

Council meeting agenda and papers 13 February 2020

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Agenda

13 February 2020

13:30 to 16.00 approx.

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

Public business

Item number	Item	Presenter
1.	Attendance and introductory remarks	Nigel Clarke
2.	Declarations of interest <i>Public items</i>	All
3.	Minutes of last meeting <i>Public session on 05 December 2019</i>	Nigel Clarke
4.	Actions and matters arising	Nigel Clarke
5.	Workshop summary – 5 December 2019 <i>For noting</i>	Nigel Clarke
6.	Evaluation of revised threshold criteria For noting	<i>Presentation</i> Carole Auchterlonie
7.	Communications and engagement update For noting	20.02.C.01 Rachael Oliver
8.	Finance update, annual plan progress and performance monitoring reports – Q3 For noting	20.02.C.02 Duncan Rudkin
9.	Strategic plan 2020-25 and Annual plan 2020-21 For approval	20.02.C.03 Duncan Rudkin
10.	Budget 2020-21 For approval	20.02.C.04 Jonathan Bennetts
11.	Procedure for dealing with complaints against members of statutory committees <i>For approval</i>	20.02.C.05 Paul Cummins
12.	Any other business	Nigel Clarke

Confidential business

13. Declarations of interest <i>Confidential items</i>	All
14. Minutes of last meeting <i>Confidential session on 05 December 2019</i>	Nigel Clarke
15. Confidential actions and matters arising	Nigel Clarke
16. Professional Standards Authority – outcome of the 2018-19 performance review <i>For noting</i>	20.02.C.06 Duncan Rudkin
17. Finance and Planning Committee minutes (unconfirmed) <i>Unconfirmed minutes of the meeting on 21 January 2020</i> <i>For noting</i>	20.02.C.07 Mark Hammond
18. Any other confidential business	

Date of next meeting

Thursday, 12 March 2020

Minutes

Minutes of the Council meeting held on Thursday 5 December 2019 at 25 Canada Square, London at 13:00

TO BE CONFIRMED 13 February 2020

Minutes of the public session

Present

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

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

Apologies

Penny Hopkins, Rima Makarem

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)
Laura McClintock (Chief of Staff)
Francesca Okosi (Director of People)
Mark Voce (Director of Education and Standards)
Jonathan Bennetts (Associate Director of Finance and Procurement)
Damian Day (Head of Education)
My Phan (Head of Data and Insight)
Janet Collins (Governance Manager)
Professor Andy Husband (Chair of the Board of Assessors)

76. Attendance and introductory remarks

- 76.1 The Chair welcomed those present to the meeting and thanked Jayne Salt for taking the chair in his absence at the November meeting.

76.2 Apologies had been received from Penny Hopkins and Rima Makarem

77. Declarations of interest

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

78. Minutes of the last meeting

78.1 **The minutes of the public session held on 7 November 2019 were confirmed as a fair and accurate record of the meeting.**

79. Actions and matters arising

79.1 The actions due by this meeting (provision of an updated timetable for the development of the EDI strategy and of a briefing paper on the governance of controlled drugs) had been completed. The remaining actions were not yet due.

79.2 There were no matters arising.

80. Workshop summary – 7 November 2019

80.1 **Council noted the discussions from the November workshop.**

81. Board of Assessors' Report and GPhC report on the September 2019 sitting of the pre-registration examination

81.1 Professor Andy Husband (AH, Chair of the Board of Assessors) and Damian Day (DD) were in attendance to present the Board's report. The paper, **19.12.C.01**, included the report and candidate performance data. The pass rate for September 2019 was 69.16%, which was an increase on September 2018 (65.23%) and September 2017 (58.30%).

81.2 No errors had been found in the September 2019 papers and the Board was cautiously optimistic that the measures put in place to prevent them were proving effective. The paper covered standard setting, question analysis and feedback.

81.3 The Council was concerned to note that a small number of candidates had contacted AH and other Board members personally to comment on the papers and question the results and that in some cases the language used had been unprofessional and even abusive. The issue would be covered in the next guidance issued to candidates.

81.4 The number of candidates requesting adjustments was increasing at a significant rate. Multiple adjustment rooms were required and this had implications for hire costs and invigilation.

81.5 **Council noted the candidate performance data, the Board of Assessors' report and the assurance it provided about the September 2019 sitting.**

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

- 82.1 DD introduced **19.12.C.02** which proposed the introduction of a common registration examination for pharmacists in Great Britain and Northern Ireland.
- 82.2 There were two pharmacy regulators in the United Kingdom – the GPhC covering England, Scotland and Wales and the Pharmaceutical Society of Northern Ireland (PSNI) covering Northern Ireland as both regulator and professional body. There was a close link between pharmacy practice in the two jurisdictions and the two regulators co-operated on a number of issues, including having mutual recognition provisions in place.
- 82.3 The route to registration was similar in both jurisdictions, namely:
- a) a four year MPharm degree; followed by
 - b) 52 weeks of professional pre-registration training; and
 - c) a national registration examination.
- 82.5 The national registration examinations were separate but shared many common features. The PSNI had recently consulted on adopting the GPhC registration assessment as its registration examination and, having considered the outcome of the consultation, had approved the proposal on 26 November 2019.
- 82.6 A common registration examination across all four countries would be set by a single Board of Assessors and include questions written and standard-set by pharmacists practising in all four countries. The examination already took account of three jurisdictions and so the question writers, standards setters and assessors were experienced in taking account of country applicability.
- 82.7 If the proposal was agreed, the first common sitting would take place in June 2021.
- 82.8 The resource implications (namely the cost of an additional board member, an additional adjustments advisor and sending papers securely to Northern Ireland) would be shared proportionately between the two organisations and reviewed. The costs of venue hire and invigilation in Northern Ireland would continue to be met by the PSNI.
- 82.9 **The Council agreed the introduction of a common registration examination for pharmacists in Great Britain and Northern Ireland.**

Professor Husband left the meeting

83. Vision 2030

- 83.1 Duncan Rudkin (DR) presented **19.12.C.03** which sought the Council's approval for the GPhC's overarching ten-year vision.
- 83.2 The GPhC had identified in 2018 that it needed to set a longer-term planning horizon, with a high-level strategic framework to guide the direction and greater integration of short and medium-term planning. There were also important external factors such as the rapid pace of change in healthcare generally and in pharmacy

practice in particular, the changing expectations of patients and the public and the increasing role of technology in the development and delivery of healthcare and medicines.

- 83.3 The Vision had been developed iteratively through a series of engagement activities with external stakeholders, Council and staff. It was set out in three parts under the Vision statement, which had itself been the subject of discussion and engagement. The Vision was intentionally high-level to allow it to remain concise and it was intended that the five-year strategic plan, supporting strategies and business plans would flow from it.
- 83.4 There was some discussion about the fact that the organisation was already doing some of the things mentioned and whether the language in the document should be changed to reflect that. However, it was decided that the wording was appropriate and the correct emphasis could be achieved by presenting the Vision in context.
- 83.5 **Council approved Vision 2030, the overarching 10-year vision for the GPhC.**

84. Introducing revised education and training requirements for pharmacy support staff

- 84.1 DD presented **19.12.C.04**, which set out revised education and training requirements for pharmacy support staff.
- 84.2 Although pharmacy support staff were not GPhC registrants, education and training requirements had been in place since 2005 in order to provide assurance that all members of the pharmacy team had the necessary training to undertake their roles safely and effectively. The existing requirements referred mainly to two community-orientated roles.
- 84.3 The paper set out the history behind the development of the new requirements, including the consultation on the *Guidance to ensure a safe and effective pharmacy team* and the feedback from Council that revised requirements needed to cover support staff delivering a range of pharmacy services in a variety of settings.
- 84.4 The revised requirements set out a flexible framework to ensure that all pharmacy support staff who deliver pharmacy services had the appropriate skills regardless of role, sector or location and also embed soft skills such as communication for patient-centred care. New criteria had been developed for the approval of courses and the exemption for pharmacy students and pre-registration trainees would continue provided that employers were satisfied that they were equipped for the role.
- 84.5 Accreditation periods for existing courses would be honoured and pharmacy support staff who had already trained would not be required to re-train.
- 84.6 There was some discussion about the detail of the proposal. Digby Emson declared an interest. A number of outcomes were set at different levels following the discussion, and it was agreed that flow could be more logical. Some of the text was removed as it was considered repetitive and some further drafting suggestions were made and noted by the team for inclusion in the published document.

- 84.7 **With those amendments, Council approved the revised education and training standards for pharmacy support staff.**

Damian Day left the meeting

85. Review of governance policies

- 85.1 Laura McClintock (LM) presented **19.12.C.05**, sought Council's approval for updates to governance policies and procedures which were within its remit, namely:
- i) Governance policy (including openness at Council meetings);
 - ii) Values, conduct and behaviour for Council members, associates and partners;
 - iii) Reappointment of Council members and Chair of Council;
 - iv) Declarations of interest policy for Council members and staff; and
 - v) Gifts and hospitality policy for Council members and staff.
- 85.2 The Chair declared an interest on behalf of all members.
- 85.3 The governance policy had an addition relating to openness in Council meetings and gave clarity on the kinds of business which it may be appropriate to conduct in confidential session and criteria that should be considered when making that decision. The default position was that business should be conducted in public whenever possible.
- 85.4 The Values, conduct and behaviour policy had updated wording but no significant changes and additional guidance on communicating in a public space or online. The policy also applied to associates and partners and was supported by the Chair of the Appointments Committee.
- 85.5 There was some discussion as to whether the guidance on communicating in a public space should be strengthened further, specifically taking account of any relevant external guidance and examples around public appointments. It was agreed that the policy should be approved but that further work would be done in this particular area which would come back to Council for a fuller discussion.

ACTION: LM

- 85.6 The Reappointment of Council members and the Chair of Council had been updated in 2019 but the PSA had provided some feedback on the role of the Chair as the sole decision maker in the case of member re-appointments and changes had been made accordingly. A requirement had been added for the Chair to take soundings from one or more of the chairs of the Audit and Risk, Finance and Performance or Remuneration Committees or, in the event that this was not possible or that there was a conflict of interest, from an external member of one of these committees.
- 85.7 The Declarations of interest policy included new guiding principles of identifying, managing and recording conflicts of interest and additional examples.
- 85.8 The Gifts and hospitality policy was designed to protect the integrity of members and staff by providing guidance on the acceptance of gifts or hospitality to ensure

that the work of or public confidence in the GPhC were not compromised. It had been updated and checked to ensure that it remained in line with the approach taken by other organisations.

85.9 With some minor drafting changes, **the Council approved the following policies and procedures:**

- i) **the Governance policy;**
- ii) **Reappointment of Council members and Chair of Council;**
- iii) **Declarations of interest policy; and**
- iv) **Gifts and hospitality policy.**

85.10 The Values, Conduct and Behaviours for Council members, associates and partners was approved on an interim basis pending further work on the guidance on using social media.

86. Registrant survey report

86.1 Claire Bryce-Smith and My Phan presented **19.12.C.06**, the report of the registrant survey. The survey had been carried out during June and July 2019 and had achieved a 23% response rate which was sufficient for robust data analysis.

86.2 There were 15 questions which were directly comparable to the previous survey and 12 which allowed for some comparison. Questions about work-life balance for pharmacy professionals had been included for the first time. The data would provide an important resource to inform the GPhC's work and would also be made available externally.

86.3 The Council discussed some of the findings and welcomed both the report itself and the fact that it would be available as a public source of data.

86.4 **The Council noted:**

- i) **the outputs of the commissioned registrant survey in 2019, namely the infographics report, the main report, the comparison to 2013 report, the EDI report and the index of report content and analysis variables;**
- ii) **that the executive would be reviewing the outputs of the survey for any insights that the GPhC may need to consider in relation to policy or operational work.**

87. Any other public business

87.1 There being no further public business, the meeting closed at 15.20.

Date of the next meeting:

Thursday 13 February 2020

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

Nigel Clarke, Chair of Council

13 February 2020

Council action log

Meeting date	Ref.	Action	Owner	Due	Status	Comments/update
June 2019	25.8	Evaluation of revised threshold criteria to be shared with Council	CA	February 2020	Open	On the agenda for this meeting
Nov 2019	69.11	Update to be provided on all on-hold cases	CA	February 2020	Open	Included in the PMR

Council workshop summary

Meeting paper for Council on 13 February 2020

Public

Purpose

To provide an outline of the discussions at the Council workshop on 05 December 2019.

Recommendations

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

1. Introduction

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

2. Summary of the December workshop

Education Governance Oversight Board (EGOB)

- 2.1 Duncan Rudkin (Chief Executive) provided Council members with a verbal report of the EGOB meeting which had taken place at the Royal Pharmaceutical Society the previous day.

2020/21 Planning and Budget update

- 2.2 Heather Walker (Head of Corporate Business Support and Development) and Vanessa Clarke (Senior Finance Manager) led a session updating Council on the planning and budget context for 2020/21, the work done to date and next steps. HW described the planning flow, including the 10-year vision and organisational plan, the five-year strategic plan and the

annual plan and budget and VC outlined the draft budget assumptions within which the planning was taking place.

- 2.3 The Finance and Planning Committee would review the draft five-year strategic plan and annual plan and budget for 2020/21 at its meeting in January 2020 and these would then be presented to Council in February 2020.

Developing the Equality, Diversity and Inclusion strategy

- 2.4 Francesca Okosi (Director of People) updated the Council on the development of the EDI strategy, setting out the plan and the revised timelines.

Balanced Scorecard

- 2.5 Claire Bryce-Smith (Director of Insight, Intelligence and Inspection) introduced a session on the evolving Balanced Scorecard which would replace the current performance reporting mechanisms. Council had seen an early iteration and provided feedback.
- 2.6 The ideas behind the new iteration were explained, including the types of information to be provided, what it was designed to indicate and how the level of information provided would vary depending on the RAG rating of performance in various areas.
- 2.7 A worked example was provided, using data from the inspection function and providing some of the underpinning information which Council had previously requested. Members were asked to review and discuss the example, looking at the concept rather than the data, and to provide further feedback.
- 2.8 The feedback would be used to continue to develop the inspection example and inspection reporting would use the new method for Q4 of 2019/20.

Governance of controlled drugs

- 2.9 Laura McClintock (Chief of Staff) had provided Council with a briefing paper on the governance surrounding controlled drugs in Great Britain, including: the professional and legal frameworks; recent developments; the link with pharmacist prescribers; and how the GPhC shared intelligence with other agencies. Council discussed the paper informally in the workshop.

3. Recommendations

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

Janet Collins, Governance Manager
General Pharmaceutical Council

20 December 2019

Engagement and communications report

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 October 2019 and highlights upcoming events and activities.

2. Fees consultation

- 2.1 We launched our consultation on the draft 2020 fees rules on 7 January 2020. We have promoted the consultation to key audiences through a range of channels, including targeted emails and briefings, presentations at events including the Association of Independent Multiple Pharmacies conference, articles in the pharmacy trade media and social media posts.
- 2.2 This communications activity has helped to encourage more than 700 individuals and organisations to respond to the consultation survey so far. We will continue to use opportunities to highlight the consultation until it closes on 31 March.

3. Publication of guidance for pharmacist prescribers

- 3.1 In November, we launched our new guidance for pharmacist prescribers. All pharmacist prescribers and superintendent pharmacists received a targeted email to encourage them to read and reflect on the new guidance. We also promoted the guidance more widely through media coverage, an article in Regulate and social media activity.
- 3.2 We also promoted joint high-level principles for remote consultations and prescribing that were co-produced by the health professional regulators.

4. Survey of registered pharmacy professionals

- 4.1 In early December, we published the findings of our second major survey, which asked pharmacists and pharmacy technicians about their roles and responsibilities, work settings, employment and practice and future work plans.

- 4.2 We proactively shared these findings with a wide range of organisations with an interest in the pharmacy workforce and pharmacy practice today.
- 4.3 The survey findings were covered extensively by the pharmacy trade press and generated positive feedback on social media.

5. Providing pharmacy services online: further communications and engagement

- 5.1 There has continued to be significant external interest from the national media and other stakeholders in relation to online pharmacies and the supply of opioids online. This included a follow-up article in the Times on 24 December highlighting the enforcement action we had taken against the pharmacies named in their investigation into the online supply of opioids in September. There was also coverage on the BBC and other outlets of a coroner's letter following a recent inquest into the death of a patient who obtained opioids from a large number of online pharmacies.
- 5.2 On 16 January 2020, BBC2's Horizon programme looked in detail at opioid addiction. The programme's presenter managed to obtain codeine from an online pharmacy and co-codamol from several high street pharmacies. Duncan Rudkin was interviewed for the programme and outlined the action we were taking in this area.
- 5.3 We are continuing to take forward the project we have led on developing a new guide for patients and the public with 'top tips' on using online healthcare services safely. We are currently working with the other regulators involved (including the GMC, CQC and MHRA) to finalise the resources and expect to launch the new resources next month.

6. Guide and poster for patients and the public using pharmacy services

- 6.1 In December, we published our new short online PDF guide for patients and the public to promote the new inspections publication site and to inform patients and the public about what they can expect when visiting a pharmacy. We have shared the guide with organisations representing patients and the public and a number of organisations have already promoted it to their members and through their networks.
- 6.2 We have also finalised our new poster summarising what patients can expect from pharmacies, after extensive testing with members of the public, patient groups, pharmacy bodies and pharmacy superintendents. This poster has now been sent out to pharmacies across Great Britain with a covering letter encouraging them to display it.

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

- 7.1 We have continued to engage with key stakeholders on our work to develop new standards for the initial education and training of pharmacists, following the consultation last year.
- 7.2 In an article in Regulate in December we outlined the further meetings we are holding with key stakeholders to take forward discussions on key areas and issues raised within the consultation, as we work towards finalising the standards.

8. Changes to the education and training of support staff

- 8.1 In December, we announced that the Council had agreed new education and training requirements and learning outcomes for all pharmacy support roles.
- 8.2 We promoted this announcement through a press release, a Regulate article, social media activity and presentations at events and meetings. We also sent out targeted emails to key stakeholders, including the stakeholders who had participated in our consultation and engagement on this issue.

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

- 9.1 In December, we issued a joint statement with the Pharmaceutical Society of Northern Ireland (PSNI) to announce the decision by the Councils of the GPhC and the PSNI to introduce a common registration examination for pharmacists in Great Britain and Northern Ireland. This resulted in media coverage across the pharmacy trade press. We have also shared this decision with key stakeholders through emails and social media posts.
- 9.2 We are working closely with the PSNI on the communications and engagement activity ahead of the introduction of the new common registration examination in 2021. This includes holding a series of stakeholder events with current students and pre-registration training providers in Northern Ireland, with speakers from the GPhC.

10. Engagement on new guidance on managing concerns in education and training

- 10.1 Across November and December we sought views on the changes we are proposing to make to our guidance on managing fitness to practise concerns in education and training.

During this period we sought feedback from education and training providers, students and trainees and any other organisations or individuals with an interest in this area. We received over 80 responses in total to our survey.

11. New online process for initial applications for registration for pharmacy technicians

- 11.1 In January we launched the new online process, via myGPhC, for initial applications for registration as a pharmacy technician.
- 11.2 We contacted key organisations including the Association of Pharmacy Technicians UK (APTUK) and training providers ahead of the launch and worked with them to promote the new online process via social media, online articles and other channels.

12. Recent events and meetings

- 12.1 Please see appendix 1 for a list of key events and meetings that have taken place since October 2019.
- 12.2 Council members are reminded to liaise with the office before accepting external invitations to speak on behalf of the GPhC in order to minimise overlap and ensure they have the most up-to-date supporting material.

13. Upcoming events and activities

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

Brighton University, 07/02/20

Simon Denton (Inspector) presentation on role of the GPhC to MPharm students
11:00-12:00

University of Ulster and Queens University Belfast, 07/02/20

Damian Day (Head of Education), Andy Husband (Chair of the Board of Assessors) and Lisa Smith (Professional Assessment Manager) presentation with the Pharmaceutical Society of Northern Ireland on joint registration assessment.

Army Pharmacists and Pharmacy Technicians conference, 11/02/20. Whittington, nr Lichfield

Annette Ashley (Head of Policy and Standards) and Jerome Mallon (FtP Policy and Planning Manager) workshops on standards, revalidation and FtP strategy
Event 09:00-17:00

Association of Pharmacy Technicians UK London branch meeting, 12/02/20

Damian Day (Head of Education) and Simon Roer (Policy Manager Education) presentation on new education and training requirements for support staff
Event 17:30-20:00

Manchester University, 24/02/20

Craig Whitelock-Wainwright (Inspector) presentation on role of the GPhC to MPharm students
10:00-11:00

NHS Greater Glasgow and Clyde pharmacy team development day, 26/02/20

Carole Muir (Inspector) presentation on regulating registered pharmacies and publishing inspection reports
Event 09:00-17:00

Manchester University, 25/03/20

Lisa Gilbert (Pre-registration Training Facilitator) presentation on preparing for pre-reg
Event 13:00-16:00

Pharmacist Defence Association conference, 29/03/20 Birmingham

Duncan Rudkin presentation on regulatory position on supervision
14:00-14:30

Health Education and Improvement Wales pre-registration trainee conference, 21/04/20

Cardiff
Liam Anstey (Director for Wales) presentation on role of the GPhC
16:00-17:00

Clinical Pharmacy Congress, 05/06/20 - 06/06/20 London

Exhibition stand and two speaking slots (activity tbc)

14. Consultations

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

15. Equality and diversity implications

- 15.1 We have continued to make sure our resources are accessible to all audiences. This has included continuing to provide Welsh versions of materials where patients and the public are one of the audiences, including our fees consultation document, poster for pharmacies, and advice for the public on going online for medicines.

16. Recommendations

The Council is asked to note this paper.

