General Pharmaceutical Council

Council meeting

By Zoom
Thursday, 10 December 2020

10.00-12.00

Public business

1.	**Attendance and introductory remarks**	Nigel Clarke
2.	**Declarations of interest – public items**	Nigel Clarke
3.	**Minutes of the meeting held on 12 November 2020** *Minutes of the public session*	Nigel Clarke
4.	**Actions and matters arising**	Nigel Clarke
5.	**Initial education and training standards for pharmacists** *For approval*	*20.12.C.01* Mark Voce
6.	**Update on the development of the EDI strategy** *For noting*	*20.12.C.02* Laura McClintock
7.	**Staggering Council appointments** *For approval*	*20.12.C.03* Laura McClintock
8.	**Council and Chair remuneration** *For approval*	*20.12.C.04* Janet Collins
9.	**Brexit update** *For noting*	Duncan Rudkin
10.	**Minutes of the Remuneration Committee – 18 September 2020** *For noting*	*20.12.C.05* Elizabeth Mailey
11.	**Any other business**	Nigel Clarke

Confidential business

12.	**Declarations of interest – confidential items**	Nigel Clarke
13.	**Minutes of the meeting on 12 November 2020** *Minutes of the confidential session*	Nigel Clarke
14.	**Risk management update** *For noting*	*20.12.C.06* Rob Jones

15.	**Minutes of the Remuneration Committee – confidential items**	*20.12.C.07*
	For noting	Elizabeth Mailey
16.	**Any other confidential business**	Nigel Clarke

Date of next meeting

Thursday 11 February 2021

General Pharmaceutical Council

Minutes of the Council meeting held on 12 November 2020

To be confirmed 10 December 2020

Minutes of the public items

Present:

Nigel Clarke (Chair)	Rima Makarem
Yousaf Ahmad	Rose Marie Parr
Mark Hammond	Arun Midha
Ann Jacklin	Aamer Safdar
Jo Kember	Jayne Salt
Elizabeth Mailey	

Apologies:

Selina Ullah

In attendance:

Duncan Rudkin	Chief Executive and Registrar
Carole Auchterlonie	Director of Fitness to Practise
Claire Bryce-Smith	Director of Insight, Intelligence and Inspection
Jonathan Bennetts	Director of Finance
Gary Sharp	Associate Director of HR
Mark Voce	Director of Education and Standards
Liam Anstey	Director for Wales
Laura Fraser	Director for Scotland
Rachael Oliver	Head of Communications
Janet Collins	Senior Governance Manager

1. Attendance and introductory remarks

1.1 The Chair welcomed those present to the meeting, which was being held by Zoom due to the ongoing pandemic. Apologies had been received from Selina Ullah.

2. Declarations of interest

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

3. Minutes of the last meeting – public session on 17 September 2020

3.1 The minutes of the public session held on 17 September 2020 were approved.

4. Actions and matters arising

4.1 Actions due for this meeting were included on the agenda.

4.2 Following the call for expressions of interest from members in joining the Advisory Group, the Chair confirmed that Arun Midha and Rose Marie Parr had taken the roles of joint Chairs and that Ann Jacklin and Aamer Safdar had joined as members. Other Council members were welcome to attend the meetings.

5. Note of workshop on 15 October 2020

5.1 The Council **noted** this item.

5.2 The agenda had been re-ordered slightly and the item on the standards of initial education and training for pharmacists (IETP) would be taken next.

6. Standards for the initial education and training of pharmacists (IETP)

6.1 Mark Voce (MV) introduced **20.11.C.02** which set out the direction of the work on the standards. The advisory group which had been established at the previous meeting was now operational and had held its first meeting.

6.2 A consultation on the draft standards had been carried out before the pandemic and had elicited useful contributions from a range of stakeholders. Areas of focus for the work going forward included:
- additional skills to reflect the changing role of pharmacy;
- changes to the learning outcomes;
- communication and consultation skills;
- independent prescribing skills; and
- the fifth year.

6.3 There was some further work to do on the drafting and there were still questions to be answered around funding.

6.4   Rose Marie Parr, the registrant co-Chair of the advisory group, noted that the engagement work already carried out had been very successful and was proving beneficial. While the funding point was very important, developments in that area were likely to be iterative. Stakeholders had agreed that it would be important that teaching and learning relevant to prescribing ran through the whole course, not just the fifth year. Other points which had arisen during the discussion were: admissions; early careers; prescribing for existing (rather than new) pharmacists; and the need for more work on equality in admissions and outcomes.

6.5   Arun Midha, the lay co-Chair, highlighted the collegiate nature of the discussions. He noted that, while the 'four plus one' model was a pragmatic way forward, there needed to be a decision about which body or bodies would take responsibility for the fifth year.

6.6   There was some discussion about aligning the domain names, which had been well received during the consultation. It would be important to show how these articulated with the Royal Pharmaceutical Society's continuing professional development framework and other systems; and to communicate this clearly to trainees and registrants to avoid confusion.

6.7   The advisory group had highlighted several areas where further thinking would be required around independent prescribing during the implementation phase of the new standards and the importance of the link with the post-registration workstream was emphasised.

6.8   The Council congratulated both the staff team and the advisory group for the work done so far.

6.9   **The Council agreed the overall direction of the standards set out it in the draft and noted the areas where further work was taking place**.

7. Quarter two reporting

7.1   Duncan Rudkin (DR) introduced **20.11.C.01** which set out the financial and performance reporting for the second quarter of 2020/21. Jonathan Bennetts (JB) provided more detail on the financial update.

7.2   There had been a reduction in expenditure in Q2, partially offset by a reduction in income. An updated forecast on the anticipated income and expenditure for the remainder of 2020/21 showed that the budget was substantially different from that which had been agreed earlier in the year, with a projected surplus of £0.9m. The figure in the cover paper (£1.06m) should be corrected to £0.9m as shown in the finance update paper.

7.3   The revised position had been discussed with the Finance and Planning Committee (FPC). The FPC would take a deeper look at the impact of Covid-19 on the GPhC's finances at its meeting in December and was grateful to the finance team for its work in assessing the impacts.

7.4 A significant amount of the savings had come from the reduction in hearings costs. There would be some delayed expense in this area as some hearings had been postponed but that was being monitored and would not be significant. Work was being carried out to explore whether some hearings could still be held online once the restrictions were lifted, including getting feedback from participants in online hearings.

7.5 Claire Bryce-Smith (CB-S) summarised the Annual Plan Progress Report. Progress against the strategic aims was mixed, with most of the outcomes expected under aims 1-3 having been delivered and good progress made on the rest. There had been delays to the work under aim 4, some internal and others external and considerable delays to those under aim 5. Finite capacity and resources had been diverted elsewhere to support activities which had arisen as a result of the pandemic. A re-prioritisation exercise was taking place and would be reported to the Council in December.

7.6 There had been a number of issues relating to MyGPhC, caused by software issues which meant that the website had stopped working with some browsers. These had now been resolved.

7.7 MV gave an update on the performance of the Customer Contact Centre as part of the Performance Monitoring Report. The data showed that there had been significant challenges in Q2 but a number of changes had been introduced to deal with them and were showing good results. The email backlog had been cleared and 100% of incoming emails were now meeting the key performance indicators. The call-handling times reflected the complexity of the queries being received but despite that complexity over 90% of queries were achieving first-call resolution. The team now had an MS Teams group which allowed them to discuss calls and queries with each other as they would when working from the office.

7.8 However, there had been ongoing issues in this area which had been brought into focus by the pandemic. There were potential impacts on registrants, on the team and on the reputation of the organisation. There should be a fundamental review of the service, including what it was there to do, whether it was trying to fulfil too many roles and whether some chatbox technology could help to reduce the need for calls (as a lot of information was available on the website). The Council agreed that it would consider these issues in a workshop.

7.9 Carole Auchterlonie (CA) noted that performance in Fitness to Practise (FtP) was moving in the right direction, although volumes and resolution times would continue to represent a significant challenge. Although there had been problems with Interim Orders, this was based on only two cases and there had been no patient safety issues.

7.10 **The Council noted:**

- **key areas of performance as highlighted in the paper;**
- **the finance update provided as Appendix 1;**
- **the report on progress against the annual plan at Appendix 2; and**

- **the operational performance report at Appendix 3.**

8. PSA annual performance reivew 2019/20

8.1　Laura McClintock (LM) introduced **20.11.C.03**, the PSA annual performance report for 2019/20.

8.2　This was the first time that the GPhC's performance had been reviewed against the new Standards of Good Regulation, which took account of the provision of information; clarity of purpose, application of policies and the sharing of learning; equality diversity and inclusion; performance reporting, corporate complaints and response to public inquiries; and work with stakeholders, in addition to the regulatory areas of registration, education, FtP and standards. It was also the first time that the GPhC's work in relation to registered pharmacy premises had been reported on.

8.3　The GPhC had met 15 of the 18 standards, including all five of the new general standards, but had not met three of the standards relating to FtP (numbers 15, 16 and 18).

8.4　CA explained that the review period had ended in February 2020, meaning that a number of actions from the plan put in place after the last review were still underway when the report was produced. A number of those actions were now complete or ongoing. A recent internal audit had provided 'substantial assurance' that the action plan was being properly implemented and the consultation on changes to fitness to practise was now underway.

8.5　In relation to standard 15, CA told the Council that the case review process had been strengthened to include regular, documented discussions. In relation to standard 16, the team had done a lot of work both internally and with panel members to improve the way that decisions were recorded and explained. On standard 18, all the triage and early-stage letters which were used had been reviewed and improved as part of a general drive to make the FtP process more person-centred.

8.6　The Audit and Risk Committee received regular reports on progress against the action plan and these would also be shared with Council.

8.7　The Council was pleased that 15 of the standards had been met and was keen to support the executive in meeting the remaining three.

8.8　The Council noted the outcome of the 2019/20 PSA performance review.

9. Communications and engagement update

9.1　Rachael Oliver (RO) presented **20.11.C.04**, the communications and engagement update for Q2. Communications had continued to focus on the pandemic and the issues arising from it as well as the consultations on FtP and demonstrating competence in English language.

9.2   The team had both organised and taken part in a large number of online events and RO thanked the members who had taken the opportunity to join them. Online events were quicker and easier to organise and could attract a wider range of participants than physical events. However, it was also easier for people to drop out of online events if other demands on their time arose and this could limit the numbers attending.

9.3   Members welcomed the increased opportunity to attend events by doing so online. This would continue after the pandemic, using the lessons learned.

9.4   Members discussed the need to communicate quickly and clearly with those waiting to take the registration assessment and were assured that there was a plan in place for ongoing communication now that the contract for the provision of the examination had been finalised. It was necessary for the executive to have a high degree of confidence in any information which was conveyed to candidates.

9.5   During a discussion on the approach to antibody testing kits, the Chair declared an interest as the Chair of a company developing testing kits and informed Council that he had removed himself from all decision-making in that area.

9.6   Council members observed that the report showed the breadth and depth of engagement which was being carried out.

9.7   **The Council noted the update**.

10. Non-staff expenses policy

10.1   Janet Collins (JC) presented **20.11.C.05**, the updated expenses policy for Council members, associates and partners. The policy had been considered by the Remuneration Committee at its meeting in September 2020 and the committee had recommended the updated policy to the Council. The changes were explained in the covering paper.

10.2   All members had an interest in this item.

10.3   Elizabeth Mailey, Chair of the Remuneration Committee, confirmed that the committee was content with the updates to the policy.

10.4   **The Council approved the updated expenses policy for Council members, associates and partners.**

11. Minutes of the Audit and Risk Committee, 06 October 2020

11.1   Neil Buckley introduced **20.11.C.06**: the unconfirmed minutes of the public items discussed at the Audit and Risk Committee meeting on 06 October 2020. He noted that it was critical that the organisation had a clear understanding of where responsibility lay with regard to health and safety.

11.2   **The Council noted the minutes of the public items discussed at the Audit and Risk Committee meeting on 06 October 2020**.

12. Any other business

12.1   DR informed the Council that the executive was considering a number of regulatory and business issues relating to the GPhC's readiness for the UK leaving the European Union. In doing so, staff were working closely with other regulators including the General Medical Council and the Nursing and Midwifery Council. The ARC would receive a more detailed update at its meeting in December and there would also be a discussion at Council.

