

Council meeting

7 February 2019

13:30 to 16:00 approx.

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

Public business

1. Attendance and introductory remarks	Nigel Clarke
2. Declarations of interest <i>Public items</i>	All
3. Minutes of last meeting <i>Public session on 06 December 2018</i>	Nigel Clarke
4. Actions and matters arising	Nigel Clarke
5. Workshop summary <i>For noting</i>	Nigel Clarke
6. Performance monitoring and annual report progress <i>For noting</i>	19.02.C.01 Duncan Rudkin
7. Engagement and communications report <i>For noting</i>	19.02.C.02 Rachael Oliver
8. Business plan 2019-20 <i>For approval</i>	19.02.C.03 (i) Duncan Rudkin
9. Budget 2019-20 <i>For approval</i>	19.02.C.03 (ii) Duncan Rudkin
10. Revalidation update <i>For noting</i>	19.02.C.04 Osama Ammar
11. International registrants <i>For noting</i>	19.02.C.05 Mark Voce
12. Deputising arrangements for Chair of Council <i>For noting</i>	19.02.C.06 Janet Collins
13. Unconfirmed minutes of Audit and Risk Committee <i>For noting</i>	19.02.C.07 Digby Emson
14. Any other public business	Nigel Clarke

Confidential business

15. Declarations of interest <i>Confidential items</i>	All
16. Minutes of the last meeting <i>Confidential session on 8 November 2018</i>	Nigel Clarke
17. Confidential actions and matters arising	Nigel Clarke
18. Confidential minutes of the Audit and Risk Committee – 23 January 2018 <i>For noting</i>	19.02.C.08 Digby Emson
19. Minutes of the Efficiency and Effectiveness Assurance and Advisory Group – 23 January 2018 <i>For noting</i>	19.02.C.09 Mark Hammond
20. Any other confidential business	Nigel Clarke

Date of next meeting

Thursday, 07 March 2019

Minutes of the Council meeting held on Thursday 6 December 2018 at
25 Canada Square, London at 13:30

TO BE CONFIRMED 7 February 2019

Minutes of the public session

Present

Nigel Clarke (Chair)
Digby Emson
Mark Hammond
Jo Kember
Alan Kershaw
Elizabeth Mailey

Evelyn McPhail
Arun Midha
Berwyn Owen
David Prince
Samantha Quaye
Jayne Salt

Apologies

Mary Elford
Mohammed Hussain

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)
Tarun Chotai (Interim Head of Finance and Procurement)
Matthew Hayday (Interim Director of Fitness to Practise)
Laura McClintock (Chief of Staff)
Mark Voce (Director of Education and Standards)
Osama Ammar (Head of Continuing Fitness to Practise)
Damian Day (Head of Education)
Julian Graville (Interim Head of Inspections)
Janet Collins (Governance Manager)

82. Attendance and introductory remarks

82.1 The Chair welcomed all present to the meeting.

83. Declarations of interest

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

84. Minutes of the last meeting

84.1 **The minutes of the public session held on the 8 November 2018 were confirmed as a fair and accurate record and signed by the Chair.**

85. Actions and matters arising

85.1 Actions 52.3 from September, 73.5 from November and one element of action 61.1 from October (refinements to the inspection model) were on the agenda for this meeting. Action 72.6 from November and the remaining elements of 61.1 were in hand and action 74.3 from November was complete.

85.2 One action had been added to the log in relation to the workshop in November (paragraph 2.7 of the workshop summary paper). The executive would prepare a protocol which would be discussed with Council.

86. Workshop summary – 8 November 2018

86.1 **Council noted the discussions from the workshop.**

87. Preparing for the UK's exit from the EU

87.1 Mark Voce (MV) and Osama Ammar (OA) introduced **18.12.C.01** which outlined the impact on pharmacy regulation of the UK's exit from the EU and the work taking place to prepare for change. The levels of uncertainty which still existed meant that there were few clear answers but the aim of the paper was to alert the Council to potential issues for the GPhC and the implications of certain scenarios for:

- routes to registration;

- pharmacist education and training requirements;
- the pharmacy workforce;
- the European professional card and European alert mechanism;
- medicines and device regulation and pharmacy practice;
- medicines supply; and
- operations within the GPhC.

87.1 MV noted that, while it would be very important to communicate well with registrants about any changes it was also important to be clear first about the actual outcome so as not to cause confusion.

87.2 Council briefly discussed some of the issues raised. In response to a point about uncertainty for pharmacy professionals, DR noted that staff in the health and social care sectors – including pharmacists and pharmacy technicians and also GPhC staff – were eligible to apply to the pilot phase of a settlement scheme for EU citizens and the GPhC had been actively communicating this information to those affected.

87.3 **Council noted the report.**

88 Implementing the revised education and training standards for pharmacist independent prescribers

88.1 Berwyn Owen declared an interest in this item.

88.2 Mark Voce and Damian Day (DD) introduced **18.12.C.02**, which presented Council with a revised set of education and training standards for pharmacist independent prescribers, incorporating feedback from the formal consultation.

88.3 Three main changes had been proposed in the consultation:

- the introduction of revised learning outcomes;
- a change to the entry requirements for independent prescriber courses; and
- the introduction of designated prescribing practitioners (DPPs).

88.4 The revised learning outcomes had been largely supported. Minor drafting changes had been made and sense-checked by the expert advisory group and the standards on use of technology and equality and diversity had been strengthened. Members noted the need to be precise in the use of language on equality and diversity issues – while ‘promoting’ was positive, some elements were a legal requirement rather than a policy choice. It was agreed that the language would be reviewed and approved by the Chair.