Rachael Oliver, Head of Communications
General Pharmaceutical Council

05 February 2020

Appendix 1:

Events from 10 October 2019- 12 February 2020

NHS Education for Scotland, 24/10/19, Edinburgh. Deborah Zuckert (Inspector) and Laura Fraser (Director for Scotland) presentation on pre-reg year

NHS Education for Scotland, 25/10/19. Laura Fraser (Director for Scotland) and Damian Day (Head of Education) presentation on new initial education and training standards for pharmacy technicians

Professional Standards Authority' collaborative regulation conference', 12/11/19. Claire Bryce-Smith (Director for Insight, Intelligence and Inspection) presentation on 'maximising the value of publication'

Royal Pharmaceutical Society conference, 17/11/19. Exhibition stand

Westminster Health Forum on Pharmacy services in England - integration, digitisation and regulation, 20/11/19. Duncan Rudkin (Chief Executive) key note address on priorities for regulating online pharmacies and improving standards, transparency and patient choice

Directors of Pharmacy Scotland conference, 21/11/19. Claire Bryce-Smith (Director for Insight, Intelligence and Inspection) presentation on regulating registered pharmacies and publication of inspection reports

Association of Prescribers Conference, 21/11/19. Andrew Mikhail (Chief Pharmaceutical Officer's Clinical Fellow) presentation on lessons learned from inspections

Reading University, 21/11/19. Jooman Abass (Inspector) presentation on revalidation to MPharm students

British Association of Physicians of Indian Origin conference, 22/11/19. Duncan Rudkin (Chief Executive) participated in panel discussion

University of London, School of Pharmacy prizegiving event, 27/11/19. Nigel Clarke (Chair) gave the keynote speech

Royal Pharmaceutical Society's new Designated Prescribing Practitioners Competency Framework event (London), 22/01/20. Damian Day (Head of Education) presentation on the framework and the professional regulators

Association of Independent Multiple Pharmacies conference, 23/01/20. Claire Bryce-Smith (Director for Insight, Intelligence and Inspection) presentation current GPhC work

Royal Pharmaceutical Society's new Designated Prescribing Practitioners Competency Framework event (Cardiff), 24/01/20. Liam Anstey (Director for Wales) and Damian Day (Head of Education) presentation on the framework and the professional regulators

Liverpool John Moores University, 27/01/20. Craig Whitelock-Wainwright (Inspector) presentation on role of the GPhC to MPharm students

Royal Pharmaceutical Society's new Designated Prescribing Practitioners Competency Framework event (Glasgow), 28/01/20. Laura Fraser (Director for Scotland) and Damian Day (Head of Education) presentation on the framework and the professional regulators

Meetings from 10 October 2019- 12 February 2020

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

Chair (Nigel Clarke):

- Meeting with Chair, Pharmaceutical Services Negotiating Committee (with DR)
- Meeting with Chair, GPhC Assurance and Appointments Committee
- Meeting with Dean of the Faculty of Biology, Medicine and Health and Vice Dean, Head of School of Health Sciences, University of Manchester
- Meeting with Chairman and Director of Public Affairs, Pharmacists Defence Association (with DR)
- Presentation at UCL School of Pharmacy prizegiving/alumni Event
- King's Fund Annual Reception
- RPS Education Governance Oversight Board (with DR)
- Meeting with Chair, Care Quality Commission (with DR)
- Meeting with President, Royal Pharmaceutical Society
- Meeting with Chief Executive Officer and Superintendent Pharmacist, Well (with DR)
- Meeting with Chief Executive Officer, Association of Independent Multiple Pharmacies (with DR)
- Meeting with Vice Chair and Chief Executive, Pharmaceutical Society of Northern Ireland (with DR)
- RPS/UCL School of Pharmacy New Year Lecture - Controlling Cancer in the 2020s
- University of Bath Centre for the Analysis of Social Policy Research Event
- Pharmacy and Public Health Forum meeting

Staff:

- Meeting with Chair, Pharmaceutical Services Negotiating Committee (DR with NC)
- Meeting with Project Co-ordinator, Patient Advice and Support Service (LF)
- Meeting with Chief Executive, Patients Association (DR, CA)
- Chief Executives of Regulatory Bodies meeting (DR)
- Meeting with Policy and Practice Lead and Practice Development Lead, Royal Pharmaceutical Society (LF)

- Meeting with Chief Executive Officer, Community Pharmacy Scotland (LF)
- Health and Social Care Regulators Forum meeting (DR)
- Presenting at National Education Scotland (NES) Technician Stakeholder Event (LF)
- Ministerial Short Life Working Group on Culture Meeting (LF)
- Association of Independent Multiple Pharmacies Annual Dinner (DR)
- Meeting with Postgraduate Pharmacy Dean, National Education Scotland (LF, CBS)
- CQC Online Cross-Regulatory Forum (CBS)
- Meeting with Chief Executive & Registrar, GMC and Chief Executive and Deputy Chief Inspector of General Practice, Online and Military Health Services, CQC (DR)
- Meeting with Director of Teaching and Deputy Head of Institute, Strathclyde University (LF)
- Company Chemists Board meeting (DR)
- Directors of Fitness to Practise meeting (CA)
- Meeting with Chief Pharmacist, Health Improvement Scotland (LF)
- Professional Standards Authority Symposium - Collaborative Regulation (CBS)
- Meeting with Director of Defence Services, Pharmacists Defence Association (CA, CBS)
- Meeting with Chief Executive, Professional Standards Authority (DR)
- Meeting with Scotland Representation Manager, National Pharmacy Association (LF)
- CQC Regulation of GP Programme Board (CBS)
- Presentation at Westminster Health Forum event - Pharmacy Services in England - integration, digitisation and regulation (DR)
- Meeting with Feedback Team Lead and Chair, NHS Complaints Personnel Association Scotland (LF)
- Directors of Pharmacy meeting (LF, CBS)
- Meeting with Chief Pharmacist, Health Improvement Scotland (LF, CBS)
- Meeting with Head of Undergraduate and Pre-foundation training, Health Education and Improvement Wales (LA)
- Presentation at British Association of Physicians of Indian Origin Conference (DR)
- Meeting with Chairman and Director of Public Affairs, Pharmacists Defence Association (DR with NC)
- General Dental Council (GDC) Professional Forum Meeting (LF)
- De Montford University - Pharmacy Showcase Event (MV)
- Pharmacy ACT Working Group (LF)
- Medicines and Healthcare products Regulatory Agency Roundtable on Valproate Pregnancy Prevention meeting (DR)
- Presentation to Strathclyde University undergraduates, year 1 (LF)
- RPS Education Governance Oversight Board (DR with NC)
- Meeting with Chief Pharmacist, Betsi Cadwaladr University Health Board (LA)
- Meeting with Chair, Care Quality Commission (DR with NC)
- Meeting with Head of School, Cardiff School of Pharmacy (LA)
- Meeting with HEIW and Welsh Government Clinical Fellows (LA)
- Pharmacy Networking Group meeting (CBS)
- Chief Executive, Pharmaceutical Services Negotiating Committee (DR)
- Meeting with Chief Executive Officer and Superintendent Pharmacist, Well (DR with NC)
- Meeting with Chief Executive Officer, Association of Independent Multiple Pharmacies (DR with NC)
- Meeting with Director for Scotland, Royal Pharmaceutical Society (LF)

- Meeting with Managing Director, Buttercups Training (DR, MV)
- Meeting with Vice Chair and Chief Executive, Pharmaceutical Society of Northern Ireland (DR with NC)
- Meeting with Chief Pharmaceutical Officer, Wales (LA)
- Meeting with office of Public Services Ombudsman for Wales (LA)
- Meeting with Senior Inspector and Clinical Lead – Medicines and Pharmacy team, Health Improvement Scotland (LF)
- NHS People Plan Advisory Board (DR)
- Aneurin Bevan University Health Board LIN meeting (LA with Helen Boniface)
- Meeting with Director for Wales, Royal Pharmaceutical Society (LA)
- Sharing Intelligence for Health and Care Group Meeting (LF)
- Meeting with Chief Executive, Board of Community Health Councils in Wales (LA)
- NHS People Plan Advisory Group Meeting (DR)
- Meeting with Chief Pharmaceutical Officer, Scotland (LF)
- Meeting with Scottish Public Services Ombudsman, Scottish Public Services Ombudsman office (LF)
- Meeting with Chair, Welsh Chief Pharmacists Group (LA)
- Presentation at Association of Independent Multiple Pharmacies Conference (CBS)
- Royal Pharmaceutical Society DPP Event (LA with Damian Day)
- Meeting with National Guardian for the NHS (DR)
- Presentation at Royal Pharmaceutical Society Scotland DPP event (LF)
- Association of British Pharmaceutical Industry Cymru Assembly event - Medicines Bill in Wales (LA)
- Pharmacy Schools Council Meeting (MV)
- Chief Executives of Regulatory Bodies meeting (JB)
- Meeting with Director of Registration and Revalidation and Director for Wales, Nursing & Midwifery Council (LA)
- Presentation to Robert Gordon University undergraduates, year 1 (LF)
- Welsh NHS Confederation annual conference (LA)
- Pharmacy Advisory Board (LA)
- Professional Standards Authority Welsh Conference (LA)
- Royal Pharmaceutical Society Wales Assembly event (LA)

Appendix 2

Active and new consultations

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

Table 1: Active and new consultations

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Proportionality Test Feedback</u>	Department for Business, Energy and Industrial Strategy	The Department is seeking views on the implementation of the Proportionality Test Directive, in relation to our role as a regulator with responsibilities for recognising professional qualifications	06/12/2019	Responded to	Formal written response	LM (Chief of Staff), MP (Registration and International Policy)	This consultation had not been published in the public domain, but rather targeted at us and other regulators. Hence, we have chosen not to publish our response. Further to responding, we have also taken part in a meeting with BEIS and other regulators to share our thoughts and hear about others'	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
							experiences and the government's approach.	
The Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2019	Scottish Government	This update of the code of practice is to take into account many changes in legislation and best practice since 2012, including the General Data Protection Regulations (GDPR) 2018 and the Data Protection Act 2018 and also changes in record management practice across various specialties.	26/01/2020	Responded to	Online response form	LF (Director for Scotland)	We have submitted a short response, addressing only the questions relevant to us.	
Representing the interests of people in the NHS in Wales: Our Plans and Priorities in 2020-2021	Board of Community Health Councils in Wales	Community Health Councils (CHCs) are independent statutory watch-dogs of NHS services in Wales. The Board of Community Health Councils represents the collective voice of CHCs, sets standards and guidance to underpin their activities and monitors and manages their performance. CHCs are currently engaging with people in		Reviewed but not responding	No response	LA (Director for Wales)	We will not be responding to this consultation, as we are not the target audience and are unable to comment on the specific questions posed there. That said, we will be meeting with CHC to discuss areas of joint interest.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		their local communities to find out what matters to them about their NHS services, and what their local priorities should be.						
<u>Community pharmacies: promoting health and wellbeing</u>	NICE	This is a topic engagement exercise, which describes core elements of the forthcoming NICE quality standard. This quality standard will cover health and wellbeing advice and tailored health and wellbeing activities for everyone in contact with community pharmacy staff. Respondents are invited to share five key areas for quality improvement which they consider as having the greatest potential to improve the quality of care in this area.	02/10/2019	Reviewed but not responding	No response	Policy and Standards team	Given the practical nature of this topic engagement exercise, it is not for us to provide comments.	
<u>Consultation on Sexual Harassment in the Workplace</u>	Government Equalities Office	This consultation aims to gather evidence about whether the current laws on protecting people from sexual harassment in the workplace are	02/10/2019	Reviewed but not responding	No response	CA (HR), VT (EDI)	We have considered this consultation and it is inappropriate for us to comment on its first part, calling for views from people who have	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		effective. The Equality Act 2010 says that employers are legally responsible if an employee is sexually harassed at work by another employee, and the employer had not taken all steps they could to prevent it from happening.					experience of sexual harassment in the workplace. The second, more technical part of the consultation, invites views on the legislative framework from organisations and individuals with a detailed knowledge of the relevant laws. Our EDI and HR teams have reviewed this consultation and will feed the outcomes into our own work, in particular around the practical application of the Equality Act 2010.	
<u>How should we engage and involve patients and the public in our work</u>	MHRA	<p>The MHRA has launched a consultation on how to best engage and involve patients in the Agency's work.</p> <p>The responses will help inform the MHRA's future engagement with patients and the public.</p> <p>The MHRA wants to adopt a more systematic approach to listening to and involving patients.</p>	07/10/2019	Reviewed but not responding	No response	Policy and Standards Team, Communications team	This consultation is not targeted at us, so we shall not be providing a response. However, we have considered the proposals with interest and look forward to reading the published results, as there may be potential lessons for us as an organisation. The Communications team has explored the	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		The consultation will additionally look at how patients and the public would like the MHRA to communicate with them. It will also look at how patients and the public would like to communicate with the MHRA to raise concerns and how the MHRA can best respond.					questions used in the consultation survey with interest, to inform our own work of engaging with patients and members of the public.	
<u>Social Services and Well-being (Wales) Act 2014 - Statutory guidance in relation to Part 7 of the Act—safeguarding children from child sexual exploitation</u>	Welsh Government	The Welsh Government is seeking views on guidance to safeguard children under 18 from child sexual exploitation. This guidance is aimed at assisting those planning for and working with children to: identify and prevent abuse; protect children; and meet the needs of children at risk of abuse.	08/10/2019	Reviewed but not responding	No response	DH (Director for Wales)	Having reviewed this consultation, we felt that we were not able to make a substantive contribution to the debate, on this occasion.	
<u>Consultation on Proposals for a Joint GPhC/Pharmaceutical</u>	PSNI	In January 2019 the Council of PSNI completed a review of the current registration examination. The review concluded that, whilst the	11/10/2019	Reviewed but not responding	Informal response (letter, email, other	DD (Education)	We shall not be responding to this consultation, as we have worked closely with the PSNI in	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Society NI 4-Country Registration Assessment</u>		current examination remains fit for purpose, improvements are needed to bring it in line with best practice. It considered three options for delivering on the review's findings and decided that the most appropriate, cost effective and timely way to make the necessary improvements is to develop a joint GPhC/Pharmaceutical Society NI final assessment for gaining entry onto our respective registers. PSNI is now testing this approach with the public and interested parties.			engagement)		developing the proposals.	
<u>Advancing our health: prevention in the 2020s</u>	Cabinet Office and Department of Health and Social Care	The Government is seeking views on proposals to tackle the causes of preventable ill health in England over the next decade and onwards.	14/10/2019	Reviewed but not responding	No response	AA (Policy and Standards), RO (Communications)	We have carefully reviewed the proposals and support the direction of this consultation. However, we have decided not to provide a formal response. This is because the consultation proposals	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
							are not directly relevant to our role. The consultation questions ask for examples of best practice or case studies, which we are not able to provide - these would be more suitable for contractors and LPCs to respond to. Also, we would not normally comment on aspects of government policy unless it directly impacts our work. Moreover, it is not appropriate for us to comment on financial aspects of the pharmacy contract or the commissioning of services, and these are key aspects to this consultation.	
<u>Implementation of the Regulation and Inspection of Social Care (Wales) Act 2016</u>	Welsh Government	The Welsh Government is consulting on draft proposals which include: - mandatory registration of domiciliary care workers - opening the workforce register on a voluntary	16/10/2019	Reviewed but not responding	No response	DH (Director for Wales), JG (Inspections)	We have reviewed the consultation, but felt that it was not appropriate for the GPhC to provide a response.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		basis to social care workers - changing the way that Care Inspectorate Wales decides whether a person is fit and proper to be a service provider						
<u>Public health apprenticeships: community-centred roles</u>	Public Health England	In March 2019, Public Health England convened a workshop to explore the employer demand for an advanced level apprenticeship for community-centred roles (such as social prescribers, link workers, community connectors, health trainers, and other similar roles). There was broad support for continuing to scope an apprenticeship standard, to reflect both the interests of employers and the clear direction of travel in government policy around health, care and other public service areas. This consultation aims to: - better understand and articulate the duties and	01/11/2019	Reviewed but not responding	No response	Policy and Standards team	We have reviewed the consultation and even though pharmacists fit into the emerging community-centred workforce, we have felt that it is not appropriate for the GPhC to provide comments, given that the consultation is targeted at employers and front-line workers.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		capabilities of people in community-centred roles - determine how these workers are currently being trained and developed to discharge these duties - establish the extent of employer need and commitment to an apprenticeship standard at level 3 for this workforce						
<u>Freedom of Information extension of coverage</u>	Scottish Government	In June 2018, the Scottish Parliament agreed the Scottish Government should consult on proposals to further extend coverage of Scotland's freedom of information legislation, for example, to companies providing services on behalf of the public sector. This consultation seeks to establish the potential range of persons who may be identified as providing services on behalf of a Scottish public authority and to inform	22/11/2019	Reviewed but not responding	No response	LF (Director for Scotland), CG (Information Governance)	We have reviewed this consultation but have felt that it is not for us to comment on extending the coverage of Scotland's freedom of information legislation. Information governance has been sighted on this consultation.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		how the Ministers might prioritise designating them.						
<u>The supply and demand for medicines - call for views</u>	Health and Sport Committee, Scottish Parliament	The Committee is seeking the views of health professionals on the management of the medicines budget, including the clinical and cost effectiveness of prescribing. We want to hear about purchasing, prescribing, dispensing and consumption of medicines.	22/11/2019	Reviewed but not responding	No response	LF (Director for Scotland)	We have reviewed this call for views, but it is not appropriate for us to comment on the proposals, as we are not the target audience, neither are we in a position to comment on issues relating to budget and cost effectiveness.	
<u>National Health Service (Pharmaceutical Services) (Wales) Regulations 2020</u>	Welsh Government	This consultation sets out the detail of the Welsh Government's proposals to change the way in which pharmaceutical services are provided in Wales through the introduction of pharmaceutical needs assessments. The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 will introduce the requirement for each health board to conduct	25/11/2019	Reviewed but not responding	No response	LA (Director for Wales)	Having considered the scope of this consultation, we have felt that it is not targeted at us. Furthermore, we are unable to answer the specific consultation questions.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		and publish a pharmaceutical needs assessment for its area and to determine applications to provide National Health Service pharmaceutical services against that assessment. They also introduce arrangements for dealing with breaches of terms of service by NHS pharmacists and NHS appliance contractors.						
<u>Community pharmacy drug reimbursement</u>	Welsh Government	The Welsh Government is consulting on a range of proposals to improve the current reimbursement arrangements and ensure continued alignment between England and Wales.	13/12/2019	Reviewed but not responding	No response	LA (Director for Wales)	It is not for the GPhC to comment on reimbursement arrangements for pharmacy contractors.	
<u>NHS Commercial Framework for Medicines</u>	NHS England	NHS England has a significant role to play in supporting patient access to clinically and cost-effective medicines by offering enhanced commercial arrangements where appropriate and practical.	10/01/2020	Reviewed but not responding	No response	Policy and Standards team	It is not appropriate for the GPhC to comment on commercial arrangements.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		<p>The 2019 Voluntary Scheme for Branded Medicines Pricing and Access committed NHS England to publishing a commercial framework, setting out more operational detail on the commercial arrangements with industry. The draft framework was developed by NHS England with the help and input of partners including the National Institute for Health and Care Excellence (NICE), the Department of Health and Social Care and the Office for Life Sciences. It sets out our existing arrangements and provides further operational detail to complement the Voluntary Scheme. NHS England is now seeking views on this framework to ensure it has been informed by a broad range of voices.</p>						

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>Equality Act 2010: Commencing the socio-economic duty</u>	Welsh Government	The Welsh Government is seeking views on which public bodies the duty should apply to and how the duty should be implemented.	17/01/2020	Reviewed but not responding	No response	LA (Director for Wales)	We have reviewed this consultation and we won't be responding, as the GPhC is not mentioned in the consultation document as a public body which will be bound by this new duty.	
<u>National Data Guardian - Survey on information sharing to support direct care</u>	National Data Guardian	This survey follows on from the NDG priorities consultation run in early 2019 and, in particular, relates to the priority to encourage information sharing for individual care. The survey aims to help understand the perceived barriers to information sharing between health and care professionals to support direct (individual) care, and to determine how best the NDG could encourage information sharing to support direct care.	31/01/2020	Reviewed but not responding	No response	CG (Information Governance)	After reviewing the specific questions in the survey, we have found that these are not relevant to the GPhC, but rather to those individuals and organisations involved in the provision of direct (individual) care.	
<u>EU drugs strategy 2013-</u>	EU Commission	The objective of this consultation is to gather stakeholders' feedback	04/02/2020	Reviewed but not responding	No response	MP (Registration and	We have reviewed this consultation, but it is	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
<u>20 - evaluation</u>		on the EU Drugs Strategy 2013-2020 and the EU Action Plan on Drugs 2017-2020, as they are approaching the end of their cycle.				International policy)	not relevant to our core role and functions.	
<u>ICO consultation on the draft right of access guidance</u>	Information Commissioner's Office (ICO)	The ICO is running a consultation on the draft guidance to gather the views of stakeholders and the public. These views will inform the published version of the guidance by highlighting the areas where organisations are seeking further clarity, in particular taking into account their experiences in dealing with subject access requests since May 2018.	12/02/2020	Reviewed but not responding	No response	CG (Information Governance)	We have reviewed the draft guidance, but we have felt that we could not make any substantive contribution to the issues raised in the consultation, on this occasion.	
<u>Community pharmacies: promoting health and wellbeing</u>	NICE	This quality standard covers how community pharmacies can support the health and wellbeing of the local population. It describes high-quality care and services in priority areas for improvement. It is for commissioners, service	14/02/2020	Reviewed but not responding	No response	Policy and Standards team	We have reviewed this consultation with interest. Although the topic is definitely relevant to the GPhC as an organisation, we are not amongst the target audiences for this consultation, and the specific consultation	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		providers, health, public health and social care practitioners, and the public					questions are not relevant to us, as they are more practice- and user-experience-based.	
<u>NHS Net Zero - Call for evidence</u>	NHS England	NHS England is encouraging submissions from anyone with an interest in healthcare or sustainability, whether they are a member of NHS staff, a patient, carer, or an expert in a related field. Submitted evidence may include data, information, case studies, ideas and research, from within or outside a healthcare setting, nationally or internationally, that can be applied to the NHS.	20/03/2020	Reviewed but not responding	No response	LM (Chief of Staff), AA (Policy and Standards)	We have considered this call for evidence, but unfortunately this is not something that we can contribute to with any useful examples, case studies or research.	
<u>Managing the transition from children's to adults' healthcare services</u>	Welsh Government	The Welsh Government is consulting on guidance for healthcare services, dealing with children and young people as they move to adults' services. The guidance covers the management and accountability of	20/04/2020	Reviewed but not responding	No response	LA (Director for Wales)	We are not responding to this transition and handover guidance consultation, as it falls outside of our scope and remit.	