12.2   There being no further business, the meeting closed at 12.20 p.m.

Initial education and training standards for pharmacists

Meeting paper for Council on 10 December 2020

Public business

Purpose

To provide Council with the final draft of the standards for initial education and training of pharmacists.

Recommendations

The Council is asked to agree the initial education and training standards for pharmacists.

1.   Introduction

1.1   In November, Council agreed the direction of travel for the revised initial education and training standards for pharmacists. This followed an earlier public consultation and subsequent stakeholder discussions, including at the Advisory Group, co-chaired by Council members. Council noted that further work was being carried out in the following areas:

- Learning outcomes: reviewing some of the levels in the learning outcomes (shows how/does) to ensure these are right, with a particular focus on the progression from the MPharm degree to the foundation training year. Council also asked for further work to be done to identify whether the domain headings in the learning outcomes could be aligned more closely with the previously published RPS curriculum domains for post-registration education and development.

- Independent prescribing: making clear the intention for prescribing skills to be an integral part of learning throughout the five years while also ensuring that any specific requirements (e.g. in terms of supervision of practical learning) were explicit.

- Foundation training year: setting out the respective roles and accountabilities of the different organisations more clearly.

- Equality, diversity and inclusion: ensuring consistency of language throughout the standards. We have also done some further work to ensure recent thinking and developments on addressing health inequalities and understanding communities and cultures are incorporated.

2.   How the draft standards have been amended

Learning outcomes

2.1   The learning outcomes cover the full five years of initial education and training. The draft standards on which we originally consulted were set out in four domains: person-centred care; professionalism; professional knowledge and skills; and collaboration. These differed from the curriculum domains previously published by the RPS for post-registration education and training. In light of discussions at the Advisory Group and the earlier Council meeting, we recognise there is a benefit in aligning these. It means that all those entering and continuing in the profession can identify a clear pathway for the continuum of education and training from the point at which a student enters the MPharm degree through to advanced practice.

2.2   We have therefore worked with the RPS to identify whether it was possible to bring together the domain headings and the standards have now been amended to achieve this. The domain headings are therefore structured as follows: **Person-centred care and collaboration; professional practice; leadership and management; education and research.**

2.3   We have also worked with the Pharmacy Schools Council to review some of the levels in the learning outcomes (shows how/does) and to clarify the drafting of these. These now provide greater clarity on the outcomes required at the end of the MPharm degree and the foundation training year.

Independent prescribing

2.4   The standards incorporate the aim of people being independent prescribers at the point of registration. We have highlighted more clearly in the standards that prescribing skills are embedded through the learning outcomes and will form an integral part of pharmacy practice. For example, "demonstrating effective diagnostic skills to decide the most appropriate course of action"; "demonstrating effective consultation skills"; and "appraising the evidence base and applying clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person". To ensure there are clear requirements for supervision, the standards set out that a trainee must be supervised by a designated prescribing practitioner during the period of learning in practice specifically relating to prescribing.

Foundation Training Year

2.9   We have amended the standards to reflect more clearly the overall model for delivery. This will involve the GPhC delegating responsibility to the statutory education bodies (Health Education England, Health Education and Improvement Wales and NHS Education for Scotland)[1] to manage the quality of placements during the foundation training year, and

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[1] Similar arrangements will take place in Northern Ireland with the Northern Ireland Centre for Pharmacy Learning and Development managing the quality of placements

with employers providing the day-to-day quality control of placements. Where appropriate, the statutory education bodies will commission higher education institutions to provide elements of the learning during the foundation training year, including independent prescribing. The standards also confirm that overall sign-off will be required by both the designated supervisor and designated prescribing practitioner (or, if these are the same individual, another healthcare professional).

Equality, diversity, inclusion and support

2.14 Council indicated it supported the strengthened requirements we have introduced in this area. Since the last meeting, we have also taken the opportunity to include additional criteria to ensure the standards reflect recent learning. There is now a specific requirement to proactively seek to learn and understand communities and cultures; and to ensure that, in promoting national and local policies, this includes addressing inequalities in health outcomes.

3. Equality and diversity implications

3.1 An equality impact assessment is in draft and will be published shortly.

4. Communications

4.1 Given the scale of change and the number of organisations involved, it is essential that we communicate regularly with students, trainees and other key stakeholders ensuring consistency of messaging. A draft communications and engagement plan has been developed and will be circulated to Council Members for reference.

5. Resource implications

5.1 The development of the standards and subsequent implementation are an integral part of our work plan and associated budget over this and future years. We will continue to monitor the resources needed for this work alongside other education-related developments, including post-registration work and the online registration assessment.

6. Risk implications

6.1 This is a challenging set of reforms with successful implementation dependent on a wide range of stakeholders and a clear transition plan. The creation of the Advisory Group provides a strengthened mechanism for overseeing the final standards and the detailed implementation that follows.

7. Monitoring and review

7.1 Subject to Council agreeing the standards, the Advisory Group will continue to meet to oversee implementation and transition to the new standards. The next meeting is scheduled for 19 January 2021.

8. Recommendations

The Council is asked to agree the initial education and training standards for pharmacists.

Mark Voce, Director of Education and Standards
General Pharmaceutical Council

03 December 2020

Standards for the initial education and training of pharmacists

About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacies in England, Scotland and Wales.

The GPhC sets standards for initial pharmacy education and training and accredits academic courses in England, Scotland, Wales. It accredits academic courses jointly in Northern Ireland with the Pharmaceutical Society of Northern Ireland (PSNI).

Introduction

Pharmacists, as experts in medicines, play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing.

Patients and the public have a right to expect safe and effective care from pharmacists. We believe it is their attitudes and behaviours in their day-to-day work which make the most significant contributions to the quality of care, of which safety is a vital part.

These standards set out the knowledge, skills, understanding and professional behaviours a student/trainee pharmacist must demonstrate to pass their initial education and training and to join the professional register. They also set out our requirements for organisations providing initial education and training.

These standards have been developed to produce adaptable pharmacist professionals who will be:

- **confident** and **capable** of operating in multi-professional teams across a variety of healthcare settings to meet diverse and changing patient needs,

- **dedicated to person-centred care[1]**, both in person and via remote consultations, and ensuring the high-quality use of medicines that encompasses both safety and effectiveness alongside **compassion** and **empathy,** and

- **proficient prescribers** whose skills can be further utilised to collaborate with and support the wider, complex healthcare systems across Great Britain and Northern Ireland.

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[1] The standards include the term 'person-centred care' and refer to a 'person' throughout. This means 'the person receiving care'. The term may also apply to carers or patients' representatives depending on the situation.

Embedded within these standards are the standards for pharmacy professionals, which are the professional standards trainees will be expected to meet, once they join the register.

Context

The standards for the initial education and training of pharmacists were last published in May 2011. These standards covered the four years of the MPharm only; there have been separate outcomes for the 52-week pre-registration training year. They described an ambition whereby combining academic study and pre-registration training could be a future possibility.

Since the standards were published, there has been a shift across Great Britain towards integrated health and social care as well as a move for patient care to be delivered in the right setting at the right time.

Also, people live longer and more often have multiple long-term conditions that need to be managed. Every healthcare professional will have a part to play in ensuring people remain healthy or are cared for when in poor health.

Furthermore, we have seen the publication of ambitious health care strategies in all four countries, all of which refer to the role pharmacists and pharmacies can play in achieving change and the skills that they will require to do so, including prescribing.

Finally, the COVID 19 global pandemic highlighted why these changes were so important to make sure future pharmacists will have the necessary skills and knowledge to play a bigger part in delivering care, and the need to work at pace to implement these changes.

As a result, we have created a set of standards that, over the course of the five years, will develop pharmacists, with the desired skills and attributes, to deliver safe and effective care at the heart of their communities. Beyond that, this enhanced learning experience will support a transition into life-long post-registration learning in the future.

Purpose of these standards

These standards introduce a number of important changes to ensure pharmacists are equipped for their future roles.

These changes include:

- introducing **a new set of learning outcomes that cover the full five years** of education and training, and which can link to a continuum of development into post-registration

- incorporating the skills, knowledge and attributes for **prescribing**, to enable pharmacists to independently prescribe from the point of registration

- emphasising **the application of science in clinical practice** and including a greater focus on key skills needed for current and future roles, including professional judgement, management of risk, diagnostic and consultation skills

- making the fifth year of initial education and training a **foundation training year** with **strengthened supervision and support** and collaborative working between higher education institutions, statutory education bodies and employers

- having a **greater emphasis on equality, diversity and inclusion** to combat discrimination and address health inequalities

Accreditation

The standards and learning outcomes within this document form the basis of our accreditation requirements. To be eligible for registration and annotation, Master of Pharmacy (MPharm) degrees and foundation training year programmes must be approved by the GPhC.

The registration assessment

The framework for the GPhC registration assessment is derived from the learning outcomes.

For further information on our accreditation of education and training programmes and on our registration assessment, please see **https://www.pharmacyregulation.org/education**

The structure of the standards

The standards for the initial education and training of pharmacists are in two parts.

Part 1: Learning outcomes, which describe what a student/trainee pharmacist must be able to demonstrate upon successful completion of their initial education and training. The learning outcomes are presented in four domains:

- Person-centred care and collaboration
- Professional practice
- Leadership and management
- Education and research

Part 2: Standards for all organisations involved, which describe the requirements for anyone providing initial education and training.

The standards for providers are split in two sections, and set out the requirements for the:

- MPharm degree
- Foundation training year

All the components for initial education and training must be delivered **collaboratively** by everyone involved.

The four routes to registration as a pharmacist are captured in Appendix 1.

Part 1: Learning outcomes

Standard: On successful completion of their initial education and training, the student/trainee pharmacist will have achieved the learning outcomes presented in these standards to the required level of competence.

Describing and assessing outcomes

The outcome levels in this standard are based on an established competence and assessment hierarchy known as 'Miller's triangle':
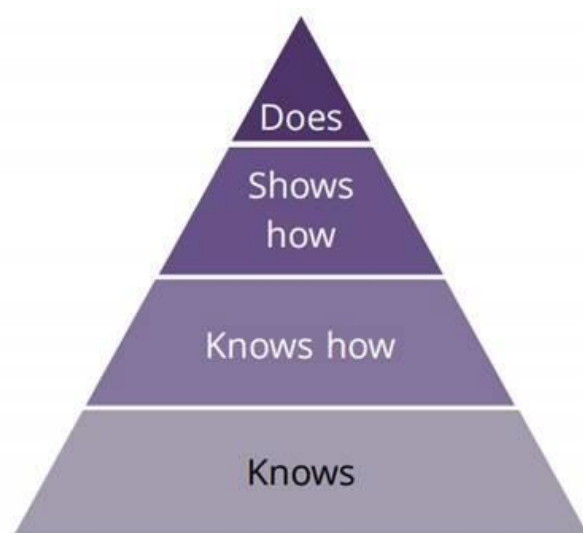
Because what is being assessed at each of the four levels is different, the assessment methods needed are different too – although there will be some overlap.

Level 1 – Knows

Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).

Level 2 – Knows how

Knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.

Level 3 – Shows how

Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examinations (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.

Level 4 – Does

Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a student pharmacist demonstrates the learning outcomes in a complex, familiar or

everyday situation repeatedly and reliably. Assessments may include OSCEs or other observed assessments.

Expectations regarding the level of the learning outcomes

Student/trainee pharmacists' skills, knowledge, understanding and professional behaviours will progress throughout their initial education and training. As they advance through their MPharm degree they will be expected to demonstrate the learning outcomes to a greater depth, breadth and degree of complexity. The foundation training year will expose student/trainee pharmacists further to new situations and environments providing opportunities to build upon their knowledge and skills and demonstrate these with patients in clinical settings.

It will be the case that the level 'Does', Miller's triangle, will be an appropriate level for both year 4 and year 5. 'Does' for year 4 will be for the academic context and 'Does' for year 5 will be for the practice context.

Level of study

The level of study for initial education and training is master's degree level, as defined in UK national qualifications frameworks.

Domains of study

The learning outcomes are presented in four domains:

- Person-centred care and collaboration
- Professional practice
- Leadership and management
- Education and research

The domains and learning outcomes are all of equal importance.

