

Council meeting

23 April 2020

14:30 to 15.00 approx.

Meeting to be held by Skype

Public business

1. Attendance and introductory remarks	Nigel Clarke
2. Declarations of interest <i>Public items</i>	All
3. Minutes of last meeting <i>Public session on 12 March 2020</i>	Nigel Clarke
4. Actions and matters arising	Nigel Clarke
5. Workshop summary – March 2020 <i>For noting</i>	Nigel Clarke
6. Summary of discussions held on 23 March and 09 April 2020 <i>For noting</i>	Nigel Clarke
7. Prioritisation of business <i>For agreement</i>	20.04.C.01 Laura McClintock
8. Any other business	Nigel Clarke

Confidential business

9. Declarations of interest <i>Confidential items</i>	All
10. Minutes of last meeting <i>Confidential session on 12 March 2020</i>	Nigel Clarke
11. Confidential actions and matters arising	Nigel Clarke
12. Membership of committees 2020-21	20.04.C.02 Nigel Clarke
13. Any other confidential business	Nigel Clarke

Date of next meeting

Thursday, 21 May 2020

Minutes of the Council meeting held on Thursday 12 March 2020 at
25 Canada Square, London at 13:00

TO BE CONFIRMED 23 April 2020

Minutes of the public session

Present

Nigel Clarke (Chair)
Neil Buckley
Digby Emson
Mark Hammond
Penny Hopkins
Ann Jacklin
Jo Kember

Alan Kershaw
Elizabeth Mailey
Rima Makarem
Evelyn McPhail
Arun Midha
Aamer Safdar
Jayne Salt

Apologies

None

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Carole Auchterlonie (Director of Fitness to Practise)
Francesca Okosi (Director of People)
Mark Voce (Director of Education and Standards)
Jonathan Bennetts (Associate Director of Finance and Procurement)
Melissa Nurse-Barrow (Associates and Partners Manager)
Janet Collins (Governance Manager)

100. Attendance and introductory remarks

100.1 The Chair welcomed those present to the meeting.

- 100.2 The Chief Executive paid tribute to GPhC colleague Joanne Martin, who had died recently. Jo had originally qualified as a pharmacist in Liverpool. She had worked for the GPhC's predecessor, the RPSGB, in education quality assurance roles. Jo had then been one of the GPhC's founding employees, transferring to the GPhC on its inception in 2010 and working as the GPhC's Quality Assurance Manager. Throughout her career Jo had been passionate about pharmacy education and training, for all pharmacy team members. Her many colleagues, internally and externally, had always admired her commitment, energy and enthusiasm, as well as her professionalism and the high standards she set for herself, and lived up to. Jo had been a much-loved colleague and friend and would be sorely missed.
- 100.3 Council members asked that their sympathy for the loss of Jo should be passed on to her family, along with their appreciation for her enormous contribution to pharmacy education and training over many years.

101. Declarations of interest

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

102. Minutes of the last meeting

- 102.1 **The minutes of the public session held on 12 February 2020 were confirmed as a fair and accurate record of the meeting and signed by the Chair.**

103. Actions and matters arising

- 103.1 There were no actions due by this meeting.
- 103.2 There were two matters arising. Council would be asked to:
- i) consider a resolution approving the delegation of its powers to the Chair should the need arise due to the ongoing situation with Covid-19; and
 - ii) approve signatories for the investment accounts which were being set up.

Delegation of powers

- 103.3 Given the ongoing situation with Covid-19, it had been agreed that Council meetings would be conducted virtually if physical meetings were not possible. In the event that even virtual meetings were not possible or were not quorate, a resolution was put forward allowing matters reserved to Council to be decided by the Chair if necessary.