Consultation title	Organisation	Description	Deadline	Response status	Type of response	GPhC lead	Reasoning	Link to GPhC response
		transition and handover processes.						
<u>Strategy 2020-2025: Consultation on draft strategic themes</u>	NMC	The NMC is seeking views on the draft vision and themes included in their strategy for the next five years.	16/10/2019	Reviewed but not responding	No response	Policy and Standards team		
<u>Draft Strategic Plan 2020-2027</u>	GOC	This consultation seeks stakeholder views on the GOC's draft strategic plan, which describes the regulator's plans for the next six years from April 2020.	17/01/2020	Reviewed but not responding	No response	Policy and Standards team		
<u>Good practice in prescribing and managing medicines and devices</u>	GMC	The GMC's call for evidence is asking for views on remote consultations and prescribing via telephone, video-link or online.	18/02/2020	Reviewed but not responding	No response	Policy and Standards team	We met with the GMC at the beginning of this year to discuss their guidance.	

GPhC Performance Report: Quarter 3 2019/20

Meeting paper for Council on 13 February 2020

Public Business

Purpose

To report to Council on three areas of the organisation's performance in Quarter 3 (October – December) 2019/20. This includes:

- Financial performance
- Progress against the annual plan; and
- Operational performance

Recommendations

The Council is asked to note and comment on

- i. key areas of performance as highlighted in the cover paper
- ii. the finance update provided at **Appendix 1**
- iii. the report on progress against the 2019/20 annual plan at **Appendix 2**; and
- iii. the operational performance information provided at **Appendix 3**

1. Introduction

- 1.1 Prior to submission to Council, the content of these reports is reviewed by the Senior Leadership Group (SLG) operating as a Performance and Delivery Board. The focus of the Board is on reviewing financial performance, monitoring the operational performance of the organisation and delivery against agreed plans.
- 1.2 The allows a more pro-active and collective approach to be taken to emerging issues and supports a closer link to be made between delivering our regulatory responsibilities and dealing with operational challenges whilst continuing to deliver on strategic priorities. It also provides an opportunity to acknowledge where good progress is being made.

2. Summary: Key points

2.1 This section outlines some of the key headline areas of performance to note for quarter 3 of 2019/20 under the headings of finance, annual plan progress and operational performance. The supporting detail relating to each of these headline areas can be found in the relevant appendices to this report.

2.2 Finance

1. We are anticipating a reduced deficit of £0.1m for the full year to 31 March 2020. This represents a (£0.25m) reduction in the quarter two forecast position. This is driven by a further reduction in actual levels of expenditure for the year to date and expected spend in the last quarter of the year which has been slightly offset by a small fall in income.
2. 97% of the efficiency savings that were built into the initial budget have been identified and the full savings are expected by the end of the year.

2.3 Annual Plan Progress

3. Overall progress against the organisation's five strategic priority areas in the 2019/20 annual plan remains stable with an improvement in the priority area of operating as a professional, lean organisation. This reflects that the development of the equality, diversity and inclusion (EDI) strategy is now on course against its revised timeline with all other activities within this strategic priority making good progress. One of the strategic priority areas remains amber, building our data and insight capability, predominantly due to the need to align the activities to follow on from the outcome of the business and financial planning for 2020/21. This was necessary to inform the shape and scope of them. The annual plan represents an ambitious programme of work. Capacity is fully utilised and there is limited room for engaging in and managing any additional or unforeseen initiatives during the year.

2.4 Operational Performance

4. Overall the register is increasing with the total number of pharmacists and pharmacy technicians being higher than the same time last year. Of note, the total number of new joiners/restorations this quarter is higher than this time last year, due in part to the higher pass rate in the registration assessment for the September sitting this year. And, most people who needed to renew their registration and submit revalidation records in what is the peak renewal period did so. In contrast the number of registered pharmacies has continued to decrease since Q2 by x, although represents an 0.x% reduction.
5. The key performance indicator for answering emails in the customer contact centre was achieved with 99% answered within 48 hours. Compared to Q2, there was a lower call abandonment rate in what was the second busiest period for the contact centre this year.
6. Performance this quarter continues to be stable and improving at the front end of the fitness to practise process despite a continued increase in concerns received (of 7%), and progression of fitness to practise cases from stream 2 onwards through to closure at the appropriate stage of the remaining fitness to practise process has

improved slightly, with an increase in the number of cases closed at Fitness to Practise Committee.

7. Our prioritised intelligence led programme of inspections of on-line pharmacies, has led to a significant increase in statutory enforcement action taken this quarter, with 14 notices served compared to 5 in Q2.
8. Both the stability rate (based on the number of permanent employees with more than 12 months employment at the GPhC), and the voluntary turnover rate for permanent staff this quarter has improved slightly.

- 2.4 In relation to the performance monitoring report in appendix 3, we recognise that the content and presentation of our performance monitoring data still needs to evolve. Progress has continued to be made on the development and phased implementation of a more balanced approach to reporting our performance with a proof of concept shared with Council in December at workshop. Work will continue in the next quarter to finalise the approach and roll out a plan. In the interim and as part of building a foundation for future work we are continuing to refine and make improvements to the current report, as well as reviewing some key metrics.

3. Equality and diversity implications

- 3.1 Our aim is to embed equality, diversity and inclusion in both our role as a regulator and an employer.
- 3.2 One of our key activities is to develop an updated comprehensive Equality, Diversity and Inclusion strategy with a focus on our regulatory functions. We will continue to look at how we can monitor, demonstrate and report on our progress towards this aim, including as part of our performance reporting.

4. Communications

- 4.1 The development and publication of this report is reflective of our commitment to openness and transparency concerning our performance.
- 4.2 We continue to carry out specific communications on each of the areas of reported performance. This includes information on our website, wider communications through the media and directly through our own publications and communications materials. These activities are designed to reach all our key interest groups including patients and their representatives, pharmacy professionals and their employees, education providers and others.
- 4.3 Internal communications on our annual plan including the detail that sits underneath will be important as we go through a period of change. There have been transparent and specific communications around key stages of activities within the plan to inform and engage with staff, including relevant content on the staff intranet.

5. Resource implications

- 5.1 Resource implications are addressed within the report.

- 5.2 The allocation of resources required to progress with the annual plan as well as delivering our statutory responsibilities continues to be a key consideration including in developing proposals for the 2020/21 budget and future fee arrangements.
- 5.3 We will continue to monitor our resource capacity to deliver our statutory responsibilities, progress the annual plan, whilst ensuring capacity to respond to unforeseen events and deal with work reactionary in nature.

6. Risk implications

- 6.1 The strategic risk register will continue to be reviewed as part of our management framework and risks will be recorded and reviewed in relation to our work.
- 6.2 Any significant decrease in registrant numbers could lead to a lower income rate than expected.
- 6.3 Main risks associated with the delivery of the annual plan are included as part of the annual plan progress report.
- 6.4 With regards to operational performance, failure to maintain an accurate register and/or carry out our other regulatory functions efficiently and effectively could have implications on patient safety, and a significant impact on the GPhC's reputation.

7. Monitoring and review

- 7.1 Council will receive a performance report on a quarterly basis, providing a financial update, an overview of the delivery of the GPhC's regulatory functions and progress made against the annual plan.
- 7.2 As highlighted earlier in this paper, the Senior Leadership Group now convenes as a Performance and Delivery Board reviewing financial performance as well as the content of both the performance monitoring report and annual plan progress report, on a quarterly basis prior to Council.
- 7.3 We continue to be mindful of and look to feed in learning from planning and reporting previously as part of our commitment to continuous learning and improvement.

8. Recommendations

The Council is asked to note and comment on

- i. key areas of performance as highlighted in the cover paper
- ii. the finance update provided at **Appendix 1**
- ii. the report on progress against the 2019/20 annual plan at **Appendix 2**; and
- iii. the operational performance information provided at **Appendix 3**

Duncan Rudkin, Chief Executive
General Pharmaceutical Council

06 February 2020

Quarter three – Finance update

Meeting paper for the Council meeting on 13 February 2020

Purpose

This paper provides an update on the GPhC's 2019/20 financial plan following the quarter three reforecasting exercise including a summary of:

- the revised financial forecast for the year following a full reforecasting exercise
- the most significant movements in income and expenditure
- the main financial risks and opportunities that remain for the year

1. Summary of changes in quarter three against quarter two

- 1.1 The quarter three forecast anticipates a reduced deficit of £0.1m for the full year to 31st of March 2020. This represents a (£0.25m) reduction in the quarter two forecast position. A full summary of the quarter three income and expenditure position is provided in Appendix one.
- 1.2 The improved projected deficit for the year is driven by a further reduction in actual levels of expenditure for the year to date and expected spend in the last quarter of the year which has been slightly offset by a small fall in income.
- 1.3 The GPhC has now identified 97% of the efficiency savings that were built into the initial budget and we expect the full savings by the end of the year.

2. Income

- 2.1 Total forecast income has decreased by £0.08m (0.3%), which is predominantly driven by a reduction in pharmacist income with minor reductions in premises income, pre-reg income and accreditation income.
- 2.2 Whilst the year to date pharmacy renewal fees are broadly in line with forecast, we have adjusted the assumptions for the final quarter of the year as we expect the number of leavers to be marginally higher than initially forecasted.
- 2.3 The reduction in income from pharmacists has been partially offset via increased income from pharmacy technicians' application fee.

3. Expenditure

- 3.1 The total forecast expenditure has decreased by £0.3m (1.3%) compared to reforecast two.
- 3.2 This reduced expenditure is mainly due to the continued lower than expected volumes across some statutory functions. There were fewer than scheduled hearing days in October and November as a result of cancellations/postponement. Hearing volumes have also been revised down for the last quarter of the year resulting in reduced spend on committees and associate fees.
- 3.3 A cross organisational working group has now been established to meet on a bimonthly basis to share knowledge and improve the understanding of the projected number of hearing days going forward.
- 3.4 The third quarter also saw a sustained drop in the spend on panel firm activities as fewer cases were outsourced during the extended retendering selection process of service providers.
- 3.5 Recent and ongoing changes in our recruitment process which involves increasing in-house sourcing, direct advertisement and less reliance on external agencies has contributed to additional cost savings in quarter three and we hope to continue this approach in the foreseeable future. There was also cost savings in the council member recruitment process as a result of the total bill being lower than expected (based of last prior year recruitment costs).
- 3.6 A summary of the most significant changes in the financial plan is provided as follows in the following table:

Table 2: Expenditure summary

Cost category	Value	Principle reasons for movements
Committee and associate costs	£0.12m	This includes (£0.08m) reduction in attendance fees from lower number of hearing days and (£0.03m) decreased spend on accreditation event attendance.
Employee costs: other	£0.1m	Reflects savings in both internal staff and council member recruitment costs (£0.04m) staff training costs (£0.04m) and staff travel (£0.01m)
IT costs	£0.07m	Reduction in IT service delivery contracts
Legal costs	£0.05m	Primarily due to lower numbers of cases going to panel firms.
Service level & Occupancy	£0.03m	Lower than expected utility bill and building insurance bill.
Event costs	(£0.02m)	Additional costs of extra rooms needed for exam room adjustment requirements

4. Risks and opportunities

- 4.1 There were some potential risks and opportunities identified in the quarter two reforecast which are still likely to have an impact in the last quarter especially if planned volumes don't run as scheduled.
- 4.2 **Panel firms:** Following on from the successful appointment of external panel firms, work has resumed on pending complex cases and a full schedule of investigations and case preparation are planned for quarter four. However, there is a risk that the proposed work may not be deliverable in the time available and consequently lead to a further drop in legal expenditure which could be in the region of up to £0.1m.
- 4.3 **Attendance fees:** The current forecast has been revised and taken account of the proposed hearings days booked for quarter four. If these hearings don't take place as planned there is a risk of further reductions in total committee and associates' costs.
- 4.4 **Service charge:** We saw a reduction in service level and occupancy costs in Q3 which occurred through credit received on our building insurance and lower utility charge from Citi. We are also likely to receive a credit against our service charges; however, we have no confirmation of the amount.

5. Conclusion

- 5.1 The current 2019/20 re-forecast has resulted in a reduced deficit compared to the quarter two forecasted position, mainly due to volume related decrease in costs across core statutory functions.
- 5.2 As discussed in the previous Q2 finance update, the SLG has sought to be agile and mitigate this reduction in expenditure by bringing forward prioritised, discrete and time limited pieces of work to relieve pressure from future years budgets.
- 5.3 However as highlighted above, there are still several areas of delivery that are subject to continued uncertainty for the remainder of the financial year. This could cause additional fluctuation from the current reforecast position. A likely range for the final outturn position is forecast to be between a small surplus to a slightly larger deficit than currently forecast.
- 5.4 The impact of any final fluctuations in this financial year and its knock-on impact for the 2020/21 budget will be highlighted in the next finance update when the end year actual position has been established.

Jonathan Bennetts, Director of Finance

General Pharmaceutical Council

31 January 2020

Annual plan progress report 2019/20

Quarter 3: October – December 2019













Introduction








This report sets out the key strategic priorities in our annual plan 2019/20.

The reporting period covers quarter three, from October to December 2019.

Overview

Strategic priority	Status	Direction of travel (since last report)
Building our data and insight capability		
Developing a proportionate and restorative approach to fitness to practise		
Implementing our approach to regulating registered pharmacies		
Setting and upholding standards		
Operating as a professional, lean organisation		

Key

Status/Direction of Travel	Definition
	Significant issues, aims may not be met to time/budget
	Some issues emerging, aims still achievable
	On track/completed
	Not started
	Rating improved from last period
	Rating worsened from last period
	Rating from last period unchanged



1. Building our data and insight capability

Strategic aims

- The pharmacy team have the necessary knowledge, attitudes and behaviours
- Registered pharmacies deliver safe, effective care and services
- Pharmacy regulation is efficient and effective

In 2019/20 we will:

- Continue to update our data, approach and procedures to ensure compliance with data protection legislation
- Develop a strategic engagement and research programme
- Develop a strategic approach for how we will systemically evaluate the impact of our work going forwards
- Start to report more broadly on our performance based on good quality and sustainable data sources
- Develop and implement an intelligence model for managing incoming information
- Develop a broader range of information for collection to support proactive and intelligence informed actions
- Invest in the scoping of a whole-organisation approach to managing incoming enquiries about pharmacy

Status	Direction of travel (since last report)
	

What does success look like?

- People trust us to use their data fairly and responsibly
- Our research and engagement activities are well planned and driven by our strategy
- We understand the quality, efficiency, costs and impact of our work
- All key governance and management performance monitoring reports are standardised and automated
- We are clear how we act on intelligence
- We understand what information is important and where to get it from
- We have a clear framework guiding our phased development work for a whole organisation approach to enquiries

Key links and assumptions


- Information governance work links to all priorities and data protection work will be embedded in projects where changes to the way we collect and use personal data are proposed
- The volume of data and information requests remains stable so that there is capacity to do improvement work
- Resources for all business teams are available to do this work and teams will work collaboratively with support from senior leaders and managers

Main risks

- If resources (capacity and capability) are not available in business teams or partner organisations, work will take longer to complete
- Interdependencies between multiple pieces of work (added for Q2 reporting)

Outline timetable

April-June 2019 (Q1)	July-September 2019 (Q2)	October-December 2019 (Q3)	January-March 2020 (Q4)
<ul style="list-style-type: none">• Annual refresher data protection training for all staff and associates• Focussed data protection training programme for specific functions commences• Conduct a registrant workforce survey• Produce a logic model for the whole organisation's work which will help design a consistent approach to evaluation	<ul style="list-style-type: none">• Review of document storage• Registrant workforce survey finalised and reported on• Continue development of a balanced scorecard and themed insight reports• Develop intelligence model and criteria for managing and acting on incoming information• Develop plan and identify datasets to collect and why, and develop a plan to collect it	<ul style="list-style-type: none">• Review of document storage• Consider results of registrant workforce survey and develop action plan• Scope engagement and research strategy and medium-term programme (rescheduled at Q2 reporting)• Draft engagement and research strategy and medium-term programme• Develop budget and resource proposals for future evaluation	<ul style="list-style-type: none">• Evaluate progress on records management• Scoping for records management development work (rescheduled at Q2 reporting)• Develop records management strategy (rescheduled at Q2 reporting)• Scoping for next phase of records management development work and review document management options



April-June 2019 (Q1)	July-September 2019 (Q2)	October-December 2019 (Q3)	January-March 2020 (Q4)
<ul style="list-style-type: none"> Continued standardisation and consolidation activities for data to improve data quality Begin development of a balanced scorecard and KPIs to report on our performance 	<ul style="list-style-type: none"> Prepare draft proposal for managing potential concerns using a new approach with clear evaluation measures Personal data processing records reviewed and updated (rescheduled at Q1 reporting) 	<p>work (rescheduled to Q1 2020/221 at Q3 reporting)</p> <ul style="list-style-type: none"> Continued development and phased implementation of the balanced scorecard/MI reports Review risk based routine inspection scheduling model Begin to scope requirements for additional data collection Test the intelligence model for managing and acting on incoming information Develop phased plan, budget and resource proposals for new approach to managing potential concerns Personal data processing records reviewed and updated (rescheduled at Q1 reporting) 	<ul style="list-style-type: none"> Continued development and phased implementation of the balanced scorecard/MI reports Agree plan and requirements for additional data collection Engagement and research strategy and programme in place and operational Develop and agree an evaluation approach and programme of work (rescheduled at Q2 reporting) Prepare for implementation of the evaluation programme Programme for additional data to be collected commences Refine and fully operationalise intelligence model Prepare for next phase of trialling and phased implementation of a new whole organisation approach to managing potential concerns Develop logic model for whole-organisation approach to managing potential concerns (rescheduled at Q1 reporting)

Commentary

The overall RAG status is **amber** due to delays in timetabled activities this quarter that were dependent on completion of activities in the previous quarter. These delays are predominantly due to the need to align the activities to follow on from the outcome of the business and financial planning for 2020/21. This is important to inform the shape and scope of them.

Continue to update our data, approach and procedures to ensure compliance with data protection legislation

Progress has been made on updating and completing records of personal data processing and document storage but will continue into Q4 due to staff sickness absence in Q3. The work has involved meeting with business teams to review information holdings and will feed into work being planned for the coming year.

Develop a strategic engagement and research programme

There has been mixed progress on the three timetabled activities under this priority workstream this quarter. The four registrant survey outputs (main report, infographic report, comparisons with 2013 survey report and EDI report) were finalised and reported to Council in December for noting. These have been published on our website and the findings shared with key stakeholders. The remaining two activities scheduled this quarter related to the scoping and drafting of the engagement and research programme are in progress, but quite rightly flow out of the new 5-year strategic plan and business and financial planning process for 2020/21. This process is ongoing and is due to report to Council in February 2020. The indicative programme for next year includes three consultations and

collaborative research with other healthcare regulators and third-party research and universities.

Develop a strategic approach for how we will systematically evaluate the impact of our work going forwards

The activity scheduled for this quarter around resourcing proposals for future evaluation work has been rescheduled to Q1 of the new 2020/21 annual plan. This is scheduled for approval by Council in Q4 2019/20. The resourcing proposals will be informed by the development of a strategic and systematic approach to evaluation for the organisation. The development of this started in this quarter and is due to be completed in Q4.

Start to report more broadly on our performance based on good quality and sustainable data sources

This quarter we have continued to make progress on the development and phased implementation of a more balanced approach to reporting our performance with a proof of concept shared with Council in December at workshop. Work will continue in the next quarter to finalise the approach and roll out a plan.

Develop and implement an intelligence model for managing incoming information

Work has progressed to undertake an initial review of the risk based routine inspection scheduling model which has been in operation since April 2019. This has included analysing the detail of the inspections being

allocated against those undertaken and the outcomes. In addition, internal and external information has been driving a significant priority intelligence-led programme of largely online pharmacy inspections this quarter, further details of which are contained within the performance monitoring report.

Develop a broader range of information for collection to support proactive and intelligence informed actions

As part of the work to develop a broader approach to reporting on our performance, we have begun to scope requirements for additional data collection. This work will continue in line with the roll out of our reporting performance work. In addition, we are continuing with our programme of developing information sharing agreements (ISA) with external stakeholders, with a new ISA signed this quarter.

Invest in the scoping of a whole-organisation approach to managing incoming enquiries about pharmacy

In line with the update provided in Q2, the scheduled activity in Q3 was delayed until after the development and approval of the new 5-year strategic plan and annual plan and budget process for 2020/21 completes. This is scheduled to go to Council for approval in February 2020. In the meantime the feeder work to this – the fitness to practise concerns oversight panel and the work to develop an intelligence model – continues.



2. Developing a proportionate and restorative approach to fitness to practise

Strategic aims

- The pharmacy team have the necessary knowledge, attitudes and behaviours

In 2019/20 we will:

- Develop and engage on a strategy for a proportionate and restorative approach to fitness to practise
- Design an approach to managing health issues that supports registrants back into practice where appropriate
- Improve the way we communicate with everyone involved throughout the fitness to practise process
- Improve our understanding of the unintended impact of the fitness to practise process on everyone involved in the process

Status	Direction of travel (since last report)
	

What does success look like?