To achieve them; curricula, teaching and learning strategies, programmes and training plans to deliver these learning outcomes will:

- apply the science underpinning pharmacy throughout all learning
- focus on the role of the pharmacist as a health care professional, using their comprehensive expertise of medicines, and building on their strong grounding in science, to deliver high-quality, person-centred care
- provide experiential learning and inter-professional learning; with students from other health and care professions, and provide experience in different pharmacy settings
- provide engagement opportunities with people and other health and care professionals
- embed the requirement of patient and public safety in all aspects of the design and delivery of initial education and training
- deliver learning to highlight the skills and attributes associated with being a prescriber. These will be introduced and weaved through the first four years strengthening the student's underpinning knowledge and preparing them for practice.

- provide a period of learning in practice, during the foundation training year, of at least 90 hours of supervised practice, specifically related to prescribing to consolidate their learning and allow them to achieve independent prescribing annotation following the completion of a foundation training year, passing the registration assessment and registering with the GPhC. This is consistent with the independent prescribing standards for registered pharmacists.

Prescribing

The skills and attributes required by a prescriber are embedded throughout the learning outcomes in all four domains[2].

For example, learning outcome 29 "Demonstrate effective diagnostic skills to decide the most appropriate course of action for the person" applies both to pharmacists' day-to-day practice and when they prescribe.

During the foundation training year, in particular the period of learning in practice specifically relating to prescribing, trainees will be expected to demonstrate the learning outcomes specifically in relation to prescribing practice but also build on their knowledge and skills to be able to demonstrate the prescribing-focused outcomes at a higher level of competence.

Scientific knowledge

Learning outcome 22 states that student pharmacists, at the point of registration, are expected to apply the science underpinning pharmacy in all professional activities.

We consider the science underpinning pharmacy to include:

- the relevant basic chemical, biological, physical and mathematical (including statistical) sciences to allow pharmacists to use this knowledge base to build their understanding of pharmaceutical activities, systems and practices

- the additional sciences of anatomy, physiology and pharmacology to allow pharmacists to understand how the body works, and the mechanisms by which drugs interact with it; their distribution and metabolism and the mechanisms underpinning the risks associated with their use

- the science underpinning the design, synthesis, formulation, administration and prescribing of drugs, medicines and devices

- the science of epidemiology to allow pharmacists to understand the role it plays in both preventing illness and managing patients in whom disease has already developed.

- the understanding of genomics and how it is applied to drug development as well as patient care in practice

- the relevant social sciences associated with the development and administration of medicines, including appreciation of the psychological, behavioural and economic aspects of medicines use

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[2] The learning outcomes take into account the Royal Pharmaceutical Society (RPS) **Prescribing Competency Framework**

Domain: Person-centred care and collaboration

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

	Learning outcome	Year 4	Year 5
1.	Demonstrate empathy and keep the person at the centre of their approach to care at all times	Does	Does
2.	Work in partnership with people to support and empower them in shared decision making about their health and wellbeing	Shows how	Does
3.	Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person	Does	Does
4.	Understand the variety of settings and adapt your communication accordingly	Shows how	Does
5.	Proactively support people to make safe and effective use of their medicines and devices	Show how	Does
6.	Treat people as equals, with dignity and respect, and meet their legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does	Does
7.	Obtain informed consent before providing care and pharmacy services	Does	Does
8.	Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background	Shows how	Does
9.	Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care	Does	Does
10.	Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action	Does	Does
11.	Take into consideration factors that affect people's behaviours in relation to health and wellbeing	Shows how	Does
12.	Take a holistic approach to ensure the most appropriate course of action based on clinical, legal and professional considerations	Shows how	Does
13.	Recognise the psychological, physiological and physical impact of prescribing decisions on people	Shows how	Does

Learning outcome		Year 4	Year 5
14.	Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality person-centred care, including continuity of care	Shows how	Does

Domain: Professional practice

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

Learning outcome		Year 4	Year 5
15.	Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times	Does	Does
16.	Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does	Does
17.	Recognise and work within the limits of their knowledge and skills, and proactively seek support and refer to others when needed	Does	Does
18.	Take responsibility for all aspects of pharmacy services, and ensure that the care and services provided are safe and accurate	Does	Does
19.	Take responsibility for all aspects of health and safety and take actions where necessary	Does	Does
20.	Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	Does	Does
21.	Apply the science underpinning pharmacy in all activities	Does	Does
22.	Demonstrate how the science underpinning pharmacy is applied in the discovery, design, development and safety testing of medicines and devices	Shows how	Knows how
23.	Recognise the technologies that underpin the development of advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents	Shows how	Does
24.	Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, complying with information governance principles	Shows how	Does
25.	Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products	Knows how	Shows how

26.	Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and/or prescribing them	Knows how	Shows how
27.	Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices	Shows how	Does
28.	Demonstrate effective diagnostic skills to decide the most appropriate course of action for the person	Shows how	Does
29.	Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in relation to their prescribing practice	Shows how	Does
30.	Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person	Shows how	Does
31.	Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services	Shows how	Does
32.	Accurately perform calculations	Does	Does
33.	Effectively promote healthy lifestyles using evidence-based techniques	Shows how	Does
34.	Apply the principles of effective monitoring and management to improve health outcomes	Shows how	Does
35.	Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance[3]	Does	Does
36.	Apply relevant legislation and ethical decision making related to prescribing, including remote prescribing	Shows how	Does
37.	Prescribe effectively within the relevant systems and frameworks for medicines use	Shows how	Does
38.	Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people	Shows how	Does

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[3] Monitoring the effects of medicines after they have been licensed for use, especially to identify previously unreported adverse reactions.

#	Learning outcome		
39.	Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Shows how	Does
40.	Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person	Shows how	Does
41.	Utilise effectively local and national health and social care policies to improve health outcomes and public health, and to address health inequalities	Shows how	Does
42.	Proactively participate in the promotion and protection of public health in their practice	Shows how	Does
43.	Identify misuse of medicines and implement effective strategies to address this	Shows how	Does
44.	Respond appropriately to medical emergencies, including the provision of first aid	Know how	Shows how

Domain: Leadership and management

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

Learning outcome		Year 4	Year 5
45.	Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Shows how	Does
46.	Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities	Shows how	Does
47.	Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines	Knows how	Does
48.	Proactively engage in the management of risks and consider the impacts on people	Shows how	Does
49.	Implement tools and techniques to avoid medication errors associated with prescribing, supply and administration	Shows how	Does
50.	Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Shows how	Does
51.	Recognise when and how their performance or that of others could put people at risk and take appropriate actions	Shows how	Does

52.	Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	Shows how	Does

Domain: Education and research

In order to pass, students/trainees must be able to demonstrate the following at the end of each element of their initial education and training:

Learning outcome		Year 4	Year 5
53.	Reflect upon, identify, and proactively address their learning needs	Does	Does
54.	Support the learning and development of others, including through mentoring	Shows how	Does
55.	Engage in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services	Shows how	Does

Part 2: Standards for the initial education and training of pharmacists

Part 2 is made up of the standards for organisations providing initial education and training and the criteria that are linked to them.

As a general principle, the standards and criteria apply to all organisations and environments which contribute to the delivery of initial education and training of pharmacists. However, the emphasis placed on a standard or criterion will vary depending on the role played by the organisation. Everyone involved must therefore work in collaboration to deliver the standard. Organisations providing or managing any aspect of initial education and training must meet the relevant standards for all the activities they carry out[4].

Part 2 is split in to two sections:

- The requirements for the MPharm degree

- The requirements for the foundation training year

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[4] As well as meeting these standards, universities must meet the Quality Assurance Agency for Higher Education's *UK Quality Code for Higher Education* (2018).

MPharm degree

Introduction

MPharm degrees will be delivered in the main by higher education institutions but will require collaboration with others including, for example, statutory education bodies. The precise nature of the collaboration will be decided between these organisations in consultation with the GPhC.

The undergraduate degree is best placed to highlight the skills and attributes associated with being a prescriber. These will be introduced and incorporated through the four years in preparation for the foundation training year.

After they successfully graduate, students will then undertake their foundation training year which will include a period of supervised practice specifically relating to prescribing (unless students have opted to participate in a 5-year MPharm with integrated training).

Standard 1: Selection and admission

Standard

Students must be selected and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Criteria to meet this standard

1.1. The principles of equality, diversity and fairness must be embedded in selection processes. Selection processes must give all applicants an opportunity to demonstrate their ability and suitability, taking into account their background (such as protected characteristics and socio-economic and education background).

1.2. Higher education institutions must proactively seek to identify and reduce discrimination in selection and admission processes. As a minimum, every year, the MPharm degree admissions profile must be analysed by protected characteristics, as defined in the Equality Act 2010. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students.

1.3. Selection processes must give applicants the guidance they need to make an informed application.

1.4. Selection criteria must be explicit. They must include:

   a. meeting academic entry requirements;

   b. meeting professional entry requirements; that is, suitability to practise as a pharmacist[5]

   c. meeting numeracy requirements

   d. meeting English language requirements appropriate to Master's level study and for professional registration. Guidelines issued by English language testing bodies should be followed to make sure that admissions language requirements are appropriate

   e. taking account of good-character checks

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[5] **Standards for pharmacy professional 2017**

f. taking account of health checks

g. recognising prior learning, where that is appropriate

h. taking an applicant's socio-economic and education background into account

1.5. Admissions criteria should take account of the admissions requirements for periods of learning in practice, including those overseen by statutory education bodies such as NHS Education Scotland (NES), Health Education England (HEE), Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD).

1.6. All admissions and selection processes must include an interactive component, to assess applicants' values and professional suitability. Having a robust application process including interactivity applies also to Clearing and Adjustment applications.

1.7. When higher education institutions accept applicants, who do not meet the academic entry requirements, they must set out clearly the criteria used for making the decision. Making offers to applicants who do not meet the academic entry requirements for the programme must comply with the institution's policy on contextual offers.

1.8. Unconditional offers, where students have been accepted onto a programme without having attained the entry requirements, are not permitted[6].

1.9. Accurate admissions information must be provided to potential applicants. From the academic year 2021-22, all higher education institutions must publish on their website the mean average tariff score of students accepted onto their MPharm degrees for the last three academic years.

Standard 2: Equality, diversity and fairness

Standard

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

Criteria to meet this standard

2.1. Systems and policies must promote the principles and legal requirements for equality, diversity and fairness.

2.2. Systems and policies must be in place to allow everyone involved to understand the diversity of the student body and the implications that has for delivery.

2.3. Systems and policies must be in place to allow everyone involved to understand the diversity of the student's circumstances and experiences and the implications that has for student support and development.

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[6] The prohibition of unconditional offers excludes postponed entry on a MPharm degree because of a gap year or similar (if grades have been met already) or Scottish unconditional offers made after the attainment of the desired grades.

2.4.   Every year, there must be a review of student performance broken down by protected characteristics, as defined in relevant equality and human rights legislation. Documented action must be taken to address differences where they are found.

2.5.   Everyone involved must be trained to apply the principles and legal requirements of equality, diversity and inclusion in their role.

2.6.   MPharm degree design and delivery must ensure student pharmacists understand their legal responsibilities under equality and human rights legislation and proactively seek to learn and understand communities and cultures.

Standard 3: Resources and capacity

Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Criteria to meet this standard

3.1.   There must be robust and transparent mechanisms for securing an appropriate level of resource to deliver a sustainable MPharm degree that meets the requirement of these standards.

3.2.   The staff complement must be appropriate for the delivery of all components of the MPharm degree.

3.3.   MPharm degrees must be delivered in premises which are fit for purpose.

Standard 4: Managing, developing and evaluating MPharm degrees

Standard

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

Criteria to meet this standard

4.1.   There must be systems and policies in place to manage the delivery of the MPharm degree, including periods of experiential and inter-professional learning.

4.2.   There must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation, including those which contribute to periods of experiential and inter-professional learning.

4.3.   The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees.

4.4.   Feedback from student pharmacists must be embedded in monitoring, review and evaluation processes.

4.5.   Systems and policies must be used in such a way that the MPharm degree is evaluated on the basis of evidence and that there is continuous improvement in its delivery.

4.6.   MPharm degrees must be revised when there are significant changes in practice, to ensure provision is relevant and current.

Standard 5: Curriculum design and delivery

Standard

The MPharm degree curriculum must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent teaching and learning strategy. The design and delivery of MPharm degrees ensure that student pharmacists practise safely and effectively.

Criteria to meet this standard

5.1.   There must be a curriculum and a teaching and learning strategy for the MPharm degree, which set out how student pharmacists will achieve the learning outcomes in part 1.