- 103.4 **The Council approved the following resolution: “With effect from 12 March 2020 and until further notice, the Council agrees that the matters reserved to it for decision should be delegated to the Chair for decision if necessary. In taking any such decisions, the Chair will consult with as many members of Council as is feasible before making a decision. This does not include the power to make Rules, which cannot be delegated.”**
- 103.5 **In the event that the Chair was unavailable, reference to ‘the Chair’ in the resolution would apply to the nominated deputy Chair in the usual way.**

104. Workshop summary – 12 February 2020

- 104.1 Council noted the discussions from the February workshop.**

105. Evidence of English language skills – draft consultation

- 105.1 Mark Voce (Director of Education and Standards) presented **20.04.C.01** which set out a draft consultation on revised evidence of English language skills. The consultation proposed that a recent pass of the Pharmacy Occupational English Language Test (OET) should be added to the ways in which applicants for registration could demonstrate their proficiency in English. This would allow applicants to take advantage of a further, robust, option in addition to the current acceptable evidence.
- 105.2 The current acceptable evidence was:
- A recent pass in the academic International English Language testing system (IELTS) with an overall score of seven (and no less than seven in any of the four areas of reading, writing, listening and speaking); or
 - A recent pharmacy qualification taught and examined in English; or
 - Recent practice for at least two years as a pharmacy professional in a majority English speaking country.
- 105.3 The OET was a test specifically for healthcare professionals and one of the 12 versions was specifically for pharmacy. The General Medical Council and the Nursing and Midwifery Council already accepted the medical and nursing versions respectively.
- 105.4 Applicants taking the OET would be required to achieve a ‘B’ grade in all four areas of the test as this was equivalent to a level seven in the IELTS.
- 105.5 It was proposed that, as the consultation was about widening options rather than imposing a new restriction or setting new standards, it would be sufficient to run it for six weeks rather than the usual twelve.
- 105.6 **The Council approved the consultation on revised evidence of English language skills and agreed that it should run for six weeks.**

106. Temporary registration arrangements

- 106.1 Mark Voce also introduced **20.03.C.02**, which sought the Council's agreement for an updated policy on temporary registration arrangements for pharmacy professionals in the event of an emergency.
- 106.2 The GPhC had powers under the Pharmacy Order 2010 to register, on a temporary basis, fit, proper and suitably experienced people to act as pharmacists and pharmacy technicians if an emergency was declared by the Secretary of State. This would allow those people to return to practice to alleviate pressures on and contribute to the provision of essential services. As the policy might need to be used in the near future, it had been reviewed and the Council was being asked to agree the revised version.
- 106.3 The policy showed that the GPhC would focus on groups who had already demonstrated the required knowledge and skills to practise as a pharmacist or pharmacy technician and who had recent experience of practice. If 'recent' was to be defined as two years, this would allow approximately 2700 pharmacists and 1300 pharmacy technicians to be put back on the register. A possible second phase would add a further 900 of each group.
- 106.4 It would be important to communicate with those affected before taking action in the event of an emergency. Communications would stress that the fact of being put back on the register did not constitute an obligation to work – a temporary return to practice would be purely voluntary. Temporary registration would end as soon as the Secretary of State declared the emergency to be over.
- 106.5 The most efficient way to create the temporary registration database was to carry out a data trawl and include all the relevant data. Inclusion in the database did not constitute a willingness to work but those affected could also ask not to have their names published if that was their preference. Those registered under phase 1 and phase 2 would be displayed separately to allow employers to distinguish between them.
- 106.6 There would be no fees payable by the registrants concerned and they would not be required to undertake formal revalidation processes.
- 106.7 The question of indemnity was being discussed with the departments of Health across the three countries and with the professional associations.
- 106.8 Temporary registrants would be expected to comply with the standards in the usual way. It would be the responsibility of employers to be sure that the temporary registrants had the skills and competences to carry out the tasks being asked of them. This would be added to the policy and made clear in communications with employers.
- 106.9 Pre-registration trainees were not being included as they had never had to demonstrate their fitness to practise in the way that former registrants had but this option could be

re-considered if the situation worsened considerably. Pre-registration trainees could become part of the healthcare support workforce if necessary as most roles would not require registration.

106.10 Any further changes required to the policy would be agreed as the situation developed.

106.11 **With the addition of the point about employers needing to satisfy themselves that people registered under the emergency powers had the necessary competences for the role they were being asked to perform, the Council approved the policy on temporary registration arrangements in the event of an emergency involving loss of human life or human illness.**

107. Terms of reference for the Audit and Risk Committee (ARC) and the Finance and Planning Committee (FPC)

107.1 Nigel Clarke (NC) introduced **20.03.C.03** which proposed that the terms of reference for the ARC and FPC should be modified to increase the membership of each committee from five to six. This would allow all members of Council to sit on one of the non-statutory committees which was not possible under the current terms of reference.