ACTION: DD and NC

- 88.5 It was agreed that criterion 5.6 should be re-worded to “learning under supervision to be competent”.
- 88.6 Members noted that the terms ‘independent prescriber’ and ‘non-medical prescriber’ were both being used. It was agreed that ‘independent prescriber’ was preferable.
- 88.7 In relation to entry requirements, DD explained that the proposal in the consultation to move to a totally qualitative experience requirement had received a mixed response. Following Council’s decision in September to retain a quantitative element, there would be a requirement of two years’ experience in a patient-facing role and course providers would be expected to evaluate the quality of that experience.
- 88.8 On the question of DPPs, it was noted that individual respondents had largely supported the proposals, while organisations had not. The main concerns had been around course providers’ obligations in respect of support for DPPs and how they would demonstrate competence. The requirement for mentoring had now been removed, however the requirement for DPPs to support course providers remained.
- 88.9 In response to a question, MV noted that registrants were already required to have indemnity which covered their scope of practice. He also confirmed that guidance on independent prescribing would be produced, incorporating the feedback which had been received from Council and from stakeholders, and would include the issue of patient records.
- 88.10 **Council agreed the revised education and training standards for pharmacist independent prescribers, subject to the minor drafting changes agreed.**
- 89 Safe and effective pharmacy teams: Assurance for patients and the public about staffing levels in pharmacies**
- 89.1 MV presented **18.12.C.03**, which provided an update on the actions taken by organisations to ensure a safe and effective pharmacy team and the GPhC’s learning from inspections in respect of sufficient staffing levels in pharmacies.
- 89.2 The guidance on safe and effective pharmacy teams had been published in June 2018. All pharmacy owners had been contacted, asked to review the new guidance and take steps to ensure they were meeting the standards, including those relating to staffing. Inspectors had been focussing on this area, asking for examples of how the new guidance was being followed and a number of pharmacy bodies had been contacted and asked to share feedback in relation to related challenges faced by pharmacies.
- 89.3 It was agreed that, as the guidance had not been in operation for long, more data was needed on the impact of the guidance on service delivery to patients and the measures being taken by pharmacies to meet the requirements. However, the data obtained to

date showed that there was activity in this area. Engaging with the trade bodies had been useful, opening up a dialogue with organisations which could influence the culture within pharmacy.

- 89.4 Council staff would be hosting a meeting of trade and professional bodies in the new year to discuss this issue further and clarify the responsibilities of all organisations in ensuring safe staffing levels. Subject to discussions later in the agenda, a thematic inspection of staffing levels would be considered.
- 89.5 **Council noted how organisations had responded to the guidance on safe and effective pharmacy teams, the learning from inspections and the further actions that would be taken.**

90 Developing our approach to regulating registered pharmacies

- 90.1 Claire Bryce-Smith (CB-S) and Julian Graville (JG) presented **18.12.C.04** which set out the principles underpinning the updated approach to regulating registered pharmacies, the operational impact of those principles and proposed enforcement policy. The proposals had been influenced by the consultation responses and evaluation of the current model. If approved, the changes would be reviewed in 2021, allowing them time to bed in.
- 90.2 One member questioned whether the draft enforcement policy had been subject to external legal advice. It had not – although it had been reviewed by internal lawyers. An action was noted to consider whether external legal advice should also be obtained.
- ACTION: DR**
- 90.3 Another member questioned how enforcement action would be approved, noting that the Council needed to be comfortable with it. DR explained that the Council only had one operational delegate – the Chief Executive – and that the Chief Executive then set out an authority framework under which certain members of staff could take certain actions.
- 90.4 The following points were made in the discussion:
- To be explicit that the reference to ‘pharmacy owner’ included a body corporate, partnership or pharmacist owner
 - Improvement or enforcement action would be published. Publication of reports was likely to be fortnightly.
 - Re-inspection would be after six months, where needed, to allow improvements to be made and to bed in.
 - The GPhC had not previously been able to use its powers under the Regulation of Investigatory Powers Act (RIPA) as due to a drafting anomaly the legislation

continued to refer to the Royal Pharmaceutical Society of Great Britain after 2010. This had now been corrected.

- 90.5** The Council approved the following principles underpinning the updated approach to regulating registered pharmacies:
- a. “To be flexible, agile and responsive to the information we hold, intelligence we receive and issues we identify within pharmacy;
 - b. Inspections should reflect as closely as possible how patients and the public experience pharmacy services day to day;
 - c. The overall outcome of an inspection is clear and understandable to members of the public and enables pharmacy owners to be held to account against the standards;
 - d. All standards for registered pharmacies need to be met every day;
 - e. That the outcome of an inspection is open, transparent and accessible to members of the public (including where improvement action or regulatory enforcement action is required as a result);
 - f. That insights from inspection activities are accessible to everyone in the pharmacy sector”.
- 90.6** In doing so, the Council noted the operational implications of the principles as set out in Appendix 1 of the paper.
- 90.7** Council noted the initial draft of the proposed enforcement policy for registered pharmacies, set out in Appendix 2 of the paper.
- 90.8** Council noted the intention to:
- a. start publishing inspection reports in quarter one of 2019-20; and
 - b. undertake an evaluation of the effectiveness of the changes in 2021.
- 90.9** Council noted that the proposed principles represented a development in aspects of the model which was already operating. The changes had been informed by the outcomes of the consultation and the equalities and regulatory impact assessments presented to it in November 2018 as well as by the independent evaluation of the current model undertaken in 2015.
- 90.10** An operational reference group would be used help inform any final refinements to the practical implementation of the changes.

91 Report of the Gosport Independent Panel

- 91.1** Berwyn Owen declared an interest in this item.

91.2 Laura McClintock (LM) presented **18.12.C.05** which provided Council with a brief update on the GPhC's work following the report of the Gosport Independent Panel. The update followed the presentation to Council in July 2018 of a high-level action plan setting out key priorities in the short, medium and long terms.

91.3 Actions taken since then included:

- Meeting with the Royal Pharmaceutical Society and the Association of Pharmacy Technicians UK to discuss the actions being undertaken and any further actions that might need to be taken.
- Offering to lead a joint piece of work bringing together the key themes, existing resources and work under each one, to review how current pharmacy arrangements work to prevent a similar situation in the future and to enable the relevant bodies to identify and additional necessary actions.
- Liaising with the Department of Health and Social Care to provide a written progress report for the families.