5.2.   The component parts of the MPharm degree must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.

5.3.   Everyone involved must deliver the MPharm degree in collaboration.

5.4.   The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.

5.5.   An MPharm degree must be delivered in an environment that uses research to support learning and teaching.

5.6.   The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Student pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these standards. This experience should be progressive and increase in complexity and take account of best practice.

5.7.   During the MPharm degree, there must be an inter-professional learning plan. Student pharmacists must engage with inter-professional education (IPE) through a progressive strategy based on the Centre for the Advancement of Interprofessional Education's Interprofessional Education Guidelines (CAIPE, 2017)[7]. IPE must mirror practice and must focus on interaction with other health and social care professionals. Engagement with students from other health and care professions must begin at an early stage, progressing to more complex interactions to enable students to develop the skills and level of competency needed to achieve the relevant learning outcomes in part 1 of these standards.

5.8.   Academic regulations must be appropriate for a degree that is both academic and professional and may lead to further professional training. As a general principle, all assessments must be passed.

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[7] **https://www.caipe.org/resources/publications/caipe-publications/caipe-2017-interprofessional-education-guidelines-barr-h-ford-j-gray-r-helme-m-hutchings-m-low-h-machin-reeves-s**

This means that condonation[8], compensation[9], trailing[10], extended re-sit opportunities and other remedial measures should be extremely limited and justifiable, if they are permitted at all. Academic regulations may be more stringent than for other programmes. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.

5.9. Higher education institutions must have procedures to deal with concerns, including fitness to practise procedures and must inform the GPhC of any hearing outcomes (apart from warnings or when no action was taken) imposed on students.

5.10. Student pharmacists must not receive an accredited MPharm degree if there are any outstanding student fitness to practise concerns about them.

5.11. Higher education institutions must have a documented process in place to manage in the event of programme closure or withdrawal.

5.12. Higher education institutions must be open with the GPhC about matters affecting an accredited MPharm degree. Under the Pharmacy Order 2010 schools of pharmacy must assist the GPhC in its work by providing information upon request.

5.13. Higher education institutions must raise relevant issues proactively with the GPhC.

Standard 6: Assessment

Standard

Higher education institutions must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe

Criteria to meet this standard

6.1. There must be an assessment plan for the MPharm degree.

6.2. Higher education institutions must demonstrate that their assessment plan:

   a. is coherent

   b. is fit for purpose, and

   c. ensures that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment

6.3. Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be:

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[8] When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.
[9] Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.
[10] Being able to start the next year of study when one or more assessments from the previous year have not yet been passed.

a. appropriate to the learning outcomes

b. in line with current and best practice, and

c. routinely monitored, quality assured and developed

6.4. Assessment must be fair and undertaken against clear criteria. The standard expected of students in each area to be assessed must be clear, and students and everyone involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments undertaken during the MPharm degree.

6.5. Patient safety must always come first, and higher education institutions must assess whether a student pharmacist is practising safely.

6.6. Pass criteria for all assessments must reflect safe and effective practice.

6.7. It must be clear what standard-setting methods are used during the MPharm degree.

6.8. Higher education institutions must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of experiential and inter-professional learning, during the MPharm degree, against each of the learning outcomes.

6.9. Higher education institutions must support students to improve their performance by providing regular and timely feedback and by encouraging students to reflect on their practice.

6.10. Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors.

6.11. Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment.

6.12. Higher education institutions must ask external examiners to report every year on the extent to which assessment processes:

a. are rigorous

b. are set at the correct standard

c. ensure equity of treatment for students, and

d. have been fairly conducted

The responsibilities of the external examiners must be clearly documented.

6.13. Assessment regulations must be appropriate for MPharm degrees that leads to professional registration. That is, they must prioritise professionalism, patient safety, and safe and effective practice.

Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree

Standard

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees

Everyone involved in the delivery of the MPharm degree should be supported to develop in their professional role

Criteria for meeting this standard

Support for student pharmacist

7.1. There must be a range of systems in place during the MPharm degree to identify the support needed by students and to support them to achieve the outcomes in part 1 of these standards. They must be based on a student's prior achievement and be tailored to them. Systems must include:

   a. induction

   b. effective supervision

   c. an appropriate and realistic workload

   d. personal, study skills and academic support

   e. time to learn

   f. access to resources, and

   g. remediation, if necessary

7.2. Student pharmacists must have support available to them covering academic, general welfare and career advice.

7.3. Student pharmacists must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.

7.4. There must be clear procedures for student pharmacists to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.

Support for everyone involved in the delivery of the MPharm degree

7.5. There must be a range of mechanisms in place to support everyone involved in the delivery of the MPharm degree to develop in their professional role.

7.6. Training must be provided for everyone involved in the delivery of the MPharm degree.

7.7. Everyone involved in the delivery of the MPharm degree must have:

   a. effective supervision

   b. an appropriate and realistic workload

   c. mentoring

   d. time to learn

   e. continuing professional development opportunities, and

   f. peer support

7.8. There must be clear procedures for everyone involved to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on students must be actively raised with the GPhC.
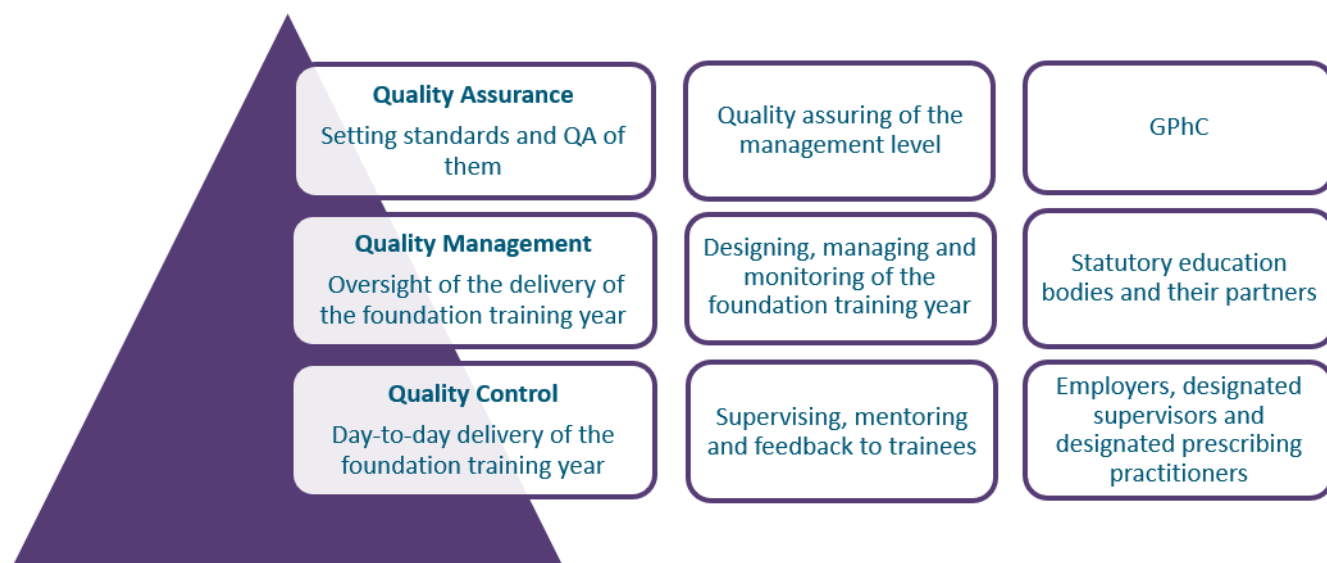
Foundation training year

Introduction

The foundation training year takes place after students graduate with their MPharm degree (unless students have opted to participate in a 5-year MPharm with integrated training) and consolidates their initial learning and education.

It offers on the job, practical training in a clinical setting/s that enables trainees to build upon their underpinning pharmacy knowledge, understanding, skills and behaviours, and previous experience, and apply them to enhance their knowledge and skills in preparation for registration.

During this year trainees will complete at least 90 hours of supervised practice specifically related to prescribing to strengthen their competence and allow them to achieve their independent prescriber annotation upon registration.

Foundation training will be collaboratively delivered by the statutory education bodies, employers and higher education institutions. The precise nature of the collaboration will be decided between these organisations and will be approved by the GPhC.

The statutory education bodies will be responsible for foundation trainees in their respective jurisdictions.

Quality Assurance Setting standards and QA of them	Quality assuring of the management level	GPhC
Quality Management Oversight of the delivery of the foundation training year	Designing, managing and monitoring of the foundation training year	Statutory education bodies and their partners
Quality Control Day-to-day delivery of the foundation training year	Supervising, mentoring and feedback to trainees	Employers, designated supervisors and designated prescribing practitioners

Standard 1: Selection and admission

Standard

Trainees must be selected and admitted onto the foundation training year on the basis that they are being prepared to practise as a pharmacist

Criteria to meet this standard

1.1. The principles of equality, diversity and fairness must be embedded in selection processes. Selection processes must be fair and give all applicants an opportunity to demonstrate their ability and suitability to be a trainee pharmacist.

1.2. Everyone involved must proactively seek to identify and reduce discrimination in selection and admission processes. As a minimum, every year, the admissions profile must be analysed by protected characteristics, as defined in the Equality Act 2010. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging trainees.

1.3. Selection processes must give applicants the guidance they need to make an informed application.

1.4. Selection criteria must be explicit. They must include:

    a. having graduated with an MPharm degree or have successfully completed all the required elements of a 5-year MPharm degree with the integrated foundation training year to allow them to start training.

    b. meeting professional entry requirements; that is, suitability to practise as a pharmacist[11]

    c. taking account of the sector/s they need and want to gain experience in to achieve the learning outcomes

Standard 2: Equality, diversity and fairness

Standard

The foundation training year must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and must be delivered in such a way that the diverse needs of all trainees are met

Criteria to meet this standard

2.1. Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.

2.2. Systems and policies must be in place to allow everyone involved to understand the diversity of the trainee body and the implications that has for delivery.

2.3. Systems and policies must be in place to allow everyone involved to understand the diversity of the trainee's circumstances and experiences and the implications that has for trainee support and development.

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[11] **Standards for pharmacy professional 2017**

2.4. Every year, there must be a review of trainee performance broken down by protected characteristics, as defined in relevant equality and human rights legislation. Documented action must be taken to address differences where they are found.

2.5. Everyone involved must be trained to apply the principles and legal requirements of equality, diversity and inclusion in their role.

2.6. Programme design and delivery must ensure trainee pharmacists understand their legal responsibilities under equality and human rights legislation and proactively seek to learn and understand communities and cultures.

Standard 3: Resources and capacity

Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Criteria to meet this standard

3.1. There must be robust and transparent mechanisms for securing an appropriate level of resource to deliver a sustainable foundation training year that meets the requirement of these standards.

3.2. The staff complement must be appropriate for the delivery of all components of the foundation training year.

3.3. The foundation training year must be delivered in premises which are fit for purpose.

Standard 4: Managing, developing and evaluating the foundation training year

Standard

The quality of the foundation training year must be managed, developed and evaluated in a systematic way

Criteria to meet this standard

4.1. There must be systems and policies in place to manage the delivery of the foundation training year in all training environments.

4.2. There must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation.

4.3. The views of a range of stakeholders – including patients, the public and employers – must be taken into account when designing and delivering the foundation training year.

4.4. Feedback from trainee pharmacists must be embedded in monitoring, review and evaluation processes.

4.5. Systems and policies must be used in such a way that the foundation training year is evaluated based on evidence and that there is continuous improvement in its delivery.

4.6. The foundation training year must be revised when there are significant changes in practice, to ensure provision is relevant and current.

Standard 5: Foundation training year design and delivery

Standard

The programmes for the foundation training year must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent training strategy. The design and delivery of the foundation training year ensure that trainee pharmacists practise safely and effectively.

Criteria to meet this standard

5.1. There must be a training plan/s for the foundation training year, which sets out how trainee pharmacists will achieve the learning outcomes in part 1.

5.2. The learning outcomes must be delivered in an environment which places training in a professional context and requires trainees to conduct themselves professionally.

5.3. Trainee pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments. This experience should be progressive, increase in complexity and take account of best practice.

5.4. Everyone involved must deliver the foundation training year in collaboration.

5.5. There must be mechanisms in place for everyone involved to communicate regularly on the progress of trainees.

5.6. Trainees must pass all assessments and be declared competent before being signed off.

5.7. Everyone involved must have procedures to deal with concerns, including fitness to practise procedures and inform the GPhC of any hearing outcomes (apart from warnings or when no action was taken) imposed on trainees.