107.2 **The Council approved the revised Terms of reference for the ARC and the FPC.**

108. Deputising arrangements for Chair of Council

108.1 Janet Collins (Governance Manager) introduced **20.03.C.04**, which set out proposed arrangements for a deputy Chair should the Chair be unavailable.

108.2 The proposal was for Elizabeth Mailey to act as deputy from 1 April to 30 September 2020 and Aamer Safdar to do so from 1 October 2020 to 31 March 2021.

108.3 **The Council noted the arrangements for the deputy chair between April 2020 and March 2021.**

109. Procedures for dealing with complaints against members of statutory committees

109.1 Paul Cummins (Head of Adjudications) presented **20.03.C.05**, which set out an updated procedure for dealing with complaints against members of statutory committees.

109.2 Questions raised when the procedure was considered at the previous meeting had been answered in the covering paper and the procedure had been revised in light of feedback provided at that meeting.

109.3 The Council approved the procedure for dealing with complaints against members of statutory committees.

110 Update on the 'Report of the Independent Inquiry into the issues raised by Paterson'

110.1 DR presented **20.03.C.06** and thanked Laura McClintock who had written the paper but was not able to attend the meeting. It was part of the GPhC's work around learning from public inquiries and while the facts of the Paterson case were less relevant than some to pharmacy, the themes still resonated. They included the need for clear information for patients, consent, complaints, corporate accountability and the regulatory system.

110.2 **The Council noted the update.**

111 Unconfirmed minutes of the Audit and Risk Committee (ARC)

111.1 Digby Emson (Chair of ARC) presented **20.03.C.07**, the unconfirmed minutes of the ARC meeting held on 5 February 2020.

111.2 The committee had received a deep-dive on information security and two internal audits (key financial controls and integrity of the register), both rated green and approved the internal and external audit plans.

111.3 **The Council noted the unconfirmed minutes of the ARC meeting held on 5 February 2020.**

112 Any other public business

112.1 The Chair thanked the departing members - Digby Emson, Alan Kershaw and Evelyn McPhail – for their service to the Council and to pharmacy, for their contributions during their terms and for all their work and advice.

112.2 There being no further public business, the meeting closed at 15.05.

Date of the next meeting:

Thursday 23 April 2020

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

Nigel Clarke, Chair of Council

12 March 2020

UNCONFIRMED

Council workshop summary

Meeting paper for Council on 23 April 2020

Public

Purpose

To provide an outline of the discussions at the Council workshop on 12 March 2020.

Recommendations

The Council is asked to note the discussions from the March 2020 workshop.

1. Introduction

- 1.1 The Council often holds a workshop session alongside its regular Council meetings. The workshops give Council members the opportunity to:
- interact with and gain insights from staff responsible for delivering regulatory functions and projects;
 - receive information on projects during the development stages; provide guidance on the direction of travel for workstreams via feedback from group work or plenary discussion; and
 - receive training and other updates.
- 1.2 The Council does not make decisions in the workshops. They are informal discussion sessions to assist the development of the Council's views. A summary of the workshop discussions is presented at the subsequent Council meeting, making the development of work streams more visible to stakeholders. Some confidential items may not be reported on in full.

2. Summary of the March workshop

Charitable status

- 2.1 Jonathan Bennetts (Director of Finance) presented a recap of the Council's earlier thinking on charitable status and led a discussion on next steps for the exploratory work.
- 2.2 Previous discussion had been around the technical feasibility rather than the principle of whether or not it was appropriate for the GPhC to apply for recognition of charitable status.
- 2.3 Members were asked to suggest which questions the GPhC should be exploring and what information would be needed to facilitate those discussions. A number of questions were

identified and further work would be carried out.

Fees

- 2.4 Mark Voce (Director of Education and Standards), Annette Ashley (Head of Policy and Standards) and Jonathan Bennetts led a session on stage 2 of the long-term fees strategy.
- 2.5 Stage one – increasing fees for premises – was out to consultation and the proposal had received 786 responses to date. Stage two was the exploration of differential fees for individuals, a three-year fee cycle and charging for accreditation while stage three was the exploration of differential fees for premises and charging for additional regulatory activity such as re-inspection.
- 2.6 The discussion covered the benefits and challenges of the various Stage 2 proposals.

