards who, subject to payment, will assist with recruiting diverse candidates.

7.4 The AAC is also very aware that equality, diversity and inclusiveness is about more that the recruitment process followed. ED&I/unconscious bias training will be included in the refresher training for all members in 2020 and consideration will be given to whether aspects of the vulnerability training delivered in 18/19 should be re-run. In addition, consideration will be given to whether further training or guidance needs to be shared in relation to the possible impact of different religions on how a hearing is run. For example, time and breaks may need to be considered and factored in for those practising Islam to allow time for prayers.

7.5 Finally, the AAC will work alongside GPhC colleagues recommending a move towards the ambition of becoming a disability confident employer in order to make the most of the talents disabled people can bring to the work place. This will have implications for both the recruitment stage and how any members with a disability are treated and supported.

The Assurance and Appointments Committee
Appendix 1

Excerpt from the Appointments Committee remit

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

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

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

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

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

Accountability and reporting
5. The Committee is accountable to the Council. The Committee reports to the Council annually.

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

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

Appendix 2

1. Overall Diversity 2019

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31</td>
<td>47</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability</th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>68</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Heterosexual/Straight</th>
<th>Gay Woman/Lesbian</th>
<th>Gay Man</th>
<th>Bisexual</th>
<th>Other</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Not disclosed</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>2</td>
<td>17</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
2. Chair Statistics 2019

**Gender**
- **Male**: 57.6% (10)
- **Female**: 42.4% (11)

**Disability**
- **Yes**: 4.8% (1)
- **No**: 95.2% (18)

**Ethnicity**
- **White**: 95.2% (18)
- **Black**: 4.8% (2)
- **Asian**: 14.3% (3)
- **Not disclosed**: 9.5% (2)
- **Other**: 9.5% (2)

**Age**
- 16-24: 57.1%
- 25-34: 19.0%
- 35-44: 9.5%
- 45-54: 14.4%
- 55-64: 14.4%
- 65+: 9.5%

**Sexual Orientation**
- Heterosexual/Straight: 100.0%
- Gay Woman/Lesbian: 0%
- Gay Man: 95.2%
- Bisexual: 4.8%
- Other: 0%

**Religion**
- No religion: 9%
- Buddhist: 0%
- Christian: 6%
- Hindu: 0%
- Jewish: 2%
- Muslim: 2%
- Sikh: 1%
- Any other religion: 1%
- Prefer not to say: 0%
3. Overall committee population versus UK and Regrant

**Gender**

- UK Census: 49.0% Male, 51.0% Female
- Pharmacists: 38.5% Male, 61.5% Female
- Pharmacy Technicians: 11.9% Male, 88.1% Female
- Committee members: 39.2% Male, 60.8% Female

**Disability**

- UK Census: 82.1% Yes, 0.4% No, 0.5% Prefer not to say
- Pharmacists: 17.9% Yes, 0.0% No, 0.4% Prefer not to say
- Pharmacy Technicians: 0.0% Yes, 0.4% No, 0.5% Prefer not to say
- Committee members: 0.0% Yes, 0.4% No, 0.5% Prefer not to say

**Ethnicity**

- White: 49.0%
- Black: 18.5%
- Asian: 18.5%
- Not disclosed: 18.5%
- Other: 0.0%

**Age**

- 16-24 years: 5.5%
- 25-34 years: 9.5%
- 35-44 years: 13.0%
- 45-54 years: 18.0%
- 55-64 years: 27.0%
- 65+ years: 27.0%

**Sexual Orientation**

- Heterosexual/Direct: 83.0%
- Gay/Non-binary: 13.0%
- Lesbian: 1.3%
- Bisexual: 0.8%
- Other: 0.0%
- Prefer not to say: 3.0%

**Religion**

- No religion: 0.0%
- Buddhist: 42.9%
- Christian: 28.6%
- Hindu: 0.0%
- Jewish: 9.5%
- Muslim: 9.5%
- Sikh: 4.8%
- Any other Prefer not to say: 4.7%

Please note the data on Pharmacists and Pharmacy Technicians has been sourced from the online register. The UK Census data has been taken from the latest Census in 2011. The next census is due 2021.