5.8. Trainee pharmacists must not be signed off if there are any outstanding trainee fitness to practise concerns about them.

5.9. Everyone involved must be open with the GPhC about matters affecting the foundation training year. Under the Pharmacy Order 2010 they must assist the GPhC in its work by providing information upon request.

5.10. Everyone involved must raise relevant issues proactively with the GPhC.

Standard 6: Assessment

Standard

Everyone involved must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a trainee pharmacist's practice is safe.

Criteria to meet this standard

6.1. There must be an assessment plan for the foundation training year that leads to professional registration.

6.2. Agreements must be in place between everyone involved that describe the roles and responsibilities in the assessment of trainees.

6.3. Everyone involved must demonstrate that their assessment plan:

   a. is coherent

   b. is fit for purpose, and

   c. ensures that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment

6.4. Assessment plans for the foundation training year must assess the outcomes in part 1 of these standards. The methods of assessment used must be:

   a. appropriate to the learning outcomes

   b. in line with current and best practice

   c. routinely monitored, quality assured and developed

   d. must deliver consistency across all trainee's, regardless of their experience to date

   e. must consider the trainees evidence portfolio demonstrating their competence and how they meet the learning outcomes

6.5. Assessment must be fair and undertaken against clear criteria. The standard expected of trainees in each area to be assessed must be clear, and trainees and everyone involved in assessment must be aware of this standard.

6.6. Patient safety must come first at all times and everyone involved must assess whether a trainee pharmacist is practising safely.

6.7. Pass criteria for all assessments must reflect safe and effective practice.

6.8. Everyone involved must have effective management systems in place to plan, monitor and record the assessment of trainees.

6.9. Everyone involved must support trainees to improve their performance by providing regular and timely feedback and by encouraging trainees to reflect on their practice.

6.10. Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers and patients.

6.11. Everyone involved must have the appropriate skills, experience and training to carry out the task of assessment.

Standard 7: Support and development for trainee pharmacists and everyone involved in the delivery of the foundation training year

Standard

Trainee pharmacists must be supported in all learning and training environments to develop as learners and professionals during their initial education and training

Everyone involved in the delivery of the foundation training year should be supported to develop in their professional role

Criteria for meeting this standard

Support for trainee pharmacist

7.1. There must be a range of systems in place during the foundation training year to identify the support needed by trainees and to support them to achieve the outcomes in part 1 of these standards. They must be based on a trainee's prior achievement and be tailored to them. Systems must include:

 a. induction

 b. effective supervision

 c. an appropriate and realistic workload

 d. personal support

 e. time to learn

 f. access to resources, and

 g. remediation, if necessary

7.2. Trainee pharmacists must have support available to them covering general welfare.

7.3. Trainee pharmacists must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.

7.4. There must be clear procedures for trainee pharmacists to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.

Support for everyone involved in the delivery of the foundation training year

7.5. There must be a range of mechanisms in place to support everyone involved in the delivery of the Foundation training year to develop in their professional role.

7.6. Training must be provided for everyone involved in the delivery of the foundation training year.

7.7. Everyone involved in the delivery of the foundation training year must have:

 a. effective supervision

 b. an appropriate and realistic workload

 c. mentoring

 d. time to learn

 e. continuing professional development opportunities, and

 f. peer support

7.8. There must be clear procedures for everyone involved to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on trainees must be actively raised with the GPhC.

Standard 8: The foundation training year

Standard

The foundation training year must focus on the professional practice of pharmacists and must contribute to the delivery of the learning outcomes

Criteria to meet this standard

8.1.   There must be 52 weeks of practical training designated as 'the foundation training year'. Of these trainees must complete at least 90 hours of supervised practice directly related to independent prescribing (period of learning in practice).

8.2.   Everyone involved must collaboratively define the delivery and quality assurance of the foundation training year.

8.3.   Training may take place in one or more sectors of practice.

8.4.   Trainee pharmacists must follow a training plan/s during periods of the foundation training year, which has a clear purpose to enable trainees to meet the learning outcomes in part 1 of these standards.

Standard 9: The foundation training year supervision

Standard

Trainee pharmacists must be supervised by a designated supervisor and a designated prescribing practitioner during the foundation training year to help them meet the learning outcomes[12]

Criteria to meet this standard

9.1.   There must be agreed mechanisms, between everyone involved, for co-ordinating trainees' supervision, oversight of progress and sign off as being fit to practise at the end of the final period of the foundation training year.

9.2.   Trainee pharmacists must have a designated supervisor, who, in collaboration with everyone involved, is responsible for co-ordinating their supervision, overseeing their progress and signing them off. The designated supervisor must be a pharmacist.

9.3.   During the period of learning in practice specifically relating to prescribing, the trainee must be supervised by a designated prescribing practitioner[13].

9.4.   Trainee pharmacists may be supervised by a range of healthcare professionals, other than their designated supervisor and/or designated prescribing practitioner, in a variety of settings. Agreed

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[12] The designated supervisor and the designated prescribing practitioner can be the same person.

[13] Designated prescribing practitioners must be fit to undertake that role and must have appropriate training and experience as per the standards for education and training of independent prescribers.

https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf

mechanisms for supervision must be in place in all practice environments to ensure safe person-centred care is delivered at all times.

9.5. All supervisors must be trained and appropriately experienced to act as supervisors. All those supporting trainees must take into account the GPhC's guidance. Those carrying out assessments of the foundation training year or being involved in trainees' sign off must be appropriately trained, qualified and competent to assess the competence of trainee pharmacists.

9.6. The designated supervisor and the designated prescribing practitioner, or their delegates, must have regular developmental and documented meetings with a trainee pharmacist during the foundation training year.

9.7. During the period of learning in practice, trainees must only undertake tasks in which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.

9.8. If there are concerns that a trainee pharmacist may be failing to meet the learning outcomes for the foundation training year, an action plan must be put in place.

9.9. Sign off confirms that a trainee has achieved all the learning outcomes in part 1 of these standards. The decision to sign off a trainee must be made by more than one person and be based on evidence. As a minimum, if they are not the same person, the designated supervisor and the designated prescribing practitioner must both be involved in the decision to sign off a trainee. The designated prescribing practitioner must provide a formal confirmation once they are satisfied of the trainee's competence in prescribing. Other healthcare professionals involved in co-ordinating trainees' supervision, overseeing their progress, and/or in supervising them can be involved in signing them off. Agreed mechanisms for sign off must be defined, including the roles and competences of those involved.

Glossary

Term	Definition
Accreditation	The processes by which an MPharm degree is reviewed for quality assurance purposes to make sure that the course of education or training meets the relevant GPhC standards, accreditation criteria or training policies.
Applicant	A person applying to enrol onto an MPharm degree/foundation training year.
Compensation	Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.
Condonation	When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.
Designated supervisor	The designated supervisor is responsible, I collaboration with practice partners, for having oversight of the trainee's training and for signing-off trainee's competence at the end of the foundation training year. They should be a source of advice and guidance.
Designated prescribing practitioner	A healthcare professional with an annotation or automatic right to prescribe, for example a medical practitioner, pharmacist, nurse, physiotherapist, or paramedic who will mentor and supervise the pharmacist during the foundation training year. The designated prescribing practitioner will provide a formal confirmation once they are satisfied of the trainee's competence in prescribing.
Employer	A person or an organisation who directly employs the trainee.
Examiner	An individual who has a formal role in the course in evaluating the knowledge or competence of a student.
Experiential learning	During the MPharm degree, period of practical experience of working with patients, carers and other healthcare professionals taking place in a range of environments (real-life and simulated).
Foundation training year	Period of 52 weeks in which a trainee pharmacist undertakes practical learning and training activities under supervision.
Formative assessment	A form of assessment that is ongoing, developmental and continuous and is used to give feedback and support to the student/trainee on progress towards the learning outcomes.
Healthcare professional	An individual who is approved to practise in a healthcare speciality or discipline by the relevant regulatory body in the UK.
Higher education institution	School of pharmacy that delivers an accredited MPharm degree.

Term	Definition
	The higher education institution is responsible for the design, delivery and quality management of the accredited MPharm degree.
Inter-professional learning	During the MPharm degree, period of engagement with students from other health and care professions that mirrors practice.
Period of learning in practice	The period of learning in practice specifically relates to prescribing. It consists in at least 90 hours of supervised practice directly related to independent prescribing.
Protected characteristics	The nine protected characteristics as listed in the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
Sign off	Formal confirmation that the trainee has met the learning outcomes of the foundation training year.
Statutory education bodies	NHS Education Scotland (NES), Health Education England (HEE), Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)
Student pharmacist	An individual who is studying on an MPharm degree.
Supervision	Trainees must be supervised using agreed mechanisms in all practice environments to make sure safe, person-centred care. During the foundation training year, the designated supervisor and the designated prescribing practitioner are responsible for ensuring safety or the trainee's progression.
Summative assessment	A form of assessment used to measure whether the student/trainee has achieved one or more learning outcomes.
Trailing	Being able to start the next year of study when one or more assessments from the previous year have not yet been passed.
Trainee pharmacist	An individual who is undertaking their foundation training year.

References

Legislation and standards

The Pharmacy Order (Department of Health, 2010)

The Pharmacy (Northern Ireland) Order (Department of Health, Social Services and Public Safety, 1976)

The Code of Ethics and Standards (Pharmaceutical Society of Northern Ireland, 2016)

Standards for Pharmacy Professionals (GPhC, 2017)

Education procedures for the initial education and training of pharmacists and pharmacy technicians (GPhC, 2013)

Standing conditions of accreditation and recognition

Revalidation Framework (GPhC, 2018)

Guidance

Demonstrating professionalism online (GPhC, 2020)

Female genital mutilation: mandatory duty for pharmacy professionals to report (GPhC, 2019)

Guidance on experiential learning, placements, laboratory work and other face-to-face interaction on MPharm degrees and OSPAPs ('experiential learning') (GPhC, 2020)

Guidance on MPharm admissions (GPhC, 2020)

Guidance on tutoring and supervising pharmacy professionals in training (GPhC, 2018)

Guidance on tutoring for pre-registration pharmacist tutors (GPhC, 2018)

Guidance on managing fitness to practise concerns in education and training (GPhC, 2020)

In practice: Guidance for pharmacist prescribers (GPhC, 2019)

In practice: Guidance on consent (GPhC, 2018)

In practice: Guidance on maintaining clear sexual boundaries (GPhC, 2020)

In practice: Guidance on patient confidentiality (GPhC, 2018)

In practice: Guidance on raising concerns (GPhC, 2017)

In practice: Guidance on religion, personal values and beliefs (GPhC, 2017)

Joint statement on conflicts of interest (GPhC, 2017)

Joint statement on the professional duty of candour (GPhC, 2014)

Interprofessional education guidelines, (Centre for the Advancement of Interprofessional Education, 2017)

UK Quality Code for Higher Education, (Quality Assurance Agency for Higher Education, 2018)

Websites

General Pharmaceutical Council (GPhC)
http://www.pharmacyregulation.org/

British Pharmaceutical Students' Association (BPSA)

http://www.bpsa.co.uk/

Health Education and Improvement Wales (HEIW)

https://heiw.nhs.wales/

Health Education England (HEE)

https://www.hee.nhs.uk/

NHS Education Scotland (NES)

https://www.nes.scot.nhs.uk/

Office for Students

https://www.officeforstudents.org.uk/

Office of the Independent Adjudicator (OIA)

http://www.oiahe.org.uk/

Pharmaceutical Society of Northern Ireland (PSNI)

http://www.psni.org.uk/

Pharmacy Schools Council

https://www.pharmacyschoolscouncil.ac.uk/

Professional Standards Authority (PSA)

https://www.professionalstandards.org.uk/home

Royal Pharmaceutical Society (RPS)

http://www.rpharms.org/

Quality Assurance Agency (QAA)

http://www.qaa.ac.uk/

Universities UK (UUK)

https://www.universitiesuk.ac.uk/

Contact us

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Appendix 1: Requirements for the initial education and training of pharmacists

This document provides standards for the initial education and training of pharmacists.

For students and trainees studying in Great Britain, there are four routes to registration as a pharmacist[14] and annotation as an independent prescriber:

Route 1: An initial four-year Master of Pharmacy (MPharm) degree followed by the foundation training year

- a four-year MPharm (part of which may be studied overseas)
- the foundation training year
- the GPhC's registration assessment[15]

Normally, this route to registration must be completed in eight years[16].