91.4 The joint piece of work would be published as a co-branded slide set for use by pharmacy teams.

91.5 The government published its official response to the report on 21 November 2018, outlining 20 actions across three themes (listening to patients, families and staff; ensuring care is safe; and identifying and addressing problems in care). The GPhC published a statement on the same date welcoming the response and the recommendations.

91.6 In the discussion, it was noted that members of the executive had recently met with the officers involved in Operation Magenta, which was the Eastern Policing Region's response to the Gosport Independent Panel's report. As part of their assessment stage, the officers are meeting with a number of key stakeholders to share their terms of reference and ensure, where appropriate, a joined up approach to any ongoing work.

91.7 BO noted that the report referred to professional isolation and that this had been a theme in previous cases where the behaviour of health professionals had caused concern. There had never been a more powerful example of the case for revalidation for pharmacy professionals.

91.8 DR noted that the inclusion of peer discussion in revalidation was an important step in combatting professional isolation.

91.9 A further progress update would be provided to the Council at its next meeting.

91.10 **Council noted the progress update and the work being done in this area.**

92 Review of Council workshops – six month update

- 92.1 Laura McClintock presented **18.12.C.06** which provided Council with an update on the delivery of the proposed changes to Council workshops, following a review carried out by David Prince in May 2018.
- 92.2 The paper included a review of how the recent programme had met the objectives agreed in the review and a draft plan for workshops in 2019. Members were invited to give feedback and make suggestions, which were noted for future planning.
- 92.3 Council noted the progress update and the ongoing work.**

93 Any other business

- 93.1 There being no further public business the meeting closed at 15:30.

Date of the next meeting:

Thursday 7 February 2019

Council actions log

Meeting date	Ref.	Action	Owner	Due date	Status	Comments/update
11 October 2018	61.1.	CB-S to report back to Council on granularity of reporting on standards met and not-met (eg. standard 4.3) in the wider context of our work on analysis and reporting across a range of fronts.	CB-S	Feb 19	Closed	Covered in the performance monitoring report for this meeting and further information sent to Council separately.
8 November 2018	72.6	Data and proposals in relation to the Contact Centre to be considered by EEAAG	MV	Feb 19	Closed (for this log)	Proposals presented to EEAAG at its January 2019 meeting, to be followed by an update in May.
8 November 2018	18.12.C00d Workshop summary	Executive to prepare a protocol for the handling of patient safety issues, for discussion with Council	DR	Jan 19	Closed	Protocol discussed with members at workshop.
6 December 2018	88.3	Equality and diversity elements of education and training standards for pharmacist independent prescribers to be reviewed for language and text to be signed off by Chair	MV	Jan 19	Closed	Complete
6 December 2018	90.2	Consider whether draft enforcement policy needed review by external legal advisers	DR	Jan 19	Closed	Complete

Meeting paper

Council on Thursday, 07 February 2019

Public business

Council Workshop Summary

Purpose

To provide an outline note of the discussions at the Council workshop in December.

Recommendations

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

1. Introduction

- 1.1. The Council holds a workshop session alongside its regular Council meetings each month (there are no meetings in January and August). The workshops give Council members the opportunity to:
 - interact with and gain insights from staff responsible for delivering regulatory functions and projects;
 - receive information on projects during the development stages;
 - provide guidance on the direction of travel for work streams via feedback from group work or plenary discussion; and
 - receive training and other updates.
- 1.2. Following each workshop there is a summary of the discussions that took place, presented at the subsequent meeting. This makes the development process of our work streams more visible to the GPhC's stakeholders. Some confidential items may not be reported on in full.
- 1.3. In the workshop sessions the Council does not make decisions. The sessions are informal discussions to aid the development of the Council's views.

2. Summary of the December workshop

2.1. *Demographics in the UK*

Tom Johnson (TJ) of the Trajectory Partnership presented a session on demographics in the UK and how the figures were changing. The UK had seen a rapid growth in population due to three main drivers, namely an increasing birth rate, increasing life expectancy and

immigration. This had led to a state of ‘generational equipoise’ where four different generations each made up approximately 20% of the population – meaning that policies, including in healthcare, could not prioritise one particular generation without excluding a significant number of citizens. This was likely to lead to questions of social tolerance and how the generations would interact in the future.

- 2.2 the presentation covered a range of areas including the changing meaning of old age, differences in life expectancy, age and values and changing perspectives of gender. It also looked at hidden health needs and some of the impacts of the digital age on healthcare and healthcare delivery. It noted that the definition of the digital divide was changing, from a issues of access to those of confidence and sophistication.
- 2.3 The discussion which followed the presentation centred around mental health issues (referred to in the presentation as one of the ‘hidden’ needs in some areas of society) and attitudes to healthcare. TJ noted that while data showed that there had been improvements in the ways in which employers handled mental health issues, there had been some resurgence in intolerance in recent years.
- 2.4 Younger people tended to have a consumer-based attitude to healthcare, expecting speed of service and reacting to health professionals with less deference. Younger people also had a greater tendency to supplement their interaction with the healthcare professional with information gained from the internet.

2.5 ***Fitness to Practise workshop***

Matthew Hayday and Jerome Mallon presented an interactive workshop on the principles of the FtP strategy. They outlined the current thinking and then presented members with a small amount of information on a series of scenarios which could form fitness to practise issues.

- 2.6 Members were invited to briefly consider the scenarios and then to vote electronically on which, if any, sanction they would consider appropriate based on the limited information provided and the impact of any insight or remediation.

2.7 ***Business planning and budget***

Claire Bryce-Smith and Tarun Chotai updated the Council on the business planning and budgeting process, including an update on the current financial position, possible risks in relation to the planning of income based on registrant numbers, improving forecasting of registrant numbers and the plan to move to a three to five year budget cycle.

Recommendations

Council is asked to note the discussions from the workshop

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10 December 2018

Meeting paper

Council on Thursday, 07 February 2019

Public business

Performance Monitoring and Annual Plan Progress Report

Purpose

To report to Council on operational and financial performance and progress against the annual plan from October to December 2018.