- We achieve a high level of engagement during the development of our future FtP strategy
- The future FtP strategy is drafted, reflects the learning from recent reports and inquiries into health regulation and is ready for consultation
- A revised process for managing health issues that supports registrants and only uses our fitness to practise process where there is a risk to the ongoing health of the registrant's or public safety
- We will have identified the key changes we would like to make to our communications and have a plan to embed these throughout our fitness to practise process
- We have a clear plan in place to minimise the unintended impact of fitness to practise processes identified

Key links and assumptions

- We have the policy and quality assurance resource to be able to deliver the strategy development and associated service improvements (updated for Q1 reporting)
- We have the resources and capability to engage meaningfully with stakeholders during the development phase
- We continue to learn from other regulators in our sector and adopt good practice, particularly from those who have reviewed their approach to FtP
- We will need to be responsive to any changes in the regulatory landscape

Main risks

- The volume of concerns continues to rise meaning that resources are diverted away from strategy development to operations
- We are unable to recruit to key senior posts and cannot retain our existing staff
- Mismatch between different stakeholders' appetites for change, the developing direction of the strategy and our objective to protect patients and the public
- We need to re-prioritise resources away from strategy development to focus on actions following the PSA performance review (added for Q3 reporting)

Outline timetable

April-June 2019 (Q1)	July-September 2019 (Q2)	October-December 2019 (Q3)	January-March 2020 (Q4)
<ul style="list-style-type: none"> • Agree strategy development engagement plan • Evaluate the impact and effectiveness of senior management oversight of triage process • Engage with stakeholders on student FtP guidance 	<ul style="list-style-type: none"> • Start main strategy development engagement • Assess how we currently manage health cases through the FtP process • Develop options for managing health cases and engage with stakeholders • Evaluate effectiveness of threshold criteria (introduced Feb 2018) • Initiate a comprehensive review of the FtP process to understand its unintended impact on everyone involved throughout the ftp process (rescheduled at Q1 reporting) 	<ul style="list-style-type: none"> • Report on approach to managing health concerns • Evaluate effectiveness of new FtP categories (rescheduled to Q2 2020/21 at Q2 reporting) • Report on outcomes and actions from the FtP review to understand the unintended impact on everyone involved throughout the ftp process • Agree student FtP guidance (rescheduled to Q4) 	<ul style="list-style-type: none"> • Develop and agree FtP strategy consultation process • Finalise report to Council on engagement and draft strategy for consultation • Embed our agreed approach to managing health concerns • Action final recommendations from impact review work including in-house changes and those that influence future strategy • Agree student FtP guidance (rescheduled at Q3 reporting) • Launch new student ftp guidance (rescheduled to Q1 2020/21 at Q3 reporting) • Introduce revised FtP case categories to improve understanding of concerns profile (rescheduled from Q1 at Q2 reporting)

Commentary

The overall RAG status is **green** as we are on track with the majority of work highlighted in Q1, Q2 and Q3 of the outline plan. We expect that the key deliverables scheduled to take place further in the year are still achievable before the end of the financial year, unless any key assumptions or risks change significantly.

Develop and engage on a strategy for a proportionate and restorative approach to fitness to practise

Progress of the fitness to practise strategy is on track. Council received a comprehensive update in the October workshop that included views from engagement with stakeholders that took place in Q2.

The evaluation of the impact of senior management oversight of triage is complete. It shows that the oversight continues to make a positive impact in terms of quality of decision making and efficient routing of concerns. The involvement of Regional Managers has brought broader professional expertise into the decision making and a pharmacy professional also now provides advice on any concerns of a complex clinical nature.

Design an approach to managing health issues that supports registrants back into practice where appropriate

Progress to make improvements to managing health concerns has continued. The internal working group developed proposals that were agreed by the Fitness to Practise strategy project board. These recommendations have been progressed in Q3. The first of two training sessions for frontline staff on handling conversations with vulnerable stakeholders, including registrants who may have health issues, has taken place in Q3.

Improve the way we communicate with everyone involved throughout the fitness to practise process

Progress to make improvements to our communications with parties involved in concerns has been good. The internal communications forum made proposals that were agreed by the Fitness to Practise strategy project board. As well as taking forward recommendations for improvements to how we communicate, the forum has also developed a set of principles that set out how we will engage with people and what they can expect from us throughout the FtP process. This is part of our work to be more person-centred and will continue into the next reporting year.

Improve our understanding of the unintended impact of the fitness to practise process on everyone involved in the process

The work to understand the unintended impact of the fitness to practise process started later than planned. We have now developed a logic model of the FtP process which we have used to understand both the intended and unintended consequences of the process. After being tested with internal colleagues, the outcomes of this work will feed into the development of the wider strategy.

Introducing revised student fitness to practise guidance

The timetable for introducing revised student fitness to practise guidance has been extended to allow a longer period of consultation with interested parties following the first phase of engagement in Q1. This consultation concluded in Q3 and the guidance will now be agreed in Q4.



3. Implementing our approach to regulating registered pharmacies

Strategic aims

- The pharmacy team have the necessary knowledge, attitudes and behaviours

In 2019/20 we will:

- Implement the updated principles and approach to how we regulate registered pharmacies
- Publish our inspection reports and examples of notable practice in the knowledge hub
- Enhance our capability to assess the increasing range of clinical and technology supported pharmacy services
- Implement a pro-active programme of awareness raising and communication to the sector and the public on key issues affecting patient safety
- Make full use of our enforcement options in line with our enforcement policy

Status	Direction of travel (since last report)
	

What does success look like?

- Risks to patient safety are being effectively minimised and the quality of pharmacy practice is continually improving
- Inspection reports are easily accessible and useful to the public and examples of notable practice are being used by the sector to improve quality in pharmacy practice
- We can effectively assess the quality of the full range of clinical pharmacy practice and types of models operating
- We are proactively providing the public with clear information to help inform their health and well-being choices when using pharmacy services
- Different types of enforcement action are taken when appropriate

Key links and assumptions

- Publication of inspection reports by the revised end of the Summer 2019 is dependent upon the build of the reporting web site with supporting infrastructure (updated for Q1 reporting) – closed at Q3 reporting
- Publication of inspection reports and implementation of the refined approach is dependent upon the availability of sufficient resources to develop, project manage and operationalise the key workstreams

Main risks

- The operational preparedness of the inspectorate and the development of the IT infrastructure to support the publication of inspection reports is the key building block to the refined inspection approach within the current timescales
- Publication of inspection reports exposes us to greater external scrutiny and potential legal challenge of judgements made

Outline timetable

April-June 2019 (Q1)	July-September 2019 (Q2)	October-December 2019 (Q3)	January-March 2020 (Q4)
<ul style="list-style-type: none"> Implement refinements to our approach to inspection which will include different inspection types, unannounced inspections and changes to the overall outcome Using a range of data, information and intelligence to inform our risk-based model and decisions on inspection activities Baseline assessment of clinical practice complete Promote and explain the updated approach to how we regulate pharmacies to all stakeholders through a range of new resources and channels Develop and initiate an online awareness-raising campaign for patients and the public on obtaining medicines safely online 	<ul style="list-style-type: none"> Updating and finalisation of range of inspection methodologies for assessing the full range of clinical pharmacy practice and on line/distance selling, hub and spoke types of service models Publication and promotion of first batch of inspection reports and notable practice case studies (rescheduled at Q1 reporting) Skills and knowledge framework for inspectorate updated with training programme and options for enhanced clinical and technology skills where required completed Publish a new online guide for patients and the public on what they can expect from pharmacists, pharmacy technicians and pharmacies Ongoing activities to promote the online awareness-raising campaign for patients and the public on obtaining medicines safely online 	<ul style="list-style-type: none"> Start of work to develop a longer-term specialist and flexible clinical and technical resource model to support our work Publication of the first pilot themed inspection report. Preparatory work for second themed inspection report (rescheduled to Q4) Promote the publication of the first pilot themed inspection report, highlighting learnings and areas of good practice (rescheduled to Q4) Identify further opportunities to promote the guide on what the public can expect from pharmacies and pharmacy professionals 	<ul style="list-style-type: none"> Specialist clinical and technical affiliate resource model fully operational Seek further opportunities to share notable practice examples across the sector, including through Regulate and through other organisations' channels Publish and promote the first pilot themed inspection report, highlighting learnings and areas of good practice (rescheduled at Q3 reporting) Complete methodology for themed inspection reports for piloting (rescheduled at Q1 reporting)

Commentary

The overall RAG status is **green** reflecting the continued work to embed the updated principles and approach to how we regulate registered pharmacies, including publication, and the significant progress made on the priority inspections of online pharmacies.

Implement the updated principles and approach to how we regulate registered pharmacies

In this quarter, we have started the timetabled activity of piloting our first themed inspection report, but not yet completed it. Our focus for the pilot has been on online pharmacies and will result in a composite report identifying the key insights from our priority programme of inspections to inform and help drive improvements in the sector. This will be completed in Q4. The pilot will complete the implementation of the final changes to our updated approach to inspection.

Publish our inspection reports and examples of notable practice in the knowledge hub

The activity scheduled this quarter to publish and promote the pilot themed inspection report will now take place in Q4.

Enhance our capability to assess the increasing range of clinical and technology supported pharmacy services

Work has progressed well this quarter with the timetabled activity under this workstream. We are making good progress with our work to develop a more flexible clinical and technical resource model with plans in place to

commence a pilot of the use of experienced independent pharmacist prescribers on inspection teams where pharmacies are providing a broader range of clinical services to support the assessment of how well these services meet our standards. This will be in addition to the capability we have in-house. We are also working in partnership with the Royal Pharmaceutical Society (RPS) to map their best practice guidance with our standards for registered pharmacies. This will provide a useful reference source for our inspectors on the application of the standards when assessing clinical practice and will complement the mapping exercise already undertaken with the National Institute for Health and Care Excellence (NICE), which we reported on in the previous quarter.

Implement a pro-active programme of awareness raising and communication to the sector and the public on key issues affecting patient safety

In this quarter, we published our new short online PDF guide for patients and the public to promote the new inspections publication site and to inform patients and the public about what they can expect when visiting a pharmacy. We have promoted the guide to a number of organisations representing patients and the public and asked them to share it with their members. We will continue to promote the guide in the next quarter. We have also finalised our poster summarising what patients can expect from pharmacies, after extensive testing with members of the public, patient groups, pharmacy bodies and pharmacy superintendents, and will be sending out the poster to pharmacies in the New Year.

We have also continued to make progress in designing and finalising digital resources for a joint campaign with other regulators to raise awareness among patients and the public on how to obtain medicines

safely online. The timelines for this work were changes as some of the regulators involved were subject to purdah during the General Election, and so advised that they would not be able to launch the resources during an election period. As a result, we are now planning to launch the resources in the New Year.

In this period there was further significant national and trade media coverage in relation to potential patient safety issues in relation to online pharmacies. We continued to highlight the ongoing enforcement action we are taking against online pharmacies through statements in media articles and through direct stakeholder engagement.

Make full use of our enforcement options in line with our enforcement policy

In this quarter, we have continued to use our wider enforcement powers on several occasions in line with our enforcement policy to ensure that pharmacies are meeting the registered pharmacies standards. In particular, we have taken enforcement action against the owners of a number of online pharmacies who are supplying high-risk habit-forming medicines without appropriate steps being taken to check that the medicine being prescribed and dispensed is clinically appropriate for the patient. Where our inspectors have found insufficient safeguards in place to manage risks to patients, we have served Improvement Notices and/or put conditions on a pharmacy's registration. Typically, where the pharmacies are supplying high-risk medicines, the conditions imposed restrict the sale or supply of controlled drugs in line with our enforcement policy. Recent action has also been taken against owners of registered pharmacies as well as individual pharmacy professionals involved in both

the prescribing and supply of medicines where their conduct may have fallen short of professional standards.



4. Setting and upholding standards

Strategic aims

- The pharmacy team have the necessary knowledge, attitudes and behaviours

In 2019/20 we will:

- Agree a revised set of initial education and training standards for pharmacists ready for implementation
- Implement revised education and training standards for pharmacist independent prescribers and consult on guidance for safe and effective prescribing
- Agree policy for the education and training of support staff in the pharmacy team
- Commence a review of how we accredit education and training providers
- Invest in the development of new standards for superintendents, chief pharmacists and responsible pharmacists, subject to legislative change
- Implement the final part of our revalidation policy with registrants providing reflective accounts and peer review submissions
- Commence accreditation of new education and training courses for pharmacy technicians based on revised standards

Status	Direction of travel (since last report)
	

What does success look like?

- Initial Education and Training (IET) standards for pharmacists drive greater clinical and patient-centred education and training
- Education and Training (ET) standards for pharmacist independent prescribers equip pharmacist independent prescribers with the necessary skills and knowledge to prescribe safely
- Policy on the ET of support staff provides public assurance and reflects the current pharmacy environment and changing roles of support staff
- Standards set clear expectations and accountabilities in the interest of public safety
- Registrants demonstrate their continuing learning and development in the interests of patients and other service users through revalidation for pharmacy professionals

Key links and assumptions

- Key stakeholders will engage with our proposals for changes to pharmacist initial education and training

- Stakeholders agree with our proposals for changes to pharmacist initial education and training because they fit well with changes in the profession
- Legislative change will be agreed and Rebalancing will start in 2019 (added for Q1 reporting)

Main risks

- Factors beyond our control (changes to the funding of pre-registration training/changes to the funding of higher education) make it difficult to implement the changes we are proposing to pharmacist initial education and training
- Key stakeholders (schools of pharmacy/funding bodies) do not engage with our proposals and they cannot be implemented

Outline timetable

April-June 2019 (Q1)	July-September 2019 (Q2)	October-December 2019 (Q3)	January-March 2020 (Q4)
<ul style="list-style-type: none"> • Analysis of consultation responses • Conclude consultation on initial education and training standards for pharmacists • Consult and engage on our policy on the education and training of support staff • Consult and engage on prescribing guidance • Promote supporting resources for peer discussion and reflective accounts to pharmacy professionals 	<ul style="list-style-type: none"> • Discuss findings and next steps with Council • Promote supporting resources for peer discussion and reflective accounts to pharmacy professionals • Scope our review of accreditation of education and training providers • Review of revalidation functionality 	<ul style="list-style-type: none"> • Plan and initiate post-consultation engagement to finalise the standards (added at Q3 reporting) • Agree standards and next steps (rescheduled to Q1 2020/21 at Q3 reporting) • Finalise, publish and promote updated standards for the initial education and training of pharmacists (rescheduled to Q1 2020/21 at Q3 reporting) • Publish final guidance on prescribing (rescheduled at Q2 reporting) • Develop proposals for revised accreditation methodology for education and training providers • Confirm policy for the education and training of support staff (rescheduled at Q1 reporting) • Start review of online guidance (added at Q2 reporting) 	<ul style="list-style-type: none"> • Finish post-consultation engagement and prepare the standards to be presented to Council in April 2020 (added at Q3 reporting) • Begin to implement updated standards for the initial education and training of pharmacists (rescheduled to Q2 2020/21 at Q3 reporting) • Implement proposals for revised accreditation methodology for education and training providers

To Note: Timescales relating to superintendents, chief pharmacists and responsible pharmacists to be added once legislative position confirmed.

Commentary

The overall RAG status is **green** as the majority of scheduled activities have been delivered on time. In relation to the initial education and training standards for pharmacists, the re-scheduling reflects the need to undertake further engagement with stakeholders which has been received well.

Agree a revised set of initial education and training standards for pharmacists ready for implementation

As per the additional timetable activity, we have organised and are carrying out a second phase of stakeholder engagement focusing on key themes identified during the consultation (further integration of academic and practice learning, selection and admission, science, technology and leadership). We have invited representatives of schools of pharmacy, students and trainees, employers, funding bodies and professional bodies to join a working group to explore practical options for closer integration of study and practical experience. The first meetings took place in November and December 2019. A third meeting is due to take place in January 2020. We are now working closely with the key organisations involved in pharmacist education and training to help to finalise the standards for pharmacist initial education and training, which we expect to be agreed next year.

Implement revised education and training standards for pharmacist independent prescribers and consult on guidance for safe and effective prescribing

Work has continued on track on the implementation of the new education and training standards for pharmacist independent prescribers which began in May 2019, and has continued throughout Q3, with a further two reaccreditation events being held in this quarter. To date, we have held

ten events to the new standards, eight for reaccreditation of existing courses, and two for accreditation of new course provision. Implementation of the new standards has not raised any issues to date.

The guidance on prescribing was published in Q3 (November). Publication was delayed from Q2 in order for us to work through in more detail some of the issues raised in the consultation. The guidance has been well received by the sector.

Guidance in relation to core competencies for all Designated Prescribing Practitioners (DPPs) was published by the Royal Pharmaceutical Society (RPS) in December, the guidance is generic to all healthcare professional courses and will help underpin our standards in relation to appropriate supervision during the learning in practice element of the pharmacist independent prescriber's training. Course providers wishing to begin using prescribers other than medical practitioners (such as pharmacists, nurses) as DPPs before they are due for reaccreditation may apply to us to be accredited against the relevant criterion in the new standards. The application process opened in December to coincide with the release of the RPS guidance.

Agree policy for the education and training of support staff in the pharmacy team

Council agreed to a revised set of requirements for support staff at its December meeting. Modifications requested by council are underway and the final version will be published in January, completing the main work of the project and confirming our future policy on this issue.

The feedback from engagement (internal and external) highlighted the need for guidance to support implementation, particularly to assist inspectors to apply new requirements. This activity is underway and planned to complete in March, at which point new requirements will

formally replace the old ones. A transition period will be in place to permit existing courses to be 'taught out'. Work is also underway to prepare for accreditation against the revised criteria (such as accreditor training or template development).

Commence a review of how we accredit education and training providers

Scoping of the review has continued into Q3 and engagement activities with accreditors and internal stakeholders are planned or have taken place. A scoping paper based on the feedback, desk review and analysis of previous engagement will be completed in Q1 2020 and will identify proposals for a revised accreditation methodology. As noted in the previous update, this activity has been delayed by one quarter to accommodate other activities but is now progressing.

Invest in the development of new standards for superintendents, chief pharmacists and responsible pharmacists, subject to legislative change

There were no timetabled activities for Q3 as confirmation of the legislative position is still awaited. Nevertheless, preparation and planning activities continue.

Implement the final part of our revalidation policy with registrants providing reflective accounts and peer review submissions

There were no timetabled activities around revalidation in Q3. However, Standards for the second year of submitting the reflective account were taken to Council and approved. A paper setting out the new approach to setting standards for the third round of reflective accounts will go to Council in 2020.

Commence accreditation of new education and training courses for pharmacy technicians based on revised standards

The accreditation of new education and training courses for pharmacy technicians to the new standards started earlier in 2019. In Q3, two awarding bodies have undergone the second stage of the recognition process and have been recommended for approval to deliver the qualification in Q3.

Start review of online guidance

Activities in this quarter remain on track. Work has begun on aligning the online guidance with the prescribing guidance (which was published in Q3). A number of issues which have been raised since the publication of the online guidance in April 2019 were addressed and will be taken to Senior Leadership Group (SLG) for discussion in Q4. Publication is planned for Q1 of 2020/21.



5. Operating as a professional, lean organisation

Strategic aims

- Pharmacy regulation is efficient and effective

In 2019/20 we will:

- Launch our 10-year vision and develop a supporting strategic plan
- Develop a medium to long-term financial strategy
- Move applications for pharmacist pre-registration training, the registration assessment and pharmacy technician initial registration online
- Continue the migration of our IT infrastructure and services to the cloud
- Develop a medium to long-term strategy for the development of our key business systems aligned to organisational priorities
- Develop an updated comprehensive Equality, Diversity and Inclusion strategy with a focus on our regulatory functions
- Draft, plan and begin implementation of a 3-5-year organisational development strategy
- Initiate a review of our current and future accommodation requirements

Status	Direction of travel (since last report)
	

What does success look like?