Route 2: A five-year Master of Pharmacy (MPharm) degree including a pharmacy foundation degree followed by the foundation training year

- a two-year part-time foundation degree (comprising Year 1 of an MPharm degree plus work experience and study skills)
- years 2-4 of an MPharm degree
- the foundation training year
- the GPhC's registration assessment

Normally, this route to registration must be completed in nine years.

Route 3: A five-year Master of Pharmacy (MPharm) degree including a preparatory year followed by the foundation training year

- a preparatory year (Year Zero/Foundation Year/Health Foundation Year)
- years 1-4 of an MPharm degree, delivering the learning outcomes in part 1 of these standards
- the foundation training year
- the GPhC's registration assessment

Normally, this route to registration must be completed in nine years.

Route 4: A five-year Master of Pharmacy (MPharm degree) including the foundation training year

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[14] The maximum period for completing a route to registration may be adjusted pro rata for periods of part-time education or training and for other legitimate, documented reasons.
The registration process includes health and good character checks.
[15] From 2020, the registration assessment will be delivered online until further notice.
[16] Education Procedures for the initial education and training of pharmacists and pharmacy technicians

- a five-year MPharm degree, including blocks of the foundation training year
- the GPhC's registration assessment

Normally, this route to registration must be completed in eight years.

General Pharmaceutical Council

Equality, diversity and inclusion strategy: update and re-focus

Meeting paper for Council on 10 December 2010

Public

Purpose

To update the Council on the development of our equality, diversity and inclusion strategy

Recommendations

The Council is asked to:

a. note the recent EDI activities snapshot
b. approve the refocussed strategic themes and objectives at Annex A

1.   Introduction

1.1   On 19 May 2020, we published our Vision 2030 and Strategic Plan 2020-25. Our focus right now is on supporting pharmacy during the COVID-19 pandemic and making sure that patients and the public continue to receive safe and effective care in these challenging times.

1.2   Although our Vision and Strategic Plan were developed before the pandemic began, they have helped to guide our response and will continue to guide us as we move forward. On 15 October 2020, the Council completed a 'health check' exercise on the Vision, to ensure that it continues to be fit for purpose in light of what is known about the impact of the pandemic to date. We will be keeping these plans under close review, and will continue to reprioritise our work accordingly, to make sure we are adapting quickly to changes and challenges.

1.1   At the end of June, the Council received an update on the developing equality, diversity and inclusion strategy, which included an overview of our three strategic themes and objectives. The strategy is designed to support the achievement of our Vision, looking at our specific aspects of our work through the lens of equality, diversity and inclusion.

2.   Recent EDI activities snapshot

2.1   We are continuing to work on the development of our strategy, and this is discussed in more detail in **Section 3**. However, it is important to highlight that we have not delayed in progressing EDI related action and activity where we can, even though we recognise there is more to do on the wider strategy development.

1.2   Below is a snapshot of our recent EDI actions and activities. Please note that this is not a complete picture of all our ongoing or planned EDI related activity as an organisation (including the action plans to be developed under our strategy); the work we do to assess the equality dimensions of our

work across all of the protected characteristics; or, our regular consultation and engagement activities.

Recent stakeholder engagement

- facilitated a discussion with the senior leadership group on **race equality and leadership responsibilities**. The session involved a discussion of key ethnicity data sources across a number of different sectors (UK population and NHS, pharmacy and GPhC workforces); a webinar from business-psychology consultants Pearn Kandola on race and well-being in organisations; and, a discussion about how we might apply external insights about race equality to our own work. We are now planning follow-up sessions to identify next steps and actions.

- our Chief Executive and Registrar took part in a **panel discussion on 'Is regulation too white?'** facilitated by the PSA. Panel members were free to explore this question from different viewpoints and perspectives. We chose to explore the question in the context of standards and how, if we want to focus on person-centredness in both healthcare and in regulation, standards need to be framed in terms of the needs and rights of the people and communities using the services of our registrants.

- attended the National Roundtable on **Inclusive Pharmacy Professional Practice**, co-hosted by the Chief Pharmaceutical Officer at NHS England and NHS Improvement, the Royal Pharmaceutical Society and the Association of Pharmacy Technicians UK. The group is working collaboratively to develop and embed inclusive pharmacy professional practice into everyday care for patients and members of the public, to support the prevention of ill-health and address health inequalities within our diverse communities. The joint statement on this work is available **here.**

- held further **conversations with the Royal Pharmaceutical Society**, to explore our respective roles and remits in this space, and to identify potential areas of collaborative work for the future.

- met with **representatives from Stonewall** and three other UK organisations, to discuss and explore the barriers that patients face in accessing transition-related care and support, and to identify potential areas of joint work for the future.

- hosted a series of **virtual events and discussions to celebrate Black History Month**:

  ➢ our BAME Network co-chairs facilitated a discussion with a panel of Black pharmacy professionals (Ade Williams, Alima Batchelor and Lola Dabiri), who shared their lived experience and views on topics including racism, healthcare regulation and the way forward in pharmacy.

  ➢ our **BAME and Women's Network hosted a joint discussion** with Mandisa Greene, the first Black President of the Royal College of Veterinary Surgeons, who shared her personal and professional experiences about representation on Boards, access to opportunities, and nurturing talent.

- our **Women's Network hosted a virtual event** with Neera Goel, PCN Senior Clinical Pharmacist and Locum Community Pharmacist and one of our associates and partners. Discussion topics included sexism, assumptions and expectations, and other stereotypes in relation to faith and ethnicity.

- facilitated a **cross-regulatory discussion** led by one of our associates and partners, Andrew Harvey, on the challenges and gaps in different regulatory settings for LGBTQ+ representation and inclusion. A number of colleagues from other regulators joined the discussion, to share ideas and experiences.

- published a **series of internal blogs and reflection pieces** from staff and Council members to raise awareness about key equality issues. This generated ideas, feedback and discussion of shared and lived experiences from colleagues across the organisation.

- **published a statement** following the findings of Public Health England's report on Disparities in the risk and outcomes of COVID-19 and the recommendations set out in the second part of that report on understanding the impact on certain groups. This included highlighting the responsibilities on pharmacy owners, to identify and manage the risks associated with providing pharmacy services and the importance of reviewing existing risk assessments

- **published a Regulate article** about how pharmacy professionals may feel apprehension about providing the flu vaccination service this year, particularly if they may be at higher risk in relation to COVID-19 infection, such as people from BAME backgrounds and/or with long-term conditions. To inform the article, we sought targeted feedback from key stakeholders, as well as feedback from an individual pharmacy professional who shared their experiences.

- strengthened the initial education and training standards for pharmacists to place a **greater emphasis on equality, diversity and inclusion** to combat unlawful discrimination and help address health inequalities.

- initiated a new piece of work to assess and scope the need for **equality guidance for pharmacy owners**, to help them meet their obligations under the Equality Act and the Human Rights Act, including consideration of the relevant legislation and good practice.

- facilitated workshops with relevant teams and statutory committee members across the GPhC to prepare for our **anonymous decision-making pilot** for investigating committee cases, and the wider links to our strategy.

- updated our **equality monitoring data** for all staff, which included a targeted internal communications campaign to increase response rates and provide clarity on how we use this data to better understand the equality profile of our workforce and identify any action to address any barriers to equality of opportunity. Staff response rates increased by 1% and 4% in relation to ethnicity and religion or belief data respectively.

- identified a case for and **implemented positive action measures[1]**, through our internal leadership development programme, to encourage greater participation from BAME people managers across the GPhC.

- published a **new policy and approach to managing Council appointments**, with a clear emphasis on equality, diversity and inclusion. We developed a new area on our website, with transparent information about recruitment, selection and recommendations, linked to express statements about how we meet our equality obligations under the law, and how we value diversity our Council.

- created and implemented a **new equality monitoring form** for Council members, to similarly improve our data collection in this area.

3. Refocussing our strategic themes and objectives

3.1 We are continuing to work on the development of our strategy in parallel with our ongoing EDI actions and activities and it's vital that we don't lose momentum in this area.

3.2 Following a number of recent developments, we are however proposing to refocus the strategic themes and objectives previously presented to the Council.

3.3 In short, we want to ensure that the strategic themes and objectives:

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[1] Positive action is about taking specific steps to improve equality the workplace and is provided for under the Equality Act 2010. It can be used to meet a group's particular needs, minimise a disadvantage they might experience or increase their participation in a particular activity, and supports compliance with the public sector equality duty.

- are fit for the future and fully support the achievement of our longer-term Vision and Strategic Plan;

- are clearly aligned with our duties under the Equality Act 2010 and support our wider commitment to go beyond the legal requirements in this context; and,

- reflect what we've been hearing from our staff, our equality networks and stakeholders through early engagement on the strategy as well as through other recent discussions and events (including those listed above).

Initial Council member feedback

3.4 To support this work, we convened a small sub-group of Council members to provide initial feedback on the revised themes and objectives, and to help shape the proposals set out an **Annex A**.

(Please note that Annex A is not the full strategy document. It is simply a key building block in early draft form, to ensure that we are moving the strategy forward in the right direction and in line with the principles identified above)

3.5 Overall, the group were supportive of the revised approach, including:

- amending the wording of strategic objective 1 relating to our regulatory decision-making, to include clear references to the lawfulness of our decisions.

- changing the focus of strategic theme and objective 2 to how we will use our standards to help tackle unlawful discrimination across all pharmacy sectors and settings, and to make sure everyone can access person-centred care, fostering equality of health outcomes.

- increasing the level of ambition described in strategic objective 3 relating to our corporate activities (in this context, the group had different opinions on the use of 'best practice' versus 'good practice' – we would welcome other feedback and views on this aspect).

3.6 We would welcome Council's feedback on each of the revised objectives.

4. Communications and next steps

4.1 This paper will be published on our website with our Council papers in the usual way. If Council supports the refocussed themes and objectives, we intend to present final strategy for approval in the first quarter of 2021. This means the new strategy will be launched and out for consultation before the beginning of the next financial year on 1 April 2021.

4.2 At the same time, we're also developing a communications plan to support wider engagement on the strategy when this is launched, to encourage feedback and views from the wide range of stakeholders and groups affected.

5. Resource implications

5.1 The resource implications for this work, including communication and consultation activities, have been accounted for in existing budgets.

6. Risk implications

6.1 The EDI strategy is closely aligned with our 2030 Vision and Strategic Plan, which have already been subject to a recent health-check, in light of the developing external context. This refocussing exercise will help ensure that we are setting appropriate objectives for the future, taking account of recent internal developments, stakeholder views and external context.

7.   Monitoring and review

7.1   We will provide further information on the governance, monitoring and review arrangements when the next strategy paper is presented to the Council. This will include more information about how we monitor, evaluate and report on progress.