Recommendations

The Council is asked to note and comment on:

- i. the performance information provided at appendix 1; and
- ii. the report on progress against the 2018/19 annual plan at appendix 2.

1. Introduction

- 1.1. This paper reports on operational and financial performance and progress against the annual plan, as part of our business report. This report provides an overview of quarter 3 covering October to December 2018.
- 1.2. Prior to submission to Council, the content of these reports is reviewed by the Senior Leadership Group (SLG) operating as a Performance and Delivery Board with a focus on monitoring the operational performance of the organisation and delivery against agreed plans.
- 1.3. This allows a more pro-active and collective approach to be taken to emerging issues and supports a closer link to be made between delivering our regulatory responsibilities and dealing with operational challenges whilst continuing to deliver on strategic priorities. It also provides an opportunity to acknowledge where good progress is being made.
- 1.4. The section below provides an executive summary of key areas to note.

2. Performance Monitoring Report

- 2.1. Appendix 1 reports on the operational and financial performance of the organisation. It is the third progress report to Council this year.

- 2.2. Some key areas to note in the reporting this quarter include:
- The introduction of revalidation performance measures since its launch in April 2018.
 - The increase in fitness to practise concerns received, the introduction of a new quality assurance step and focus on getting through the immediate caseload with reduced capacity.
 - A slight increase in the number of routine inspections over this period and the overall decrease in the number of pharmacies not inspected for 36 months or more.
 - The stability rate (related to headcount) has increased slightly since the last quarter.
- 2.3. The following paragraphs provide some further narrative around the sub-points above.
- 2.4. More than half of the combined registers for pharmacists and pharmacy technicians (46,481) were required to renew their registration and submit revalidation records. 95% of registrants in this cohort successfully renewed their registration. 99% of registrants who renewed also successfully submitted complete revalidation submissions.
- 2.5. The number of concerns received has increased for the first time in three quarters. The average number of concerns per month is now 232, compared to 220 in the last quarter. The total number of cases triaged has decreased for the third quarter due to increased annual leave and unplanned staff absences. In December 2018, an additional quality step in the triage process was introduced which has caused some additional delays as the team undertake further enquiries before a concern is progressed. These delays and staffing levels are reflected in the number of concerns triaged within 3 and 5 working days.
- 2.6. The number of routine inspections over the period increased from 940 to 958. This is due to a decrease in annual leave taken and an increase in the number of inspections taking place in October and November. The number of months since the previous inspection has decreased for those over 36 months/156 weeks.
- 2.7. With regard to headcount, the stability rate (based on the number of permanent employees with more than 12 months employment at the GPhC) has increased from the previous quarter (July to October 2018) from 79% to 83%. The stability rate fluctuates between quarters going down and up which we are continuing to monitor.
- 2.8. The most recent reforecast exercise resulted in a slight reduction in the expected deficit from £1.7M to £1.6M. For the year to date the overall position for the organisation is a positive variance of £207K. Work continues on developing the financial strategy which includes various areas of work.

3. Annual plan progress report

- 3.1. Appendix 2 reports on progress against the Annual Plan 2018/19. This is the third progress report to Council this year. Whilst activities may have progressed since quarter 3, reporting remains focused on this period as part of good governance and so that this aligns with reporting mechanisms and timescales elsewhere.
- 3.2. The content of this report sets out progress made against our strategic priorities. It also reflects our work in taking a longer-term view of our priorities, planning and resources as we look at our vision and strategy moving forwards.

3.3. The RAG status of each of the strategic priorities is reviewed and collectively agreed by the Senior Leadership Group, when operating in a Performance and Delivery Board mode.

3.4. Status of work in this quarter is as follows:

Strategic Priorities	Status	Direction of travel
Building our data, information, intelligence and insight capability		
Developing our approach to fitness to practise		
Securing assurance and promoting improvement in registered pharmacies		
Improving standards of care through regulation of education and training		
Transforming our organisation, our services and processes		

3.5. The following paragraphs provide further explanation on the RAG statuses above.

3.6. Building our data, information, intelligence and insight capability – this status remains the same, amber, from the previous quarter. This is due to delays in completing scheduled GDPR activities this quarter because of limited capacity and the volume and nature of information requests received and being managed. Nevertheless, there has been good delivery against other activities outlined in the timetable.

3.7. Developing our approach to fitness to practise – the status remains the same, red, from the previous quarter and reflects the current position of the strategy development for the reasons outlined in the annual plan progress report. The ongoing operational challenges can be seen in the performance monitoring report, including the highest ever received number of concerns in one month in November 2018. We are looking at whether there are any opportunities to enhance short-term resourcing to deal with operational challenges and allow time to be freed up for strategy development.

3.8. Securing assurance and promoting improvement in registered pharmacies – this status remains the same, green, from the previous quarter reflecting the direction of travel for the key pieces of work associated with the delivery of this priority area. There are three areas highlighted in amber in the outline timetable where most of the work has been completed but final delivery will take place in the next quarter.

3.9. Improving standards of care through regulation of education and training – this status remains the same, green, from the previous quarter reflecting the fact that whilst the complexity, nature and volume of work remains high, good progress is being made.

- 3.10. Transforming our organisation, our services and processes – this status remains the same, amber, from the previous quarter and reflects that the scope and objectives covering this area of work were initially ill defined. In the immediate future, these issues are being addressed by the current planning process. In addition, senior management have begun the process of introducing new oversight arrangements to agree IT and business systems priorities which will feed into planning in 2019/20.
- 3.11. In our reporting, we continue to look to provide transparency on how we have progressed against the timetable we set ourselves for the annual plan year; where we have proceeded in accordance with the timetable; those areas where we have fallen behind or where we might be ahead of where we thought we would be. We are continuing to ensure closer links between the content of the annual plan progress report and the performance monitoring report to reflect the fact that we need to continue to meet our regulatory responsibilities and deal with operational challenges, whilst still looking to deliver against our strategic priorities. Further explanation with regards to the timetable is provided in the commentary.
- 3.12. The inclusion of success measures for the annual plan this year represented progress in this area and an indication of intent moving forwards. We also recognise that this is not just about management process but a wider change in culture as well, with everyone knowing what success looks like. Work on this theme continues as we look to develop it as part of all the work that we do, including in next year's planning.