Fitness to practise (FtP) strategy and legislative reform updates

- 2.7 Carole Auchterlonie (Director of Fitness to Practise) and Jerome Mallon (Fitness to Practise Policy Manager) led a session covering the proposals in the upcoming FtP strategy consultation and the proposed reforms to the regulators' FtP legislative frameworks.
- 2.8 The intention behind the legislative reforms was to provide all regulators with a full suite of powers for handling FtP cases and the ability to set their own operational procedures through Rules without the need for Privy Council approval.

EDI strategy update

- 2.9 Francesca Okosi (Director of People) updated the Council on the development of the EDI strategy, covering work done to date and the proposed engagement approach. A further update would be provided at the April meeting.

Reflections from departing members

- 2.10 Digby Emson, Alan Kershaw and Evelyn McPhail, for whom this was the last Council meeting, gave their reflections on their time on Council.

3. Recommendations

The Council is asked to note the discussions from the March 2020 workshop.

Janet Collins, Governance Manager
General Pharmaceutical Council

19 March 2020

Summary of Council discussion on 23 March 2020

Meeting paper for Council on 23 April 2020

Public

Present

Nigel Clarke (Chair)
Digby Emson
Mark Hammond
Penny Hopkins
Ann Jacklin
Jo Kember

Alan Kershaw
Rima Makarem
Arun Midha
Aamer Safdar
Jayne Salt

Apologies

Neil Buckley, Elizabeth Mailey, Evelyn McPhail

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Carole Auchterlonie (Director of Fitness to Practise)
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)
Jonathan Bennetts (Director of Finance)
Laura McClintock (Chief of Staff)
Francesca Okosi (Director of People)
Mark Voce (Director of Education and Standards)
Janet Collins (Governance Manager)
Philippa McSimpson (Quality Assurance Manager)
Lisa Smith (Professional Assessment Manager)

Purpose

To provide an outline of the discussions held by Council on 23 March 2020.

Recommendations

The Council is asked to note the discussions held on 23 March 2020.

1. Introduction

- 1.1 The Council held a discussion by teleconference on 23 March 2020 on the impact of the Covid-19 outbreak on students due to complete their MPharm degree and pre-registration trainees.
- 1.2 A further discussion with a range of stakeholders would take place on 25 March 2020.

2. Issues

- 2.1 Mark Voce (Director of Education and Standards) outlined the issues. Council members provided feedback and guidance on the strategic objectives that should guide the approach to identifying the best way forward for current student and trainee pharmacists, in the exceptional circumstances prevailing. These discussions would shape the executive's approach to the stakeholder meeting on 25 March.
- 2.2 Post-meeting note: the Council discussion and subsequent stakeholder event were then followed by a joint announcement with the Pharmaceutical Society of Northern Ireland about postponement of the scheduled 2020 registration assessment sittings, and further work to be undertaken.

3. Recommendations

The Council is asked to note the discussions held on 23 March 2020.

Janet Collins, Governance Manager
General Pharmaceutical Council

24 March 2020

Summary of Council discussion on 09 April 2020

Meeting paper for Council on 23 April 2020

Public

Present

Nigel Clarke (Chair)
Yousaf Ahmad
Neil Buckley
Mark Hammond
Penny Hopkins
Ann Jacklin
Jo Kember

Elizabeth Mailey
Rima Makarem
Arun Midha
Rose Marie Parr
Aamer Safdar
Jayne Salt
Selina Ullah

Apologies

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Carole Auchterlonie (Director of Fitness to Practise)
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)
Jonathan Bennetts (Director of Finance)
Mark Voce (Director of Education and Standards)
Janet Collins (Governance Manager)
Annette Ashley (Head of Policy and Standards)

Purpose

To provide an outline of the discussions held by Council on 09 April 2020.

Recommendations

The Council is asked to note the discussions held on 09 April 2020.

1. Introduction

- 1.1 The Council held a discussion by teleconference on 09 April 2020 in which the senior leadership team updated members on recent developments related to the Covid-19 pandemic.
- 1.2 These discussions would take place regularly between scheduled Council meetings.