8.   Recommendations

The Council is asked to:

- c.   note the recent EDI activities snapshot
- d.   approve the refocussed strategic themes and objectives at Annex A

Laura McClintock, Chief of Staff
General Pharmaceutical Council

03 December 2020

Annex A: Proposed changes to our strategic themes and objectives

Vision 2030		
Safe and effective pharmacy care at the heart of healthier communities		

Organisational strategic plan 2020-2025		
Strategic Aim 2: Deliver effective, consistent and fair regulation		
"We will also be making sure the way we regulate is grounded in equality and diversity, and a good understanding of the systems and cultures professionals and the communities they serve are based in"		

Equality, diversity and inclusion strategy		
Theme 1	**Theme 2**	**Theme 3**
Regulatory activities	**Influence and guidance**	**Corporate activities**
Strategic objective 1	**Strategic objective 2**	**Strategic objective 3**
Sustain fair and effective regulatory functions	*Engage stakeholders and influence good practice*	*Embed EDI in all our corporate activities*
We treat everyone fairly, in making every decision, and in every interaction. People we work with and for are confident that we are a fair regulator	We provide leadership and use our influence to encourage partners to identify and address inequalities for pharmacy professionals and patients in the wider healthcare system	We put EDI at the heart of everything we do as individuals and collectively as an organisation.
Strategic objective 1 (amended)	**Strategic objective 2 (amended)**	**Strategic objective 3 (amended)**
To make regulatory decisions which are demonstrably fair, lawful and so free from discrimination and bias	To use our standards to proactively help tackle unlawful discrimination in all pharmacy sectors and settings and to make sure everyone can access person-centred care, fostering equality of health outcomes	To lead by example and demonstrate good practice within our organisation, holding ourselves to the same high standards we expect of others
Rationale for change	**Rationale for change**	**Rationale for change**
We have retained the core theme relating to our regulatory activities. However, we have sharpened the wording of the objective, to make it clear that this relates to our regulatory decision-making. This adds focus and should help direct our work under this objective going forward. We have also expanded the scope of this objective to go beyond fairness. Importantly, we have also added the word '*demonstrably*' to this objective. This is about being able and capable to show that our decisions are made in this way and about being transparent and open in	We have changed this strategic theme and objective. Working with our stakeholders and influencing others to address inequalities across the system will continue to be an important part of our work going forward. However, we want to shift the primary focus from influencing others to being more proactive in what we can do ourselves to effect positive change. To that end, we want to be explicit in our strategy that we will proactively use our standards to help tackle unlawful discrimination in all pharmacy sectors and settings and to support access to person-centred care, fostering an equality of health outcomes. The	We have retained the theme relating to our corporate activities as an employer. This continues to sit closely alongside the first two strategic themes and objectives relating to our work as a regulator and completes the circle of our core activities. However, we have increased the level of ambition in this strategic objective. We want to go beyond embedding EDI in this context, primarily to support us to meet our equality obligations under the law as well as our commitment to equality, diversity and inclusion more widely. Linked to the focus on standards in strategic objective 2, we want to include an explicit statement

the way we report on and share this information externally.

reference to all sectors and settings is intended to be sufficiently broad to cover all areas, including learning environments, and to cover people accessing and providing services.

about our cultural commitment, within the GPhC, to hold ourselves to the same high standards we expect of others.

Scheduling Council appointments in 2022 and beyond

Meeting paper for Council on 10 December 2020

Public

Purpose

To set out a proposal for staggering Council member appointments to maximise efficiency and effectiveness.

Recommendations

The Council is asked to agree in principle that Council appointments for 2022-24 should be staggered as laid out in the paper.

1. Introduction

1.1 Council members are appointed by the Privy Council from recommendations given by an appointments panel organised and run by the GPhC (but not including GPhC staff or executive team). The Professional Standards Authority has oversight of the process and is required to assure the Privy Council that it can have confidence in the appointments process undertaken and the way that it was run. In order to ensure consistency, the GPhC has a policy which sets out our approach to managing and recommending Chair and Council member appointments and re-appointments.

1.2 This policy was updated in September 2020 and approved by Council.

2. The appointments and re-appointments policy

2.1 To recap, Council members (including the Chair) may not hold office for more than an aggregate of 8 years within any 20-year period. This is a statutory requirement and is not flexible. However, staggering arrangements, including the length and number of terms within the overall statutory maximum, is a matter for the regulator and the Privy Council.

2.2 The policy states that Council member appointments should be staggered, where possible, so that a full appointments process through open competition does not need to be run every year. Ideally, open competition should be run no more than every two years. This is both for reasons of cost and to provide a healthy mix between stability and refreshed membership.

2.3 It is an agreed principle of Council member recruitment that when considering whether to use open competition, re-appointments or both, the Council will consider the balance

between continuity and refreshment of its membership, with the aim of producing a degree of change which minimises both stagnation and instability.

3.   Recent and upcoming recruitment

3.1   We have set out below our proposed staggering arrangements for 2022 and beyond, to take account of a number of key factors.

3.2   The process to appoint a new Chair will begin early in 2021 and will take place in line with the agreed policy. It is likely to run for much of the year, with a new Chair taking office in April 2022. There is no flexibility with the appointment of the Chair given that the statutory maximum time in office has been reached. A further paper will be presented to the Council in the new year, setting out the specific arrangements and procedure for the Chair appointment.

3.3   Alongside the Chair appointment, we need to consider the approach to member appointments in 2022. There has been significant turnover in membership in the last two years, with eight new members joining the Council since April 2019. A period of stability could therefore be beneficial at this point, particularly as there will be a change of Chair in 2022.

3.4   If we recruit new members to take office in 2022, the timing of that exercise will either clash with the recruitment of the new Chair or mean that the recruitment of the Chair will need to take place very early, to give the new Chair the opportunity to take part in the recruitment of members. In either case, we would have to bear the significant cost of two major recruitment exercises in 2021.

3.5   The PSA does not advise running a combined recruitment round or combining parts of the recruitment round. This view is supported by our external recruiters, based on their experience of similar campaigns.

3.6   Three experienced members are due to leave Council in March 2022 and two more in March 2023. While all will have served two terms, they will not have reached the maximum number of years which members are allowed to serve and is therefore permissible for them to be re-appointed for a final, shorter, term.

3.7   Re-appointing those due to leave in 2022 for a further two years (including the chair of the Finance and Planning Committee) and those due to leave in 2023 for a further one year (including the chair of the Remuneration Committee) would mean a stable Council up to 2024, able to support the new Chair. There would then be an appointment exercise for five new members, which is in line with the statutory maximum.

3.8   Given the significant changes which the GPhC is expected to undergo in operating models, ways of working and possibly accommodation, it could be particularly beneficial to have experienced members working on the committees mentioned above.

3.9   The proposal also has the benefit of being more cost-effective and using less staff resource, as running one exercise for five candidates takes less staff hours and input than running two separate exercises. Selection panel costs would also be significantly reduced.

3.10   A representation of how appointments and re-appointments might work is attached as **Appendix 1**.

3.11 It should be stressed that this an 'in-principle' suggestion and that none of the members concerned have yet been approached. It is important to note that any reappointments would still be subject to the formal process in line with our policy, scrutinised by the PSA and subject to final approval by the Privy Council.

4. Equality and diversity implications

4.1 We have considered this approach carefully alongside our commitment to increasing the diversity of our Council more widely (as reported to the Council in September).

4.2 Scheduling appointments and re-appointments as suggested has potential benefits in terms of promoting diversity. Evidence shows that interviewing for multiple vacancies at one time increases the likelihood of diverse outcomes and our external adviser has emphasised the importance of this point as part of our wider commitment to increasing Council diversity.

4.3 Postponing new appointments until 2024 would also give us the maximum opportunity to do more work in those areas where we know our attraction of candidates is weakest, putting into action the principles agreed by Council in September on improving the diversity of membership.

4.4 Diversity will continue to be a focus within the Chair recruitment exercise in 2022.

5. Communications

5.1 If the Council agrees to this proposal in principle, discussions will need to be held with the members affected.

5.2 We will communicate any decision and future plans clearly to the profession and our other relevant stakeholders. This will include updating the PSA and the Council on the likely timetables.

6. Resource implications

6.1 As discussed above, the proposal allows for more efficient use of resources. The costs of the necessary campaigns will be factored into the budgets for the relevant years.
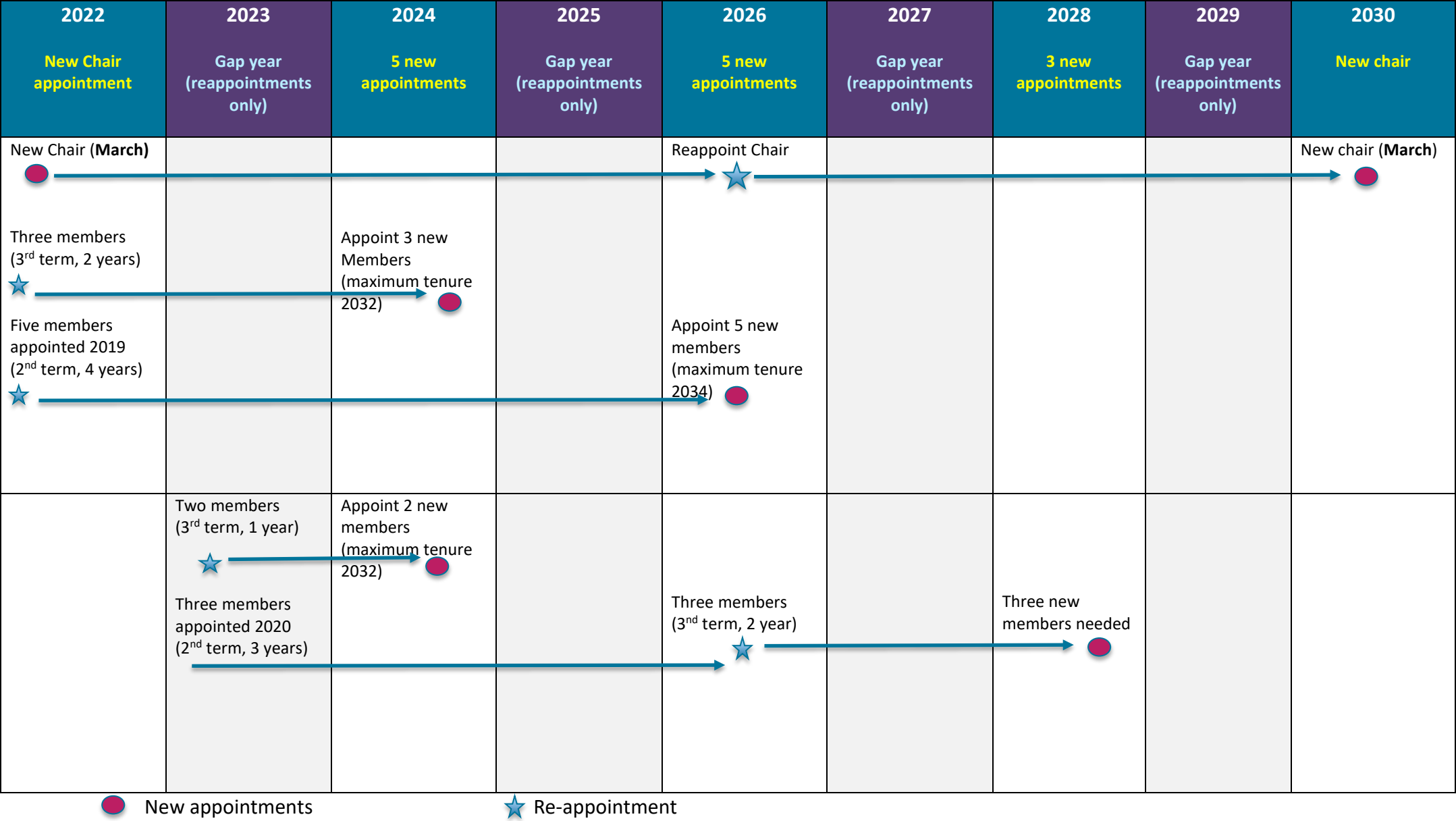
7. Recommendations

The Council is asked to agree in principle that Council appointments for 2022-24 should be staggered as laid out in the paper.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

Laura McClintock, Chief of Staff
General Pharmaceutical Council

02 December 2020

Proposed Council member staggering arrangements 2020-2030

2022	2023	2024	2025	2026	2027	2028	2029	2030
New Chair appointment	**Gap year (reappointments only)**	**5 new appointments**	**Gap year (reappointments only)**	**5 new appointments**	**Gap year (reappointments only)**	**3 new appointments**	**Gap year (reappointments only)**	**New chair**
New Chair (**March**) 🔴 →→→→→→→→→→→→→→→→→→→→→→				Reappoint Chair ⭐ →→→→→→→→→→→→→→→→→→				New chair (**March**) 🔴
Three members (3rd term, 2 years) ⭐ →→→→→→→→		Appoint 3 new Members (maximum tenure 2032) 🔴						
Five members appointed 2019 (2nd term, 4 years) ⭐ →→→→→→→→→→→→→→→→→→→→→				Appoint 5 new members (maximum tenure 2034) 🔴				
	Two members (3rd term, 1 year) ⭐ →→→→	Appoint 2 new members (maximum tenure 2032) 🔴						
	Three members appointed 2020 (2nd term, 3 years) →→→→→→→→→→→→→			Three members (3nd term, 2 year) ⭐ →→→→→→→		Three new members needed 🔴		

🔴 New appointments   ⭐ Re-appointment

Council member and Chair remuneration

Meeting paper for Council on 10 December 2020

Public

Purpose

To review the remuneration paid to Council members and the Chair.