- We are clear where we are aiming to be in 10 years' time and it is guiding our business planning
- We have a longer-term strategy which enables us to plan for and deliver a sustainable financial position that supports the delivery of our vision
- Pre-registration pharmacists and pharmacy technicians can complete their pre-registration and registration assessment applications, and initial pharmacy technician registration online simply and efficiently
- Reduced cost of ownership for IT services
- We have a clearly defined plan for our business systems in line with our priorities
- Our policies and practices reflect and support the diverse registrant and organisational population, enhancing their experience
- We are clear how our organisation needs to work in order to deliver our priorities
- Our accommodation strategy enables us to demonstrate value for money alongside a commitment to reducing our carbon footprint

Key links and assumptions

- This annual plan represents a transition period as we continue to set our longer-term goals and develop our plans to achieve these
- We continue to keep our plans under review to respond to significant challenges facing society in general and pharmacy in particular
- Relevant strategies are developed aligned to our future organisational priorities
- Progress of migration to cloud work dependent upon successful renewal process for IT infrastructure managed services contract

Main risks

- We are seen as a regulator which is accessible to our stakeholders across the three nation states
- Lack of commitment and engagement to a longer-term vision, strategic plan and supporting planning framework means our strategic, operational and financial planning are unaligned
- Capacity and resources to implement change across the different pieces of work that make up this strategic priority
- Interdependencies between multiple pieces of work
- There is a reduction in performance during the implementation of the new organisation design
- The EDI strategy is not embedded in our regulatory and policy priorities

Outline timetable

April-June 2019 (Q1)	July-September 2019 (Q2)	October-December 2019 (Q3)	January-March 2020 (Q4)
<ul style="list-style-type: none"> • Complete engagement on draft Vision and commence development of supporting 10-year plans • Complete implementation of online pre-registration pharmacist applications • Skype upgrade • Implement governance arrangements for the development of our key business systems • Develop a medium to long-term strategy for the development of our key business systems aligned to organisational priorities • Develop models to understand our cost base • Implementation of cloud-based finance system • Review and update allocation model for assessing costs for the different registrant groups • Conduct stakeholder engagement on key themes for the EDI strategy • Identify potential options for reducing costs in current accommodation arrangements include the exploration of income generation opportunities 	<ul style="list-style-type: none"> • Continued development of supporting 10-year plans • Development and initial testing of online pharmacy technician initial registration • Skype on line for video and messaging go live • Assess the effectiveness of governance arrangements for the development of our key business systems • Develop a medium to long-term strategy for the development of our key business systems aligned to organisational priorities • Cost base established using model • Go-live of cloud-based finance system • Development of medium to long term financial strategy to support the 10-year Vision (including Investment, fees and reserves strategy) • Develop proposals for medium to long-term accommodation requirements 	<ul style="list-style-type: none"> • Approval and launch of Vision (rescheduled at Q2 reporting) • 5-year Strategic plan (informed by 10-year plans) to Council for approval (rescheduled to Q4) • 'SharePoint' online for Info point go live • Implement, monitor and review the medium to long-term strategy for the development of our key business systems aligned to our organisational priorities • Final testing and go-live of online pharmacy technician initial registration • Initial development for online applications for the registration assessment • Draft budget and financial strategy proposal delivered to council • Produce EDI action plan and key metrics (rescheduled to Q4 2020/21 at Q3 reporting) • Establish the new operating model and organisation design (rescheduled to Q4) 	<ul style="list-style-type: none"> • 5-year Strategic plan (informed by 10-year plans) to Council for approval (rescheduled at Q3 reporting) • Annual plan and budget for 2020/21 to Council for approval • Continue development and testing for online applications for the registration assessment • Implement, monitor and review the medium to long-term strategy for the development of our key business systems aligned to our organisational priorities • Final budget and financial strategy proposal for approval • Phased implementation of the new operating model and organisation design commences • Conduct external EDI strategy engagement (rescheduled from Q1 at Q2 reporting; rescheduled to Q2 2020/21 at Q3 reporting) • Produce draft EDI strategy by 31 March 2020 (rescheduled at Q2 reporting; rescheduled to Q3 2020/21 at Q3 reporting) • 'One drive' and 'Intune' go live (replacing H drive and Maas 360) (rescheduled from Q1 at Q2 reporting) • Establish the new operating model and organisation design (rescheduled at Q3 reporting)

Commentary

The overall RAG status is **green** as the development of the EDI strategy is now on course against its revised timeline and all other activities within this strategic priority are making good progress

Launch our 10-year vision and develop a supporting strategic plan

Positive progress continues to be made on providing an overarching strategic framework for the organisation as well as on a longer-term and more integrated approach to planning. The 10-year vision for the GPhC ('Vision 2030') was approved by Council in December. Work on the supporting 5-year strategic plan has continued and has informed the 2020/21 annual plan and budget. Updates have been provided and feedback sought on approach at the Finance and Planning Committee meeting in November and at the Council workshop in December. Now the Vision 2030 has been agreed, the supporting elements of the 5-year strategic plan, 2020/21 annual plan and budget will be presented to Council at the same time at its meeting in February 2020. Subject to agreement, a programme of communication and engagement activities to promote the Vision 2030 and 5-year strategic plan will take place thereafter.

In the meantime, Council agreed in November to continue the 2017-20 Strategic Plan in its current format until March 2020 as a holding position and to meet the statutory obligation to submit a strategic plan annually to the Privy Council Office, to be laid before Parliament and the Scottish Parliament. Confirmation has been received from the Privy Council Office that this was laid.

Develop a medium to long term financial strategy

Positive progress is being made on key strands on the GPhC's financial strategy. The procurement process for the investment services suppliers was successfully completed in December 2019 and the first component of the multi-phase fee review has been signed off to go to public consultation in January 2020.

With regard to the outline timetable activity, a 2020/21 planning and budgeting update was provided to Finance and Planning Committee at its meeting in November, with an update also provided to Council in workshop mode in December.

Move applications for pharmacist pre-registration training, the registration assessment and pharmacy technician initial registration on-line

Good progress continues to be made on this timetable activity. Work on the online application for registration as a pharmacy technician was delivered for functional testing in the latter half of November. User acceptance testing was commenced by the operational team during the first week of December, with a view to deployment provisionally planned for January 2020. Development of the online application for registration assessment commenced in November after the test phase for the pharmacy technician workstream.

Continue the migration of our IT infrastructure and services to the cloud

With regard to the timetable activity, InfoPoint, Education Extranet and SharePoint Applications are now fully migrated to SharePoint Online. The IT and Facilities service desks have also been migrated to a cloud-based service. The major pre-requisite upgrades for updating user identification to use online services rather than hosted services have been completed. Migration is planned for Q4 along with "H" drives to Onedrive.

Appointment of a partner to assist with the migration of most of the remaining IT infrastructure to the Microsoft Cloud has progressed and will be completed by the end of Q3. Infrastructure migration will commence in Q4.

Develop a medium to long-term strategy for the development of our key business systems aligned to organisational priorities

A roadmap for all business systems has been developed but cannot be finalised at this point as this is dependent on the publication of the 5-year strategic plan for the GPhC.

Develop an updated comprehensive Equality, Diversity and Inclusion strategy with a focus on our regulatory functions

The start of the EDI Strategy work was delayed, but progress has been made in this quarter. A more realistic project plan has been produced and now takes into account the necessary development time and the requirement to involve both internal and external stakeholders. The aim is to present a final Strategy in the autumn of 2020. The scoping work commenced in November and will be completed in February when it is presented back to a Council workshop. Detailed development work will take place between March and June and in January the EDI Strategy Working Group (a multi-disciplinary and cross directorate group) will review in detail when stakeholder engagement should take place in order to involve the widest possible involvement including educational bodies. A clear governance framework is now in place including a working group, project board and the timeline for Council involvement. This was presented to the Council Workshop in December. The Strategy will take account of the work the GPhC is already undertaking in this area and will cover real world outcomes across our regulatory functions including an

examination of health inequalities. Roger Kline is assisting in this work and is providing the link with other healthcare regulators.

Draft, plan and begin implementation of a 3-5-year organisational development strategy

The organisational design will not be completed this quarter as set out in the timetable. Nevertheless, scoping work on the organisational design has continued including ensuring alignment with the ten-year organisational vision as well other key organisational strategies. The overarching organisational development strategy will now be tested on internal stakeholders during quarter four before final sign off.

Initiate a review of our current and future accommodation requirements

Although there are no timetable activities for this quarter, further progress has been made. The 2019 rent review process is nearing completion with an outcome that successfully minimises the rental increase for the GPhC. An update on the development of the accommodation strategy was provided to November Finance and Planning Committee, covering the facts of the existing lease and the proposals for a scheduled work-based study to be conducted.

1.Customer services

1.1 Registrations

Table 3.1: Registrations – new joiners and restorations

New registration joiners and restorations	Route to Register	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Pharmacists	Total	83	2,334	727	195	99	2,176	867
	UK	54	2,257	654	165	67	2,096	803
	EEA	24	29	37	23	31	14	23
	Non-EU/EEA	5	48	36	7	1	66	41
Pharmacy Technicians	Total	208	336	473	367	329	402	502
	UK	208	333	472	365	325	401	499
	EEA	0	3	1	0	4	0	2
	Non-EU/EEA	0	0	0	2	0	1	1
Registered pharmacies	Total	73	81	70	78	70	61	59

New registration activity for pharmacists is generally moderate this quarter following release of the registration assessment results for the September sitting. The total number of new joiners/restorations this quarter is higher compared to this time last year. This is due in part to the higher pass rate in the registration assessment this year compared to last year (69.2% vs 65.2%). There is a continuing decrease in numbers of EEA pharmacist registrations.



There continues to be an increase in the number of pharmacy technicians joining/restoring to the register compared to this time last year.

Numbers of new pharmacy registrations are continuing to decline.

1.2 Registration totals

Table 1.2: Registration totals as at 31 December 2019

Registration totals	Total	Budgeted	Variance
Pharmacists	58,240	58,221	+19
Pharmacy technicians	23,719	23,848	-129
Registered pharmacies	14,213	14,290	-77

With the exception of pharmacists, the numbers of pharmacy technicians and registered pharmacies has decreased against budgeted projections. Compared with the end of December 2018 the number of pharmacists on the register has increased by 1,015 and the number of pharmacy technicians by 151. The number of registered pharmacies has decreased by 100 premises when compared to 31 December last year.

1.3 Median application processing times for pharmacy professionals

Table 1.3: Median application processing times for pharmacy professionals for applications from 1 October to 31 December 2019

Median application processing times for pharmacists (working days)		Median application processing times for pharmacy technicians (working days)	
Application receipt to approval	0.0	Application receipt to approval	2.5
Application receipt to entry	6.0	Application receipt to entry	8.0



Application turnover for the period remains fairly consistent.

Pharmacy technician applications are currently paper-based and require manual processing upon receipt. Pharmacy technician applications are due to go online later this year and we expect to see quicker decisions as a result.

1.4 Contact centre

Table 1.4: Contact centre activity

Contact centre activity by type	Q1 2018/19	Q2 2018/19	Q3 2017/18	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Calls made to GPhC	24,005	28,368	18,645	8,870	11,114	17,939	12370
Average speed of answering (min:sec)					0:43	2:33	2:19
Calls abandoned (KPI < 5%)	38.0%	30.6%	25.9%	3.6%	4.7%	13.3%	12.9%
Emails actioned within 2 days (KPI > 90%)	51.9%	71.1%	78.0%	99.8%	99.7%	97.0%	98.9%

We are continuing to gather information on the categories of calls received. This is enabling us to analyse trends of common queries and areas where our information and processes can be improved. This has already produced a more dynamic flow of information with our website updated quickly and more frequently in response to particular queries, including on revalidation.

Our performance reporting now shows the average speed of answering, which better reflects wait times before calls are answered. We will continue to consider the best metrics for measuring the quality of responses given.

This is typically a very busy period for the Contact Centre, with this quarter covering the results from the September registration assessment and subsequent registration of all successful candidates in November; appeals from those who were unsuccessful, and the build up towards the deadline for renewal and revalidation for the main cohort of c40,000 pharmacists.



As a result, the call abandonment rate remained higher than we would like, due in part to the departure of one member of the team. However, the key performance indicator for answering emails was achieved with 98.9% answered within 48 hours.


Despite delays in call answering in some peak periods, complaints were minimal, and customers remain happy with the help they receive from the team.

In addition, the Contact Centre have also been supporting the roll out of revalidation submission for those cycles submitting for the first time, the review and feedback to the first registrants who have had their revalidation reviewed, and the first cohort to include peer reviews and reflective accounts within their submissions – all of which continue to generate contact.

1.5 Revalidation for pharmacy professionals

Table 1.5: Revalidation activities

Revalidation activities		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Renewal cohort	Numbers expected to renew	45,495	4,324	19,969	10,580	44,848
	Numbers of renewals	43,270	4,013	19,495	10,066	42,879
	% renewals (all expected to renew)	95.1%	92.8%	97.6%	95.1%	95.6%
	Number of voluntary removals	1,523	118	175	83	1,373
	% voluntary removal (all expected to renew)	3.3%	2.7%	0.9%	0.8%	3.1%
	Number of lapsed registrants	581	47	71	30	303
	% lapsed registered (all expected to renew)	1.3%	1.1%	0.4%	0.3%	0.7%
Complete revalidation submissions	Number of revalidation submissions	43,155	3,967	19,470	10,014	42,686
	% revalidation submissions (all expected to renew)	94.9%	91.7%	97.6%	94.7%	95.2%



Revalidation activities		Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
	Number of revalidation and renewal	43,031	3,946	19,377	9,915	42,570
	% revalidation and renewal (all expected to renew)	94.6%	91.3%	97.0%	93.7%	94.9%
	% revalidation and renewal (all renewals)	99.4%	98.3%	99.4%	98.5%	99.3%
Remediation	Number entered into revalidation remediation	2,696	458	761	637	1,804
	% entered into revalidation remediation (all renewals)	6.2%	11.4%	3.9%	6.3%	4.2%
Removal	Number notified of intent to remove	1,805	189	379	150	1,090
	Number notified of removal	171	19	3	8	4
	Number administratively removed	67	4	2	-	62


Revalidation activity totals updated for Q3 2019/20 as at 31 December 2019 only. Please note data for all previous quarters have not been updated.

The revalidation process intends to provide assurance to members of the public that the people on our register are reflecting on their practice. It provides an annual opportunity for our registrants to demonstrate professional learning and reflection and can act as a prompt for some to consider their registration.

This is the fifth performance monitoring report to contain information on outcomes for revalidation for pharmacy professionals following its launch in April 2018. The data was collected on 31 December 2019.

During Q3, 44,848 registrants were required to renew their registration and submit revalidation records. 95.6% of registrants in this cohort successfully renewed their registration. 99.3% of registrants who renewed also successfully submitted complete revalidation submissions.

We have processed 1,373 requests for voluntary removals during this quarter, around 3% of those expected to renew. We have also had 303 registrants (0.7%) take no action in response to reminders of their renewal deadline and so their registration has lapsed. The percentage of



registrants either voluntarily removing themselves from the register or allowing their registration to lapse this quarter has decreased when compared with the same quarter last year (3.7% of the renewal cohorts in Q3 this year vs 4.6% in Q3 last year).

In this quarter 1,804 registrants (4.2%) have been placed into remediation because they either submitted partial or no revalidation records, which is a lower proportion than the last quarter and also lower than in Q3 last year (6.2%). 714 of these registrants went on to submit complete records and so only 1,090 letters stating an intent to remove registration were sent.

Owing to the length of time it takes to provide registrants with opportunities to remediate and provide representations, it takes time to report on the number notified of removal and numbers administratively removed for non-revalidation from the renewal cohorts. The number notified of removal (4) and the number administratively removed for non-submission of revalidation records (62) therefore relate to registrants notified of intention to remove in Q2.

2. Fitness to practise (FtP)

2.1 Overall summary

Performance this quarter continues to be stable despite a further increase in concerns received (of 7% which mirrors the increase in Q2). The time taken to triage incoming concerns has fallen during this quarter to 67.8% against a target of 85%. However, this should be considered against the fact that we received the highest ever number of concerns and closed at triage our highest number also. Greater oversight at this stage in the process continues to deliver assurance that cases not appropriate for investigation are closed at the point of entry or taken forward through the inspection or revalidation route. We are continuing to evaluate how we can maintain the benefits of this approach whilst improving its efficiency. 48.1% of all concerns received are closed at this stage which remains relatively stable (previously 43.9%). Performance at stream 1 remains good and improving despite a continuing trend of increasing numbers. 293 stream 1 concerns were closed this quarter with about 78% completed within 3 months, against a target of 85%.

The progression of cases from stream 2 onwards through to closure at the appropriate stage has improved slightly this quarter. 135 cases were closed (or referred) in this quarter at pre-IC, at IC or at FtP Committee, compared to 133 during the last quarter. The time taken to close pre-IC or refer these cases to the IC remains short of the performance standard of 10 months but has increased from 46.1% to 57.5% since the last



quarter. Whilst the number of cases closed or referred by the IC fell, those which reached the IC within 12 months was relatively stable. The number of cases closed at FtP Committee increased and timeliness remained stable compared to the last quarter with 73% closed within 2 years.

The open caseload has increased, the largest increase being those cases under 6 months which reflects the large number of concerns received during this quarter and previous. Those cases over the age of 12 months have increased by a total of 7 cases since the last quarter however remain around 25% of the total open caseload. The breakdown of this cohort of cases shows that the number of cases at the post IC stage has reduced by roughly the same amount by which those at pre IC stage have increased.

The team have continued to see the effects of staff turnover however, following a successful recruitment drive during this quarter, we will welcome a number of new starters in Q4. We will be undertaking a new induction and training programme in order to support and develop these individuals in their new roles. This is part of our longer-term plans for developing and retaining staff. Whilst performance in this quarter has been mixed there are clear plans in place to understand the FtP pipeline and improve performance.

Council previously asked us whether we could provide more detail in our reporting about cases that are on hold. This is because they contribute to the large number of cases over 12 months. A breakdown of the reasons why cases were on hold is provided in Table 2.1 as follows.

Table 2.1: Breakdown of reasons for cases on hold

Reason case on hold	Number of cases
Pending police investigation or criminal trial	19
Pending multi-agency investigation	8
Pending investigation by NHSCFA	9
Pending investigation by MHRA	11
Other	5

We had previously reported to Council our plans to review our on-hold cases to assure ourselves that where progress could be made, this was being done. During Q3 we asked all case holders to review on hold cases against our Parallel Investigations guidance to ensure we were taking steps to progress cases where possible. We also added these considerations to the monthly case review meetings led by senior case officers and managers, to ensure that cases remained on hold for valid reasons and where escalation could be actioned, it was. Further mechanisms such as the senior review group for older cases and a quality assurance audit, which is due to take place in February 2020, will provide further assurance in this area.

The following tables provide more of the detail underpinning performance in Q3.

2.2 Fitness to practise performance standards

Table 2.2: Fitness to practise performance standards*

FtP performance standards		Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
All concerns received during this period	No.	681	635	702	656	661	710	765
All cases triaged during this period	No.	704	626	629	700	690	683	738
Of which cases triaged within 5 working days	No	599	546	489	318	442	562	500
	%	85.1%	87.2%	77.7%	45.4%	64.2%	82.3%	67.8%
Of which cases were closed at triage	No	254	209	240	329	338	300	355
	%	36.1%	33.4%	38.2%	47.0%	49.1%	43.9%	48.1%

**Data quality issues have been updated to reflect some figures in previous quarters*

765 concerns were received this quarter, representing an increase of about 15% from Q1.

The time taken to triage incoming concerns has increased in the last quarter however this was related to unplanned staff absences at the same time that the number of incoming concerns were high, as were the number of cases closed at triage.

**Table 2.1:** Fitness to practise performance standards (continued)*

FtP performance standards	No (%)	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
All stream 1 cases closed pre-IC	No.	252	217	232	249	261	277	293
Of which closed within 13 weeks (3 months)	No.	210	189	182	203	210	224	228
	%	83.3%	87.1%	78.4%	81.5%	80.5%	80.9%	77.6%
All stream 2 cases closed pre-IC or referred to the IC	No.	154	118	159	164	129	102	106
Of which closed or referred within 44 weeks (10 months)	No.	113	89	115	113	79	47	61
	%	73.4%	75.4%	72.3%	68.9%	61.2%	46.1%	57.5%
All cases closed or referred at IC	No.	28	25	30	13	22	19	14
Of which reach IC within 52 weeks (12 months)	No.	13	12	18	8	11	7	6
	%	46.4%	48.0%	60.0%	61.5%	50.0%	36.8%	42.9%
All FTP committee cases closed	No.	18	20	22	17	15	12	15
Of which closed within 104 weeks (24 months)	No.	7	7	4	7	6	9	11
	%	38.9%	35.0%	18.2%	41.2%	40.0%	75.0%	73.3%

*Data quality issues have been updated to reflect some figures in previous quarters

The total number of Stream 1 and Stream 2 cases closed or referred this quarter during the pre-IC stage of the process is 399, which is more aligned to the average number closed in 2018/19. The number of Stream 1 cases closed continues to increase with only a small drop in KPI performance. IC and FtPC closures continue to be lower than average for last year.

The number of Stream 2 concerns referred from triage during the quarter was 107, compared to 93 in the previous quarter. The number of Stream 2 case closures in this quarter was 82, a decrease of 20% since last quarter although this is balanced against an increase in cases referred to the IC which together indicate a marginal improvement in productivity last quarter and maintains pace with the number of Stream 2 concerns received. The number of cases closed or referred at IC has continued to decrease and the KPI of reaching an IC within 52 weeks remains low. This is counterbalanced by the number of FTP hearings which has increased and the KPI of cases being resolved within 104 weeks has remained stable.

2.2 Case age profile

Table 2.2: Caseload age profile*

Caseload age	No (%)	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Under 26 weeks (Under 6 months)	No.	453	498	516	414	363	405	437
	%	60.2%	61.6%	60.8%	55.2%	53.5%	58.4%	60.9%
26 - 52 weeks (6-12 months)	No.	150	148	171	180	143	115	93
	%	19.9%	18.3%	20.1%	24.0%	21.1%	16.6%	13.0%
52 - 65 weeks (12-14 months)	No.	40	50	43	41	59	46	46
	%	5.3%	6.2%	5.1%	5.5%	8.7%	6.6%	6.4%
65 weeks old and over (15 months old and over)	No.	109	113	119	115	113	128	141
	%	14.5%	14.0%	14.0%	15.3%	16.7%	18.4%	19.7%
Total	No.	752	809	849	750	678	694	717

Caseload age	No (%)	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%

**Data quality issues have been updated to reflect some figures in previous quarters*

2.3 Cases over 52 weeks (12 months)

Table 2.3: Cases over 52 weeks (12 months)*

Status	No (%)	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
On Hold	No.	37	49	48	49	62	48	54
	%	24.8%	30.1%	30.0%	31.8%	36.0%	27.3%	28.6%
Post-IC	No.	73	66	53	47	46	59	48
	%	49.0%	40.5%	33.1%	30.5%	26.7%	33.5%	25.4%
Pre-IC	No.	39	48	59	58	64	69	87
	%	26.2%	29.4%	36.9%	37.7%	37.2%	39.2%	46.0%
Total	No.	149	163	160	154	172	176	189
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%

**Data quality issues have been updated to reflect some figures in previous quarters*



The total number of cases over the age of 52 weeks has increased marginally as has the total numbers of cases on hold and pre-IC. Cases post IC have decreased marginally.

2.4 Interim orders

The Fitness to Practise Committee considered 8 applications for an interim order this quarter. 6 suspension orders were imposed and 1 conditions of practice was imposed. 1 application was refused. No interim orders lapsed in this period and all applications for extensions were heard within the relevant deadline.

2.5 DBS referrals

There were two DBS referrals in Q3 of 2019/20, which is the same as Q1 and Q2.

2.6 Statutory appeals

We have not received any statutory appeals in this quarter. We received a statutory appeal in May 2019 which is ongoing.



3. Inspection

This section of the report has been updated to reflect the changes to the inspection model implemented in April 2019. This represents a holding position whilst development of a broader approach to reporting performance continues. As reported to Council we will start reporting more broadly on our inspection performance in Q4.

Overall our performance in this quarter both in terms of productivity and efficiency of process has remained positive. The refined inspection approach introduced in April 2019 allows us to use our resources flexibly and in Q3 we have prioritised intelligence led inspections of on-line pharmacies, a significant number of which have resulted in statutory enforcement action. The inspection process for these visits takes longer because they involve a team of inspectors, and the evidence must be brought together. This is reflected in the timeliness for putting together the draft report in Table 3.3 below. This accounts for the slightly lower number of overall inspections undertaken this quarter.