4. Equality and diversity implications

- 4.1. Our aim is to embed equality, diversity and inclusion in both our role as a regulator and an employer. We will continue to look at how we can monitor and demonstrate our progress towards this aim.

5. Communications

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

6. Resource implications

- 6.1. Resource implications are addressed within the report.
- 6.2. The allocation of resources required to progress with the annual plan as well as normal operational delivery has been a key consideration in developing our budget and fee setting proposals.

7. Risk implications

- 7.1. The strategic risk register will continue to be reviewed as part of our management framework and risks will be recorded and reviewed in relation to our work.
- 7.2. Main risks associated with the delivery of the annual plan are included as part of the annual plan progress report.
- 7.3. With regards to operational performance, failure to maintain an accurate register and/or carry out our other regulatory functions efficiently and effectively could have implications on patient safety, and a significant impact on the GPhC's reputation.
- 7.4. Failure to accurately forecast/budget for revenues and expenditure could lead to inappropriate or inconsistent fee policies which could have an adverse impact on the GPhC's reputation.

8. Monitoring and review

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

Recommendations

The Council is asked to note and comment on:

- i. the performance information provided at appendix 1; and
- ii. the report on progress against the annual plan at appendix 2

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Performance Monitoring Report: end December 2018

1. Customer services

1.1 Registrations

	Route to Register	2017/18			2018/19		
		Q2	Q3	Q4	Q1	Q2	Q3
Pharmacists	Total	2,321	597	243	86	2,334	727
	UK	2,260	561	200	56	2,257	654
	EEA	20	22	31	24	29	37
	Non-EU/EEA	41	14	12	5	48	36
Pharmacy technicians	Total	350	441	211	207	336	473
	UK	343	438	209	207	333	472
	EEA	5	2	2	0	3	1
	Non-EU/EEA	2	1	0	0	0	0
Registered pharmacies		102	79	82	73	81	70

Includes new joiners and restorations up to 31stDecember 2018

Compared to the same period last year, there are increasing numbers joining and restoring to the register, from 597 to 727 for pharmacists, increasing numbers of pharmacy technicians, from 441 to 473 and a slight decrease in the number of registered pharmacies, from 79 to 70.

1.2 Registration Totals

	Total	Budgeted	Variance
Pharmacists	57,225	57,303	-78
Pharmacy technicians	23,568	23,650	82
Registered pharmacies	14,313	14,362	-49

Register totals as at 31st December 2018

Following the introduction of revalidation for this year’s peak renewal cohort, we have received an increase in applications for voluntary removal from registrants to avoid the requirement to provide CPD for the period ending October 2018.

Pharmacists are below budget numbers to date which is due to a marginally higher number of leavers and a lower number of joiners for the year to date.

Pharmacy Technicians are above budget for the period as we had expected numbers to remain fairly stable however there has been a marginal increase with a lower than expected number of registrants leaving the register for the year to date.

Registered Pharmacies show a decrease with marginally lower numbers on the register to date than expected.

1.3 Median application processing times for pharmacists

Median application processing times for pharmacists (working days)		Median application processing times for pharmacy technicians (working days)	
Application receipt to approval	0.0	Application receipt to approval	0.0
Application receipt to entry	4.0	Application receipt to entry	8.0

Medians calculated for applications during the period 1st October to 30th December 2018

The application receipt to approval is the time from the date the application was received to the date of the decision to approve the application.

The application receipt to entry is the time from the date the application was received to the date it was entered onto our register as we currently have two entry points to the register a month.

Pharmacist application turnover for the period remains consistent. The median time for processing the applications for pharmacists has improved following the summer peak and completed applications are now processed as ready for registration now on the same day. This is a continued positive improvement following the introduction of the new Registrant Online Services process for pharmacists where we measure from the date the application is complete. These results are slightly amended for this period since September 2018 in that receipt of application to approval is now immediate (one day last quarter) but the application receipt to date of entry has increased by 1 day.

Pharmacy technician applications are still paper based and requires full application team processing upon receipt. Complete applications are approved for registration on the day of processing. The processing time of application receipt to entry on the register for this period remains the same as the quarter ending September 2018.

1.4 Contact Centre

Phone	2016/17		2017/18				2018/19		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Calls made to GPhC	13,081	9,176	14,024	17,131	11,968	8,596	24,005	28,368	18,645
Calls answered within 20 seconds (KPI > 80%)	60.0%	62.6%	49.0%	67.5%	71.3%	89.4%	23.5%	27.5%	40.9%
Calls abandoned (KPI < 5%)	9.8%	9.0%	11.8%	5.8%	5.9%	1.8%	38.0%	30.6%	25.9%
Correspondence									
Emails actioned within 2 days (KPI > 90%)	80.0%	89.3%	98.6%	97.3%	99.6%	99.5%	51.9%	71.1%	78.0%

Results remained outside of normal KPI targets for this reporting period almost entirely because of the record numbers of both telephone calls (>11,500) and emails (>5,000) received in October. Overall results for November and November (only) show that KPI's for abandonment rate (4.7%), and email responses (99.8%) were both achieved, whilst grade of service was almost achieved, with 77.7% of calls answered within 20 seconds.

October is normally a very busy month for the CCC, for example providing;

- Support of new pre-registration trainees as they register for their pre-registration training for 2018-19.
- Support of trainees who passed the September registration assessment in getting them registered, and those who failed in what their options are next.
- Increasing numbers of queries around renewal, building towards the renewal deadline for the main cohort of 31 October 2018.