Recommendations

The Council is asked to

i)   note the updated information provided on Council member remuneration, considered by the Remuneration Committee;

ii)   agree that the remuneration for Council members and the discretionary payments for the Chairs of the non-statutory committees should remain at £12 500 and £2 500 p.a. respectively; and

iii)   agree that the appropriate level of remuneration of the Chair should be £60 000 p.a., to take effect at the start of the term of office of the next Chair, in 2022.

1.   Introduction

1.1   The remit of the Remuneration Committee includes advising Council on the remuneration of Council members and the Chair.

1.2   In 2018, on the recommendation of the Remuneration Committee, remuneration increased as follows:

- Council member remuneration from £12 000 to £12 500;
- Chair remuneration from £48 000 to £56 000; and
- discretionary payments for chairs of the Audit and Risk and Remuneration Committees increased from £2 000 to £2 500

1.3   The Committee reviewed remuneration again in September 2018 and October 2019 but recommended to Council on both occasions that no further increases should be given. Council accepted these recommendations at its meetings in November 2018 and 2019.[1]

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[1] In April 2019 the Council agreed that the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) should become the Finance and Planning Committee (FPC). The Chair of the EEAAG also received the discretionary payment of £2500 referenced in 1.3c above and the Chair of the FPC continues to do so.

2.   Council member remuneration 2021

2.1   Data relating to Council member remuneration is considered by the Committee every year. Since the last review there have been no significant changes in the market or other relevant indicators. We have obtained updated figures for Council remuneration across the other health and social care regulators for comparison and to ensure that our rates remain comparable. The data can be found at **Appendix 1.**

2.2   The need to keep Council remuneration competitive in order to attract good quality candidates has been highlighted in previous discussions. There have been two Council recruitment exercises in the last two years, with five new members joining the Council in April 2019 and three new members joining in April 2020. The 2019 recruitment exercise attracted an average of 47 applicants per place available while the 2020 round attracted an average of 50 candidates per place available. There is therefore no evidence that the current level of remuneration deters applicants.

2.3   However, it is important that the rates paid by the GPhC remain reasonable and that remuneration rates do not fall behind comparable organisations. Calculating the mean and median figures for member and Chair salaries across the regulators gives the following:

	Mean salary £	Median salary £	GPhC Salary £
Members	12,542	13,231	12,500
Chair	59,100	57,400	56,000

2.4   As can be seen above, the member salary is very close to the mean and is in the mid-range when calculating the median.

2.5   Based on the data and following a thorough discussion, the Remuneration Committee recommends that there should be no increase in remuneration for members and committee chairs 2021.

2.6   The Chair's salary is below both the mean and the median. The Committee took the view that the salary should be increased as it was important to demonstrate the value which was attached to both the role and work of the Chair. The Committee therefore recommended that the appropriate level of remuneration for the Chair of Council salary should be increased to £60 000 p.a.

2.7   Although it was the Committee's view that this increase should be applied now, the Chair of Council (who is not a member of the Committee) has indicated his advice and wish is that the implementation of any increase, if agreed by Council, should be deferred to the start of his successor's term of office.

3.   Equality and diversity implications

3.1   Remuneration should be set at a fair rate for all those carrying out work on behalf of the GPhC. Ensuring a fair rate of remuneration for the contribution of the groups covered by this paper is part of this. As noted in paragraph 2.2 above, we are not aware that the level of remuneration impacts on the ability or willingness of any people who share protected characteristics to apply for Council membership.

3.2   Additionally, we received no negative feedback, either directly or through the search agency, that the current levels of remuneration had put candidates off from applying in the last two rounds. Our recruiters have previously advised us that raising remuneration has an impact in terms of increased general interest, including, but not specifically, from candidates from diverse backgrounds. This makes these roles more attractive for everyone, not disproportionately more interesting for people from diverse backgrounds. However, we have no evidence to suggest that the current rates have an adverse impact on applications or retention of successful candidates.

3.3   As part of our Council member recruitment work for the 2020 appointments round, we produced a new Diversity Action Plan, which was designed to help us identify the practical steps and actions that we can take, to attract a broad, diverse range of suitably qualified candidates, and reflects learnings, insights and feedback from the previous appointments round as well as recent reports in the external context that are relevant to our work.

3.4   As well as member remuneration we offer reasonable childcare, carer, accommodation, travel and subsistence expenses. Additionally, we offer adjustments to candidates and members and we have updated our candidate packs to make sure that the language we use is positive, purposeful and welcoming. On that basis, we do not think there is anything in our current processes relating to remuneration that would have a negative impact in terms of attracting or retaining members.

3.5   However, in order to ensure that this is the case, we will be reviewing the remuneration for members against a wider dataset before the next recruitment campaign.

4.   Communications

4.1   Council member and Chair remuneration is published on the website and detailed in the annual report.

5.   Resource implications

5.1   If agreed, the recommendations in this paper would have no budgetary impact this year or in the next financial year.

6.   Risk implications

6.1   The risks for the GPhC in setting its remuneration policy are those of continuing to attract and retain high quality membership of the Council and its committees and advisory groups, while ensuring value for money. There is currently no evidence that this is not the case.

7.   Monitoring and review

7.1   Member remuneration is reviewed annually by the Remuneration Committee and the Council.

8.   Recommendations

The Council is asked to

    i)   note the updated information provided on Council member remuneration, considered by the Remuneration Committee;

    ii)   agree that the remuneration for Council members and the discretionary payments for the Chairs of the non-statutory committees should remain at £12 500 and £2 500 p.a.

respectively; and

iii)   agree that the appropriate level of remuneration of the Chair should be £60 000 p.a., to take effect at the start of the term of office of the next Chair, in 2022.

Janet Collins, Senior Governance Manager
General Pharmaceutical Council

03 December 2020

Regulator	Income	Council members			Chair		Last reviewed
		Annual pay	Time commitment	Committee chair supplement	Annual pay	Time commitment	
General Chiropractic Council (GCC)	£2.7m	£6,650	Four Council meetings (some last 2 days) plus Committees	No	£23,000	78 days p.a. (1.5 days per week)	Feb-13
General Dental Council (GDC)	£46.4m	£15,000	Eight Council meetings plus Committees	£3,000	£55,000	No data	Feb-17
General Medical Council (GMC)	£112.5m	£18,000	Seven Council meetings plus committees	£38,000 for Deputy Chair	£110,000	156 days p.a. (3 days per week)	
General Optical Council (GOC)	£9.2m	£13,962	Eight Council meetings plus Committees	£3111 for 'senior members'	£58,806	No data	Apr-19
General Osteopathic Council (GOsC)	£2.9m	£7,500	Four Council meetings plus Committees	£2,250 for Policy Committee and ARC	£27,000	78 days p.a. (1.5 days per week)	
General Pharmaceutical Council (GPhC)	£22.7m	£12,500	Ten Council meetings plus committees	£2,500	£56,000	156 days p.a. (3 days per week)	Nov-18
Health and Care Professions Council (HCPC)	£34.4m	£12,000	Eleven Council meetings plus committees	£2,000	£65,000	156 days p.a. (3 days per week)	
Nursing and Midwifery Council (NMC)	£92m	£14,724	36 days p.a.	No	£78,000	156 days p.a. (3 days per week)	April 2017 for members, May 2018
Pharmaceutical Society of Northern Ireland (PSNI)	£1.2m	£118 per half day	Five Council meetings plus committees	No data	£143 per half day	50 days (1 day per week)	

General Pharmaceutical Council

Minutes of the Remuneration Committee meeting held on Friday 18 September 2020 at 10.00 a.m.

Meeting held by Skype

To Be Confirmed 23 April 2021

Minutes of the public session

Present

Elizabeth Mailey (Chair)

Rob Goward

Arun Midha

Janet Rubin

Selina Ullah

Apologies

Jo Kember

In attendance

Duncan Rudkin (DR - Chief Executive & Registrar)

Francesca Okosi (FO - Director of People)

Laura McClintock (LM - Chief of Staff)

Gary Sharp (GS – Associate Director of HR)

Janet Collins (JC - Governance Manager)

Leila Mikail (LM – Learning and Development Manager)

Paul Cummins (PC - Head of Adjudications)

Julian Graville (JG – Head of Inspections)

1. **Attendance and introductory remarks**

1.1. The Chair welcomed everyone to the meeting. Apologies had been received from Jo Kember. There had been a number of late papers/slide sets for the meeting and the Chair requested

that those presenting them should remember that the Committee had not had much time to review them and adjust their presenting accordingly.

2. Declarations of interest

2.1. The Chair reminded the Committee that any declarations of interest should be made before each item.

3. Actions and matters arising

3.1. Action from paragraph 5.1 of the April 2019 minutes – the committee was given an update on the Chief Executive's pay.

3.2. Action from October 2019 – update on the application of the redundancy policy. Four staff had been made redundant as a result of a small re-organisation.

3.3. Update on Covid-19 – One more member of staff had been ill with Covid-19 but had now returned to work. Risk assessments were being conducted with anyone attending the office (including associates, partners and witnesses) and were planned for Council members.

3.4. Other actions on the log which were part of the Committee's annual plan commitments would be used to shape a work plan for the next 12-18 months.

3.5. Francesca Okosi gave an update on the future structure of the HR team. The Head of HR had recently left the organisation and FO herself would be leaving on 2 October. The People Directorate would be broken up with the various teams moving to the leadership of different directors. Hearings and Facilities would come under the leadership of Jonathan Bennetts (Director of Finance), while the EDI team would come under the leadership of Laura McClintock (Chief of Staff), with both of those directorates being re-named accordingly. The HR team would be led by Gary Sharp who was returning to the organisation as Associate Director of HR for one year, reporting direct to the Chief Executive.

4. Council member, associates and partners' expenses

4.1. Janet Collins presented 20.09.Rem.01 which set out an updated expenses policy for Council members, associates and partners. The aim had been to clarify and update the policy and the work had been carried out with Melissa Nurse-Barrow (Associates and Partners Manager) and Vanessa Clarke (Senior Finance Manager).

4.2. The proposed changes were explained in the cover paper and highlighted in the policy itself. There were no changes proposed to accommodation and subsistence rates as these continued to be sufficient.

4.3. During discussion on the paper, it was agreed that those non-staff members who were working from home on behalf of the GPhC should be provided with IT equipment if they needed it. This would be checked when the revised policy was publicised.

4.4. **The committee approved the updated Council member, associates and partners expenses policy for recommendation to Council.**

5. **Action plans arising from the staff survey**

5.1. Leila Mikail, Julian Graville and Paul Cummins joined the meeting to present this item, covering the progress made so far on the action plans arising from the staff survey, giving examples from the Fitness to Practise, Insight, Intelligence & Inspection and People directorates and setting out the corporate priorities.

5.2. The committee had been concerned by some of the findings of the survey, particularly that only 35% of staff believed that action would be taken on the results, and so had asked to be kept updated.

5.3. LM shared the action planning framework and the progress to date, including the overview of themes for focus group discussions by directorate. The dominant themes which had emerged were reward and leadership. Corporate workshops had also been held on these.

5.4. The committee welcomed the plans and the progress being made.

Leila Mikail, Julian Graville and Paul Cummins left the meeting

6. **Reset and Renewal project**

6.1 Duncan Rudkin gave an update on the Reset and Renewal project. Most staff were working from home successfully during the pandemic, with a small number going into the office either to facilitate hearings or to open and scan post. A small number of other staff were also going in one day per week. The organisation had no plans to go back to the former 'normal' of most staff working from the office as a matter of course and was exploring new ways of operating which would fit with the aspirations set out in the Vision 2030 of being lean and adaptable.

6.2 This work had key interdependencies with the accommodation strategy. There had been some costs incurred in relation to providing staff with equipment and furniture to work safely and effectively at home but this had more than been offset by the savings in meeting costs and expenses.

7. Covid-19 report for August 2020

7.1 FO updated the committee on the August 2020 statistics in relation to Covid-19 across the organisation. Since the beginning of the pandemic, 19 staff had reported that they were shielding, eight staff that they lived with someone who was shielding, six staff had had to self-isolate and 16 had shown symptoms.

7.2 There were currently no staff off sick with Covid-19. Seven staff who were registered disabled and 19 with underlying health conditions were continuing to work from home even if their usual role was one which involved some travel to the office during the pandemic.

8. Any other business

8.1 The suggested dates for the meetings in 2021 were 23 April and 24 September. Members were asked to note these and to contact JC about their availability.

8.2 A further meeting might be needed in the Autumn of 2020 to look at executive pay calibration.

Date of the next meeting:

Friday 23 April 2021