In this quarter, we have seen an increase in our enforcement activity, with 14 enforcement notices served compared to 5 in Q2. This reflects the shift in the balance of work during the quarter towards intelligence led inspections of on-line pharmacies. In Q3, we have also started to complete re-inspections at 6 months of pharmacies that have previously received an outcome of 'standards not all met' to assess whether improvements made have been sustained.

The tables below provide some supporting information which underpins our overall performance summary.

3.1 Productivity

Table 3.1 below sets out the broad range of inspection activities. In this quarter, we have completed 627 routine inspections, 88 intelligence led inspections and 16 re-inspections. There has been a shift in the balance of work as we use our resources flexibly under the refined approach and this is reflected in number of routine inspections which has fallen from 695 in Q2 to 627 in Q3. At the same time, there has been an increase of 14% in the number of intelligence led inspections from 75 in Q2 to 88 in Q3 and our inspectors have also started to complete re-inspections at 6 months of those pharmacies that have previously received an outcome of 'standards not all met'.

In this quarter our inspectors have also continued to investigate a high volume of stream 1 fitness to practise investigations (294 stream 1 investigations were closed in Q3 compared to 277 in Q2 and 267 in Q1). These investigations also involved 82 visits to pharmacies to resolve these concerns.



Table 3.1: Inspection activity

Inspection activity	Pre-registration visits	Inspections - Routine	Inspections – Intelligence led	Follow up visits	Re-inspection	Total
Q2 2019/20	40 ¹	695 ²	75	29	1	840
Q3 2019/20	32	627	88	33	16	796

Table 3.2 provides information on formal enforcement action taken this quarter in relation to registered pharmacies in line with our approach as set out in our enforcement policy. 14 enforcement notices were served on owners of registered pharmacies, three were improvement notices and the remaining 11 were conditions notices, restricting the practice of the pharmacies. All but two enforcement notices this quarter were related to on-line pharmacies. Typically, conditions have been imposed that restrict the sale or supply of controlled drugs where our inspectors found serious systemic weaknesses in the governance processes and management of risk around high-risk medicines.

Table 3.2: Enforcement notices served

Enforcement notices served	Q1 2019/20	Q2 2019/20	Q3 2019/20
Improvement notices	2	1	3
Conditions	1	4	11
Total	3	5	14

¹ We have updated the calculations for pre-registration visits and backdated numbers previously reported. The previous figure reported was 17.

² One visit type was changed after the end of the quarter to correct a data quality issue. This has been updated to 695 from 696.

3.2 Efficiency of process

Table 3.3 sets out high level stages of the inspection process and our performance against these. The relevant performance standards have been set out for each of these, and the supporting underpinning steps where relevant. Please note that the factual accuracy check step is undertaken externally by the pharmacy owner.

This table provides an overview of the efficiency of our end to end inspection process, from the date of inspection to preparing draft reports, to QA checks, revisions, external checks and final corrections. There has been a decline in the overall timeliness of the end to end cycle from an overall average of 23.0 days in Q2 to an overall average of 25.8 days in Q3, although this remains within our performance tolerance of 28 days.

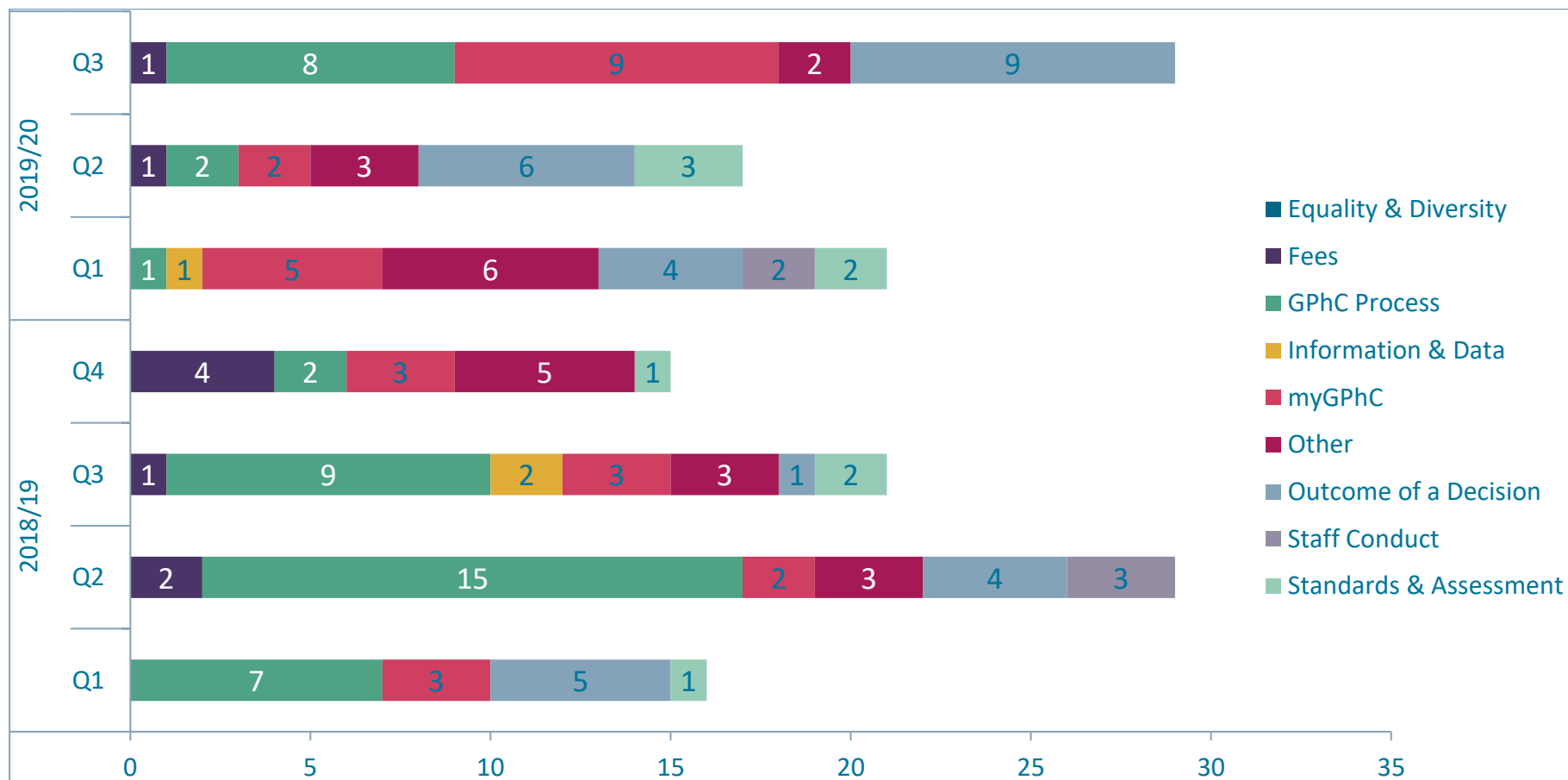
The part of the process that is taking longer than expected is in the amount of time it took to prepare draft reports. This timeliness for this part of the process has declined from 7.6 days in Q2 to 10.4 days in Q3. Our programme of priority inspections of on-line pharmacies is a key factor that has had an impact on how quickly our inspectors are able to put together the draft report. Inspections of on-line pharmacies are usually more complex, and the reports take longer to draft because we inspect using teams of inspectors, and the evidence must be brought together and collated into one report after each inspection. In addition, when statutory enforcement activity is necessary, there is further complexity with additional documents to prepare and send to the pharmacy. We will be reviewing our current one size fits all performance standards as part of the broader reporting on our performance to ensure they remain fit for purpose.

Table 3.3: Efficiency of inspection process

Stage →	Inspection	Report					
	On-site	Draft report prepared	QA of report	Revisions	Fact checking by pharmacy owner	Updates	Review of scored judgement triggered
Performance standard	(1 day)	(6 days)	(3 days)	(3 days)	(6 day)	(2 days)	(5 days)
Q2 2019/20	1	8	2	2	7	2	N/A
Q3 2019/20	1	10	3	4	7	2	N/A

4. Complaints

4.1 Formal complaints by category





The general trends noted in previous reports are again apparent when looking at the organisational complaints received in quarter 3. There was a 70.5% increase in complaints over Q2, from 17 to 29 this quarter and an increase compared to the previous year's Q3 data, with 21 complaints received last year, equalling a 38% increase.

Whilst the distribution across quarters has changed, the overall number of complaints received in Q1, 2 and 3 combined remains almost identical, with 66 last year and 67 this year.

'Outcome of a decision' and 'MyGPhC' were the most common category, with 9 complaints each. In the former, the majority were disputing the decision to close or the reasons given for the closing of an investigation, but none of these were upheld. Of the nine complaints which were upheld, five were about 'MyGPhC', all following email notification issues where some registrants who had already either paid their fees or had submitted Voluntary removal forms, or were retiring, were still sent notification reminders. There were 8 complaints about 'GPhC processes' 3 of which were upheld. These related to either delays in processing applications for registration or where the registrant was chasing up application processing times following additional information being incorrectly requested for them to register.

Whilst the overall numbers remain small, we will continue to monitor complaints to ascertain if a specific focus emerges or where there is a technical issue facing MyGPhC users. The notification issue with 'MyGPhC' and 'GPhC process' issues with applications amounted for 58% of all complaints received and efforts are continuing to mitigate formal complaints when an issue such as this arises. For example, we have now changed the process to ensure that those who have requested voluntary removal do not receive reminders and have made the information in the letters confirming voluntary removal clearer.


The one 'Fees' complaint related to a challenge to the restoration fee following from a career break which was not upheld. One of two 'Other' complaints related to a registrant disputing information provided by the customer services team and the second to a potential information security issue - neither of these were upheld.

5. Education

5.1 Accreditation and recognition activity by academic year

Table 5.1: Accreditation and recognition activity by academic year

Course	Type	Oct – Dec 2018/19	Jan-Mar 2018/19	Apr-Jun 2018/19	Jul-Sep 2018/19	Oct-Dec 2019/20
Master of Pharmacy (MPharm) degree 4-year	Accreditation			1	1	
	Reaccreditation		1	2		
	Interim visit		1	1		
	Monitoring			1		1
Master of Pharmacy (MPharm) degree 5-year integrated	Accreditation			2		
	Reaccreditation					
	Interim visit					
Master of Pharmacy (MPharm) degree 2+2 Overseas	Accreditation					
	Reaccreditation					
Overseas pharmacist assessment programme (OSPAP)	Accreditation					
	Reaccreditation		1	1		
Independent prescribing	Accreditation	2		2		
	Reaccreditation	1	2	6	1	2
	Monitoring	1			2	
	Accreditation					



Course	Type	Oct – Dec 2018/19	Jan-Mar 2018/19	Apr-Jun 2018/19	Jul-Sep 2018/19	Oct-Dec 2019/20
Level 3 Pharmacy technician knowledge/competence	Reaccreditation			1		
	Recognition			1		2
Level 2 medicines counter assistant and dispensing assistant	Accreditation					
	Reaccreditation	3		1		1

All events went ahead as scheduled for 2018/19 academic year.

The 2019/20 academic year events have now been scheduled.

A large number of events in particular quarters is due partly to natural peaks in the accreditation cycles and prescribing events throughout the calendar year. There has been an increase in interest from providers in provision of 5-year integrated MPharm degrees, and the increase in the need for pharmacist prescribers which has led to increased funding for pharmacist prescribing programme places, resulting in interest from new course providers. 51 independent prescribing programmes are currently accredited. Prescribing events that have taken place from May 2019 have been accredited to the new education and training standards for pharmacist independent prescribers.

In addition to routine accreditation events in the July - September quarter, the learning outcomes and assessment strategy for pharmacy technician qualifications and courses based on the GPhC's 2017 *Standards for the Initial Education and Training of Pharmacy Technicians* were approved. All qualifications and courses approved or recognised by the GPhC deliver the approved learning outcomes in full. The first new course delivering the learning outcomes was accredited in April 2019 and the first cohort of trainees has begun.

In the current quarter two awarding organisations have undergone the second stage recognition process and have been recommended for approval to deliver the qualification in England and Wales.

6. Human Resources

6.1 Headcount overview

Table 6.1: Head count overview

GPhC	Q1 2019/20	Q2 2019/20	Q3 2019/20
Headcount	230	227	226
Permanent	220	217	216
Fixed Term Contract	10	10	10
Total Leavers	14	15	9
Permanent leavers	12	14	9
Voluntary Turnover – Permanent (Quarter 2)	5%	5.0%	3.7%
Voluntary Turnover – Permanent (rolling 12 months) *	21.9%	21.2%	20.9%
Stability – Permanent staff	83.6%	82.5%	84.7%

**12 months: January 2019 to December 2019*

This table summarises the headcount, voluntary turnover and stability position. The total number of leavers for this quarter was 9. All of which were permanent employees. The voluntary turnover in Q1 of 2019 was 12.

The turnover rate this quarter is 3.7%; there were 8 resignations and 1 termination for reasons of redundancy. The turnover rate in Q1 2019 was 5%. The turnover rate for the 12-month period to the end of Q3 of 2019 (from 01/01/2019 to 31/12/19) was 20.9%. During this period,

there were 47 resignations from permanent positions; mirroring the sector average of 20.9%³. The overall number of leavers over the last 12 months was 59.

The stability rate is the number of permanent employees with more than 12 months employment. As at 31st December 2019, there were 183 permanent employees with 12+ months service. This represents a stability rate of 84.7% and has slightly increased in comparison to the previous quarter of, 82.5%.

Career progression, pay, and workload remain the top 3 reasons cited by colleagues for leaving the GPhC, captured during exit interviews. Secondments are encouraged across the organisation which can occasionally result in a permanent role.


This quarter there were 9 instances where current GPhC employees were either given additional responsibilities or have secured a new role (promotion), e.g., 3 employees had been given permanent additional responsibilities in Finance, IT and Fitness to Practise directorate. Two employees were promoted following applications in to senior posts within Fitness to Practise and People directorates. Four employees were given additional temporary responsibilities within the Finance, People and Fitness to Practise directorates.

6.2 Organisational absence

Table 6.2: Organisational absence – absence percentages (January 2019 to December 2019)

Directorate (average headcount)	Absence %
Organisation (226)	2.2%
Education & Standards (56)	4.2%
Fitness to Practise (52)	1.6%
Insight, Intelligence & Inspection (58)	2.1%

³ Survey data suggests average turnover in the UK is 20.9% (<https://www.xperthr.co.uk/survey-analysis/labour-turnover-rates-xperthr-survey-2019/164515/> last accessed 13/01/20)



Directorate (average headcount)	Absence %
People (32)	1.0%
Executive Office (6)	1.0%
Finance & Procurement (9)	1.1%
IT (10)	0.9%

This quarter, the overall absence percentage has reduced to 2.2% from 2.5% (last quarter, Q2 2019).

The highest rate of absence is within the Education & Standards directorate, attributed to 2 long-term sickness cases requiring ongoing occupational health support. It is likely that the absence rate will remain at this level or increase in the next quarter as the current long-term sickness cases persist.


There has been a continuous reduction in absence in the Fitness to Practise (FtP) directorate which reported an absence percentage of 5.4 in Q1 and 1.9 in Q2. The reduction was due to consistent and appropriate interventions which included regular contacts, occupational health interventions and other supporting factors such as phased return to work.

Formal absence review meetings take place to address absence concerns, discuss preventative actions, proactively support early return to work and reduce absence through a formalised plan of action by both the employees and line managers. In addition to LTS case management, absence review meetings are taking place with colleagues through the formalised attendance management policy, designed to ensure that all absences are consistently managed; addressing patterns of ad-hoc absences and trends.

An attendance management workshop is being created to help managers manage absences with confidence, in a timely manner and to help identify any trends regarding absences with the support of the HR team. These workshops will be carried out in February and July 2020.

6.3 Employee relations (ER)

Table 6.3: Employee relations



Case Type	No. of cases
Total Cases	19
Absence	7
Grievance	3
Disciplinary	6
Performance	1
Other	2 (DSAR)

There has been an increase in the number of employee relations issues since the last quarter, from 14 to 19. The majority of ER cases are absence related, closely followed by conduct cases. There have been two cases of Data Subject Access Requests (DSAR) in the previous quarter, which have been managed and responded to accordingly.

6.4 Learning and development (L&D)

The focus for L&D this quarter were on the following:

1. Delivery of interpersonal skills workshop: Introduction to Project Management, Presentation Skills and Mindful Time Management
2. The delivery of Mental Health First Aid to a second cohort
3. Delivery of the 'Conversations with vulnerable people' for FtP colleagues

As part of the initiative to develop interpersonal skills within the GPhC, we delivered six workshops in total on 'Introduction to Project Management', 'Presentation Skills' and 'Mindful Time Management'.



The overall goal is to help colleagues effectively achieve their objectives with a more strategic approach. Providing a clearer framework and building greater collaboration with key stakeholders both internally and externally, colleagues will be able to launch and manage projects more efficiently, prioritise workload and know how to deliver presentations to maximise impact and engagement.

Positive feedback on all three workshops has been received, e.g. *“Great to understand structure and building confidence to deliver presentations more effectively.”* To see if there has been positive change in ways of working, L&D will be following up with attendees and their line managers, in Q4, to further evaluate if learning has been applied.

In October L&D delivered a second Mental Health First Aid (MHFA) workshop with ten employees, including all of the first aiders. MHFA is designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis in the workplace.

Discussions with first aiders have highlighted, that when they were called to assist a colleague, most situations related to mental health issues. Therefore, equipping first aiders with skills and the tools to support colleagues to get the appropriate help is beneficial. GPhC currently has eighteen Mental Health First Aiders.

L&D worked with the Fitness to Practice (FtP) directorate to deliver the first of three customised workshops on **‘Conversations with vulnerable people’**. The ‘fitness to practise’ process can be stressful for external stakeholders, especially witnesses who may be expected to provide live evidence or registrants under investigation, whose ability to practise maybe at risk.

The outcome for the training is to improve colleagues’ skills, when dealing with vulnerable people such as active listening, the ability to demonstrate empathy and signpost to support services. The training was delivered to case officers, senior case officers, professional regulation lawyers and a customer service representative. Overall, we received positive feedback. Colleagues in FtP and hearings will also attend two more workshops in

GPhC Strategic Plan 2020-25 and Annual Plan 2020/21

Council on Thursday, 13 February 2020

Public business

Purpose

To agree the Strategic Plan for 2020-25 and the supporting Annual Plan for 2020/21

Recommendations

The Council is asked to:

- Agree the Strategic Plan 2020-25, as set out in Appendix 1
- Agree the supporting Annual Plan 2020/21, as set out in Appendix 2

1. Introduction

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

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

1.2. In doing so, a ten-year vision, Vision 2030, was agreed by Council in December 2019 for 'safe and effective pharmacy care at the heart of healthier communities'. This provides a strategic backdrop for our work and brings together in one complete picture our intended level of ambition, how we intend to regulate, and how we will need to operate in order to successfully deliver our vision. The vision is structured around the three main areas of:

- a good quality, independent regulator of pharmacy for the public
- practising an anticipatory and proportionate approach to regulation; and
- operating as a professional and lean organisation

1.3. The development of the draft five-year strategic plan alongside the annual plan builds on the progress made in our planning approach in previous years, including increasing integration with our financial strategy.

2. Strategic plan 2020-25

- 2.1. The draft five-year strategic plan for 2020-25 is set out in appendix 1 to this paper.
- 2.2. This represents the intended first of two longer-term five-year strategic plans to support the delivery of the organisation's ten-year vision. It provides a roadmap of work and summary outcomes we are seeking to achieve to deliver the vision. This format is in line with Council's previous preference to keep the plan high level and succinct.
- 2.3. To make significant progress towards the delivery of our vision, over the next five years we will focus on achieving five strategic aims, which are to:
- Deliver an adaptable standards framework that meets rapidly changing public and professional needs.
 - Deliver effective, consistent and fair regulation.
 - Drive improvements in pharmacy care through modernising our regulation of education and training.
 - Shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy.
 - Enhance our capabilities and infrastructure to deliver our vision.
- 2.4. The strategic plan now provides the overarching strategy and framework to support a more pro-active medium to longer-term planning horizon. This will help drive operations and ensure strategy and operations remain aligned.
- 2.5. Whilst some of the outcomes we expect to achieve over a five-year period are included in the strategic plan, the developing balanced scorecard will be where the wider and more detailed organisational outcomes will be rolled out as part of an ongoing programme. In addition, it should be noted that some of the key strategies to support the delivery of our strategic plan are still being developed or will be agreed in 2020/21, along with their respective measures of success. Therefore, it will be important to undertake regular reviews of our strategic plan, supporting plans and reports, including expected outcomes, to ensure continued alignment with our overarching vision. This will also ensure we can continue to adapt and respond to the challenges we and those we regulate face, and make good use of any opportunities that arise.
- 2.6. As well as the above, there is a culture change element to our approach to planning and organising the delivery of our work. It is intended that the strategic framework – showing the links between the vision, strategic plan and annual plan – will be presented in a different, more graphical format internally for staff to ensure it is more accessible and easier to engage with. It should also help staff to make the links and see how the work they and their teams undertake contributes to the delivery of our plans and the achievement of the organisational vision. Early feedback from staff had been positive about this approach.
- 2.7. Council are asked to note that the proposed content of the strategic plan, annual plan and associated budget received initial feedback from the Finance and Planning Committee at its meeting in January 2020. Comments received have been incorporated into the draft plan as appropriate.

3. Draft Annual plan 2020/21

- 3.1 The draft annual plan 2020/21 sets out the next level of more granular detail of the priority work programmes of the strategic plan for the first year of the plan.

