Council meeting

By Zoom
Thursday, 15 July 2021

10.00 – Workshop
13.30 - Public session

Public business

1. Attendance and introductory remarks
   Nigel Clarke
2. Declarations of interest – public items
   Nigel Clarke
3. Minutes of the June meetings
   Minutes of the public sessions on 2 and 10 June
   Nigel Clarke
4. Actions and matters arising
   Nigel Clarke
5. Workshop summaries – 2 and 10 June
   For noting
   Nigel Clarke
6. Initial education and training standards for pharmacists: update on implementation
   For noting
   21.07.C.01
   Damian Day
7. Coroner correspondence: briefing paper for Council
   For noting
   21.07.C.02
   Laura McClintock
8. Updating the governance of non-statutory committees
   For approval
   21.07.C.03
   Janet Collins
9. Communications and engagement update
   For noting
   21.07.C.04
   Rachael Oliver
10. Minutes of the Audit and Risk Committee held on 25 May 2021
    For noting
    21.07.C.05
    Neil Buckley
Confidential items

11. Minutes of the meeting held on 10 June
   Minutes of the confidential session
   Nigel Clarke

12. Re-appointment of the Chair of the Appointments and Assurance Committee
    For approval
    21.07.C.06
    Nigel Clarke

13. Strategic risk register
    For approval
    21.07.C.07
    Rob Jones

14. Minutes of the Audit and Risk Committee meeting held on 25 May 2021 (confidential items)
    For noting
    21.07.C.08
    Neil Buckley

Date of next meeting

Thursday 9 September 2021
Minutes of the Council meeting held on 2 June 2021

To be confirmed 15 July 2021

Minutes of the public items

Present:

Nigel Clarke (Chair)  Penny Mee-Bishop
Yousaf Ahmad  Arun Midha
Neil Buckley  Rose Marie Parr
Ann Jacklin  Aamer Safdar
Jo Kember  Selina Ullah
Rima Makarem

Apologies:

Mark Hammond
Elizabeth Mailey
Jayne Salt

In attendance:

Duncan Rudkin  Chief Executive and Registrar
Claire Bryce-Smith  Director of Insight, Intelligence and Inspection
Laura McClintock  Chief of Staff and Associate Director of Corporate Affairs
Gary Sharp  Associate Director of HR
Mark Voce  Director of Education and Standards
Liam Anstey  Director for Wales
Laura Fraser  Director for Scotland
Damian Day  Head of Education
1. Attendance and introductory remarks

1.1 The Chair welcomed those present to the meeting. Apologies had been received from Mark Hammond, Elizabeth Mailey and Jayne Salt.

1.2 This was a short, additional Council meeting held with a view to putting the lessons learned report from the March sitting of the registration assessment into the public domain.

2. Declarations of interest

2.1 The Chair reminded members of the Council to make any appropriate declarations of interest at the start of the relevant item.

3. Registration assessment: report and lessons learned from March 2021 sittings

3.1 Mark Voce (MV) introduced 21.06.02.C.01 which set out the chronology of the development of the online registration assessment and the lessons learned from the first sittings in March 2021.

3.2 The online registration assessment had been held on 17 and 18 March 2021. A total of 2666 candidates sat the assessment and 2352 passed, a pass rate of 88.2%. MV offered congratulations to all those who had passed in the difficult circumstances and heightened anxiety of the pandemic.

3.3 The development and organisation of the assessment had been a significant challenge. The report set out the chronology, how the online assessment had been developed, the issues which had been encountered and the lessons which had been learned. Particular learning had been identified with regard to communication with candidates. The practical changes identified would be implemented for the July sitting.

3.4 The Council welcomed the report and the clear way in which it explained the challenges faced, decisions made and the learning. The need for clear, ongoing communication which addressed the concerns of candidates was stressed, as was the need for continuing communication with the provider of the centres.

3.5 The importance of communication had been emphasised by the direct engagement with candidates who were having issues, for example those in Scotland, which had made a real difference to the experience.

3.6 There were discussions to be had about whether an assessment remained the best way to assess candidates for registration, possibly when the five-year framework was in place.
However, the focus for now had to be providing a robust assessment and good assessment experience for the 2021 candidates.

3.7 Lessons learned around viewing the experience from the customer point of view, contract management and communications would also be taken forward more widely across the organisation.

3.8 The Chair thanked all those involved for their hard work and willingness to learn for future sittings.

3.9 The Council noted the report, the lessons learned and the actions being taken prior to the next sitting in July 2021.

4. Any other business

4.1 There being no further business, the meeting closed at 12.00.
Minutes of the Council meeting held on 10 June 2021

To be confirmed 15 July 2021

Minutes of the public items

Present:

Nigel Clarke (Chair) Penny Mee-Bishop
Yousaf Ahmad Arun Midha
Neil Buckley Rose Marie Parr
Mark Hammond Aamer Safdar
Jo Kember Jayne Salt
Rima Makarem Selina Ullah
Elizabeth Mailey

Apologies:

Ann Jacklin

In attendance:

Duncan Rudkin Chief Executive and Registrar
Carole Auchterlonie Director of Fitness to Practise
Jonathan Bennetts Director of Finance
Claire Bryce-Smith Director of Insight, Intelligence and Inspection
Laura McClintock Chief of Staff and Associate Director of Corporate Affairs
Gary Sharp Associate Director of HR
Mark Voce Director of Education and Standards
Liam Anstey Director for Wales
Laura Fraser Director for Scotland
1. Attendance and introductory remarks
1.1 The Chair welcomed those present to the meeting. Apologies had been received from Ann Jacklin.

2. Declarations of interest
2.1 The Chair reminded members of the Council to make any appropriate declarations of interest at the start of the relevant item.

3. Minutes of the last meeting
3.1 The minutes of the public session held on 22 April 2021 were confirmed as a fair and accurate record of the meeting.

4. Actions and matters arising
4.1 There were no actions or matters arising.

5. Workshop summary
5.1 The Council noted the summary of the workshop held on 22 April 2021.

6. Managing concerns about pharmacy professionals – our strategy for change
6.1 Carole Auchterlonie presented 21.06.C.01 setting out the analysis report from the consultation on the draft strategy, the proposed changes and a copy of the revised draft. She thanked the team who had worked on the strategy, in particular Jerome Mallon and the members of Council who had supported the work on the revisions.

6.2 There had been 188 written responses to the consultation, 163 from individuals and 25 from organisations. Of the individuals, 149 were pharmacy professionals. A full analysis of the responses accompanied the paper.

6.3 Key changes made as a result of the feedback included:
- amendments to two strategic aims and three strategic outcomes;
- a number of additions to the enquiries that would be undertaken and changes to the proposed test to conclude enquiries at triage;
- a longer-term approach to introducing personal experience statements;
- strengthening action to increase awareness of how we managed concerns to support professionalism and encourage openness, learning and improvement;
• being clearer about what we would do to eliminate discrimination and bias in fitness to practise both in response to the consultation and in line with our EDI strategy.

6.4 There was some discussion about the provision of support for all parties involved in an Ftp case. A number of respondents had suggested that the GPhC should provide more support to registrants, but the role of the GPhC was the protection of the public. There would however be improved resources and signposting to other sources of support which could help ensure the wellbeing of professionals. Individual needs would be assessed for each case and notes attached to the case management system so that everyone dealing with the case was aware of any issues. There would also be improvements in the way that the GPhC communicated with registrants going through FtP processes and all the guidance on the website would be updated.

6.5 Support for patients and families going through the process was also being explored, including working with other regulators and Victim Support.

6.6 It was confirmed during the discussions that the reflective pieces referred to in the strategy were not the reflections which registrants were asked to submit as part of their revalidation, rather they would be reflections specific to the events which had led to the FtP referral.

6.7 The Council:
   i. noted the analysis report from the consultation;
   ii. noted the proposed changes to the strategy; and
   iii. agreed the revised strategy.

Jerome Mallon left the meeting

7. Draft GPhC response to the DHSC consultation ‘Regulating healthcare professionals, protecting the public’

7.1 Laura McClintock introduced the draft consultation response which covered proposals in relation to governance, fitness to practise, education and registration. The GPhC had encouraged stakeholders to also respond.

7.2 The GPhC was mostly supportive of the direction of travel. If approved, the response would be submitted to DHSC in time for the 16 June deadline and then published.

7.3 The Council approved the draft response for submission to DHSC.

8. GPhC Registration assessment report

8.1 Damian Day joined the meeting for this item. The paper (21.06.C.02) covered the March sitting of the registration assessment only and there would be similar reports produced after each of the remaining 2021 sittings (July and November). Once the sittings were
complete, the Chair of the Board of Assessors would attend Council to present his annual report.

8.2 Neither the standard nor the content of the assessment had changed with the new logistics. The March cohort had been unique at the time, making comparisons with previous cohorts difficult but it would be possible to make more valid comparisons with the July and November sittings.

8.3 Council welcomed the lessons learned from the March sitting and congratulated the team on the webinar which had been held for July candidates on 9 June. Approximately 1800 candidates had attended and a recording would be made available to those who had been unable to join the event.

8.4 One school was a significant outlier in assessment results. This was related to a historic concern but the provider had been contacted and would be meeting with the GPhC shortly to discuss the results.

8.5 The GPhC would be undertaking further work in relation to a number of areas around the assessment, including differential attainment among candidates based on ethnicity, location of pre-registration training and entry requirements to and achievement during the MPharm degree.

8.6 Council noted its thanks to the team for all the hard work in moving the registration assessment online which had been a considerable logistical challenge and also offered its congratulation to all who had passed the March sitting.

8.7 The Council noted:
   i. the candidate performance data and;
   ii. the Board of Assessors report and the assurance it provided about the March 2021 sitting.

Damian Day left the meeting


Finance update

9.1 Vanessa Clarke, My Phan and Heather Walker joined the meeting. Vanessa Clarke presented the finance update.

9.2 At the end of Q4 of 2020/21, the operating surplus was £0.3m (excluding the value of the investment portfolio) which was £0.5m less than expected. This was due to additional expenditure of £0.4m and a £0.1m drop in income over the quarter. The additional expenditure was largely on external panel firms and an updated dilapidations review and the reduction in income largely due to 370 candidates who signed up to take the registration assessment but then decided not to, prompting a refund of their fees. Further details were provided in the paper.
9.3 In relation to the increased employee costs caused by the selling back of leave at the end of 2020, it was noted that this was in line with legislation enacted earlier in the pandemic.

9.4 The budget for 2021/22 had been prepared at a time of considerable uncertainty and so had included additional contingency. Supplementary expenditure had already been identified in a number of areas including FtP, Customer Service and the new operating model and the contingency funding would be applied in these areas.

**Annual plan progress report (APPR)**

9.5 Claire Bryce-Smith presented the APPR. Progress against the annual plan continued to be better than in the first six months of the year and all but three of the expected outcomes for Q4 had been achieved. The three were the publication of updated guidance for registered pharmacies providing services at a distance; the review of letters used in the handling of FtP concerns and FtP cases; and improved reporting. However, progress had been made in all three areas.

9.6 Progress had also been made on two activities delayed in Q3, namely the pre-development work for the new communication strategy and the work on the new website.

**Performance monitoring report (PMR)**

9.7 Performance overall remained mixed but stable. There had been significant improvement in the performance of the customer contact centre with calls being answered quicker, levels of abandoned calls reducing and all emails being actioned within two days. The Council was pleased to note the progress in this area and offered its congratulations to the staff involved.

9.8 FtP had seen improvements in some areas, including sustained improvement in the numbers of concerns triaged within five days. However, there was a decline in the timeliness of interim orders being imposed, albeit that there was only a delay in one case (from a total of two).

9.9 Performance in Inspection had declined, with the time taken to finalise reports after an inspection increasing. However, the time taken to serve improvement notices had improved. Inspectors were continuing to support pharmacies with calls and visits and there had been over 500 joint readiness visits to pharmacies delivering a vaccination service.

9.10 Performance on corporate complaints remained positive although numbers remained low. The profile of complaints remained consistent, with the majority relating to the outcome of an FtP process. No complaints had been upheld in Q4 but significant learning had been identified from the only Stage 2 complaint completed during the quarter.

9.11 Information governance had seen two personal data breaches in February which were reported to the Information Commissioner’s Office. In both cases, the ICO was satisfied with the actions taken internally and both cases had been closed. All statutory time limits for dealing with information rights requests had been met.
9.12 In HR, turnover had continued to fall and sickness absence had reduced. Employee wellbeing continued to be a priority.

9.13 The Council noted:
   i. the key areas of performance highlighted in the cover paper;
   ii. the finance update;
   iii. the report on progress against the annual plan; and
   iv. the operational performance information in the PMR.

10. Annual report, Fitness to practise report and Accounts 2020/21 (21.06.C.04)

10.1 Duncan Rudkin introduced the draft Annual report, Fitness to practise report and Accounts for 2020/21 and thanked the staff involved in its production and the members for their comments and suggestions on the draft. This was the final stage in a thorough assurance process of the documents.

10.2 Once approved, the documents would be laid in the Westminster and Scottish parliaments as required and also sent to the Senedd in Wales.

10.3 The Council:
   i. approved the combined annual report, annual accounts and fitness to practise report for 2020/21;
   ii. noted the report of the external auditors; and
   iii. authorised the Chair of Council to sign the letter of representation as required by the external auditors.

11. Audit and Risk Committee annual report to Council (21.06.C.05)

11.1 Neil Buckley, Chair of the Audit and Risk Committee, presented the Committee’s annual report. It had been a year of change, both of composition and ways of working for the committee. The introduction of a regular CEO update at the start of each meeting had proved useful and NB thanked the members of the committee and the staff for all their work.

11.2 The Council noted the annual report of the Audit and Risk Committee

12. Finance and Planning Committee annual report to Council (21.06.C.06)

12.1 Mark Hammond, Chair of the Finance and Planning Committee, presented the Committee’s annual report. The work on investments had been a particular highlight and the committee was grateful to its independent member, Andrew McLaren, and to Goldman Sachs for their support in this area. It had been a challenging year but had gone well.

12.2 The Council noted the annual report of the Finance and Planning Committee
13. Remuneration Committee annual report to Council (21.06.C.07)

13.1 Elizabeth Mailey, Chair of the Remuneration Committee, presented the Committee’s annual report. It has been a busy year for the committee, which had held five meetings and had worked on reset and renewal, reward and recognition, Council remuneration, gender and ethnicity pay gap reporting and follow-up work from the staff survey.

13.2 The Council noted the annual report of the Remuneration Committee

14. Any other business

14.1 There being no further business, the meeting closed at 15.00.
Council workshop summary

Meeting paper for Council on 15 July 2021

Public

Purpose
To provide an outline of the discussions at the Council workshop on

Recommendations
The Council is asked to note the discussions from the 02 June 2021 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 02 June 2021 workshop
   Post-Registration Education

2.1 DR provided an introduction with context of the GPhC strategic plan, Government Regulatory Reform and the post-pandemic landscape. Any strategy must support the primary importance of protecting the public and upholding confidence in the pharmacy professions.