2. Updates

Education and Standards

- 2.1 Mark Voce (Director of Education and Standards) told members that approximately 6000 pharmacy professionals who had been off the register for less than three years had been put on a temporary register under the GPhC's emergency powers and were returning to work to support the provision of pharmacy services. A survey was being carried out to find out how many were working and where, specifically whether they were in community or hospital.
- 2.2 The GMC and NMC had extended the use of their emergency powers to bring back former registrants who had been off their registers for up to six years. The GPhC could also do this if the need arose.
- 2.3 The current final year MPharm students would still be able to graduate. The education team were in regular contact with individual schools and with the Pharmacy Schools Council. The schools were looking at flexible arrangements which would allow them to confer degrees and the GPhC was accepting those arrangements provided there was assurance that standards could be maintained.
- 2.4 Discussions were continuing about the future of the current pre-registration trainees, with a range of stakeholders both individually and collectively. There were a number of complex issues to be considered – primarily patient safety but also the integrity of the register and the need to allow the trainees to enter the workforce at a time of need.

Registration

- 2.5 There was an issue with being able to verify documents for registration applications when the staff were working from home. The IT team was looking at possible online verification.

Contact Centre

- 2.6 The Contact Centre had adapted very well to working from home, both in terms of the technology and new ways of working.

Standards

- 2.7 The Royal Pharmaceutical Society had just issued an ethical framework for pharmacy professionals to assist with decision making during the pandemic. The GPhC supported the framework.

Fitness to Practise

- 2.8 Carole Auchterlonie (Director of Fitness to Practise) reported that there had been a significant rise in the number of concerns being received, with over one hundred more than

usual in March. Many related to concerns about pricing and profiteering although it was unlikely that the rise would follow through into fitness to practise cases.

- 2.9 The team was focussing resources where they were most needed while aiming to minimise the burden on pharmacies, which was broadly consistent with the approach being taken by the other regulators. Registrants were being given more time to respond to concerns or to prepare for hearings if needed.
- 2.10 Stream 1 cases were no longer being sent to the inspectors but would instead act as a source of soft intelligence.
- 2.11 A protocol for dealing with fitness to practise concerns relating to temporary registrants had been developed.

Hearings

- 2.12 Interim Order (IO) hearings and IO review hearings were being given priority and were being held either on the papers with the consent of the parties or via videoconference. The videoconferencing was working well and had also been used for two restoration hearings in the past week.
- 2.13 The first principal hearing via videoconference was due to take place the following week.
- 2.14 Applications to the High Court for extensions of IOs were being prepared. These had increased due to the postponement of principal hearings.

Finance

- 2.15 Jonathan Bennetts (Director of Finance) reported that the GPhC's financial systems and processes were all working.
- 2.16 The Finance and Planning Committee would consider the impact of the pandemic on current finances, on the next financial year and on the longer term. The financial year which had ended on 5 April had been on target for a small surplus but the pandemic might have changed that. In the new financial year there would not be an impact on large areas of expense such as staffing and premises but there would be changes in some areas including revalidation and the registration assessment.
- 2.17 Decisions would need to be made around the fee review strategy and whether to continue with the multi-fee review which would involve developing proposals in a number of areas. The consultation on premises fees had closed on 31 March with a decision originally due to be made at the June Council meeting.

Inspection

- 2.18 Claire Bryce-Smith (Director of Insight, Intelligence and Inspection), informed the Council that routine inspections had stopped and that the inspectors were instead speaking to pharmacies by telephone or carrying out visits to help and support them as well as checking on how pharmacies were handling the pandemic. All the inspectors were now indemnified and were available to help in pharmacies in their area, which a number had been doing.
- 2.19 Good practice ideas were being shared via the Knowledge Hub on the publication site for inspection reports. These provided pharmacy owners and their teams with examples of how others had been managing various aspects of delivering services during the pandemic to support the safe and effective delivery of medicines.

2.20 Premises approvals were still being carried out.

3. Summary of discussion

- 3.1 There had been a significant increase in collaborative working both internally and externally. The GPhC was connected with a number of useful groups working within the profession and across healthcare. There were benefits to this which needed to continue once the pandemic was over.
- 3.2 There was concern about the exposure of non-registered pharmacy team staff and recognition that they also needed support. Some pharmacy teams were struggling to contact GPs for prescriptions or prescribing information. There was an issue around the re-purposing of end-of-life medicines in order to increase supply and a recognised tension between stockpiling and anticipatory prescribing in these circumstances. Arrangements were being made in Wales to have end-of-life medicines to patients within two hours, starting the following week.
- 3.3 In relation to provisional registration, it would be important to remember that those who were provisionally registered were not yet pharmacists. It was important that they were not asked to work beyond their competence and that they would have support and supervision. It may be that some restrictions would be placed on practice while provisionally registered.