And then in addition, the CCC is continuing to support the following key initiatives that are in the process of being implemented across the GPhC this year;

- Implementation of the new myGPhC system, requiring every existing registrant to set up their new account.
- Implementation of the new revalidation requirements, and a need for all registrants to understand what they need to record, and how to do it.
- The first cohort being requested to actually submit their new revalidation records as part of the usual renewal process. This cohort is by far the largest, being c42,000 registrants whose renewal deadline was 31 October 2018.
- Continuation of the new online registration system, in time for registration of c550 successful candidates following the September assessment.

November and December has seen a continuation of support for this renewal cohort, with those who failed to meet the initial deadline being supported to make their renewal payment and complete their revalidation records, and then latterly explaining the restoration process as those who remained outstanding were remove from the register.

A detailed paper setting out plans for the contact centre performance and how we communicate with registrants was submitted to EEAG for their meeting in January.

1.5 Revalidation for pharmacy professionals

Revalidation activities		2018/19
		Q3
Renewal cohort	Numbers expected to renew	46,481
	Numbers of renewals	43,249
	% renewals (all expected to renew)	95.1%
	Number of voluntary removals	1,500
	% voluntary removal (all expected to renew)	3.3%
	Number of lapsed registrants	522
	% lapsed registered (all expected to renew)	1.1%
Complete revalidation submissions	Number of revalidation submissions	43,057
	% revalidation submissions (all expected to renew)	94.7%
	Number of revalidation and renewal	42,921
	% revalidation and renewal (all expected to renew)	94.4%
	% revalidation and renewal (all renewals)	99.2%
Remediation	Number entered into revalidation remediation	2,689
	% entered into revalidation remediation (all renewals)	6.2%
Removal	Number notified of intent to remove	1,700
	Number notified of removal	Process not started yet – no data
	Number administratively removed	Process not started yet – no data
Appeals	Number of appeals received	Process not started yet – no data
	Number of appeals upheld	Process not started yet – no data

Revalidation totals as at 24th January 2019

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

This is the first performance monitoring report to contain information on outcomes for revalidation for pharmacy professionals following its launch in April 2018. The data was collected on 24 January 2019 and only provides information on 5 cohorts of registrants with renewal deadlines from 31st October to 31st December 2018. The revalidation process takes time to complete and this snapshot of data is only representative of the submission of revalidation records in Q3. September 2019's report will contain information from review of revalidation records for the first time.

During Q3, 46,481 (more than half of the combined registers for pharmacists and pharmacy technicians) were required to renew their registration and submit revalidation records. 95% of registrants in this cohort successfully renewed their registration. 99% of registrants who renewed also successfully submitted complete revalidation submissions.

We have processed 1,500 requests for voluntary removal during this quarter which is an increase compared to the same quarter last year when 1,066 voluntary removal requests were processed. We have also had 522 registrants take no action in response to reminders of their renewal deadline and so their registration has lapsed. We will be examining evidence about reasons for voluntary removals as part of evaluation activities for revalidation but it is both expected and understood that revalidation may have been a factor for some to make the decision to leave the register, particularly if a registrant had been maintaining registration but no longer practising.

2,689 (6.2% of renewals) registrants have been placed into remediation because they either submitted partial or no revalidation records. Over 1000 of these registrants went on to submit complete records and so only 1650 (3.7%) letters stating an intent to remove registration were sent. We have now seen the majority of the remaining registrants take appropriate action to submit records. In May 2019's report we will confirm how many registrants were removed from the register because they failed to submit revalidation records, however, we can confirm now that fewer than 200 letters were sent to registrants notifying them of removal from the register, which is less than 0.5% of those registrants expected to renew and revalidate in this quarter. This shows, as was previously the case with the CPD scheme, that a minority of registrants will wait until the very last opportunity to renew their registration and submit records to us.

2. Fitness to Practise (FtP)

2.1 Fitness to Practise performance standards

		2017/18			2018/19		
		Q2	Q3	Q4	Q1	Q2	Q3
All concerns received during this period	No.	595	583	691	681	635	697
All cases triaged during this period	No.	563	611	667	681	635	628
Of which cases triaged within 3 working days	No.	540	381	485	438	454	268
	%	95.9%	62.4%	72.7%	62.8%	71.5%	42.7%
Of which cases triaged within 5 working days	No		532	601	576	556	496
	%		87.1%	90.1%	84.6%	87.6%	79.0%
Of which cases were closed at triage	No				228	193	240
	%				33.5%	30.4%	38.2%

This quarter saw a record high for concerns received (including the highest ever monthly total in November 2018) and a significant uplift compared with the previous quarter and with the same period last year. The number of concerns triaged in the quarter has dropped and this is due to the usual pattern of increased annual leave at this time of year and also due to some unplanned staff absence. In December 2018 we also introduced an additional quality step in the triage process which has meant that some additional delays have been caused as the team undertake further enquiries before a concern is progressed. These delays and staffing levels are reflected in the number of concerns triaged within 3 and 5 working days.

2.1 Fitness to Practise performance standards (cont.)

		2017/18			2018/19			
		Q2	Q3	Q4	Q1	From Q2 time measured in weeks	Q2	Q3
All stream 1 cases closed pre-IC	No.	153	212	223	249		129	92
Of which closed within 3 months	No.	127	177	193	209	Of which closed within 13 weeks	111	68
	%	83.0%	83.9%	86.5%	83.9%		86.0%	73.9%
All stream 2 cases closed pre-IC or referred to the IC	No.	123	179	192	160		122	153
Of which closed or referred within 10 months	No.	106	148	144	120	Of which closed or referred within 44 weeks	93	104
	%	86.2%	82.7%	73.0%	75.0%		76.2%	68.0%
All cases closed or referred at IC	No.	36	18	45	28		26	32
Of which reach IC within 12 months	No.	16	13	29	13	Of which reach IC within 52 weeks	12	18
	%	44.4%	72.2%	64.4%	46.4%		42.2%	56.3%
All FTP committee cases closed	No.	29	18	24	17		20	22
Of which closed within 24 months	No.	18	14	17	7	Of which closed within 104 weeks	7	4
	%	62.0%	77.7%	70.8%	41.2%		35.0%	18.2%

Our work continues to focus on our oldest cases. In Q3 we saw an increase in cases closed at pre-IC or referred to the IC but proportionately fewer of these cases were closed or referred within 44 weeks. The FtP committee case closures show a similar pattern with more cases closed but again a lower proportion meeting the 24-month target.