2.2 Across the UK, Governments and health services are considering what health services should look like post-pandemic, and how pharmacy can contribute. An increased emphasis on clinical services will require public confidence in standards.
2.3 The Chief Pharmaceutical Officers’ proposals were summarised including a request for the GPhC to take the lead in overseeing nationally agreed post-registration education and training pathways. This would necessitate a review of the role of the Educational Governance Oversight Board (EGOB) and its relationship with the GPhC.

2.4 Understanding public expectations of healthcare providers was highlighted, along with the scope of practice for registrants, the breadth of regulation beyond statutory powers and potential targets for action.

2.5 Key challenges were noted including the risk of the process becoming overly bureaucratic and resource requirements.

2.6 Further discussions took place via breakout rooms. Colleagues felt it was important to recognise and build on work already carried out by existing parties, whilst recognising the possibility of a wider role for the GPhC in leading strategy. Communication and flexibility would be essential to ensure all parties are sighted and engaged, and expectations are properly managed.

2.7 Any strategy pursued must reflect the rapidly changing nature of pharmacy practice and workforce, with equal emphasis on pharmacist and pharmacy technician education and training. The difference between system assurance and professional development was highlighted.

2.8 Previous post-registration education work of other regulators could also provide insight into potential strategy.

2.9 Colleagues asked what EGOB’s role would be throughout and agreed that further scoping would be required to define the GPhC’s role more precisely. Ownership and deliverables must be more clearly defined. Colleagues agreed to review EGOB Terms of Reference and discuss further at subsequent Council meetings.

3. Recommendations

The Council is asked to note the discussions from the 02 June 2021 workshop

Michael Compton, Governance Manager
General Pharmaceutical Council

03/06/2021
Council workshop summary

Meeting paper for Council on 15 July 2021
Public

Purpose
To provide an outline of the discussions at the Council workshop on

Recommendations
The Council is asked to note the discussions from the 10 June 2021 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 June 2021 workshops

Managing risk

2.1 Rob Jones (RJ) provided a summary of previous Council decisions on risk and the subsequent work completed. Principal risks were summarised with associated risks of worst-case scenarios. This was linked between day-to-day activities and long-term vision.

2.2 RJ highlighted the heightened risk regarding staffing insufficiencies which could lead to an inability to meet strategic targets.

2.3 ARC Chair reflected that there was no perfect strategy, but asked Council to consider if the correct items, activities and potential mitigating actions have been identified.
2.4 Colleagues discussed factors regarding the risk register including the formation of the recent Legislative Co-ordination Group (LCG) to remain sighted over legislative changes that may impact the GPhC and the potential impact of a move to require regulators like the GPhC to have a unitary board.

2.5 Council suggested that, ‘Principal risk 2: Insufficient understanding and potential impacts of wider changes in pharmacy and the healthcare system’, be expanded to account for regulatory reform risk.

2.6 Colleagues noted the importance of the embedding the correct culture of risk in the organisation to complement the work on the risk register.

2.7 RJ highlighted the recent staff risk workshops. The primary aim had been to ensure the staff were mindful that all activities completed come with an associated risk which must not stray from Council and GPhC’s overall appetite for risk.

**Consultation response**

2.8 Duncan Rudkin (DR) provided context of the consultation.

2.9 Laura McClintock (LM) noted that the DHSC proposals were broadly in line with current Fitness to Practise strategy and were not incompatible with the GPhC’s approach to education or standards.

2.10 GPhC’s response had been largely supportive of the proposals. The discussion highlighted the importance of checking that no powers already held by the GPhC would be inadvertently lost.

2.11 Council had previously expressed reservations about the proposed introduction of unitary boards, whilst recognising the direction of travel of government thinking on this subject.

2.12 Council would be considering the formal response in its public meeting.

**Post-registration education and training**

2.13 DR provided a summary with key discussion points from the Council Workshop on 02 June 2021.

2.14 Colleagues noted that there was a range of views and further scoping work was needed.

2.15 Mark Voce (MV) explained the intention to set up a working group as soon as possible. Colleagues asked about considerations for cost and resource capacity given that this would be a large piece of work, in the context of an already very full programme of work.

2.16 MV explained the intention to report back to Council in the Autumn.

3. **Recommendations**

The Council is asked to note the discussions from the 10 June 2021 workshop

Michael Compton, Governance Manager
General Pharmaceutical Council
Initial education and training standards for pharmacists: implementation update

Meeting paper for Council on 15 July 2021

Public

Purpose

To update Council on the continuing work of the Advisory Group

Recommendations

The Council is asked to note:

- the work plan of the Advisory Group;
- the direction of travel for implementation of independent prescribing in the initial five years of education and training; and
- proposed changes to the current standards for independent prescribing which will be subject to consultation.

1. Introduction

1.1 Following publication of the initial education and training standards for pharmacists in January 2021, the Advisory Group has continued to meet monthly. The Group is co-chaired by Council members Rose Marie Parr and Arun Midha and consists of a wide range of stakeholders including representation from employers, universities and statutory education bodies.

1.2 To date, through the Advisory Group, we have established country-specific implementation groups led by the statutory education bodies and which are now working through the practicalities of bringing in the standards. We have also established a communications group with representation from a range of stakeholders to ensure a regular flow of information and ensure we are being consistent in our various messages to students, trainees and other stakeholders. We have begun the transition to the new standards with an interim set of learning outcomes introduced for the Foundation Training Year from July 2021 and are finalising accompanying guidance for supervisors.

2. Advisory Group work plan

2.1 To maintain the momentum, we were keen to build the future agendas of the Advisory Group around a more detailed plan of the key decision-making points. This is to ensure we can co-ordinate the many different elements that need to be addressed in a timescale and
order that reflects the key milestones year-on-year around university admissions and entry to the Foundation Training Year.

2.2 At the meeting on 28 June, we set out a work plan for the meetings of the Advisory Group for the remainder of the year (attached as Appendix 1). This focuses on four key regulatory elements of implementation: independent prescribing; quality assurance; the evidence framework; and the registration assessment. The first element of this – independent prescribing – was the subject of detailed discussion at the last meeting.

3. Independent prescribing (IP) – managing the transition

3.1 The implementation groups in England, Scotland and Wales have begun their detailed planning for implementation of this significant change. There are many factors to address, including the need to identify a sufficient number of Designated Prescribing Practitioners (DPPs) to supervise in the Foundation training year; to develop an appropriate quality assurance process for all parts of the standards; to ensure sufficient multi-sector places in that year; and to enable greater development of the need for prescribing skills in pharmacy sector.

3.2 Initial planning indicated there may be some divergence in implementation timescales between the different countries. The pharmacist profession is regulated on a GB-wide basis and professional registration carries the same privileges and obligations in all three home countries. While we are keen to enable flexibility, we cannot permit a different standard on registration in different countries at different times.

3.3 To move forward with greater certainty and to enable a clearer narrative and communications for students and trainees, we need to set out our expectations from a regulatory perspective, taking account of our desire to see the standards implemented in full as soon as possible while receiving sufficient assurance that this can be done in a manner that keeps patient safety at the forefront.

3.4 At the Advisory Group, we therefore set out our proposition that the full set of learning outcomes in the standards, including IP, would be delivered in 2025/26. The following factors would need to be in place:

   a) As patient safety is paramount, IP cannot be introduced into foundation training unless trainee pharmacists can be supported and developed to be safe IP practitioners. The national statutory education bodies must lead on this but may delegate functions to employers. There must be an auditable process in place for doing this.

   b) The statutory education bodies must be responsible for the totality of foundation training within their jurisdiction. In this context, it is to ensure that IP can be delivered to the required standard in their country. This is not to say that statutory education bodies must deliver or assess IP training.

   c) Trainee pharmacists must train in an environment where they can participate in IP activity or, at the very least, have access to such an environment regularly enough to be able to meet the learning outcomes. This may include experience of IP in multiple sectors or locations.
d) A trainee pharmacist has access to a DPP who will sign off a foundation trainee as being fit to practise as an IP.

e) A trainee pharmacist has access to patients, to learn how to become an IP.

f) Resources must be in place to deliver IP in foundation training. Resourcing is the responsibility of statutory education bodies and employers.

**Pace of change and amendments to existing independent prescribing standards**

3.5 The Chief Pharmaceutical Officers in all four countries of the UK have set out a clear desire and policy direction to increase the number of pharmacist prescribers and to reduce the time it currently takes to become annotated as an independent prescriber, which is currently 7-8 years from the start of initial education and training. Given the rapid changes in pharmacy and the need in some sectors for more urgent additional pharmacist independent prescribers, we do not think it is right to simply wait until 2025-26. We also want to take account of the fact that, during the transition period, we expect trainees to be building up prescribing skills year-on-year.

3.6 As a result, we put forward a proposition to the Advisory Group that a change to the current independent prescribing standards – notably removing the two-year requirement before becoming eligible to enrol on an accredited independent prescribing course leading to annotation – would help achieve the overall aim. Applicants from the current workforce would therefore have to provide evidence of their suitability to enter training based on their prior clinical work, which must be evaluated by course providers – that is they must demonstrate the quality of their experience rather than its quantity.

3.7 Trainees who complete their Foundation training between 2021/22 and 2025/2026 will have undertaken a fifth year based on the interim learning outcomes which focus significantly more on the clinical skills underpinning prescribing competence. Immediately following registration, they would need to undertake a free-standing accredited IP course or alternative post-registration training which includes prescribing competencies.

3.8 If one or more countries can implement the prescribing outcomes in the Foundation training year in advance of 2025/26, then individuals who have completed this would be able to apply to be annotated as an independent prescriber immediately after registration, provided the regulator had quality assured the provision in the Foundation Training Year and the detail of this will require more work. Overall, this should provide the necessary flexibility for individual countries while ensuring that, on registration, the required standards remain the same across all countries.

**The views of the Advisory Group**

3.9 Under Article 5 of the Pharmacy Order, the Council must consult such persons as it considers appropriate when setting, varying or withdrawing standards. As such, and although there has been engagement with many stakeholders on the IP standards already, we believe it would be necessary to produce a consultation document setting out the proposed changes to the two-year requirement and any other changes to the current standards, including in relation to having relevant clinical or therapeutic experience. We will therefore begin
drafting this and will seek Council approval to any proposed changes before issuing the consultation.

4. **Equality and diversity implications**

4.1 An Equalities Impact Assessment will be prepared to accompany the consultation.

5. **Communications**

5.1 The Advisory Group discusses communications as a standing item at each meeting. The communications and engagement quarterly report provided to Council for a separate agenda item sets out the more detailed information and events that are taking place to support implementation of the standards.

6. **Resource implications**

6.1 Funding matters continue to form part of the discussions in each country’s implementation groups. There are no further resource implications arising from this update.

7. **Risk implications**

7.1 The consultation will set out a more detailed rationale for the proposal to remove the two-year requirement and how any patient safety risks relating to this will be addressed.

8. **Monitoring and review**

8.1 The Advisory Group will continue to meet monthly to help provide Council with the necessary assurance about the implementation of the standards.

9. **Recommendations**

The Council is asked to note:

i. the work plan of the Advisory Group;
ii. the direction of travel for implementation of independent prescribing in the initial five years of education and training; and
iii. proposed changes to the current standards for independent prescribing which will be subject to consultation.

Mark Voce, Director of Education and Standards
Damian Day, Head of Education

General Pharmaceutical Council

08/07/2021
### Initial Education and Training Standards for Pharmacists: Forward look for Advisory Group meetings in 2021

<table>
<thead>
<tr>
<th>Advisory Group meeting</th>
<th>Topic</th>
<th>Update to Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 June</td>
<td>• Plan for upcoming meetings</td>
<td>15 July</td>
</tr>
<tr>
<td></td>
<td>• <strong>Key discussion topic</strong> – Independent Prescribing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communications update</td>
<td></td>
</tr>
<tr>
<td>27 July</td>
<td>• Follow up to previous meeting – Independent prescribing</td>
<td>9 September</td>
</tr>
<tr>
<td></td>
<td>• <strong>Key discussion group topic</strong>: Quality Assurance through the five years of initial education and training QA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communication update</td>
<td></td>
</tr>
<tr>
<td>27 September</td>
<td>• Follow up to previous meeting – Quality Assurance</td>
<td>7 October</td>
</tr>
<tr>
<td></td>
<td>• Update from statutory education bodies and Pharmacy Schools Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• <strong>Key discussion group topic</strong>: Evidence Framework</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communications Update</td>
<td></td>
</tr>
<tr>
<td>25 October</td>
<td>• Follow up to previous meeting – Evidence Framework</td>
<td>11 November</td>
</tr>
<tr>
<td></td>
<td>• <strong>Key discussion group topic</strong>: Developing the future content and approach for the Registration Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communications Update</td>
<td></td>
</tr>
<tr>
<td>24 November</td>
<td>• Follow-up to previous meeting- Registration Assessment</td>
<td>9 December</td>
</tr>
<tr>
<td></td>
<td>• Update from the statutory education bodies and Pharmacy Schools Council</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communications Update</td>
<td></td>
</tr>
<tr>
<td>Advisory Group meeting</td>
<td>Topic</td>
<td>Update to Council</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>15 December</td>
<td>• Summary of developments for the four key discussion group topics and overall timeline for implementation and transition</td>
<td>Review in January</td>
</tr>
<tr>
<td></td>
<td>• Plan of work for future Advisory Group meetings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communications update</td>
<td></td>
</tr>
</tbody>
</table>
Coroner correspondence

Briefing paper for Council on 15 July 2021

Public

Purpose
To provide an overview of how we act on correspondence from coroners.

Recommendations
The Council is asked to note the briefing paper and breakdown of 2020-21 coroner correspondence (Appendix A)

1. Background
1.1 This paper provides the Council with a brief overview of the current arrangements for reviewing and acting upon coroner correspondence.

2. Introduction
2.1 Coroners are independent judicial officers, appointed by the local authority, and are either doctors or lawyers responsible for investigating the cause of deaths. There are around 98 Coroners in England and Wales covering approximately 109 coroner areas (Coroners and Justice Act 2009 [Coroner Areas and Assistant Coroners] Transitional Order 2013), which loosely mirror the boundaries established by local authority districts. Coroners employ officers to assist them with their investigations.1

2.2 Coroners investigate unnatural or violent deaths, where the cause of death is unknown, or because the death took place in prison, police custody or another type of state detention, such as a mental health hospital.2 Coroners will carry out any inquiries required in order to establish a cause of death. Activities ordered typically include ordering a post-mortem examination, obtaining witness statements and medical records, or holding an inquest.3

2.3 Since the enactment of the Criminal Law Act 1977, Coroners are no longer able to consider criminal liability as part of their investigations. There is therefore no power available for the Coroner to frame their determination in such a way as to appear to determine criminal

---

1 https://www.cps.gov.uk/legal-guidance/coroners
3 https://www.nidirect.gov.uk/articles/coroners-post-mortems-and-inquests
liability on the part of a named individual or organisation or civil liability (as defined by section 10(2) of the Coroners and Justice Act 2009).  