4. Actions

- 4.1 The Council meeting on 23 April would go ahead but with a shorter agenda
- 4.2 Further updates would be scheduled between Council meetings and it was likely that an additional Council meeting would be scheduled for May.

5. Recommendations

The Council is asked to note the discussions held on 09 April 2020.

Janet Collins, Governance Manager
General Pharmaceutical Council

24 March 2020

Approach to Council and Committee business during Covid-19

Meeting paper for Council on 23 April 2020

Purpose

To set out our proposed approach to managing and prioritising Council and Committees business during Covid-19

Recommendations

The Council is asked to agree the draft approach to managing and prioritising Council and Committees business during Covid-19

Draft statement

Our approach to managing and prioritising Council and Committee business during Covid-19

The Council is responsible for ensuring that the GPhC fulfils its statutory role to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy. The Council has a governance and assurance role, overseeing rather than carrying out the GPhC's regulatory work, and is supported by three committees: Audit and Risk, Finance and Planning and Remuneration.

This short guidance note sets out how the Council and Committees will approach the management and prioritisation of business over the next 1-3 months in response to the Covid-19 pandemic.

Please note that this does not cover every situation given the fast-moving and developing external context. There may be occasions when the Council or Committee, including the relevant Chairs, will need to make a judgement in relation to a specific item of business. The Council has already delegated its powers to the Chair, in the event that it is not able to meet or is not quorate, by means of a formal resolution agreed at its meeting on 11 March 2020.

These decisions will be made in line with the Council or Committee's overarching objectives, the organisation's longer-term vision and planning; any relevant legislation and/or governance advice; and, the relevant external context, including the potential impact on our key stakeholders.

Prioritisation

In order to ensure appropriate prioritisation and continuation of work necessary to maintain our statutory functions, the Council and Committees will apply the following principles when carrying out their oversight and assurance roles:

- work with the Executive team, to prioritise activity that will have the biggest impact on patient safety and care when faced with competing priorities (this includes supporting the delay of some items of business where appropriate, to ensure that resources can reasonably be deployed to other priority areas).
- operate in the most effective and realistic way, including supporting the maximisation of executive and staff time to manage the impact of the pandemic.
- balance the risks and opportunities; taking informed risks when these risks are outweighed by the potential benefits for patients.
- take account of the significant pressures on our key stakeholders during the pandemic (for example, a stakeholder's likely ability to consult its members on GPhC proposals, or limited time and resources to respond).

Management of Council and Committee business

Council and Committee business will be managed in the following way during the Covid-19 pandemic:

- Decision-making will continue to be open, transparent and subject to public scrutiny.
- The default position that Council business will be conducted in public continues. In line with the Standing Orders of the Council, members of the public may attend meetings of the Council. This will be extended to remote attendance of virtual meetings, where possible.
- Council and committee meetings will be held electronically using remote conferencing facilities. Public access, to observe the meeting, will be facilitated on request. Attendees will be asked to comply with meeting etiquette by agreeing not to record proceedings.
- Council meeting agendas, papers and minutes will continue to be routinely published on our website (non-confidential minutes of Committee meetings will continue to be reported to Council and routinely published).
- Items will only be taken in confidential business when appropriate to do so and in line with our **existing guidance** on openness in Council meetings. There will continue to be some routine matters of confidential business, for example, confidential minutes of the Committees.
- Council papers may be shorter and more succinct in light of the fast-moving external environment, enabling the Council and Committee to understand the decisions they are being asked to make.

- Routine meeting schedules may need to change, including at short notice, to reflect the evolving external context. For example, it may be necessary to convene additional, shorter meetings to enable decision-making on new or emerging issues.
- Routine Council workshops will be suspended and replaced with short update meetings every 2-3 weeks. These will continue as informal sessions, to aid the development of the Council's views.
- Requests for information under the Freedom of Information Act will continue to be considered in line with our usual procedures. There is more information about available on our website [here](#).

Recommendations

The Council is asked to agree the draft approach to managing and prioritising Council and Committees business during Covid-19.

Laura McClintock, Chief of Staff

Laura.Mcclintock@pharmacyregulation.org.uk

14 April 2020