2.2 Caseload age profile

Age profile		2017/18			2018/19			
		Q2	Q3	Q4	Q1	From Q2 time measured in weeks	Q2	Q3
Under 6 months	No.	447	443	459	458	Under 26 weeks	491	512
	%	58.3%	58.8%	60.8%	60.3%		61.7%	61.7%
6-12 months	No.	177	157	153	152	26 - 52 weeks	142	154
	%	23.1%	20.9%	20.3%	20.0%		17.8%	18.6%
12-14 months	No.	24	30	22	39	52 - 65 weeks	48	42
	%	3.1%	4.0%	2.9%	5.1%		6.0%	5.1%
15 months old and over	No.	119	123	121	110	65 weeks old and over	115	122
	%	15.5%	16.3%	16.0%	14.5%		14.4%	14.7%
Total	No.	767	753	755	759	Total	796	830
	%	100.0%	100.0%	100.0%	100.0%		100.0%	100%

The percentage total number of cases under 26 weeks has remained static despite the number of concerns received has increasing. We are pleased that our throughput of cases in line with KPIs remains consistent. We need to continue to focus our work to reduce our older cases. Some of our oldest cases include those that are 'on hold' pending criminal or other priority enquiries. There are also cases where the FtPC hearing has started but has yet to conclude. The table above reflects the total number of cases within the relevant timeframe but to better understand our true position in terms of oldest cases we have done further work to delineate the data and have received legal advice about our 'on hold' policy (where a case is delayed because another authority is taking action). Having received this advice, we are reviewing and refreshing our approach to managing and progressing those cases with a particular focus on those over 12 months old.

2.3 Cases over 12 months/52 weeks

Status		2018/19		
		Q1	Q2	Q3
On Hold	No	36	47	50
	%	24.0%	28.8%	30.5%
Pre-IC	No	45	56	61
	%	30.0%	34.3%	37.2%
Post-IC	No	68	60	53
	%	46.0%	36.8%	32.3%
Total	No	149	163	164
	%	100.0%	100.0%	100.0%

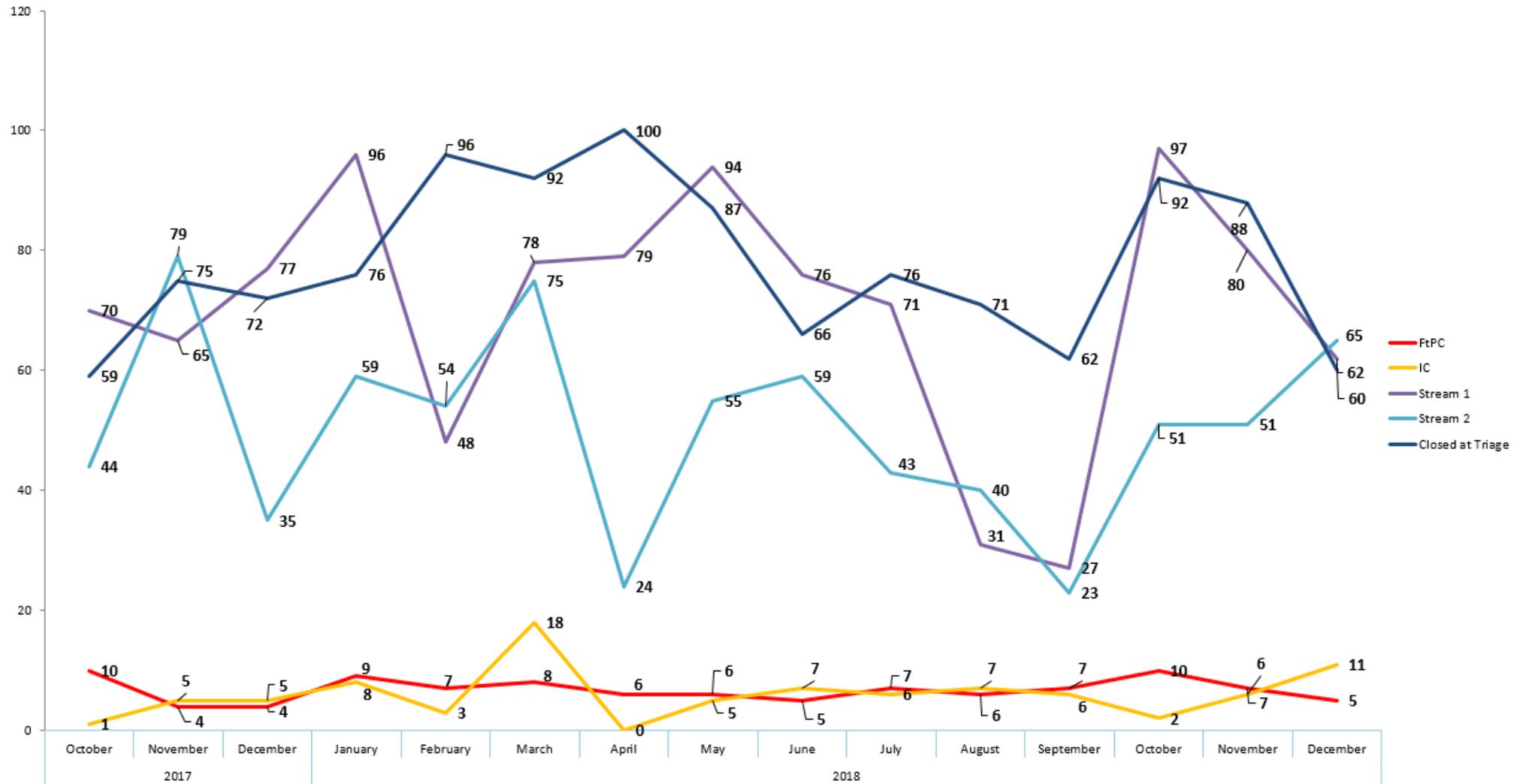
The number of on hold cases has increased since Q2. There is currently a multi-agency investigation being led by the MHRA which accounts for a proportion of all the on-hold cases. As the investigation continues additional cases are opened and then placed on hold.