2.4 There is no system of coroners' inquests in Scotland. Instead, the Lord Advocate has responsibility in Scotland to investigate any death which requires further explanation. Procurators Fiscal are qualified lawyers who are employed by Crown Office and Procurator Fiscal Service (COPFS) and who act on the instructions of the Lord Advocate.  

2.5 Within the COPFS, the Scottish Fatalities Investigation Unit (SFIU) is a specialist unit responsible for investigating all sudden, suspicious, accidental and unexplained deaths. Certain types of death, such as deaths in industrial accidents, in prisons, and deaths where it is felt necessary to hold a public inquiry are investigated further at Fatal Accident Inquiries (FAIs). FAIs are relatively rare and are reported in line with the six Sheriffdoms that cover the Scottish Judicial Districts.  

2.6 Coroner correspondence may also be involved in assisting in the prevention of future deaths by reporting their findings and/or making recommendations to the relevant authority or organisation involved in the circumstances of the deceased's death. These recommendations will usually be made by a Coroner under Prevent Future Deaths (PFD) Reports as defined by paragraphs 28 and 29 of the Coroners (Investigations) Regulations 2013. Any organisation notified with a PFD report is legally required to respond within 56 days detailing actions taken or intended to prevent similar deaths in future. Alternatively, if an organisation is not intending to act, written explanation as to why must be provided. Similarly, Sheriffs can disseminate FAI determinations to individuals and professional organisations. Response requirements mirror those of PFD reports.  

3. How we review and act on coroner correspondence  

3.1 The GPhC has an established approach for dealing with enquiries involving coroners and parliamentarians. This is followed by all relevant staff and provides a template of how to respond to coroner correspondence. It’s designed to ensure that staff take a consistent approach to managing and responding to enquiries. Two routes for response are provided with the response pathway chosen depending upon whether the coroner has written directly to the GPhC (with an information request or a PFD report) or whether another party has copied the Coroner into their correspondence to the GPhC (for example in relation to ongoing cases).  

3.2 Coroner correspondence is sent to the GPhC on a regular, if infrequent, basis with seven sets of correspondence handled by the Executive Office for the 20-21 financial year. Correspondence is recorded in line with the financial year due, so we can align with other reporting, as required.  

3.3 Coroner correspondence sent to the GPhC is typically received by the Executive Office or forwarded there if sent to another GPhC directorate. However, the Executive Office also
monitors external coroner publications and websites on a weekly basis. This is to ensure that relevant information or learning is identified, even when the GPhC is not written to directly.

3.4 All Coroner reports and prevention of future deaths are published via [https://www.judiciary.uk/publication-jurisdiction/coroner/](https://www.judiciary.uk/publication-jurisdiction/coroner/). FAIs are published via [https://www.scotcourts.gov.uk/search-judgments/fatal-accident-inquiries](https://www.scotcourts.gov.uk/search-judgments/fatal-accident-inquiries). PFD reports are published according to different categories with, ‘drug, alcohol and medication deaths’, most relevant to the GPhC.

4. **Summary analysis**

4.1 Appendix 1 contains a detailed breakdown of the seven sets of coroner correspondence handled by the Executive Office in 2020-21.

4.2 Key themes included dispensing of medication, online pharmacies, prescription medication management and prescription management. Secondary themes included the impact of Covid-19 (on the dispensing of medication), repeat prescription services, access to addictive medication, access to high risk medication, vulnerable patients, patient records, (prescription medication) diversion, unused medication and (prescription) record keeping.

4.3 The key themes showed an approximately even breakdown with dispensing of medication, online pharmacies and prescription medication management being referenced twice and prescription management listed once in the monitored coroner correspondence.

4.4 The most common secondary theme was the involvement of a vulnerable patient with five of the seven sets of correspondence describing this type of patient. Patients were assigned vulnerable status following details or descriptions provided by the coroners. One individual was listed as being isolated and elderly with declining cognitive function, three were assigned vulnerable status due to addiction status. The final vulnerable patient was assigned due to mental health issues.

4.5 Access to high risk or addictive medication was also a common secondary theme with four of the seven sets of coroner correspondence involving this medication type. Furthermore, the involvement of high-risk medication or addictive medication also linked with the presence of vulnerable patients, with both secondary themes being listed in four of the seven sets of correspondence.

4.6 In the two pieces of correspondence involving online pharmacies, siloing of information was listed as a secondary theme.

4.7 The accumulation of the unused medication was also referred to in to two of the seven pieces of coroner correspondence reviewed. Both instances took place in the presence of vulnerable patients.

5. **Future considerations**

5.1 With most coroner correspondence referring to high risk medication and vulnerable patient groups, appropriate efforts should be maintained so that the GPhC is well informed in these areas. We will:

- Maintain our current practice into reviewing the relevant judiciary websites to identify and share useful intelligence internally.
- Continue to share information with our inspection team and others, so they can act on this accordingly. Examples of action taken include discussion at inspection
management team meetings, identifying relevant Knowledge Hub case studies or articles for Regulate. Examples of external collaboration include intelligence sharing with CDAOs and CD Local Intelligence Networks (CDLIN).

- Continue to share our correspondence tracker with internal colleagues, to ensure everyone is sighted on key issues and we can monitor actions and disseminate learning. While the current tracker has been effective, we will also work with our Data and Insight team to consider how we further centralise this intelligence in the future.

- Under Standard 4 of the PSA Standards of Good Regulation regulators should consider the implications of findings of public inquiries and other relevant reports about healthcare regulatory issues. We regularly review and report on public inquiries and independent reports (and these have been subject to separate Council updates and briefings), and we consider that our work to monitor Coroner reports also supports compliance with this standard. We plan to incorporate future reporting on coroner correspondence within this wider reporting.

- Continue to monitor any other external guidance or information relevant to this work. For example, staff from the Standards Team recently attended the recent PSA seminar addressing how to learn from coroner and PFD reports. This learning was shared among colleagues and considered as part of our ongoing approach to this work.

6. **Recommendations**

The Council is asked to note the briefing paper and breakdown of 2020-21 coroner correspondence (Appendix A)

Laura McClintock, Chief of Staff and Associate Director of Corporate Affairs
Michael Compton, Governance Manager

12/04/2021
Appendix 1: Breakdown of coroner correspondence 2020-21

Of the seven sets of coroner correspondence handled by the Executive Office in the 2020-21 financial year:

- two were sent directly to the GPhC: one was a Prevention of Future Death (PFD) report (requiring a statutory response from the GPhC) and the other a general query
- the remaining five sets of correspondence were identified via our monitoring of external websites and all involved PFD reports directed at other organisations
- no Fatal Accident Inquiries (FAIs) were received or recorded

Below is an overview of each set of correspondence:

- The first piece of coroner correspondence reviewed related to the death of a patient following an overdose, not listed as deliberate. The key theme identified was the dispensing of medication, with repeat prescription services, access to addictive medication, unused medication and vulnerable patients being assigned the secondary themes. In this case the coroner has highlighted a lack of oversight over NHS repeat prescription services and access to high risk medication. Furthermore, through accounts of frontline health workers, the coroner has highlighted that this type of issue is common among elderly patients, especially those who are isolated or have some form of cognitive decline. Simon Stevens (Chief Executive NHS England) responded referring to the NHS Long term plan and the aim for better medication management and reduction of waste. This report was shared with our inspection team as intelligence.

- The second piece of correspondence was a general enquiry in which a coroner was requesting information regarding prescription validity and record keeping. The key theme identified was prescription management with the secondary theme being (prescription) record keeping. The Executive Office responded directly to the Coroner with input from the Standards team.

- The next piece of correspondence was a regulation 28 report to prevent future deaths. The coroner issued the report following the death of a patient from a methadone overdose after a switch from dispensing three times weekly to fortnightly. As a result, the patient was provided with greater quantities of methadone, but without a method of measurement for their daily dosing regimen. The coroner has indicated this contributed to an accidental overdose and death by methadone toxicity. The key theme identified was the dispensing of medication with the secondary theme being the impact of Covid-19, access to high risk medication and vulnerable patients. The Executive Office responded to the Coroner and shared the information with the inspection team, which formed the basis of an ongoing FtP investigation.

- The fourth piece of correspondence was an enquiry into the availability of patient care records of online pharmacies. Accordingly, the key theme was identified as online pharmacies and the secondary theme was noted as (access to) patient records and siloing of information. The Executive Office responded to the Coroner, explaining how pharmacies can access patient care records, including how pharmacies can register for them and how they are utilised.
• The fifth piece of correspondence reviewed was a regulation 28 report sent to the Royal Pharmaceutical Society. The key theme identified is the management of prescription medication with the secondary theme being the availability of prescription medication diversion, access to high addictive medication and vulnerable patients. This case involved the death of a patient followed ingestion of illegally obtained, pregabalin and buprenorphine. The coroner highlighted the worrying trend of increasing amounts prescription medication available for street dealing to vulnerable patients and asked about what strategies were in place to prevent medication diversion. As the regulation 28 report was not directly addressed to the GPhC, no formal response was provided. However, the report was shared with the inspection team for intelligence purposes.

• The penultimate set of correspondence involved a patient who had died from suicide (not indicated as being connected to medicines). However, it was also noted that the deceased had accumulated large quantities of unused medication. The coroner was concerned about the perceived lack of collection and disposal services available. The regulation 28 report was not addressed to the GPhC, nor were we contacted for information by the DHSC (to whom it was addressed). The key theme was listed as prescription medication with the secondary themes noted as unused medication and vulnerable patients. The DHSC response referred to the availability of medication disposal services in community pharmacies as specified in the community pharmacy contractual framework. Furthermore, the DHSC response included details of NICE guidance 46 – Controlled drugs: safe use and management, highlighting that healthcare professional would be expected to work to these standards. As with the previous set of correspondence, this report was shared with the inspection team for intelligence purposes.

• The final piece of correspondence monitored by the GPhC involved the death of a patient following a codeine overdose. The regulation 28 report indicated that the patient refused to engage with their GP following identification of their addiction issues. Following this, the patient resorted to using online pharmacies. Despite GP efforts to report the patient, the patient was able to obtain high medication subject to abuse (primarily codeine) from multiple pharmacies in quantities vast enough to cause their hospitalisation and death. The coroner has highlighted the cumbersome reporting mechanism that the patient’s GP was reliant upon and the potential need to re-schedule codeine and other medications subject to abuse to CD schedule 3 following similar issues with tramadol and pregabalin. Accordingly, the key theme was defined as online pharmacies, and the secondary themes were access to addictive medication, vulnerable patients and siloing of information. Once again, no formal response was required from the GPhC, but we chose to write directly to the Coroner given the subject matter. The information was also shared with the inspection and fitness to practise team and is subject to an ongoing FtP investigation.

---

11 https://www.nice.org.uk/guidance/ng46/chapter/Recommendations#handling-controlled-drugs
Updating the governance of non-statutory committees

Meeting paper for Council on 15 July 2021

Public business

Purpose

This paper brings together several updates to the governance of the non-statutory committees, including the regular review of their Terms of Reference and a new role description for committee chairs.

Recommendations

The Council is asked to:

1. approve the revised terms of reference of the Workforce Committee (formerly the Remuneration Committee) as set out in Appendix 1;
2. confirm the terms of reference for the Audit and Risk Committee as set out in Appendix 2;
3. approve the change to the quorum of the Finance and Planning Committee, bringing it in line with that of the Audit and Risk Committee (Appendix 3);
4. approve the draft role description for committee chairs as set out in Appendix 4; and
5. approve the small update to the Committee Standing Orders as set out in Appendix 5

1. Introduction

1.1 The Council currently has three non-statutory committees, namely the Audit and Risk Committee (ARC); Finance and Planning Committee (FPC) and Remuneration Committee. The Terms of Reference (ToRs) of these committees are reviewed annually by Council to ensure that they remain up-to-date and relevant. We also regularly review all our governance documents for the same reason, both on a planned schedule and as and when changes may be needed.

1.2 The work of the Remuneration Committee has changed significantly since its ToRs were drafted. The committee has recently agreed a new set of ToRs which more accurately reflect its work and a new name – the Workforce Committee. More detail is set out in section 2 below.

1.3 We are also suggesting minor updates to the ARC and FPC ToRs, the introduction of an agreed role description for the Chairs of all three committees and a minor update to the Committee Standing Orders.
2. **Remuneration committee – proposed new terms of reference and a new name**

2.1 The work of the Remuneration Committee has widened over recent years. In addition to pay and related matters, it has considered a range of issues including organisational culture, training and development and equality and diversity issues. A discussion held by the Audit and Risk Committee in December 2020 also suggested that the Remuneration Committee could play a greater role in the oversight of HR policies.

2.2 The committee held a workshop in January 2021 which recognised the significant development in its role and suggested that new terms of reference (ToRs) should be developed based on the outputs from the workshop and put to Council for approval as part of the annual review.

2.3 The new ToRs were discussed and agreed by the Committee at its meeting in April 2021. They are attached at Appendix 1 and include explicit reference to the committee’s work on:

- reward strategy
- workforce resource
- succession planning
- health and wellbeing
- organisational development; and
- the employer aspects of equality, diversity and inclusion.

2.4 They also feature the potential for the committee to created dedicated ‘Task and Finish’ groups (which could also include other Council members where they might be useful to consider areas of discrete activity or inform strategic thinking. The intention would be to use such groups sparingly and in line with the existing governance framework.

2.5 The current ToRs only specify that the committee will meet at least once per year. This has been updated to acknowledge that the frequency of meetings must support the business cycle. It is expected that the committee will meet at least three times per year.

2.6 Reflecting the evolution of its remit, the Committee also considered that a new name which more accurately reflected its functions would be appropriate. The committee is therefore now known as the Workforce Committee.

3. **Audit and Risk Committee ToRs**

3.1 References to raising concerns which duplicate the Raising Concerns policy have been removed from the ToRs. This does not change the committee’s role, which is set out in the policy. There are no other changes to the Audit and Risk Committee ToRs, which are attached as Appendix 2 for reference.

4. **Finance and Planning Committee ToRs**

4.1 We are suggesting one small change to the FPC ToRs. The quorum is currently given as two members of Council, whereas that for ARC is three members of the committee. Both committees have six members including one independent member. However, the current quorum for FPC was set was set its independent member was appointed, which explains the discrepancy.
4.2 It is therefore suggested that the quorum for FPC should be updated to ‘three members of the Committee’. The amended ToRs are attached as Appendix 3. There are no other changes.

5. **The role of committee chairs**

5.1 In a recent review of our governance documents, benchmarking against other similar organisations, we noted that we are very closely aligned with the exception that we do not explicitly set out the role of the chairs of the non-statutory committees. We feel that this would be helpful, particularly in supporting the new Council Chair through their induction and transition and when the chairs of those committees change.

5.2 We have therefore produced a draft role description, attached as Appendix 4. It sets out the governance context and the role of the Chair – summarised as being to “ensure that the Committee remains focussed on its business, acts within its terms of reference and properly accounts to the Council for the conduct of its business in line with its purpose and duties”

5.3 The draft has been circulated to the three chairs for comment and all agree that it is a useful document to have and have confirmed that they are happy with the content.