- 3.2 In the coming year we will continue to deliver our core regulatory functions including setting the standards for pharmacy professionals and pharmacies to enter and remain on the register, maintaining a register of those who meet these standards and investigating concerns about the people or pharmacies we register. We are continually seeking opportunities to improve how we deliver these core responsibilities.
- 3.3 The content of the plan this year is underpinned by a more detailed understanding of the wider costs for each activity which has informed the 2020/21 budget, and importantly planning to achieve a balanced budget. Council is asked to note that the 2020/21 budget is also being presented at this meeting. Whilst being clearer on costs, the ability to assess our capacity to deliver from a resource perspective remains and will continue to be a challenge.
- 3.6 How we will measure success is included as an integral part of the annual plan upfront. As outlined under the strategic plan commentary, further success measures will be identified at varying levels of granularity as part of the development and roll-out of the balanced scorecard. This supports a wider change in our culture towards being clearer about what success looks like, in line with our culture statement.
- 3.7 Subject to plan approval, detail of the progress of its delivery across the four reporting quarters of the year will be reported as part of the quarterly annual plan monitoring report, included as part of the GPhC performance report.

3.8 **Equality and diversity implications**

- 4.1 Our aim is to embed equality, diversity and inclusion in both our role as a regulator and an employer and to ensure we deliver effective, consistent and fair regulation.
- 4.2 One of our key activities is to develop an Equality, Diversity and Inclusion strategy focused on our regulatory work. We will continue to look at how we can monitor and demonstrate our progress towards this aim.

4. **Communications**

- 4.1. Subject to approval, the strategic plan 2020-25 will be submitted to the Privy Council Office, to be laid before Parliament and the Scottish Parliament, in order to fulfil our statutory requirements.
- 4.2. We are planning a programme of communications and engagement activities to promote our Vision 2030 and five-year strategic plan, subject to approval of the plan. This will include sharing the vision and strategic plan with our stakeholders through a press release and media coverage, targeted emails, an article in Regulate, social media activity and through meetings and events that we are holding or participating in.
- 4.3. The key stakeholders we have identified include patients and the public and organisations representing them, parliamentarians and governments across Great Britain, pharmacy professionals, pharmacy owners, and individuals and organisations working across the wider pharmacy and health sectors.

- 4.4. Our Vision 2030 and associated plans will also sit at the heart of all future external communications, as we will use it when explaining our approach and priorities as an organisation, and what we aim to achieve through our work

5. Resource implications

- 5.1. We have progressed with the development of planning principles to build on the positive progress made in recent years to integrate planning and budgeting processes, including fully aligning this year's budgeting and operational timelines.
- 5.2. The allocation of resources required to progress with the annual plan as well as normal operational delivery was a key consideration in developing the proposals for the 2020/21 budget and fee setting. This will continue as part of our medium-term financial strategy moving forwards with the aim of establishing a sustainable and fair financial position.
- 5.3. As referenced previously in this paper, the ability to assess our capacity to deliver remains a challenge and will need to be kept under review.
- 5.4. Main risks associated with the delivery of the annual plan 2020/21 will be included as part of the quarterly annual plan progress report.

6. Risk implications

- 6.1. Without having a longer-term and integrated planning approach, there is a risk that any future strategies will become misaligned with the organisation's capability, culture and capacity to deliver them, as well as a failure to integrate or link our work properly. There may also be a risk they we do not plan and prepare for key decision points in the future. This would result in a suboptimal impact and potential missed opportunities.
- 6.2. We will need to continue to effectively engage and communicate both internally and externally on our vision and supporting strategies and plans to ensure continued momentum and enthusiasm for the future direction of the organisation. We and those we engage with will need to have the capacity to do so in a meaningful way. This is particularly important given a key part of delivering the vision and successfully involves collaboration and joint-working.
- 6.3. The strategic risk register will continue to be reviewed as part of our management framework
- 6.4. Main risks associated with the delivery of pieces of work in the annual plan will be included as part of the annual plan progress report.

7. Monitoring and review

- 7.1. We will need to keep the vision and supporting plans under regular review and be ready to assess them in light of any significant changes or issues that emerge. In general, we will undertake reviews as part of the more integrated approach to planning. These will include annual touch point reviews to inform the annual submission of the five-year strategic plan to parliaments. And, a more formal review will be scheduled in the run up to the development of the second strategic plan, or where relevant another assigned point in time.
- 7.2. The annual plan will continue to be monitored through the following ways:
 - Quarterly annual plan progress report, as part of the GPhC performance report
 - Relevant updates to Finance and Planning Committee
 - Performance and Delivery Board

Recommendations

The Council is asked to:

- Agree the Strategic Plan 2020-25, as set out in Appendix 2
- Agree the supporting Annual Plan 2020/21, as set out in Appendix 3

Duncan Rudkin, Chief Executive and Registrar

General Pharmaceutical Council

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5 February 2020

Budget 2020/21

Meeting paper for Council meeting on Thursday 13 February 2020

Public Business

Purpose

To approve the budget for 2020/21

Recommendations

The council is asked to agree the budget for 2020/21

1. Introduction

- 1.1 The proposed budget for 2020/21 is attached as Appendix 1
- 1.2 The proposals for the 2020/21 budget have been developed with the following key considerations and contextual factors in mind:
 - the plan and the budget proposed for 2020/21 relates to the first year of a new five-year strategic plan, developed alongside the GPhC's ten year vision for safe and effective pharmacy care at the heart of healthier communities
 - the development and implementation of the GPhC's financial strategy aimed at establishing a sustainable financial position that triangulates fees, reserves and spending to sufficiently resource the costs of regulation through to 2030
 - the Council's responsibility to ensure that adequate resources are allocated to enable the GPhC to deliver on its statutory duties and its corporate plan
 - the Council's current consultation on proposed changes to fee levels for pharmacy premises. The outcome of this consultation is still to be determined and therefore assumptions about fees have been required for budgeting purposes which are outlined in the following paper.

2. Proposed budget

- 2.1 A breakeven budget is proposed for 2020/21 (see Appendix 1 for an income and expenditure summary). The proposed budget meets the Council's policy objectives of progressively moving away from deficit budgeting after Council authorised a £1.6m deficit budget in 2018/2019 and a £0.85m deficit budget in 2019/20.

3. Equality and diversity implications

- 3.1 There are no substantive equality and diversity implications arising from the implementation of the recommendations of this paper

4. Communications

- 4.1 The decision on the budget for 2020/21 will be clearly communicated to registrants through Regulate, the GPhC website and social media.

5. Resource implications

- 5.1 The resource implications for 2020/21 (subject to several caveats around assumptions and sensitivity) are fully laid out in the attached paper.
- 5.2 Indicative resource implications for the following two years have also been prepared in line with the plans developed as part of the GPhC's five-year strategy. The resource implications for 2021/22 and 2022/23 will be further refined in the coming months alongside the ongoing development of these plans.
- 5.3 Cashflow projections indicate that the level of cash at no point falls below the level required to support operating expenditure.

6. Risk implications

- 6.1 Failure to budget appropriately for the immediate year ahead could compromise the GPhC's ability to deliver the 2020/21 annual plan and regulate effectively for the benefit of patients, the public and registrants.
- 6.2 There are several known risks to the delivery of the proposed budget which have been set out in the attached paper.
- 6.3 The senior leadership group (SLG) will seek to manage the risks as much as possible within the resource envelope that has been set aside. There is however minimal contingent resource built into the existing budget. If any risk materialises that can't be managed within the existing envelope, then the GPhC may need to call on its reserves.
- 6.4 Risks will be monitored regularly through the year and reported to Council as part of the quarterly reforecast process.
- 6.5 SLG believes there is sufficient rigour in the assumptions that underpin this budget that the Council can be reassured that the necessary resources will be available for it to be able to perform its regulatory responsibility.

7. Recommendations

The Council is asked to agree the budget for 2020/21

Jonathan Bennetts
Director of Finance
General Pharmaceutical Council

06 February 2020

Budget 2020/21

1. Vision and context

- 1.1 SLG have developed the proposed 2020/21 budget following an extensive budgeting and operational planning exercise undertaken across the organisation over a series of months.
- 1.2 The rigorous nature of the process was underpinned by a framework consisting of the following factors:
 - an overarching planning approach framed by and cascading down from the development of a five-year strategic plan covering five strategic priority areas
 - council's clearly stated policy objectives of moving progressively away from deficit budgeting within a limited timeframe and to achieve a sustainable financial position going forward to fund the future costs of regulation
 - the development of planning principles to build on the positive progress made in recent years to integrate planning and budgeting processes, including fully aligning this year's budgeting and operational timelines.
- 1.3 The approach to planning and budgeting has also been shared on an ongoing basis at Finance and Planning Committee and Council workshops to provide an update on progress and receive feedback on the direction of travel.
- 1.4 In parallel to the budget and planning process has been the involvement and implementation of the GPhC medium term financial strategy during 2019/20. Positive progress has been achieved in several areas to help support the aim of achieving a sustainable financial position. Most notably this includes:
 - providing a greater emphasis on the cultural awareness of the GPhC's financial position
 - procuring investment management services to deliver GPhC's investment strategy
 - delivering the structural savings target set within the 2019/20 budget and establishing a clear plan for the delivering 2020/21 efficiency targets
 - developing a multi phased fee strategy including the current consultation on pharmacy premises fees.
- 1.5 A combination of both the evolved planning framework and the initial steps taken to implement the GPhC's financial strategy have significantly contributed to the GPhC reaching the breakeven budget position.

2. Income and registrant volumes

Income for 2020/21 is budgeted at £24.2m (£24.35m when the net impact of projected interest and tax is taken into consideration). This represents a £1m increase compared to the most recent forecast income expected for 2019/20. The following table shows a high level breakdown of this income (please see appendix 2 for a more detailed breakdown of income).

Table 4: Income forecast

Income type	Amount (£000s)
Pharmacist income	£15,683
Pharmacies income	£4,221
Pharmacy technician income	£3,049
Pre-registration Income	£1,126
Accreditation income	£69
DH Grant income	£16
Other income	£48
Total income	£24,212

- 2.1 Most of the increased income (£0.5m) reflects the relevant remaining impact of the 2019 fee review which came into effect from July 2019.
- 2.2 The 2020/21 income forecast also assumes that the fee increases proposed as part of the 2020 fee consultation are accepted and would equate to an increase of £0.3m for the financial year (the remaining impact of the fee increase would not be received until 2021/22).
- 2.3 The most prominent assumptions made within the GPhC's budgeting process relates to the predicted size of the pharmacy register for both pharmacy professionals and pharmacies. Council have been seeking increasing assurance around the projected volumes of registrants as part of the GPhC Data and Insights strategy to help anticipate both changes to the size and shape of its regulatory task and its future income levels.
- 2.4 A further £0.2m of the increase is being driven by the anticipated growth in registrant numbers for the year based on current trends (A registrant's insights report showing the detailed analysis that was used to forecast registrant numbers for 2020/21 budget is attached as annex A).
- 2.5 The registrant's insights report shows the following projections for 2020/21:
- **Pharmacists +1.7%:** This projection continues the trend of reduced growth that has been seen in recent years, driven in the main by a reduction of students coming on to the register. This trend is likely to continue for the foreseeable future given the wider contextual factors, including a shrinking population of university age, lowering of entry standards in certain areas and a smaller proportion of students completing their studies.
 - **Pharmacy Technicians + 1%:** Growth is forecast to remain stable and is reflective of the fact that the length of time Pharmacy Technicians have been staying on the register has regularly increased over the last five years.
 - **Pharmacies -0.9%:** This factors in the known closures that have already been announced. However, premises volumes may be more susceptible to higher levels of volatility than the pharmacy professional forecasts.

- 2.6 The annual growth in registrant numbers has historically yielded increased income in the region of £0.5m. However, the reduction in growth rate has reduced this to £0.2m for 2020/21. Given the current trends in reduction of growth, it continues to be important for the GPhC to be aware of the possible impact relating to falls in registration volumes.
- 2.7 The following two tables provide a sensitivity analysis of the impact a 1%, 2.5% and 5% fall in registrants numbers would have on income in 2020/21 and for the following two years.

Table 5: Registrant and Income Sensitivities for FY 2020/21

This table shows the impact on income which will be recognised in financial year 2020/21 if registrant numbers fall by either 1%, 2.5% or 5% from their current projected levels.

Registrant type	No. of Registrants (1% fall)	Income £000s	No. of Registrants (2.5 % fall)	Income £000s	No. of Registrants (5% fall)	Income £000s
Pharmacists	576	(36)	1,437	(89)	2,900	(178)
Pharmacy technicians	237	(3)	589	(8)	1,166	(17)
Premises	140	(5)	349	(13)	691	(25)
Total	953	(44)	2,375	(110)	4,757	(219)

Table 6: Overall income impact recognised over next three financial years

Above table illustrates the overall effect on income if registrant numbers fall consistently year on year by either 1%, 2.5% or 5% from current budget projections from 2020/21 to 2022/23

Registrant type	Income £000s (1% fall)	Income £000s (2.5 % fall)	Income £000s (5% fall)
Pharmacists	(517)	(1,288)	(2,559)
Pharmacy Technicians	(72)	(178)	(350)
Premises	(122)	(301)	(591)
Total	(711)	(1,766)	(3,499)

- 2.8 The forecast income assumptions are based on best estimates at the time. However, if the proposed fee increases are not agreed or registrants' growth rates are less than anticipated it would lead to a lower level of income, and a commensurate shortfall in the budget that would need to be covered in the short term from the financial reserves.

- 2.9 It is intended that the insights report will be updated on a regularly basis going forward and that the GPhC will engage with external stakeholders to share and compare relevant insights in this area.

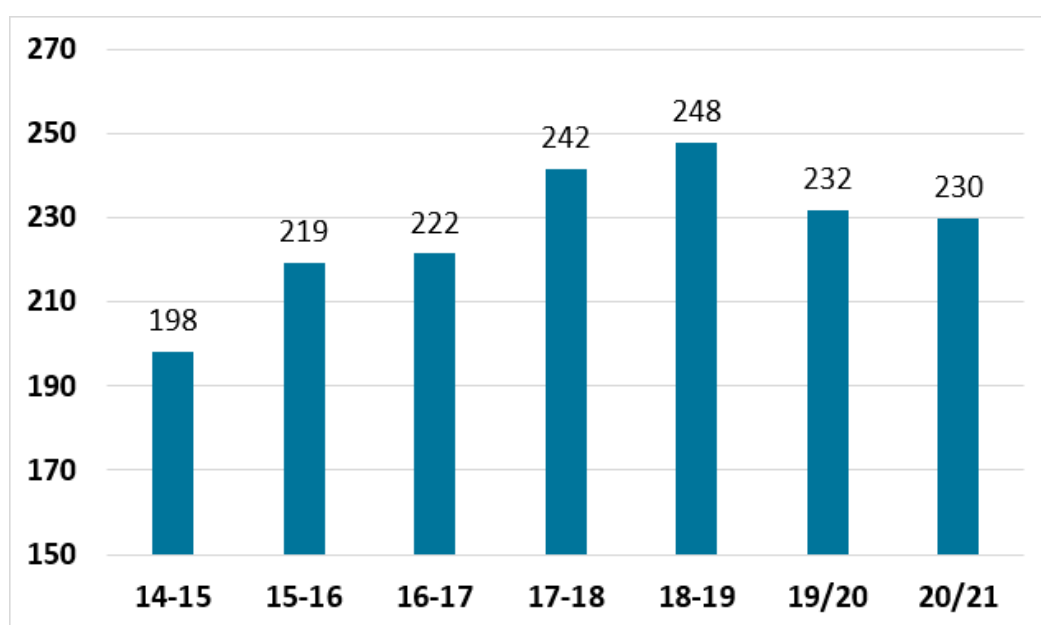
3. Expenditure

- 3.1 Expenditure for 2020/21 is budgeted at £24.35m (a full summary of expenditure is provided in Appendix 3). This represents an increase on the current projected spend for 2019/20 but a decrease from the spend initially budgeted for in both 2019/20 and 2020/21.
- 3.2 The approach to developing the expenditure budget has continued to evolve in sophistication. The five-year organisation plan provided a framework for the development of proposals over this period that would be required to deliver the vision across four broad levels of work
- mandatory: statutory responsibilities or legal duties
 - business as usual: day to day activities
 - continuous improvement: activities to improve service delivery
 - strategic projects: one-off medium to large scale activities
- 3.3 The integrated nature of the timelines and the planning structure enabled the SLG, through a series of meetings to filter, prioritise and schedule the initiatives and ultimately hone in on the immediate needs for the 2020/21 financial year.
- 3.4 A combination of the above approach and the SLG's continued commitment to managing the current challenging financial context helped reduce an initial budget deficit of £0.7m down to the breakeven budget position that has been achieved.
- 3.5 This position also includes the requirement for the organisation to find £0.4m of in year structural efficiency savings in order to achieve the breakeven position. A clear programme is in place to deliver the required savings, including the potential of redundancy for a few roles. A consultation period for the roles potentially at risk is currently underway.
- 3.6 Staff costs are expected to be £13.4m for 2020/21 and as shown in the below table, staff costs represent a significant proportion of GPhC's total expenditure.

Measure	Actual 2018/2019	Forecast 2019/20	Budget 2020/21
Average Headcount	248	232	230
Income	£22.7m	£23.4m	£24.35m
Expenditure	£23.8m	£23.5m	£24.35m
Surplus/Deficit	(£0.94m)	(0.1m)	-
Employee costs	£12.55m	£12.8m	£13.43m
Employee Costs as % of annual expenditure	53%	55%	55%

- 3.7 The increase in staff costs includes the impact of a 6% increase in the employer pension contributions that is due to be effective from 1 April 2020 and the provision of a 2.5% pay increase. The 2.5% provision that has been set aside for pay does not commit council to this value of pay award but will form the starting point of the Remuneration Committee's discussion and recommendations.
- 3.8 The total staff costs assume that all permanent established roles are filled for the whole year, which is offset by a centralised adjustment of 5% to account for in year vacancies.
- 3.9 As in previous years, (as illustrated in the below table) employee costs continue to account for a high level of the GPhC's expenditure.
- 3.10 However, as a result of the structural efficiency savings that the GPhC has delivered in 2019/20 and are seeking to deliver in 2020/21, the overall projected average headcount numbers are anticipated to be lower than in previous year.

Figure 1: Average head count 2014- 2021



- 3.11 The average headcount projection for 2020/21 includes a 5% vacancy rate that has been factored into this year's budget. The actual full-time establishment for the year is 242 which is significantly down on the 263 full time establishment figures that was initially budgeted for in 2019/20.
- 3.12 Apart from staff costs the main areas of increased expenditure compared to the latest forecast expenditure for 2019/20 relate to the following areas:
- **depreciation:** Reflecting the go live of several development projects in 2020/21 and the full year impact of development projects that went live in 2019/20.
 - **panel firms:** There was in a reduction in panel firm costs in 2019/20 following a longer than anticipated procurement exercise for the external provision of legal firms to support fitness to practice case investigation and preparation. Without the delays caused from the procurement exercise, expenditure is expected to be at full schedule for 2020/21.

- **professional fees:** Recognising the costs of an investment services supplier that was successfully procured in 2019/20 to implement and deliver the GPhC's investment strategy.
- **research:** The implementation of the research programming including a stakeholder perception study that is scheduled for 2020/21 and is designed to understand what our stakeholders think about the GPhC and our work.
- **revalidation:** Reflecting a full year's costs of the revalidation evaluation reviews.

4. Capital Expenditure

- 4.1 One of the key principles that was incorporated into the 2020/21 budgeting process was to establish greater parameters around the GPhC's capital expenditure.
- 4.2 Depreciation is forecast to be £1.1m in 2020/21 reflecting the costs of tangible fixed assets (such as the fit out of current accommodation) and the development projects (such as the inspection publication site and revalidation portal) that are already in use.
- 4.3 Most notably by increasing the parameters around capital expenditure and establishing a capital budget the GPhC is looking to:
- increase the visibility of capital expenditure
 - ensure that the cost of depreciation stays within the current depreciation envelope unless explicitly authorised.
- 4.4 Business cases for new developments were proposed during the budgeting and planning process and were reviewed and prioritised for provisional approval by the GPhC's SLG (including continuing the roll out of online services and the potential development of an adjudications portal).
- 4.5 Whilst the exact requirements and costs will be subject to further refinement and scrutiny where applicable, the below table shows the cost impact of the provisionally agreed developments over the next few years.

Table 7: Cost impact of the provisionally-agreed developments

Depreciation description	Cost £000's	to FY2020 £000's	2020/21 £000's	2021/22 £000's	2022/23 £000's
Tangible fixed assets (currently being depreciated)	5,853	3,375	642	627	582
Development projects (currently being depreciated)	1,493	537	466	338	140
Provisionally agreed business cases	709		5	162	176
Total depreciation			1,113	1,127	898

- 4.6 The depreciation levels will be regularly monitored going forward including to inform the ongoing prioritisation and scheduling of development work, including as and when new additional proposals are put forward.

- 4.7 Clearly any large-scale capital-based project (such as a fundamental change to the GPhC's CRM system or any future accommodation move) would have a significant impact on the current depreciation envelope and would therefore require specific approval from Council.
- 4.8 The GPhC is also currently being supported by an external partner to review its current capitalisation policy to ensure it is fit for purpose. Should this review identify any required amendments to the GPhC's current approach, then the current depreciation projections could be impacted. If applicable the Council will be updated on the outcome of this review in due course.