6. **Committee Standing Orders**

6.1 The Standing Orders previously set the requirements for the frequency of committee meetings. This sits more appropriately in the ToRs for each committee and so the text has been updated to say that frequency of meetings for each committee shall be set out in the ToRs for that committee. (See Appendix 5, section 2 Frequency of meetings).

6.2 No other changes are proposed at present. However, the Standing Orders will be subject to a fuller review as part of the work to develop the new operating model, to ensure that they support it appropriately.

7. **Equality and diversity implications**

7.1 In relation to the Workforce Committee, equality, diversity and inclusion already forms a key part of the committee’s work. The terms of reference of all the committees have previously been updated to make clear that there should be a strong focus on ensuring that policies within each committee’s remit promote the GPhC’s commitment in this area.

8. **Communications**

8.1 The updated documents will be published as appropriate. We will also carry out some key internal communications to update staff about the changes to the former Remuneration Committee and new ways of working.

9. **Resource implications**

9.1 The proposed changes have no specific resource implications. Although there will be an increase in the number of meetings of the Workforce Committee over the former Remuneration Committee, the additional meetings are likely to be virtual.

10. **Risk implications**

10.1 Without clearly defined and updated ToRs committees could fail to deliver the programme of work expected by Council or exceed their delegated authority. It is important for the good governance of the organisation that ToRs and governance policies are regularly reviewed.
11. **Monitoring and review**

11.1 Committee ToRs are reviewed annually. The next review will be in June 2022, when each committee presents its annual report to Council.

11.2 The Workforce Committee will conduct a ‘health check’ on its new ToRs at the end of 2021 to ensure that they are working appropriately.

12. **Recommendations**

The Council is asked to:

1. approve the revised terms of reference of the Workforce Committee (formerly the Remuneration Committee) as set out in Appendix 1;
2. confirm the terms of reference for the Audit and Risk Committee as set out in Appendix 2;
3. approve the change to the quorum of the Finance and Planning Committee, bringing it in line with that of the Audit and Risk Committee (Appendix 3);
4. approve the draft role description for committee chairs as set out in Appendix 4; and
5. approve the small update to the Committee Standing Orders as set out in Appendix 5

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

07/07/2021
Remuneration Committee Terms of Reference

Workforce Committee Terms of Reference

GPhC0005 Version 2.12.2

This policy sets out the delegated remit and function of the GPhC’s Remuneration and Workforce Committee.
Policy details

<table>
<thead>
<tr>
<th>Policy reference</th>
<th>GPhC0005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>2.12.2</td>
</tr>
<tr>
<td>Policy author(s)</td>
<td>Laura McClintock; Gary Sharp, Chief of Staff</td>
</tr>
<tr>
<td>Approved for issue by</td>
<td>Council, 11 June 2021</td>
</tr>
<tr>
<td>Effective from</td>
<td>11 June 2021</td>
</tr>
<tr>
<td>Next review</td>
<td>11 June 2022</td>
</tr>
</tbody>
</table>

Version control tracker

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved date</th>
<th>Description of change</th>
<th>Amendments by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>7 June 2018</td>
<td>Amendments to paragraph 2.1 – “without disclosing the remuneration of any member of staff other than the Chief Executive &amp; Registrar’</td>
<td>Helen Dalrymple</td>
</tr>
<tr>
<td>2.0</td>
<td>13 June 2019</td>
<td>Added new section 1.1 “to ensure that all policies and work within the Committee’s remit take account of and promote the GPhC’s culture and values, and commitment to equality, diversity and inclusion”</td>
<td>Laura McClintock, Chief of Staff</td>
</tr>
<tr>
<td>2.1</td>
<td>11 June 2020</td>
<td>Reviewed by Council as part of annual requirement. No changes made. Version number updated to reflect annual review.</td>
<td>Janet Collins, Governance Manager</td>
</tr>
<tr>
<td>2.2</td>
<td>30 April 2021</td>
<td>Greater detail and scope following Committee Review in January and April 2021</td>
<td>Gary Sharp and Laura McClintock</td>
</tr>
</tbody>
</table>
Contents

1. Terms of reference ........................................................................................................... 4
2. Accountability & reporting .......................................................................................... 5
3. Authority ..................................................................................................................... 5
4. Composition ................................................................................................................ 5
5. Definitions .................................................................................................................. 5
6. Frequency of meetings .............................................................................................. 6
7. Monitoring and compliance ....................................................................................... 6
1. Terms of reference

1.1 The Council has established a Remuneration Workforce Committee with the remit set out below.

1.2 Under delegated powers from the Council and within the Council’s policies:

- To approve or reject (not amend) the remuneration packages, including the basis on which performance would be assessed and any bonuses awarded, for the Chief Executive & Registrar and those directors who report directly to the Chief Executive & Registrar;

- To approve or reject the overall remuneration framework for the remainder of the GPhC’s employees (the responsibility to make recommendations on remuneration packages for directors and the overall remuneration framework falls to the Chief Executive & Registrar alone, as does the decision-making on remuneration for the GPhC’s employees other than the Chief Executive & Registrar and those directors who report directly to the Chief Executive & Registrar);

- To advise the Council on remuneration policy for Council members.

- To determine the remuneration and expenses policy for non-statutory committee members, and those associate groups established under legislation (statutory committee members, legal and clinical advisers to statutory committees, assessors and visitors), including advising on appropriate remuneration for any recipients of honoraria;

- To advise the Chief Executive and Registrar on the staff expenses policy.

- To ensure that all policies and work within the committee’s remit (which includes reward strategy, workforce resourcing, succession planning and health & wellbeing matters in addition to organisational development) take account of GPhC’s culture and values, and commitment as a good employer to equality, diversity and inclusion.

1.2 The Council members on the Remuneration Workforce Committee will have a conflict of interest and so the Committee should rely heavily on independent advice to inform its recommendations. The monitoring methodology should ensure compliance with policy in this area.

1.3 Other than as specified above, the Committee has no executive responsibilities or powers; its role is to advise the Council.

1.4 The Committee may operate in an informal workshop mode to enable it to discuss a wider range of topics in order to set the context for its responsibilities as outlined above. This may include the creation of ‘Task and Finish’ Groups which can operate separately to the Committee and make recommendations for wider consideration by the Committee.
1.4 FOR DISCUSSION: The Committee has responsibility for leading discussion on the development of training needs for its members on an annual basis, and to seek views from the other Council Committees on their own needs before recommending an annual training plan to the Council Chair (for final approval and sign off by the Council).

2. Accountability & reporting

2.1 The Committee is accountable to the Council. The Committee should report its decisions to the Council without disclosing the remuneration of any member of staff other than the Chief Executive & Registrar.

2.2 The minutes of each Remuneration Workforce Committee meeting shall be circulated to the Council except where the Committee considers that all or part of its minutes should remain confidential to the Committee and its secretariat. The Committee may submit advice separately to the Council on issues where it considered that the Council should be taking action.

3. Authority

3.1 The Committee has delegated authority from the Council as detailed in the remit above.

3.2 The Committee is authorised by the Council to seek such information as it may reasonably require from any employee or member of the Council in order to fulfil its remit.

3.3 The Committee is authorised by the Council, when the fulfilment of its remit requires, to obtain external professional advice including the advice of independent remuneration consultants and to secure the attendance of external advisers at its meetings, if it considers this necessary, within the budget approved by the Council.

4. Composition

4.1 The Committee, including its Chair, is appointed through arrangements agreed by the Council. The Committee has up to six members comprising:

- Up to four Council members, including at least one lay member and one registrant member; and
- Up to two external members with appropriate experience

4.2 Where possible, one of the Council members serving on the Committee shall be designated as Chair, based on relevant background and skills, as this should facilitate the process of reporting to the Council. If this is not the case at any time, the Council should give serious consideration to the appointment of an independent chair. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

4.3 The members of the Senior Leadership Group shall have the right to attend and speak at meetings of the Committee, except that they shall not be present during discussions relating directly to their own positions. Others may be called upon to attend and speak at the invitation of the Chair of the Committee.

5. Quorum

5.1 A quorum shall be three members of the Committee.
6. **Frequency and Scheduling of meetings**

6.1 The Committee’s frequency of meeting shall support the business cycle (e.g. consideration of the GPhC’s annual pay review)

6.2 There will be a forward planner scheduling business aligned with the wider GPhC agenda for each meeting.

6.3 The Committee shall meet not less than **three times once** a year.

7. **Monitoring and compliance**

7.1 This policy is reviewed annually by the Remuneration Workforce Committee and approved by the Council in line with the Scheme of Delegation.
Audit & Risk Committee Terms of Reference

GPhC0003 Version 4.0

This policy sets out the remit and function of the GPhC Audit and Risk Committee
Policy details

<table>
<thead>
<tr>
<th>Policy reference</th>
<th>GPhC0003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>4.0</td>
</tr>
<tr>
<td>Policy author</td>
<td>Laura McClintock, Chief of Staff</td>
</tr>
<tr>
<td>Approved for issue by</td>
<td>Council, 11 March 2020</td>
</tr>
<tr>
<td>Effective from</td>
<td>15 July 2021</td>
</tr>
<tr>
<td>Next review</td>
<td>01 July 2022</td>
</tr>
</tbody>
</table>

Version control tracker

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved date</th>
<th>Description of change</th>
<th>Amendments by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>7 June 2018</td>
<td>Updated references and minor staff updates</td>
<td>Helen Dalrymple Council Secretary</td>
</tr>
<tr>
<td>2.0</td>
<td>13 June 2019</td>
<td>Added 4.8 requirement to ensure that all policies and work within the committee’s remit take account of and promote the GPhC’s culture and values and commitment to equality, diversity and inclusion.</td>
<td>Laura McClintock, Chief of Staff</td>
</tr>
<tr>
<td>3.0</td>
<td>11 March 2020</td>
<td>Updated paragraph 3.1 to say that the committee shall have no more than six members.</td>
<td>Janet Collins, Governance Manager</td>
</tr>
<tr>
<td>4.0</td>
<td>15 July 2020</td>
<td>References to raising concerns removed as included in the raising concerns policy</td>
<td>Janet Collins Senior Governance Manager</td>
</tr>
</tbody>
</table>
Contents

1. Terms of Reference ................................................................................................ 4
2. Accountability and reporting .................................................................................. 4
3. Composition ........................................................................................................... 4
4. Role and remit ....................................................................................................... 4
5. Quorum ................................................................................................................. 6
6. Frequency of meetings ........................................................................................... 6
7. Attendance ............................................................................................................ 6
8. Access .................................................................................................................... 7
9. Authority ............................................................................................................... 7
10. Secretariat ............................................................................................................ 7
1. Terms of Reference

1.1 The Council has established the Audit & Risk Committee to support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council’s oversight responsibilities. The Committee is a non-executive committee and has no executive powers except as set out in these Terms of Reference.

1.2 Under the Council’s Scheme of Delegation, the Committee has delegated authority to:

- monitor the Council’s risk management arrangements
- approve the internal audit programme
- advise the Council on the comprehensiveness and reliability of assurances and internal controls, including internal and external audit arrangements, and on the implications of assurances provided in respect of risk and control.

1.3 The Committee may request the attendance of any employee or member and incur expenditure for the purpose of obtaining advice as specified below.

2. Accountability and reporting

2.1 The Committee is accountable to the Council. The minutes of each Audit & Risk Committee meeting shall be circulated to the Council. The Committee shall report to the Council annually on its work.

2.2 The Committee may also submit separately to the Council its advice on issues where it considers that the Council should take action. Where the Committee considers there is evidence of ultra vires transactions or evidence of improper acts, the Chair of the Committee should raise the matter at a formal Council meeting.

3. Composition

3.1 Committee members are appointed through a process agreed with the Council. The committee shall have no more than six members but may operate with fewer while a vacancy exists, provided the quorum is maintained. The Committee members shall include Council members, excluding the GPhC Chair and including at least one lay member and one registrant member, and may include up to two external members with appropriate audit and risk management experience.

3.2 The Council will appoint one of the Council members serving on the Committee as Chair, based on relevant background and skills. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

4. Role and remit

4.1 The duties of the Committee are as follows:

**Governance, risk management and internal control**

The Council is the governing body of the GPhC and determines the governance policy and framework for the organisation. The Committee supports the Council by reviewing and advising the Council on the operation and effectiveness of the arrangements which are in place across the whole of the Council’s activities that support the achievement of the Council’s objectives. In particular, the Committee will review the adequacy of:
Audit & Risk Committee Terms of Reference
GPhC0003 Version 4.0

- All risk and control related disclosure statements, together with any accompanying internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Council;
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- The policies for ensuring compliance with relevant regulatory, legal, governance and code of conduct requirements;
- The policies and procedures for all work related to fraud and corruption

4.2 In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control together with indicators of their effectiveness.

4.3 In reviewing risk management arrangements, the Committee should draw attention to areas where:

- risk is being appropriately managed, and controls are adequate (no action needed)
- risk is inadequately controlled (action needed to improve control)
- risk is over-controlled (resource being wasted which could be diverted to another use)
- there is a lack of evidence to support a conclusion (if this concerns areas which are material to the organisation’s functions, more audit &/or assurance work will be required).

Internal audit

4.4 The Committee shall:

- Ensure that there is an effective internal audit function that complies with any applicable standards and provides appropriate independent assurance to the Council, Audit & Risk Committee, and Chief Executive & Registrar;
- Consider the appointment of the internal auditors, the cost of the service and any questions of resignation or dismissal and make appropriate recommendations to the Council;
- Ensure that the Associate Director of Finance makes adequate resource available to the internal audit function;
- Approve the internal audit strategy, operational plan and work programme proposed by the Associate Director of Finance and Procurement;
- Consider the major findings of internal audit work, and management’s response;
- Ensure co-ordination between the internal and external auditors;
- Annually review the effectiveness of internal audit.

External audit

4.5 The Committee shall:

- Consider the appointment and performance of the external auditor, the audit fee and any questions of resignation or dismissal and make appropriate recommendations to the Council;
• Discuss and agree with the external auditor, before the audit commences, the nature and scope of the audit as set out in the external audit plan and their local evaluation of audit risks;

• Review the work and findings of the external auditor, consider the implications and management’s responses to their work;

• Review all external audit reports, including agreement of the annual audit letter before submission to the Council and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Financial reporting

4.6 The Committee shall:

• Review the statutory annual report and financial statements before submission to the Council, focusing particularly on:
  - The annual review of governance arrangements and other disclosures relevant to the Terms of Reference of the Committee;
  - Changes in, and compliance with, accounting policies and practices;
  - Unadjusted mis-statements in the financial statements;
  - Major judgmental areas;
  - Significant adjustments resulting from the audit.

• Ensure that the systems for financial reporting to the Council, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Council.

4.7 The Committee may approve the purchase of non-audit services from the statutory external auditors or the outsourced internal auditors. If time does not permit referral of this to the Committee, approval may be given by the Chair and reported to the Committee at its next meeting.

4.8 The Committee shall ensure that all policies and work within the Committee’s remit take account of and promote the GPhC’s culture and values, and commitment to equality, diversity and inclusion.

5. Quorum

5.1 A quorum shall be three members of the Committee.

6. Frequency of meetings

6.1 The Committee shall meet not less than three times a year. The external or internal auditors may request a meeting if they consider that one is necessary.

7. Attendance

7.1 Only Committee members shall be entitled to attend meetings of the Committee. The Chief Executive & Registrar, Associate Director of Finance and Procurement, and representatives from the internal auditors shall normally attend meetings. Representatives from the external auditors shall attend meetings as required for relevant items. The Council Chair and other Council members may attend meetings at the invitation of, or with the agreement of, the Chair of the Committee.
7.2 The Committee may request any employee or member to attend a meeting to assist with its discussions on any particular matter or to provide any information it may reasonably require in order to fulfil its remit. All employees and members are directed to co-operate with any reasonable request made by the Committee.

7.3 The Committee may ask any or all non-members to withdraw for all or part of a meeting if it so decides. In such an instance, the Chair shall ensure that a proper record is made of the meeting.

8. Access

8.1 The senior representatives of internal audit and external audit shall have free and confidential access to the Chair of the Committee. At least once a year, the Committee should provide an opportunity to meet privately with the external and internal auditors.

9. Authority

9.1 The Committee is authorised by the Council to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

9.2 The Committee may obtain legal or other independent professional advice and secure the attendance of external advisers with relevant experience and expertise if it considers this necessary, within the budget approved by the Council.

10. Secretariat

10.1 The Chief Executive & Registrar shall ensure that appropriate secretariat support is provided to the Chair and to the Committee.
Finance and Planning Committee Terms of Reference
GPhC0035 Version 1.3

This policy sets out the remit and function of the GPhC Finance and Planning Committee.
Policy details

<table>
<thead>
<tr>
<th>Policy reference</th>
<th>GPhC0035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>1.3</td>
</tr>
<tr>
<td>Policy author</td>
<td>Laura McClintock, Chief of Staff</td>
</tr>
<tr>
<td>Approved for issue by</td>
<td>Council, 11 March 2020</td>
</tr>
<tr>
<td>Effective from</td>
<td>11 March 2020</td>
</tr>
<tr>
<td>Next review</td>
<td>01 March 2021</td>
</tr>
</tbody>
</table>

Version control tracker

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved date</th>
<th>Description of change</th>
<th>Amendments by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>11 April 2019</td>
<td>Creation of terms</td>
<td>Laura McClintock, Chief of Staff</td>
</tr>
<tr>
<td>1.2</td>
<td>11 March 2020</td>
<td>Updated terms to say that the committee shall have no more than six members.</td>
<td>Janet Collins, Governance Manager</td>
</tr>
<tr>
<td>1.3</td>
<td>15 July 2021</td>
<td>Amended the quorum to be ‘three members of the committee’</td>
<td>Janet Collins, Senior Governance Manager</td>
</tr>
</tbody>
</table>
Contents

1. Terms of Reference ................................................................................................ 4
2. Duties and activities ............................................................................................... 4
3. Accountability and reporting .................................................................................. 5
4. Role and remit ....................................................................................................... 5
5. Quorum ................................................................................................................. 5
6. Attendance ............................................................................................................ 5
7. Secretariat ............................................................................................................. 5
8. Frequency of meetings ........................................................................................... 6
9. Dealing with internal concerns ............................................................................... 6
1. **Terms of Reference**

1.1 The Council has established the Finance and Planning Committee to provide the Council with assurance on the continuing efficiency and effectiveness of the organisation, and to support the Council by overseeing and monitoring the implementation of the GPhC’s investment strategy and policy.

1.2 The Committee is a non-executive committee and has no executive powers except as set out in these Terms of Reference.

1.3 The Council is ultimately responsible for determining and reviewing the overall investment policy, objectives, risk appetite and target returns. However, the investment portfolio represents an important asset for the GPhC and the Committee fulfils an important role in the long-term stewardship of those assets. Administration of the GPhC’s financial and other resources is delegated to the Chief Executive & Registrar.

1.4 Under the Council’s Scheme of Delegation, the Committee has delegated authority to:

   - Oversee the organisation’s business and financial planning, to ensure that it aligns with the overall strategy set by the Council.
   - Review the organisation’s ongoing work to improve the efficiency and effectiveness of the GPhC, including any metrics, evaluation and benchmarking.
   - Oversee and monitor the investment strategy and policy, including the GPhC’s ethical policy, to ensure it remains appropriate, and to recommend any changes to Council.
   - Make recommendations to Council regarding the appointment or termination of investment managers, where appropriate.
   - Monitor and evaluate the performance cost and cost-effectiveness of services provided by investment managers appointed by the Council.
   - Oversee the GPhC’s internal business improvement investment activities, including reviewing the organisation’s business and financial planning, and work to improve its efficiency and effectiveness.
   - Ensure that all policies and work within the Committee’s remit take account of and promote the GPhC’s culture and values, and commitment to equality, diversity and inclusion.
   - Report annually to the Council on the activities of the Finance and Planning Committee.

1.5 The Committee may request the attendance of any employee or member, as set out in section 5 of these Terms of Reference and may incur expenditure for the purpose of obtaining advice, where required.

2. **Duties and activities**

2.1 The group’s primary activities in relation to investment are set out in more detail at Annex A.
3. **Accountability and reporting**

3.1 The Committee is accountable to the Council. The minutes of each Committee meeting shall be circulated to Council in confidential business. The Committee shall report to the Council annually on its work.

4. **Role and remit**

4.1 The Committee shall have no more than six members, but may operate with fewer while a vacancy exists, provided the quorum is maintained. Committee members may include the Chair of Council, Council members, and include at least one lay member and one registrant member. The group may also include one external member with appropriate skills and investment experience.

4.2 The Council will appoint one of the Council members serving on the group as Chair, based on relevant background and skills. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

4.3 The Committee, including its Chair, is appointed through arrangements agreed by the Council. This will be carried out in line with the Appointment of members of the non-statutory committees (Audit & Risk, Remuneration Committees and the Finance and Planning Committee policy (reference 0021).

5. **Quorum**

5.1 A quorum shall be three members of the Committee.

6. **Attendance**

6.1 Only members shall be entitled to attend Committee meetings. The Chief Executive & Registrar, and the Associate Director of Finance will attend the meetings along with other key members of staff, as necessary.

6.2 Other Council members may attend meetings at the invitation of, or with the agreement of, the Chair of the Committee.

6.3 The Committee may request any employee or member to attend a meeting to assist with its discussions on any particular matter or to provide any information it may reasonably require in order to fulfil its remit. All employees and members are directed to co-operate with any reasonable request made by the Committee.

6.4 The Committee may ask any or all non-members to withdraw for all or part of a meeting if it so decides. In such an instance, the Chair shall ensure that a proper record is made of the meeting.

6.5 Investment managers who are appointed to manage investment funds on behalf of the GPhC will be expected to attend Committee meetings, as required.

7. **Secretariat**

7.1 The Chief Executive & Registrar shall ensure that appropriate secretariat support is provided to the Chair and to the Committee.
8. Frequency of meetings

8.1 The Committee shall meet not less than four times a year. Additional meetings may be scheduled if necessary.

9. Dealing with internal concerns

9.1 Processes have been agreed by Council for raising concerns (Raising concerns policy ref: 0022)

9.2 Within these processes, the Chair of the Committee is identified as a point of contact for individuals who still have concerns having followed the policy or where they feel matter is so serious that is cannot be discussed by senior management.

9.3 Further information on how matters are handled is detailed within the Raising Concerns policy. The Chair of the Committee will receive appropriate training in this area.

Annex A: Key investment activities

In relation to the GPhC’s investment portfolio, the Committee is responsible for:

a. Ensuring the management of assets is consistent with the investment strategy and policy set by Council.

b. Monitoring the investment strategy and policy, including the ethical policy, to ensure it remains appropriate, and to recommend changes to Council where necessary. This includes scrutinising the implementation of any changes approved by the Council.

c. Agreeing the terms of appointment of the investment managers. This includes the level of portfolio management discretion and fee scales.

d. Setting and reviewing with the investment managers appropriate investment mandates, ensuring consistency with the investment strategy and policy. This includes setting performance benchmarks for investment managers and monitoring performance over relevant time periods.

e. Monitoring the organisation’s response to legislative, financial and economic changes affecting, or potentially affecting, investment policy. The Committee may engage external professional advisers to undertake a periodic review of the investment arrangements, as required.

f. Reviewing the investment policy so that it remains consistent with, and supportive to, Council’s overall business plan, budget and reserves policy. This includes periodically reviewing the fees paid and appraising value for money.

g. Reviewing the Investment Risk Register, taking into account the Council’s agreed risk appetite.

h. Reporting annually to the Council on investment performance.
The role of the Committee Chair

GPHC0056 Version 1.0

This document sets out the role of all non-statutory Committee Chairs, to supplement our wider governance framework and associated Committee terms of reference.
Procedure details

<table>
<thead>
<tr>
<th>Procedure reference</th>
<th>GPHC0056</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>1.0</td>
</tr>
<tr>
<td>Procedure author</td>
<td>Laura McClintock, Chief of Staff/Associate Director of Corporate Affairs</td>
</tr>
<tr>
<td>Approved for issue by</td>
<td>Council, 15 July 2021</td>
</tr>
<tr>
<td>Effective from</td>
<td>15 July 2021</td>
</tr>
<tr>
<td>Next review</td>
<td>15 July 2023 or in line with other changes, as required.</td>
</tr>
</tbody>
</table>

Version control tracker

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved date</th>
<th>Description of change</th>
<th>Amendments by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>15 July 2021</td>
<td>Creation of new role description for all non-statutory committee chairs, to supplement our wider governance framework and related committee terms of reference.</td>
<td>Laura McClintock</td>
</tr>
</tbody>
</table>
The role of the Committee Chair

Governance context

1. The GPhC Council is responsible for deciding the organisation’s strategic aims and for making sure that they are achieved. The Council accounts for the organisation’s performance to Parliament, the Scottish Parliament and the Welsh Parliament, representing the public.¹

2. The Chief Executive is accountable to Council for the operation of GPhC and, along with the Executive team, takes forward the operational work of the organisation in line with our statutory purpose, and according to the strategic aims, business plan, policies and schedule of delegated authority agreed by the Council. The Chief Executive is also the Registrar, in which role they have various functions specifically assigned in legislation.

3. The GPhC’s governance arrangements are implemented through our governance and assurance framework, which includes our financial regulations and how the principal functions and powers of the GPhC have been assigned or delegated.² Within this framework, the non-statutory Committees have delegated responsibilities within the Council’s policies. The Committees are accountable to the Council and the matters delegated to each Committee are sets out in their specific terms of reference.³

4. The practical working arrangements for all Committees are set out in detail in the Standing Orders of the Committees. In line with the scheme of delegation and Standing Orders, Committee chairs are appointed by the Council, or by a person, group, body or committee to whom the Council delegates this function. In practice, these decisions are taken by the Council and are subject to a separate policy and process.⁴

5. This document explains the role of the Committee Chairs and should be read alongside the wider framework of governance policies and procedures, including the specific terms of reference for the relevant Committee.

The role of the Committee Chair

6. The role of a Committee Chair is to ensure that the Committee remains focused on its business, acts within its terms of reference, and properly accounts to the Council for the conduct of its business in line with its purpose and duties. The Chair’s role is to:

---

¹ GPhC governance statement and policy (GPHC0040) and Council member appointments and reappointments policy, including the role of Council Chair and Council members (GPHC0050)
² This includes the Scheme of Delegation (GPHC0048), Authority Framework (GPHC0049), Standing Financial Instructions (GPHC0055), and Standing Orders of the Council (GPHC0025)
³ Terms of reference for the Audit & Risk Committee (GPHC0003), Finance & Planning Committee (GPHC0035) and Workforce Committee (GPHC0005)
⁴ Council Chair deputising arrangements and appointment of members to non-statutory Committees (GPHC0021)
a. provide non-executive leadership to the work of the Committee;

b. ensure that the Committee fulfils the purpose set for it and is responsive to direction from the Council;

c. chair Committee meetings effectively, by facilitating open discussions and ensuring that required decisions are taken and that the Committee operates within its remit;

d. ensure that the Committee works collectively and inclusively, to make decisions within its remit;

e. establish and maintain an effective working relationship with the Chief Executive, directors and associate directors, executive leads, secretariat, and other staff, as appropriate, taking forward business as required between meetings and liaising as required with other Committee members to ensure this;

f. work with the executive to agree an annual work programme for the Committee, in line with Council’s priorities and the Committee’s terms of reference;

g. liaise with relevant members of staff on developing the work programme and forward planning of agendas;

h. work with the executive to ensure that Committee requests for new or unplanned work are mindful of existing business plans, resources and capacity;

i. work with the Chair of Council to ensure that Committee business is handled effectively, with appropriate levels of consultation and input (this includes notifying the Chair of Council about any significant or strategic risks, issues or opportunities);

j. ensure that the work and activities of the Committee (including any significant or strategic risks, issues or opportunities) are regularly reported to Council as required in line with the terms of reference; and,

k. update the Chair of Council about any relevant learning and development, attendance or performance matters relating to individual Committee members, so these can be considered as part of ongoing processes or fed into reappointments decisions, as appropriate.5

5 All Council members (including non-statutory Committee Chairs) must comply with the following policies: Values, Conduct and Behaviours (GPHC0041); Standards of Education & Learning (GPHC0027); Standards of Attendance (GPHC0028); Council and Chair appraisals (GPHC0032); Conflicts of interest (GPHC0038); and, Gifts and hospitality (GPHC0039).
Standing Orders of Non-Statutory Committees of the General Pharmaceutical Council

GPHC0026 Version 2.1

These Standing Orders together with the provision of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together, ‘the Orders’), establish the basic rules about how the committees conduct their proceedings.
## Policy details

<table>
<thead>
<tr>
<th>Policy reference</th>
<th>GPHC0026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>2.1</td>
</tr>
<tr>
<td>Policy author</td>
<td>Laura McClintock, Chief of Staff &amp; Associate Director of Corporate Affairs</td>
</tr>
<tr>
<td>Approved for issue by</td>
<td>Council, 16 May 2019</td>
</tr>
<tr>
<td>Effective from</td>
<td>16 May 2019</td>
</tr>
<tr>
<td>Next review</td>
<td>01 April 2022</td>
</tr>
</tbody>
</table>

## Version control tracker

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved date</th>
<th>Description of change</th>
<th>Amendments by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11/04/13</td>
<td>Creation</td>
<td>Alision Readman, Interim Head of Governance</td>
</tr>
<tr>
<td>2</td>
<td>16 May 2019</td>
<td>Reference updated from GG/2014/44 to GPHC0026, minor updates to text. Inclusion of new 5.2. (remote attendance and update to 8.2 (dissolving the meeting).</td>
<td>Janet Collins, Governance Manager</td>
</tr>
<tr>
<td>2.1</td>
<td>15 July 2021</td>
<td>Updated to new template. Frequency of meetings section updated to say that frequency shall be set out in Committee terms of reference</td>
<td>Janet Collins, Senior Governance Manager</td>
</tr>
</tbody>
</table>
## Contents

1. **Application and Interpretation** ............................................................................... 4
2. **Frequency of Meetings** .......................................................................................... 4
3. **Notice of Meetings** ................................................................................................. 4
4. **Agenda** ................................................................................................................... 4
5. **Meetings using remote conference facilities** .......................................................... 5
6. **Chair** ...................................................................................................................... 5
7. **Length of service on a committee** ........................................................................... 5
8. **Quorum** ................................................................................................................. 5
9. **Interests of members** ............................................................................................. 6
10. **Minutes of committee meetings** ............................................................................ 6
11. **Secretary** ................................................................................................................ 6
12. **Powers and accountability** .................................................................................... 6
13. **Conduct of committee members** ........................................................................... 7
14. **Members’ education, training and performance** .................................................... 7
15. **Voting and recording votes** ................................................................................... 7
16. **Suspension of a Standing Order** .......................................................................... 7
17. **The Chief Executive & Registrar, Secretary and advisers** ..................................... 8
18. **Dealing with Confidential Matters** ....................................................................... 8
1. Application and Interpretation

1.1. Meetings of any non-statutory committees of the General Pharmaceutical Council are regulated in accordance with these Standing Orders which the Council shall agree from time to time. Amendments to these Standing Orders may be made only by the Council.