5. Risks and opportunities

- 5.1 There are several potential financial risks and opportunities that have been identified that could emerge during 2020/21 and impact the financial plan. These are summarised below:
- 5.2 **Lower than anticipated registrant numbers:** The biggest risk to income relates to an unexpected fall in registrants' numbers (which is quantified earlier in the paper through a sensitivity analysis).
- 5.3 **Increased hearing volumes:** The 2020/21 budget includes conservative assumptions for the projected number of hearing days for the year. This is in line with the reduction in volumes that has been evident in the current financial year. If, however volumes begin to rise at more than 10-15% of 2019/20 levels, it is unlikely that these costs could be absorbed within the existing budget envelope.
- 5.4 **Higher than anticipated vacancy rate:** The budget incorporates a 5% central adjustment for vacant staff positions which is reflective of the recent vacancy rate over the last few years.
- 5.5 **Provision for dilapidations:** The £1.4m dilapidation provision for the GPhC accommodation may require a revaluation during 2020/21. A revaluation is more likely to be required if the GPhC reaches a decision on whether to utilise the lease break clause in 2024 or continue the existing tenancy. An implication of not exercising the break clause would result in a significantly reduced dilapidations obligation for the GPhC.
- 5.6 **Depreciation assumptions:** As described above, the projected level of depreciation is based on the current assumptions in both the cost and go live date of several development projections. Should there be any change to the capitalisation policy (which is currently under review) or unexpected changes to delivery timescales, the projected cost of depreciation could fluctuate (up or down).
- 5.7 **Limited contingency:** There is only a very small amount that has been set aside in the budget to cover unplanned activity. Similarly, the internal capacity of resource is also very tight. Both people and financial resources would quickly come under pressure if either existing plans are more complex to implement than initially envisaged or unexpected activity needs prioritising. Either one of these factors (or a combination of both) occurring could lead to slippage in planned work or additional resource requirements.

- 5.8 **Investment activity:** No additional upside has been factored into the budget related to the development of the GPhC's investment strategy. This is based on the fact that the strategy will be a phased implementation over the year and the need for the GPhC to refine its investment strategy and to make judgements on its yearly income requirements.

6. Reserves

- 6.1 The GPhC's free reserves are forecast to reach £8.3m by March 2021 (as shown in appendix 4), the equivalent of circa 4 months operating expenditure.
- 6.2 As shown in appendix 1 the indicative budgets for 2021/22 and 2022/23 are currently projecting small surpluses (£0.1m in 2021/22 and £0.2m in 2022/23).
- 6.3 The income projections for both years assume that the fee levels proposed in the 2020 fee review will be implemented. The expenditure assumption is also subject to further review as they are based on cautious expenditure levels covering the planned activity that is scheduled during those years such as the:
- development and implementation of rebalancing standards
 - development and implementation of a long-term programme of fit for purpose regulatory standards covering end to end pharmacy practice
 - developing and implementing outcomes that emerge from the registration assessment review
 - development of the approach to post registration education and training (including revalidation)
 - review and development of GPhC's approach to quality assurance of its work
 - evaluation of the existing inspection and revalidation models.
- 6.4 As the plans for 2021/22 and 2022/23 get further developed and scoped out, the GPhC will be able to refine its understanding of the expected costs and update the financial position projections for both years. For this reason efficiencies targets for both years have not currently been quantified and factored into the budgets but will be reviewed and set once the plans for the year have been further refined and costed.
- 6.5 Going forward Council will need to review and consider the appropriate target level of the operating reserves and the relevant merits of establishing an additional designated investment fund in the context of:
- (a) creating financial resilience to underpin the GPhC's medium term financial strategy to establishing a sustainable financial position
 - (b) effectively responding to a high level of uncertainty about the long-term structural change affecting the sector and the pace of this change
 - (c) the current decline in the growth of registrant volumes
 - (d) the length of lag time from a fee consultation
 - (e) the high proportion of fixed costs in the GPhC's expenditure

- (f) the need to fund investment to support the delivery of the GPhC's 10-year plan.
- 6.6 The discussion around the appropriate level of reserves and investment fund will provide context to inform key strategic decisions around the GPhC's approach to its Investment, Accommodation and Fees strategies over the coming years.
- 6.7 The cash balance at the end of 2020/21 is projected to be £26m, reaching a peak of £32m in October 2020. The phasing of receipts and payments largely follow a similar pattern year on year and so are therefore reliable to predict.
- 6.8 The cash projections don't however factor in the impact of the GPhC's investment strategy that will be implemented over the course of the year. As the GPhC is looking to invest up to £15m over the course of the year this will have a significant impact on the cash holdings as it will be gradually converted to investments.
- 6.9 However, the GPhC is still expected to have enough liquidity to cover its working capital requirements. The investment strategy will also contain a relatively high proportion of "liquid" investments that could be available if unexpectedly required (albeit at the expense of the long-term investment strategy).

Annex A: Registrants Insights Report (to follow)

Procedure for dealing with complaints against statutory committee members

Meeting paper for Council on 13 February 2020

Public

Purpose

To seek the Council's approval on the revised Complaints Policy for statutory committee members

Recommendations

The Council is asked to approve the following policy:

- i. Procedure for dealing with complaints against statutory committee members (SCMs)

1. Introduction

- 1.1 The GPhC (Statutory Committees and their Advisers) Rules 2010 (the Rules) require that the Council determine the procedure for the suspension or removal of a member of the Statutory Committee and the removal of a person from the reserve list. The relevant paragraphs from the rules can be found at Appendix 1.
- 1.2 A complaint was made against two SCMs in 2018. This complaint was dealt with under the existing procedure for the suspension and removal of SCMs. Feedback from the members concerned was that the existing procedure was not proportionate in that it did not include an informal mechanism for dealing with complaints, focusing solely on the possibility of suspension and removal.
- 1.3 Subsequently the Assurance and Appointments Committee has developed a complaints procedure that incorporates an informal approach to dealing with less serious complaints as well as a procedure for suspending and removing SCMs as required by the Rules.
- 1.4 On the advice of the GPhC's Governance Team, this procedure has been fully consulted on with all SCMs. It has subsequently been further reviewed by the GPhC's Governance Team and has been agreed by the Assurance and Appointments Committee.
- 1.5 Once the Council have approved the procedure it will be circulated to all SCMs (full and reserve) as required by the Rules.

2. Key Considerations

- 2.1 The Council is asked to approve the procedure for dealing with complaints against statutory committee members.
- 2.2 **Appendix 2** – Remit of the Assurance and Appointments Committee; the following addition was made as part of Council recommendation; *‘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’*. The Council is asked to approve the addition.

3. Equality and diversity implications

- 3.1 Equality and diversity implications have been considered in the updating of individual policies and the changes recommended in this paper do not raise any specific equality or diversity issues.
- 3.2 This policy sets out the expectations of SCMs and the role of the Assurance and Appointments Committee and its Chair when dealing with complaints against SCMs in alignment with the Rules.

4. Communications

- 4.1 Subject to approval by the Council, we will publish the updated policy on our intranet and raise awareness through a variety of mechanisms including the SCM Newsletter – received by all members. Policies affecting non-staff will also be shared through the relevant channels.

5. Resource implications

- 5.1 There are no specific resource considerations associated with the policy and procedure review. Subject to approval by the Council, we will publish the updated policies on our intranet and raise awareness through a variety of mechanisms including the Capsule - our all staff e-newsletter.

6. Risk implications

- 6.1 It is essential that our policies and procedures are fit for purpose and reflect the Rules, current legislation or other good practice guidance. It is also important that policies are clear, published in an accessible format, and circulated appropriately, so that Associate and Partners understand their responsibilities and what they can expect from the organisation.

7. Monitoring and review

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

7.2

8. Recommendations

The Council is asked to approve:

- i. the procedure for dealing with complaints against statutory committee members (SCMs)
- ii. the Equality, Diversity and Inclusion wording added to the Remit of the Assurance and Appointments Committee.

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General Pharmaceutical Council

04 February 2020

Appendix 1

Excerpt from the GPhC (Statutory Committees and their Advisers) Rules 2010

Suspension and removal of statutory committee members and persons on the reserve list

14.—(1) The Appointments Committee must remove from a statutory committee any member—

- (a) who resigns from membership of the statutory committee in question in accordance with these Rules;
- (b) whose term of office for the statutory committee in question has expired;
- (c) who, in the case of a registrant member, has ceased to be entered in the Register;
- (d) who, in the opinion of the Appointments Committee,—
 - (i) has ceased to be an appropriate person to be a member of the statutory committee in question (for example, by reason of misconduct or a criminal conviction),
 - (ii) has seriously or persistently failed to meet the standards of performance, conduct, attendance or participation in training required of a member of the statutory committee in question in the ordinary course of a member's duties,
 - (iii) is unable to perform the duties of a member because of ill health,
 - (iv) has improperly disclosed confidential information obtained by the member in the course of membership of any statutory committee,
 - (v) has brought the Council into disrepute,
 - (vi) has failed to comply with the code of conduct for statutory committee members approved and published on the Council's website by the Council(a), or
 - (vii) should no longer continue to be a member of the statutory committee in question in the public interest.

(2) The Appointments Committee must remove from the reserve list any person—

- (a) who requests removal from the reserve list;
- (b) who, in the case of a potential registrant member, has ceased to be entered in the Register;
- (c) who, in the opinion of the Appointments Committee,—
 - (i) has ceased to be an appropriate person to be on the reserve list (for example, by reason of misconduct or criminal conviction),

- (ii) would be unable to perform the duties of a member of a statutory committee because of ill-health,
- (iii) has brought the Council into disrepute, or
- (iv) should no longer remain on the reserve list in the public interest.

(3) The Appointments Committee may suspend a member of a statutory committee while investigations are being undertaken into that member's suitability to remain as a member of that statutory committee.

(4) The Appointments Committee must afford any member of a statutory committee, or any person on the reserve list, who is under investigation the opportunity to make written and oral representations before reaching a decision on whether to remove that member from the statutory committee or that person from the reserve list.

(5) The Council must determine the procedure for—

- (a) the suspension or removal of a member of a statutory committee; and
- (b) the removal of a person from the reserve list,

and must prepare and issue a statement of that procedure to each committee member and person on the reserve list.

Appendix 2

Remit of the Appointments Committee

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

1. Under delegated powers from the Council and in accordance with the GPhC (Statutory Committees and their Advisers) Rules 2010:
 - To select and appoint appropriate persons to serve as members of the statutory committees including as chairs and deputy chairs;
 - To draft and submit to Council for approval the procedure for the suspension and removal of a member of a statutory committee, or any person on the reserve list;
 - To, where appropriate, suspend or remove from office members, including chairs and deputy chairs, of the statutory committees; and
 - To oversee procedures for the training, development, performance review and appraisal of members, including chairs and deputy chairs, of the statutory committees and, as appropriate, training for persons on a reserve list.
 - 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".
2. To advise the Council on:
 - The minimum competencies it considers are required for appointment as a chair, deputy chair or other member of a statutory committee, whilst having regard to best practice on competencies required for membership of quasi-judicial committees, as disseminated by the Judicial Studies Board or the PSA or any successor bodies;
3. The Appointments Committee must maintain a reserve list of appropriate persons who are eligible to serve as members of each of the statutory committees.
4. Other than as specified above, the Committee has no executive responsibilities or powers.

Accountability and reporting

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

Authority

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

Composition

7. The Committee, including its Chair, is appointed through arrangements agreed by the Council. The Committee has five members comprising:
 - A lay member who is Chair;
 - A lay member who is Deputy Chair; and
 - Three registrant members, at least one of whom is a pharmacy technician.
8. The Appointments Committee currently has the following members:
 - Elisabeth Davies (Chair)
 - Lyn Cole (deputy chair)
 - Ahmed Aboo (pharmacist registrant member)
 - Neelam Sharma (pharmacy technician registrant member)
 - Karen Hong (pharmacist registrant member).

Terms of office

9. Each committee member is appointed for up to four years and may serve a maximum of two terms.

Quorum

10. A quorum shall be three members of the Committee one of whom must be the Chair or the Deputy Chair.

Frequency of meetings

11. The Committee shall meet as necessary.

Amended July 2019

Associates & Partners

Procedure for dealing with complaints against statutory committee members

GPhC09AAC Version 12

This policy sets out the procedure for dealing with complaints about statutory committee members.



Policy details

Policy reference	GPhC09AAC
Version	12
Policy author	Associates and Partners
Approved for issue by	Council, 2020
Effective from	01 January 2020
Next review	01 January 2022

Version control tracker

Version	Approved date	Description of change	Amendments by
V1	May 2019	Revised full procedure	Assurance and Appointments Committee
V2	December 2019	Revised wording	Laura McClintock
V3	January 2019	Templated	Melissa Nurse-Barrow

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Introduction

- 1.1 The Council established the Appointments Committee pursuant to its powers in article 4(7) of the Pharmacy Order 2010 for the purpose of exercising the functions conferred on it by the GPhC (Statutory Committees and their Advisers) Rules 2010 and other functions delegated to it by the Council.
- 1.2 These functions include overseeing the training, development, performance review and appraisal of members, and where appropriate the suspension of members and removal of members or reservists, including chairs and deputy chairs, of the statutory committees.
- 1.3 The Appointments Committee's working title is the Assurance and Appointments Committee (AAC) and it is referred to as the AAC throughout the remainder of this procedure.

Purpose

This document sets out the procedure for dealing with complaints about statutory committee members. Wherever possible the preferred route will be informal resolution and with a focus on reaching a mutually acceptable outcome. However, there will be circumstances in which this is not possible and this document includes the process that will be followed for formal resolution, including the procedure for the suspension and/or removal of a member of a statutory committee, and the removal of a person from the reserve list, on the grounds set out in the GPhC (Statutory Committees and their Advisers) Rules 2010 ("the Rules").

Handling of complaints

- 3.1 This procedure should be used when a complaint or concern is raised about a statutory committee member (including reserve members), where it is alleged or appears that the conduct of the member or reservist has fallen below the standards expected in the GPhC's Values, Conduct and Behaviour for GPhC Council Members, Associates and Partners. This procedure refers to "complaints" but may apply equally in circumstances where a concern about conduct has come to the GPhC's or the AAC's attention without a complaint being made.
- 3.2 Complaints about statutory committee members or reservists should be submitted to the Associates and Partners Manager for the attention of the Chair of the AAC. Communications will be channelled through the Associates and Partners team in the first instance.
- 3.3 The complaint will be acknowledged within three working days of receipt by the GPhC or the AAC Chair. The acknowledgment will advise the complainant of the procedure for handling

complaints and seek to obtain their consent to share the complaint with the member or reservist concerned.

- 3.4 The member or reservist concerned will be informed of the complaint within seven working days of receipt. The member or reservist will be advised of the procedure for handling complaints and that they may wish to seek support from a source external to the GPhC (subject to point 5.8 below). Information provided to the member or reservist about the complaint may be redacted, e.g. if it includes personal information about another individual. The member or reservist will have seven working days to respond.
- 3.5 The AAC Chair may then request further information from the complainant and/or the member/reservist before making a decision on the most appropriate course of action.
- 3.6 The following options are open to the AAC Chair following review of the complaint:
- Dismissal of the complaint (this may include on the basis that the complaint or concern raised is about a minor issue or if the Chair has sound reason to believe the complaint is of a vexatious nature).
 - Resolution by informal means (which should be the preferred route wherever possible) under Stage 1 of this procedure.
 - Where the complaint is so serious that the AAC Chair judges that resolution by informal means is not appropriate the procedure for formal resolution as set out in Stage 2 below will be used.

The complainant and the member/reservist will be informed of the decision and the next steps.

Procedure for informal resolution of complaints (Stage 1)

- 4.1 The Chair of the AAC will seek to resolve the complaint amicably through contact with the interested parties, taking into account any information they may wish to supply. Where appropriate, a meeting will take place between the Chair of AAC, the complainant and the member/reservist concerned. A note taker may be present. This meeting is separate to any formal investigatory meeting that may subsequently be required under paragraph 5.8 of Stage 2 of the procedure.

The outcome of the informal resolution may be:

- An invitation to the member/reservist to make an apology;

Procedure for dealing with complaints against statutory committee members

GPhC09AAC Version 12

- A requirement that the member/reservist should undertake additional training;
- Advice in writing to the member/reservist.

This is not an exhaustive list and the method of resolution and the outcome is at the discretion of the AAC Chair.

- 4.2 The complainant and member/reservist will be informed of the outcome of Stage 1 of the process as soon as possible once the outcome of the informal resolution process has been decided.
- 4.3 If it has not been possible to resolve the complaint informally, or the AAC Chair is of the view that the complaint is so serious that informal resolution is not appropriate, then the matter will be taken forward under Stage 2 of this procedure, set out below.

Procedure for formal resolution including potential suspension or removal (Stage 2i)

Investigation

- 5.1 If it is not possible/appropriate to resolve the complaint through informal resolution, the AAC Chair may appoint an independent person unconnected with the complaint to carry out the investigation. In the first instance the Chair may seek advice from the GPhC's Governance team.
- 5.2 The AAC Chair may, at their discretion, refer the complaint to the relevant regulator (e.g. the SRA for legally qualified statutory committee chairs) for consideration under its fitness to practise procedures. The complaint may also be referred to other relevant agencies. Wherever possible the investigation under this procedure will continue to progress. However, each situation will need to be reviewed on a case by case basis, and there may well be situations where the GPhC's investigation needs to be put on hold pending the outcome of a parallel investigation,
- 5.3 Once the investigation is complete, details of the evidence obtained from the investigation will be shared with the member/reservist and the AAC Chair, who will then convene an investigatory meeting if required. The member/reservist will be offered the opportunity to make written or oral representations on the complaint(s) before the AAC. Oral representations would be made at the investigatory meeting of the AAC as per the arrangements detailed in section 5.8 below.

Suspension during investigation

5.4 Rule 14(3)⁴ states that the AAC may suspend a member of a statutory committee while investigations are being undertaken into that member's suitability to remain as a member of that statutory committee.

¹ There is no express power within the Rules to allow the suspension of reserve statutory committee members pending an investigation

5.5 In considering whether to exercise the power to suspend the member while investigations are ongoing the AAC Chair shall consider the nature and gravity of the complaint(s) received and whether the failure of the AAC to suspend the member has the propensity to bring the Council into disrepute. If the AAC Chair is of the view that the member should be suspended then she will make a recommendation to the Committee.

5.6 If the AAC determines that suspension pending investigation is necessary and appropriate then the member should be promptly notified of the decision to take such action and of the fact that the investigation is ongoing and they will be notified in due course of the outcome of such investigation.

5.7 If the AAC decides to suspend a member whilst investigations are ongoing there is no route of appeal.

The investigatory meeting

5.8 Rule 14(4) states that the AAC must afford any member of a statutory committee, or any person on the reserve list, who is under investigation the opportunity to make written and oral representations before reaching a decision on whether to remove that member from the statutory committee or that person from the reserve list. The member or reservist will be offered the opportunity to meet with the AAC as set out below. The member or reservist may choose to be accompanied at this meeting but it would not be appropriate for a member to be accompanied by a trade union representative or for them to have legal representation as members are not employees of the GPhC and these are not FtP proceedings.

⁴ There is no express power within the Rules to allow the suspension of reserve statutory committee members pending an investigation

5.8.1 The AAC will be required to meet to consider the evidence from the investigation and the member or reservist and reach a decision. A note taker must be present.

5.8.2 The AAC must have a minimum of three members and voting should be done by simple majority. If a member of the AAC abstains from a vote at a meeting then the member's abstention must be treated as a vote against the motion that has been put to the vote.

5.8.3 The conduct of the meeting (and the procedures to be adopted) is to be determined by the AAC on a case-by-case basis, subject to nature and complexity of the complaint(s), any representations received from the member or reservist, the requirements of fairness and the rules of natural justice.

5.9 Following its consideration of all of the evidence in the case and any representations received from the member/reservist the AAC may:

- Take no action
- Invite the member/reservist to make an apology;
- Require that the member/reservist should undertake additional training;
- Provide advice in writing to the member/reservist
- Formally give a warning to the member or reservist about their future conduct (this warning is separate to a warning under the GPhC's fitness to practise arrangements and does not require declaration by registrant committee members to the GPhC unless otherwise directed by the AAC Chair). The warning will set out that if similar behaviour is repeated, or other causes for concern arise that result in a further warning, then the cumulative effect of these matters will be the termination of the associateship (in line with Terms of Associateship and Partnership para 18a). Warnings are issued in writing and will be held on file for 12 months after which time they will cease to have effect;
- Direct that the member or reservist should be removed from the statutory committee or from the reserve list.

5.10 The AAC will consider whether it is appropriate, necessary or justifiable to share the outcome of the investigation with any other body on which the member or reservist might sit or serve. In each case, the AAC will consider whether it is in the public interest to do so. This includes consideration of the relevant law, our main objectives, and the interests of the individual concerned. In doing so, the AAC may seek advice from the GPhC governance and legal team before proceeding.

5.11 The AAC **must** remove from a statutory committee any member **who in the opinion** of the AAC:

- has ceased to be an appropriate person to be a member of a statutory committee (for example, by reason of misconduct or a criminal conviction);
- has seriously or persistently failed to meet the standards of performance, conduct, attendance or participation in training required of a member of a committee in the ordinary course of a member's duties;
- is unable to perform the duties of a member because of ill health;
- has improperly disclosed confidential information obtained by the member in the course of membership of a statutory committee;
- has brought the Council into disrepute;
- has failed to comply with the code of conduct for statutory committee members; or
- should no longer continue to be a member of a statutory committee in the public interest.

5.12 The AAC **must** also remove from a statutory committee any member who resigns from membership of the statutory committee in question and any member whose term of office for the statutory committee has expired.

5.13 Furthermore, the AAC **must** also remove from the reserve list any person **who in the opinion** of the AAC:

- has ceased to be an appropriate person to be a member of a statutory committee (for example, by reason of misconduct or a criminal conviction);
- is unable to perform the duties of a member because of ill health;
- has brought the Council into disrepute;
- should no longer remain on the reserve list in the public interest.

5.14 The AAC **must** also remove from the reserve list any person who requests removal from the reserve list.

5.15 The member or the reservist should be notified of the AAC's decision and reasons within 14 days. No appeal lies from the decision of the AAC which shall be final.

Procedure for immediate suspension and removal (Stage 2ii)

- 6.1 The AAC **must** immediately remove a registrant statutory committee member, full or reserve, who has ceased to be entered in the register. In this circumstance the AAC has no discretion and no investigation is required other than confirmation that the registrant member is no longer entered in the register and the reason for this. The AAC will be presented with this information and asked to formally remove the member. Removal will be confirmed to the member in writing. In these circumstances Stage 2i of this procedure does not apply.
- 6.2 If restored to the register at a subsequent date, the member may request reappointment by the AAC. This would not be automatic and the AAC would need to consider the circumstances which resulted in the registrant's removal from the register