1.2. These Standing Orders, together with the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Constitution) Order 2010 (together, ‘the Orders’), establish the basic rules about how the committee conducts its proceedings.

1.3. Unless the context otherwise requires, terms used in the Standing Orders have the same meaning as in the Orders.

1.4. If a procedural point arises during a meeting of the committee which is not covered by these Standing Orders or the Orders, the common law rules concerning the conduct of meetings will apply.

1.5. The Chair of the committee is the final authority as to the interpretation of these Standing Orders.

2. Frequency of Meetings

2.1. The frequency of meetings for each committee shall be as set out in the Terms of Reference for that committee.

3. Notice of Meetings

3.1. The Secretary shall normally give members not less than seven clear days’ notice of the time and place of a meeting.

3.2. If for any reason a meeting is convened at shorter notice, then the Secretary shall give members notice of the time and place of the meeting at the time that the meeting is convened.

3.3. Failure to provide notice of a meeting to a member shall not invalidate the proceedings of that meeting.

4. Agenda

4.1. The Secretary shall issue an agenda for each meeting. The Chair shall determine the content of the agenda, having consulted with the Secretary.

4.2. Except in cases of urgency or where circumstances make it impracticable to do so, the agenda for a meeting and any accompanying papers shall be sent to members not less than seven days before the meeting.

4.3. Any member wishing to raise any matter at a committee meeting shall notify the Chair and Secretary not less than 14 days before the meeting.

4.4. No business other than that which has been included on the agenda, or of which notice has been given under para 4.3 above, shall be discussed at any committee meeting, with the exception of urgent business which may be discussed with the consent of the Chair.
5. **Meetings using remote conference facilities**

5.1. At the discretion of the Chair, meetings of the committee may be held in the form of a teleconference or using other remote conference facilities which allow all members participating to hear and address one another. Such meetings will be deemed to take place at the location of the Chair.

5.2. Additionally, and at the discretion of the Chair, individual members may participate remotely in committee meetings (for example, using teleconference or other remote conference facilities) and this will constitute full attendance. However, any remote attendance must be agreed with the Chair in advance of the meeting.

6. **Chair**

6.1. The Chair of the committee shall be appointed by the Council or by a person, group, body or committee to whom the Council delegates this function.

6.2. The Chair shall preside at any meeting of the committee.

6.3. If the Chair is absent from, or otherwise unable to preside at, a meeting, the members present shall nominate one of their number to serve as chair at that meeting.

6.4. In these Standing Orders, references to the ‘Chair’ include a member presiding at a meeting of the committee in place of the Chair.

6.5. In the event that the Chair is likely to be absent for more than one meeting of the committee or to be unavailable to perform the duties of the Chair for more than one month, the Secretary shall notify the committee accordingly and the committee shall proceed to nominate one of its members (‘deputy chair’) to serve as committee during the absence or unavailability of the Chair.

7. **Length of service on a committee**

7.1. No member of the Committee may hold office as a member of the Committee for more than an aggregate of eight years during any period of 20 years. As with the Council there is no maximum number of terms that a member may serve; however, a member shall not be appointed to a committee for a term that exceeds their term as a Council member.

7.2. Other provisions regarding the composition of committees are set out in the terms of reference of each committee.

8. **Quorum**

8.1. The quorum at any meeting of the committee shall be as determined by the Council. No business shall be transacted at a meeting unless at least a quorum of members is present.

8.2. If a quorum is not present within a *reasonable time* after the time appointed for a meeting to commence, the meeting may be dissolved and all business which should have been transacted at that meeting held over until the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.

8.3. If, during a meeting, it appears to the Chair that a quorum has ceased to exist, business will be suspended and the number of members present counted and, if;
Standing Orders of Non-Statutory Committees of the General Pharmaceutical Council
GPHC0026 Version 2.1

(a) A quorum exists, the business will proceed
(b) A quorum does not exist, the meeting will be dissolved and all remaining business will be adjourned to the next scheduled meeting, unless an additional meeting is called in the meantime for the transaction of that business.

8.4. If a member has been disqualified from participating in a discussion of and/or voting on any matter by reason of a conflict of interest, that member shall not count towards the quorum. If a quorum is not available for the discussion of and/or voting on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next item of business.

9. Interests of members
9.1 Members must ensure that no conflict arises, or could reasonably be perceived to arise, between their position as a committee member and their personal interests, financial or otherwise.
9.2 All members of the committee shall complete, and keep up to date, a register of interests, gifts and hospitality. (A register of Council members’ interests, gifts and hospitality is maintained separately and Council members on committees will not be asked to supply a duplicate register entry.) The Secretary of the committee shall keep the register of committee members’ interests, which shall be available for Council and committee members to see on request.
9.3 A member who has a personal interest in any matter under consideration at a meeting, whether or not declared in the register of members’ Interests, shall promptly declare that interest and, unless the Chair determines otherwise, the member shall withdraw from the meeting until the committee has concluded its consideration of the matter.
9.4 In case of any doubt the member should openly declare the possibility of an interest.
9.5. All declarations of interest shall be recorded in the minutes.

10. Minutes of committee meetings
10.1 The Secretary shall produce minutes of each meeting which shall include a record of the members in attendance at that meeting.
10.2. At each meeting, the minutes of the previous meeting shall be confirmed, or confirmed as amended, by the committee.
10.3. The confirmed minutes of a meeting shall, unless the contrary is proved, be a correct and authoritative record of the meeting.

11. Secretary
11.1 The committee Secretary shall be appointed by the Chief Executive & Registrar.

12. Powers and accountability
12.1 The committee is accountable to the Council.
12.2. Subject to any statutory restrictions, the committee shall have such terms of reference and powers and shall be subject to such conditions as determined by the Council.
12.3. No committee may establish a sub-committee unless expressly authorised by the Council.
13. **Conduct of committee members**

13.1 Members shall comply with the seven principles of public life established by the Committee of Standards in Public Life (the ‘Nolan Principles’).

13.2 The Chair may order a member of withdraw from a meeting if, in the opinion of the Chair, that member has persistently disregarded the ruling of the Chair or is behaving improperly, offensively or in a manner which is obstructing the business of the meeting.

13.3 In the event of a general disturbance which, in the opinion of the Chair, prevents the orderly conduct of business, the Chair may adjourn the meeting for such a period as the Chair considers appropriate.

14. **Members’ education, training and performance**

14.1 Members shall not, without reasonable cause, fail to undertake satisfactorily any education or training provided for members or to participate in any appraisal processes for members.

15. **Voting and recording votes**

15.1 Decisions shall be taken by vote in the following circumstances:
   a) When the Chair determines that no clear consensus has emerged;
   b) When a member requests a vote be taken and this is supported by at least one other member; or
   c) When the Chair concludes that a vote should be taken.

15.2 Voting shall be by a simple majority of those members present and voting, unless specified otherwise in these Standing Orders or in the Orders.

15.3 Voting shall be by a show of hands or by any technological equipment provided.

15.4 The Chair shall have a substantive vote and, in any case of an equality of votes, a second or casting vote.

15.5 The minutes shall record the numbers voting for and against the proposal and the number of abstentions, if any.

15.6 If a majority of the members present so request, the voting on any question may be recorded to show how each member present voted or did not vote.

15.7 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

16. **Suspension of a Standing Order**

16.1 Except where this would contravene any statutory provision, the committee may suspend any one or more of the Standing Orders at any meeting, by resolution of the committee carried by not less.

16.2 In the proposing the suspension of one or more of the Standing Orders, the member making the proposal must state the number(s) of the Standing Order(s).

16.3 If such a proposal is agreed the suspension shall be for the duration of the item under discussion.
17. The Chief Executive & Registrar, Secretary and advisers

17.1 The Chief Executive & Registrar and the Secretary shall be entitled to attend and address meetings of the committee.

17.2 Any other person advising on the business before a meeting of the committee including advising the Chair on matters relating to governance, may attend and, with the consent of the Chair, address the meeting.

18. Dealing with Confidential Matters

18.1 Meetings of the committee are not open to the public.

18.2 The proceedings of the committee are confidential to the members of the committee, the Council and staff, and any observers present at the invitation of the committee.

18.3 When discussing items relating to identifiable individuals or commercial items in confidence, the Audit, Remuneration and Appointments Committees will do so in confidential session, without observers present. The confidential agenda and minutes will not be circulated other than to members of the relevant committee.
Engagement and communications report

Meeting paper for Council meeting on 15 July 2021

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 March 2021 and highlights upcoming events and activities.

2. Consultation on our strategy to deliver equality, improve diversity and foster inclusion

2.1 On 19 April 2021, we launched our 12-week consultation on our new strategy to deliver equality, improve diversity and foster inclusion.

2.2 We have held a series of virtual events with stakeholders to seek their views on the consultation, including two focus groups with members of the public and a stakeholder workshop. We have also presented the strategy at a range of external meetings with stakeholders, and arranged one-to-one meetings with key organisations, to seek their views on our draft strategy.

2.3 The consultation has also been promoted through direct emails to our registrants, organisations with an interest in equality, diversity and inclusion and other key stakeholders, as well as through media coverage and social media.

3. Registration assessment

3.1 During this period, one of our main priorities has been sending clear and helpful communications to candidates sitting the registration assessment in March and July, and to their employers.
March sittings

3.2 A total of 2670 candidates sat the GPhC’s first online registration assessments held on 17 and 18 March 2021. The vast majority of candidates sat in Pearson VUE test centres, with 83 candidates sitting remotely in Great Britain and overseas using Pearson’s OnVUE system.

3.3 Following the March sittings, we issued a statement highlighting the numbers of candidates sitting and responding to queries and issues raised by candidates.

3.4 In mid-April, we also wrote directly to provisionally-registered pharmacists and to employers explaining the next steps if a provisionally-registered pharmacist passed the assessment and if a provisionally-registered pharmacist did not pass the registration assessment. We sought input from a number of key stakeholders representing employers and students to help inform the messages in these communications, to help make sure they explained the implications of not passing the assessment as clearly and sensitively as possible to candidates who were waiting for their results.

3.5 On 28 April 2021, all candidates received their results via myGPhC. We issued a press release announcing a pass rate of 88.2% for those sitting the March 2021 registration assessment. We also sent a further communication to provisionally-registered pharmacists who had not passed to explain the process for them leaving the provisional register and to signpost them to our guidance for unsuccessful candidates, and to other organisations who could provide further support.

3.6 We have also proactively shared the learnings from the March sittings, which were outlined in a report considered by the GPhC Council in early June. Duncan Rudkin and Mark Voce took part in several interviews with the pharmacy trade media, including C+D and Independent Community Pharmacist, to discuss the learnings and next steps. Rose Marie Parr, our Council member, and Laura Fraser, our Director for Scotland, also discussed the learnings at meetings with Community Pharmacy Scotland and the Directors of Pharmacy in Scotland.

July sittings

3.7 Since March 2021, we have been sending regular communications (usually every 2-3 weeks) to potential candidates for the July 2021 sittings to help them prepare to sit the registration assessment.

3.8 We have used learnings from the March sittings to inform our communications to the July candidates, including producing updated guidance for candidates about what will happen on the day of the sitting, and a new guide setting out the improved process for how to book their sitting. Candidates also received an email 24 hours in advance of the booking system opening, to let them know to expect an email from Pearson VUE the following day which would allow them to book their place.

3.9 We also held a webinar on 9 June to highlight the key information candidates needed to know and to give them the opportunity to ask questions. This webinar was attended by over 1900 candidates, and was also recorded, with the recording shared via social media and our website.
4. **Reforms to the initial education and training of pharmacists**

4.1 We are continuing to work to implement the communications and engagement plan for the new standards for the initial education and training of pharmacists.

4.2 In March 2021, we sent communications to training sites offering Foundation training year placements and designated supervisors to advise them on our requirements for the Foundation Training Year 2021-22, including implementing interim learning outcomes for this year.

4.3 In May, we worked with the schools of pharmacy to cascade communications to 4th year MPharm students and OSPAP students about the Foundation training year and what they could expect in their fifth year of education and training.

4.4 We also worked together with the schools of pharmacy and the statutory education bodies to organise a ‘roadshow’ of webinars and presentations to raise awareness and understanding of the changes and what this meant for different groups.

4.5 This included over twenty events with the schools of pharmacy reaching over 1100 students (many of which were in partnership with the statutory education bodies), as well as joint webinars organised with Health Education England, Health Education and Improvement Wales and NHS Education for Scotland aimed at training leads, designated supervisors and employers. The presentations from some of these sessions have been made available on our website, social media accounts and via email to those who were unable to attend.

4.6 We have also published new information on our website explaining what is changing and what this means for trainee pharmacists, training sites and designated supervisors. This included supporting information to help applicants apply for foundation training via myGPhC, from 16 June to 9 July, as well as the new ‘foundation training manual’.

4.7 We have also regularly updated our FAQ in response to queries raised by stakeholders during webinars and other events.

5. **Consultation on how we set our fees**

5.1 We held a public consultation on how we set our fees from 10 March for 12 weeks.

5.2 We promoted this consultation through our website, direct emails to pharmacy professionals, media coverage and social media. We also contacted organisations that would have an interest in the proposals and encouraged them to respond and to share the consultation through their networks.

6. **DHSC consultation: Regulating healthcare professionals, protecting the public**

6.1 We published a statement from our Chief Executive when the consultation was published by the Department of Health and Social Care (DHSC) in late March, highlighting that the consultation is a real opportunity to improve health professional regulation, so we can best protect patients and support health services and health professionals to provide high-quality care.

6.2 We also published our full written response to the consultation on our website.
7. **10th anniversary of pharmacy technician registration**

7.1 We celebrated the 10-year anniversary of pharmacy technician registration on 1 July 2021. Duncan took part in a celebration event organised by APTUK which we helped to promote.

7.2 We also sent an email from our Chair and Chief Executive, and the Chief Pharmaceutical Officers for England and Scotland, to all pharmacy technicians to thank them for the significant contribution they make to providing safe and effective pharmacy care to patients and the public.

8. **Update to pharmacy professionals on valproate**

8.1 In June, we sent an email to all pharmacy professionals reminding them of what they must do to ensure women and girls receive the right information about valproate and the risk of birth defects.

8.2 The email highlighted a number of useful resources, including the new valproate registry, a recent letter to patients from NHS England and Improvement, a case study developed with other regulators, and examples of good practice from our Knowledge Hub.

9. **Recent events and meetings**

9.1 Please see appendix 1 for a list of key events and meetings that have taken place since March 2021.

9.2 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.

10. **Upcoming events and activities**

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

Mark Voce (Director of Education and Standards) presenting on reforms to IETP. We are planning a conference stand at this event which will be held in person at ExCel London (dependent on government restrictions).

**Westminster Health Forum policy conference: The future for pharmacy services in England, 12/10/21**
Duncan Rudkin speaking on pharmacy regulation during the COVID-19 pandemic. Details to follow.

11. **Consultations**

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

12.1 As outlined above, a key priority during this period has been to launch and promote our consultation on our strategy to deliver equality, improve diversity and foster inclusion, to encourage both individuals and organisations to respond and help shape our strategy.

12.2 Another key priority during this period has been to take forward work to improve the accessibility of our website and our online content, to help us meet our legal obligations around accessibility and our commitments to equality, diversity and inclusion.

12.3 We are currently taking forward a major project to develop a new corporate website, to replace our existing website. Accessibility is one of the key design principles for the new website, to make sure our website meets accessibility requirements and supports users with accessibility needs.

12.4 We have also continued work to improve accessibility of the content of the current website, including making sure PDF documents on the website are in the correct templates so they are accessible to people using assistive technologies such as screen readers.

13. **Recommendations**

The Council is asked to note this paper.

Rachael Oliver, Head of Communications
General Pharmaceutical Council

07 July 2021
Appendix 1

Events from 11 March – 14 July 2021

NHS England and NHS Improvement webinar for new wave of pharmacy-led COVID-19 vaccination sites, 16/03/21

Helen Jackson, Faiyaz Haque and Paula Gardner (Inspectors) presented on key themes for pharmacy-led COVID-19 vaccination sites

Initial Education and Training for Pharmacists Advisory Group, 22/03/21

Ayrshire & Arran Area Pharmaceutical Committee, 23/03/21

Laura Fraser (Director for Scotland) presentation on reforms to initial education and training for pharmacists

Developing our approach to quality assurance of pharmacy education – workshop with pharmacy schools, 24/03/21

Patient voice focus group, 25/03/21

Carole Auchterlonie (Director of Fitness to Practise) and Rachael Oliver (Head of Communications) led this discussion with members of the public on developing our commitment to listening to patients and the public and developing our communications and engagement strategy

NHS Digital Healthcare Conference, 31/03/21

Laura Fraser (Director for Scotland) attended

Directors of Pharmacy meeting, 08/04/21

Laura Fraser (Director for Scotland) and Rose Marie Parr (GPhC council member) presentation on lessons learnt from March registration assessment

University of Central Lancashire, 13/04/21

Craig Whitelock-Wainwright (Inspector) presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Community Pharmacy Scotland, 14/04/21

Laura Fraser (Director for Scotland) and Rose Marie Parr (GPhC council member) presentation on lessons learnt from March registration assessment

Greater Glasgow and Clyde Area Pharmaceutical Committee, 16/04/21

Laura Fraser (Director for Scotland) presentation on reforms to initial education and training for pharmacists

Community Pharmacy health Board Lothian, 19/04/21

Deborah Zuckert (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

Manchester University, 21/04/21

Lisa Gilbert (Training Manager) and Juliette Becuwe (Policy Manager Education) presentation on reforms to initial education and training for pharmacists to 4th year MPharm students
Brighton University, 23/04/21
Simon Denton (Inspector) presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

West of Scotland Directors of Pharmacy Regional Group, 23/04/21
Laura Fraser (Director for Scotland) participated in moving forward and working together development session

Initial Education and Training for Pharmacists Advisory Group, 26/04/21

University of East Anglia, 07/05/21
Sue Melvin (Inspector) and Health Education England (HEE) colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

University of Strathclyde, 10/05/21
Laura Fraser (Director for Scotland) presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Liverpool John Moores University, 10/05/21
Lisa Gilbert (Training Manager), Juliette Becuwe (Policy Manager Education) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Dudley Local Pharmaceutical Committee, 10/05/21
Stephanie Jackson (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

Newcastle University, 11/05/21
Lindsay Woodford (Inspector) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Hertfordshire Local Pharmaceutical Committee, 12/05/21
Sue Melvin (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

East Sussex Local Pharmaceutical Committee, 13/05/21
David Clark (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

Hertfordshire Local Pharmaceutical Committee, 12/05/21
Sue Melvin (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

University of Nottingham, 13/05/21
Lindsay Woodford (Inspector) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Portsmouth University, 14/05/21
David Clark (Inspector) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

**Clinical Pharmacy Congress, 14/05/21**

Mark Voce (Director of Standards and Education) presentation on ‘what do the new initial education and training standards mean for patients and pharmacists?’ with Richard Cattell (Deputy Chief Pharmaceutical Officer, NHS England and NHS Improvement) and Helen Porter (Pharmacy Dean, Health Education England)

**University of Birmingham, 17/05/21**

Damian Day (Head of Education) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

**Robert Gordon University, 17/05/21**

Laura Fraser (Director for Scotland) presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

**Stakeholder workshop on draft equality, diversity and inclusion strategy consultation, 18/05/21**

**Public focus group on draft equality, diversity and inclusion strategy consultation, 19/05/21**

**Kings College London, 19/05/21**

Juliette Becuwe (Policy Manager Education) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

**Patient voice focus group, 20/05/21**

Carole Auchterlonie (Director of Fitness to Practise) and Rachael Oliver (Head of Communications) led this discussion with members of the public on developing our commitment to listening to patients and the public and developing our communications and engagement strategy

**Community Pharmacy Lancashire, 20/05/21**

Craig Whitelock-Wainwright (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

**NHS England and NHS Improvement Inclusive Pharmacy Practice Advisory Board, 24/05/21**

Laura McClintock (Chief of Staff) presentation on draft equality, diversity and inclusion strategy consultation

**University of Sunderland, 25/05/21**

Simon Denton (Inspector) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

**University of Central Lancashire, 25/05/21**

Sarah Purdy (Training Manager) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

**Primary Care Community Pharmacy Lead, 25/05/21**

Deborah Zuckert (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

**Public focus group on draft equality, diversity and inclusion strategy consultation, 26/05/21**
University of Wolverhampton, 26/05/21
Martin Packham (Inspector) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Kingston University, 27/05/21
Lisa Gilbert (Training Manager) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

NHS Education for Scotland conference, 27/05/21-28/05/21
Mark Voce (Director of Education and Standards) and Laura Fraser (Director for Scotland) presentation on reforms to initial education and training

Keele University, 28/05/21
Lisa Gilbert (Training Manager) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

University of Huddersfield, 03/06/21
Juliette Becuwe (Policy Manager Education) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

University of Reading, 03/06/21
Lisa Gilbert (Training Manager) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Kingston, Twickenham and Richmond Local Pharmaceutical Committee, 03/06/21
David Clark (Inspector) presentation on GPhC update including learning from codeine linctus intelligence-led inspections

De Montfort University, 08/06/21
Lindsay Woodford (Inspector) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Webinar on sitting the GPhC assessment in July 2021

Health Education Improvement Wales, 10/06/21
Lisa Gilbert (Training Manager) presentation on reforms to initial education and training for pharmacists

Pharmacists’ Defence Association student reps, 10/06/21
Lisa Gilbert and Sarah Purdy (Training Managers) presentation on reforms to initial education and training for pharmacists

Health Education Improvement Wales, 15/06/21
Sarah Purdy (Training Manager) presentation on reforms to initial education and training for pharmacists

University College London, 15/06/21
Martin Pachkam (Inspector) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students
Health Education Improvement Wales, 16/06/21
Lisa Gilbert (Training Manager) presentation on reforms to initial education and training for pharmacists

Health Education Improvement Wales, 17/06/21
Sarah Purdy (Training Manager) presentation on reforms to initial education and training for pharmacists

Stakeholder workshop on quality assurance of pharmacy education, 21/06/21

NHS Scotland conference, 22/06/21-24/06/21
Virtual joint conference stand with health professional regulators. Laura Fraser (Director for Scotland) attended.

Aston University, 15/06/21
Damian Day (Head of Education) and HEE colleague presentation on reforms to initial education and training for pharmacists to 4th year MPharm students

Initial Education and Training for Pharmacists Advisory Group, 28/06/21

GPhC, NHSE&I, HEE joint webinar on IETP reform from employer and education providers, 01/07/21
Sarah Purdy (Training Manager) presentation on reforms to initial education and training for pharmacists

Meetings from 11 March 2021

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), Laura Fraser (LF), Liam Anstey (LA), Mark Voce (MV)

1. Chair (Nigel Clarke):
   - Meeting with Lord Mann (with DR)
   - Meeting with General Optical Council (with DR)
   - Meeting with Professional Standards Authority (with DR)
   - Royal Pharmaceutical Society - Post-registration Pharmacy Education and Training Workshop (with DR)
   - Meeting with National Pharmacy Association (with DR)
   - Meeting with Association of Pharmacy Technicians UK (with DR)
   - Meeting with Association of Independent Multiple Pharmacies (with DR)
   - Pharmacy and Public Health Forum meeting
• Meeting with Chair, Health and Care Professions Council

2. Staff:

• Meeting with Adfam (DR/CBS)
• Meeting with Advertising Standards Authority (DR, CA, CBS)
• Meeting with Association of Independent Multiple Pharmacies (CBS)
• Meeting with Controlled Drugs Accountable Officers (LF)
• Meeting with Avicenna (CBS)
• Chief Executives of Regulatory Bodies meeting (DR)
• Meeting with Community Pharmacy Scotland (LF)
• Meeting with Community Pharmacy Wales (LA)
• Community Pharmacy Workforce Development Group (MV)
• Meeting with Company Chemists Association (CBS/DR/MV)
• Company Chemists’ Association re: Professional Practice Group (CA)
• CQC Responding to Concerns Partnership Group (CBS)
• Meeting with Department of Health and Social Care (DR)
• Primary Care Quality Board (CBS)
• Meeting with Care Quality Commission (CBS)
• Primary Care CEO Stakeholder (DR/CBS)
• United Kingdom Accreditation Service (LF/RO)
• General Dental Council Wales (LA)
• Meeting with Health and Care Professions Council (MV)
• Health and Social Care Regulators Forum (DR)
• Meeting with Health Education England and NHS England & NHS Improvement (MV)
• Health Education England Interim Foundation Pharmacist Programme Steering Group (MV)
• Health Education England People Plan Advisory Group (DR)
• Health Regulators FtP Directors (CA)
• Meeting with Healthcare Distribution Alliance (CBS)
• Meeting with Healthcare Improvement Scotland (LF)
• Meeting with Health Education England (MV)
• Health Education and Improvement Wales Pharmacy Advisory Board (LA)
• IETP Stakeholder Advisory Group (LA)
• Initial Education and Training for Pharmacists - national work group (LF)
• Joint regulators: public involvement and engagement forum (CA)
• Meeting with Medicines and Healthcare products Regulatory Agency (CBS)
• Meeting with Health Education and Improvement Wales, Royal Pharmaceutical Society, Association of Pharmacy Technicians UK (LA)
• Meeting with Chief Pharmaceutical Officer England (DR)
• Meeting with National Pharmacy Association (DR/MV/CBS)
• NHS England and NHS Improvement - Primary care clinical stakeholder forum (CBS)
• Meeting with NHS Greater Glasgow and Clyde Board (LF)
• Meeting with NHS Healthcare Improvement Scotland (LF)
• Meeting with NHS Scotland (LF)
• Meeting with Numark (CBS)
• Meeting with Nursing and Midwifery Council (CA)
• Meeting with Pharmacists’ Defence Association devolved nations (LA/LF)
• Pharmaceutical Services Negotiating Committee (PSNC) catch up
• Meeting with Pharmaceutical Services Negotiating Committee (CBS)
• Meeting with Pharmaceutical Society of Northern Ireland (DR/MV)
• Pharmacists’ Defence Association (DR/CA)
• Meeting with Pharmacy Schools Council (MV)
• Meeting with Professional Standards Authority (DR/CBS/CA)
• Inter-Regulatory Forum (MV)
• Meeting with Royal Pharmaceutical Society (DR/MV/CBS)
• Meeting with Royal Pharmaceutical Society Scotland (LF)
• Meeting with Royal Pharmaceutical Society Wales (LA)
• RPS Core Advanced Curriculum Group (LF)
• RPS Newly Qualified/Post-registration Foundation Pharmacist Forum (MV)
• Meeting Scottish Government (LF)
• Welsh IETP Implementation Group (LA)
• Wales Healthcare Summit (LA)
• Meeting with Welsh Chief Pharmaceutical Officer (LA)
• Welsh NHS Confederation Policy Forum (LA)
• Interim Foundation Pharmacist Programme Steering Group (MV)
• Healthcare Improvement Scotland QIPP Quarterly meeting (LF)
• Meeting with Wales General Medical Council, Nursing and Midwifery Council, General Dental Council and Healthcare Inspectorate Wales (LA)
• Chief Executives Steering Group meeting (DR)
• Chiropractic, Optical, Pharmacy, Osteopathic and Dental regulatory bodies (COPOD) group meeting (DR)
Appendix 2

Active and new consultations

The table below lists all the consultations we have considered and provided responses to. Consultations we have responded to are listed first; those we have considered but not responded to appear next on the list.

Please note that we do not normally respond to consultations from other independent statutory health professional regulators. These are reviewed, shared and considered, but usually it is not appropriate or necessary for the GPhC to respond.

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory arrangements for the awarding of vocational and technical and other general qualifications in 2020-2021</td>
<td>Ofqual</td>
<td>Consultation on the detail of the VTQ Contingency Regulatory Framework. This will permit awarding organisations to award results when exams do not take place and/or because learners cannot complete all internal assessments.</td>
<td>11/03/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DD (Education)</td>
<td>We are following this consultation closely and with interest, particularly as there are areas of potential learning for our continued work on the rescheduled registration assessment</td>
<td></td>
</tr>
<tr>
<td>Consultation on a Patient Safety Commissioner Role for Scotland</td>
<td>Scottish Government</td>
<td>The Scottish Government’s Programme for Government 2020-21 commits the Government to establishing a Patient</td>
<td>28/05/2021</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>LF (Scotland)</td>
<td>We responded to the consultation as the desire for there to be an independent public leader with statutory responsibility who champions the value of pharmacy regulation.</td>
<td><a href="https://www.pharmacyregulation.org/g/sites/default/files/document/gphc-response-">https://www.pharmacyregulation.org/g/sites/default/files/document/gphc-response-</a></td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
<td>Link to GPhC response</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>-----------------</td>
<td>------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Safety Commissioner for Scotland. This paper therefore seeks views on what that role should look like; who the Patient Safety Commissioner should report to; and how the role should interact with existing legislation and policies, as well as with the various organisations involved in providing and improving health and care services in Scotland.</td>
<td>Scottish Government</td>
<td>listening to patients and seeking improvements to patient safety aligns to our Strategic Plan 2020-25 in which person centred care is one of our key operating principles at the centre of the way we work.</td>
<td>04/06/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LF (Scotland)</td>
<td>patient-safety-commissioner-role-scotland-consultation-may-2021.pdf</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Short Life Working Group on Prescription Medicine Dependence and Withdrawal - Consultation on Draft Recommendations | Scottish Government | This consultation seeks views on the draft recommendations from the expert Short Life Working Group convened to make recommendations on addressing prescription medicine dependence and withdrawal. | 04/06/2021 | Reviewed but not responding | No response | LF (Scotland) | We will not be responding to this consultation as it is too niche and more suited to an organisation like RPS to respond to. |</p>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-Status Certification Review - Call for evidence</td>
<td>Cabinet Office</td>
<td>The government is reviewing whether COVID-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety. The government is looking to consider the ethical, equalities, privacy, legal and operational aspects of a potential certification scheme, and what limits, if any, should be placed on organisations using certification.</td>
<td>29/03/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Standards)</td>
<td>We will not be responding to this consultation however we will monitor the outcome and look out for any responses from others that might be of interest.</td>
<td></td>
</tr>
<tr>
<td>Regulating healthcare professionals, protecting the public</td>
<td>DHSC</td>
<td>This consultation seeks views on proposals to modernise the legislation of the healthcare professional regulators. Proposed reforms cover four key areas: Governance and Operating Framework; Education and Training; Registration; and Fitness to Practise</td>
<td>16/06/2021</td>
<td>Responded to</td>
<td>Formal written response</td>
<td>LMC (Executive Office)</td>
<td>As a consultation which will directly impact the regulatory role and powers of the GPhC, we have written a response.</td>
<td><a href="https://www.pharmacyregulation.org/sites/default/files/document/gphc-response-to-dhsc-consultation-protecting-the-public-june-2021.pdf">https://www.pharmacyregulation.org/sites/default/files/document/gphc-response-to-dhsc-consultation-protecting-the-public-june-2021.pdf</a></td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
<td>Link to GPhC response</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Private coronavirus (COVID-19) testing validation</td>
<td>DHSC</td>
<td>This consultation is seeking to collect views on proposals for private COVID-19 testing validation.</td>
<td>05/05/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Standards)</td>
<td>We will not be responding to this consultation however we will monitor the outcome</td>
<td></td>
</tr>
<tr>
<td>Making vaccination a condition of deployment in older adult care homes</td>
<td>DHSC</td>
<td>This consultation is seeking views on a proposal to make COVID-19 vaccination a condition of deployment in older adult care homes.</td>
<td>21/05/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AA (Standards)</td>
<td>We will not be responding to this consultation. However, there may be implications for pharmacy professionals if this proposal is approved so we shall be monitoring its outcome.</td>
<td></td>
</tr>
<tr>
<td>Prescription Management Process within Clinical Homecare Services</td>
<td>NHMC</td>
<td>NCHA is consulting on UK wide guidance for prescription management processes within clinical homecare services. NHMC have asked GPhC inspectors for their comment.</td>
<td>23/04/2021 extended to w/c 10/05/2021</td>
<td>Responded to</td>
<td>Informal response (letter, email, other engagement)</td>
<td>AP (Inspections)</td>
<td>This was not a consultation that directly concerned the GPhC. However, in the accompanying briefing there was a section where the NHMC wanted the inspection team to comment.</td>
<td></td>
</tr>
<tr>
<td>Inquiry into Principles of effective regulation</td>
<td>House of Commons, Public Accounts Committee</td>
<td>The Committee will question senior officials at the Department for Business, Energy and Industrial Strategy, as well as the chief executives of key UK</td>
<td>07/06/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>LMC (Executive Office)</td>
<td>Whilst we do not feel it relevant to submit evidence to this inquiry, we will be monitoring its outcome.</td>
<td></td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
<td>Link to GPhC response</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>-----------------</td>
<td>------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>regulators Ofcom, the Health &amp; Safety Executive and the Environment Agency, on making regulation that is effective and efficient in delivering its policy ends, while also delivering value for taxpayers’ money.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-border healthcare – evaluation of patients’ rights</td>
<td>European Commission</td>
<td>The Directive on patients’ rights in cross-border healthcare aims to facilitate access to safe and high quality healthcare in another EU country. It seeks to offer patients more possibilities to seek planned healthcare across the EU, including between neighbouring countries and in the border regions, while allowing patients to claim reimbursement from their national health system or their health insurance provider.</td>
<td>27/07/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AP (Inspections)</td>
<td>Whilst not directly relevant, the outcome may be of interest for any work on digital healthcare provision in the UK</td>
<td></td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
<td>Link to GPhC response</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------------</td>
<td>-----------------</td>
<td>-----------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Community pharmacy workforce survey 2021</td>
<td>HEE</td>
<td>The Community Pharmacy Workforce Survey 2021 will gather a meaningful data set, to inform future planning and system investment decisions in relation to the community pharmacy workforce across the NHS in England.</td>
<td>18/06/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>DD (Education)</td>
<td>Whilst we are not a stakeholder invited to take part in this survey, the outcomes may be of interest to us</td>
<td></td>
</tr>
<tr>
<td>Pharmacy IT arrangements and infrastructure survey</td>
<td>PSNC</td>
<td>This survey for pharmacy contractors and staff is intended to ask for views and comments to support the future use of IT within pharmacies.</td>
<td>TBC</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>AP (Inspections)</td>
<td>Whilst we are not a stakeholder invited to take part in this survey, the outcomes may be of interest to us</td>
<td></td>
</tr>
<tr>
<td>Review of Minimum Education and Training Standards in Nursing and Midwifery – Qualitative Research Survey</td>
<td>NMC</td>
<td>The NMC are seeking the views and input of public groups, professionals and their partners around the UK about their current education programme standards and whether they should be changed.</td>
<td>11/05/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Education team</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
<td>Link to GPhC response</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------------------------</td>
<td>------------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>A consultation on draft standards for community and public health nursing</td>
<td>NMC</td>
<td>A consultation on draft standards for community and public health nursing.</td>
<td>29/07/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Education team</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td>Continuing Education and Training (CET) exceptions policy</td>
<td>GOC</td>
<td>A consultation on several updates GOC have made to their CET exceptions policy</td>
<td>08/04/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Education team</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td>Illegal Practice Strategy Review</td>
<td>GOC</td>
<td>The GOC is currently reviewing its approach to tackling illegal optical practice. The purpose of this review is to ensure that their strategy and protocol for tackling illegal practice are proportionate and target current risks, so that they can protect the public. Survey sent to GPhC via email - not available online</td>
<td>28/05/2021</td>
<td>Being reviewed</td>
<td>No response</td>
<td>Communications</td>
<td>We are not responding to this review. However, we will consider the outcomes of the review, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------------------------------</td>
<td>-------------------</td>
<td>-------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Case Management Meetings - Post-Pilot Review</strong></td>
<td>GOC</td>
<td>GOC are seeking views in relation to their case management meeting process, following the conclusion of their pilot on 30 April 2021.</td>
<td>07/06/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Hearings</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Involvement Strategy consultation</strong></td>
<td>MHRA</td>
<td>The MHRA are seeking views on their draft Patient Involvement Strategy, which sets out how the MHRA will deliver a step change in how it involves and engages patients.</td>
<td>28/06/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Communications</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td><strong>Guidance for Osteopathic Pre-registration Education</strong></td>
<td>GOsC</td>
<td>GOsC are seeking views on their updated Guidance for Osteopathic Pre-registration Education and on new Standards for Osteopathic Education and Training</td>
<td>22/09/2021</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Education team</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td><strong>HIW’s ‘Making a Difference’ 2018-2021 Strategy – A review into our progress</strong></td>
<td>HIW</td>
<td>HIW are reviewing the progress they have made at the end of their 2018-21 strategic plan. They are seeking views on what they should do</td>
<td>Unknown</td>
<td>Reviewed but not responding</td>
<td>No response</td>
<td>Director for Wales</td>
<td>We are not responding to this consultation. However, we are following developments, as there might be relevant implications for our work.</td>
<td></td>
</tr>
<tr>
<td>Consultation title</td>
<td>Organisation</td>
<td>Description</td>
<td>Deadline</td>
<td>Response status</td>
<td>Type of response</td>
<td>GPhC lead</td>
<td>Reasoning</td>
<td>Link to GPhC response</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>----------------</td>
<td>------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>

keep doing and what they could do differently or better.

implications for our work.
Minutes of the Audit and Risk Committee meeting held on 25 May 2021

Minutes of the public items

Present:

Neil Buckley (Chair)
Yousaf Ahmad
Helen Dearden
Aamer Safdar

Apologies:

Ann Jacklin
Jayne Salt

In attendance:

Duncan Rudkin  Chief Executive and Registrar
Jonathan Bennetts  Director of Finance
Laura McClintock  Chief of Staff and Associate Director of Corporate Affairs
Gary Sharp  Associated Director of HR
Janet Collins  Senior Governance Manager
Rob Jones  Risk and Audit Manager
Paul Cummins  Head of Adjudication Services (Item 12)
Saleem Akuji  Financial Controller (Item 13)
Suzannah Nobbs  Corporate Communications Manager (Item 13)
Ashley Norman  TIAA
Tim Redwood  Crowe
1. **Attendance and introductory remarks**

1.1 The Chair welcomed those present to the meeting. Apologies had been received from Ann Jacklin and Jayne Salt.

2. **Declarations of interest**

2.1 The Chair reminded members of the committee to make any appropriate declarations of interest at the start of the relevant item.

3. **Minutes of the last meeting – public items from 2 March 2021**

3.1 The minutes of the public items discussed at the meeting on 2 March 2021 were approved.

4. **Actions and matters arising – public items**

4.1 Actions due for this meeting were included on the agenda. There were no matters arising.

5. **Item 7 – Chief Executive’s update**

5.1 Duncan Rudkin (DR) introduced his paper, updating the committee on the current context for the GPhC.

5.2 The current key issues facing the organisation were quality management; resource and capacity; and delays in fitness to practise. The registration assessment was no longer listed although there was still work to do in that area. A thorough ‘lessons learned’ review had been carried out and the learning was being applied to the summer sitting.

5.3 DR set out the mitigation in place for the three main issues, including actions being taken and plans in place for further action.

5.4 There was a discussion about resources, capacity and quality; and how these linked to the future operating model.

5.5 **The committee noted the update** and thanked DR for providing it in advance of the meeting, which had been useful.

6. **Item 8 – Risk management update**

6.1 Rob Jones introduced 21.05.ARC.02, updating the Committee on progress in rolling out the risk management policy approved by Council and next steps.

6.2 Four workshops had been held for a total of 40 staff and two more were planned. Attendance had been voluntary to date but key staff who had not yet attended would be targeted. The workshops explained the approach to risk in the GPhC, different roles in the risk management process and how the risk appetite statement supported decision making.

6.3 The Council would have a workshop session on the SRR at its meeting in June.
6.4 A scope for risk assurance mapping was being devised with the internal auditors. It was anticipated that this would map the top ten operational risks against the three lines of defence model. The internal auditors would provide oversight that the most pertinent risks were selected and that the statements made in the document could be evidenced.

6.5 **The Committee noted the progress made in the risk management work.**

**7. Item 11 – A systematic approach to quality**

7.1 Duncan Rudkin gave a brief presentation on developing a systematic approach to quality to seek the committee’s early feedback. A quality management system approach was linked to the organisation’s aim to be a good quality regulator, as set out in the Vision 2030, to some weaknesses which had been exposed by remote working and to the new operating model which was being developed.

7.2 Serious incident reviews and audit findings had pointed to issues with:
- single points of failure;
- manual processes;
- hand-off points;
- responsibility and accountability; and
- data and the depth of understanding of the implications of its mis-management.

7.3 A systematic approach to quality had seven principles:
- customer focus;
- leadership by top management;
- engagement of staff;
- a process approach;
- improvement;
- evidence-based decision-making; and
- relationship management

7.4 The committee supported the approach, which it wished to see embedded across the culture of the organisation.

**8. Item 12 – Internal audit**

8.1 Paul Cummins joined the meeting for this item. Ashley Norman of TIAA introduced 21.05.ARC.03, which included assurance reviews of the hearings process and HR recruitment and succession planning, the internal audit annual report and the recommendations tracker. TIAA had also produced several short briefing papers which had been included with the papers.

8.2 Both assurance reviews had provided a good level of assurance with some recommendations. The committee agreed that audit reports should be shared with other
committees as relevant – the HR audit would therefore be shared with the Workforce Committee.

8.3 In relation to the internal audit annual report, TIAA was satisfied that for the areas reviewed during the year, the GPhC had reasonable and effective risk management, control and governance processes in place. The outcomes of reviews had been better than the previous year (six substantial assurance outcomes and one limited assurance, versus two substantial, two reasonable and one limited in the previous year) and fewer recommendations had been made.

8.4 The Committee noted the reviews and the internal audit report and thanked the TIAA team for their work and support.

9. Item 13 – Annual report and accounts
9.1 Suzannah Nobbs and Saleem Akuji joined the committee to discuss the draft annual report and accounts.

9.2 SN introduced the draft annual report. Members had already had the opportunity to comment on the draft. Comments had focussed on the foreword, the text on the registration assessment, EDI and patients. Further comments on the main text could be provided to SN. The draft would be put through a Plain English process, which would also help with the consistency of voice.

9.3 SA summarised the data in the accounts. At the end of the financial year 2020/21, the organisation had a surplus of £0.9m, consisting of an operating surplus of £0.4m and £0.5m from favourable movement of the investment portfolio. The Finance and Planning Committee would be discussing the reserves position and multi-year financial planning. It was agreed that a line would be added into this section to explain the position with regard to deferred taxation.

9.4 Tim Redwood of Crowe summarised the independent auditor’s report. All work had been done remotely and had gone well. Nothing was outstanding that would not be expected to be outstanding at this stage.

9.5 The committee approved the draft Annual report and accounts and recommended them to Council; and noted the Audit findings report.

10. Item 15 – Incidents of fraud or possible fraud
11.1 There were no incidents of fraud or possible fraud to report.

11. Item 16 – Committee’s annual report to Council
12.1 The committee approved its draft annual report to Council.
12. **Item 17 - Any other business**

13.1 The executive would look for a date for a possible bridging meeting before the next scheduled meeting date of 21 September 2021.