2.4 Cases over 15 months

Age profile		2017/18			2018/19			
		Q2	Q3	Q4	Q1	From Q2 time measure in weeks	Q2	Q3
15-19 months	No.	48	67	65	40	65 – 86 weeks	40	48
	%	40.3%	54.5%	53.7%	36.4%		34.8%	40.0%
20-24 months	No.	29	17	20	34	86 - 108 weeks	35	18
	%	24.4%	13.8%	16.5%	30.9%		30.4%	15.0%
25-29 months	No.	17	20	20	11	108 - 130 weeks	16	27
	%	14.3%	16.3%	16.5%	10.0%		13.9%	22.5%
30-34 months	No.	11	10	6	14	130 - 152 weeks	10	9
	%	9.2%	8.1%	5.0%	12.7%		8.7%	7.5%
35-39 months	No.	6	4	5	4	152 - 173 weeks	11	10
	%	5.1%	3.3%	4.1%	3.6%		9.6%	8.3%
40-42 months	No.	2	2	3	3	173 - 186 weeks	1	5
	%	1.6%	1.6%	2.5%	2.7%		0.9%	4.2%
43-49 months	No.	6	2	1	3	186 - 217 weeks	2	2
	%	5.1%	1.6%	0.8%	2.7%		1.7%	1.7%
50 months or more	No.	0	1	1	1	217 weeks old or over	0	1
	%	0.0%	0.8%	0.8%	1.0%		0.0%	0.8%

Our oldest cases are either on hold pending an ongoing enquiry or are due to be heard/will already have been heard at a Fitness to Practise hearing. The number of cases over 15 months has increased by 7 in this quarter (115-122) and accounts for approximately 74% of all cases over the age of 12 months.

2.5 Cases closed by stage¹



¹ The graph shows closures only. This excludes cases referred to IC as they are not deemed to be closed for the purposes of this graph.

For this quarter the number of cases closed by a statutory committee remains consistent with both the IC and the FtPC closing an average of 7 cases per month. The number of concerns closed at triage continues to increase in line with the rising volume of concerns received. Stream 2 closures also continue to rise following the dip in Q2. Stream 1 closures had a peak in October, which reflects again the increased number of concerns received in the preceding quarters.

2.6 DBS referrals

There have been no DBS or DS referrals in this quarter.

2.7 Appeals

No appeals were brought in this quarter.

2.8 Interim Orders

The Fitness to Practise Committee considered 7 applications for an interim order during this quarter. There were no adjournments. Six interim suspension orders were imposed (three for 18 months; one for 15 months; one for 12 months; and one for 9 months). One order for interim conditions was imposed for 12 months. No applications were refused in the quarter.

3. Inspection

3.1 Inspections undertaken

	Routine inspections	Follow up inspections	Visits before registration
Pharmacies	958	61	72

Figures above relate to inspection activity between 1st October 2018 and 31 December 2018.

The number of routine inspections over the period increased from 940 to 958. The number of inspections completed increased from an average of 313 a month in Q2 to 319 a month in Q3. This was due to a decrease in annual leave taken after the summer seasonal period, and a corresponding increase in the number of inspections taking place in October and November.

3.2 Pharmacy premises not inspected

Months since previous inspection		2017/18			2018/19			
		Q2	Q3	Q4	Q1	Weeks since last inspected	Q2	Q3
36-38 months	No.	505	627	734	591	156 - 169 weeks	686	723
	%	14.5%	19.5%	25.0%	20.7%		21.5%	23.2%
39-41 months	No.	558	510	615	718	169 - 182 weeks	676	640
	%	16.0%	15.9%	21.0%	25.1%		21.2%	20.6%
42-47 months	No.	1,004	984	986	1014	182 – 208 weeks	1,171	1,150
	%	28.7%	30.6%	33.6%	35.5%		36.6%	37.0%
48 months or more	No.	1,426	1,095	599	533	208 weeks or more	663	599
	%	40.8%	34.0%	20.4%	18.7%		20.7%	19.2%
Total	No.	3,493	3,216	2,934	2,856	Total	3,196	3,112
	%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%
Of all registered pharmacies	No.	14,404	14,417	14,348	14,332	Of all registered pharmacies	14,323	14,313
	%	24.25%	22.3%	20.5%	19.9%		22.3%	21.7%

Figures correct as at 31st December 2018

The number of pharmacies not inspected for 36 months or more has decreased from the previous quarter from 3,196 to 3,112. We have completed an average of 319 inspections each month in this quarter to keep on top of the flow of pharmacies through the age categories. For the seventh quarter in a row, there are no pharmacies in the sixty plus months category.

3.3 Age profile of pharmacies not inspected for 48 months and over

Weeks/Months since previous inspection		East	North	South	West	Total
208 - 221 weeks (48 – 50 months)	No.	89	79	127	83	378
	%	64.5%	52.3%	61.4%	80.6%	63.1%
221 - 234 weeks (51 – 53 months)	No.	38	48	65	15	166
	%	27.5%	31.8%	31.4%	14.6%	27.7%
234 - 260 weeks (54 – 59 months)	No.	11	24	15	5	55
	%	8.0%	15.9%	7.2%	4.9%	9.2%
260 weeks or more (+60 months)	No.	0	0	0	0	0
	%	-	-	-	-	-
Total	No.	138	151	207	103	599
	%	100.0%	100.0%	100.0%	100.0%	100.0%

Figures correct as at 31st December 2018

In this quarter, the number of pharmacies not inspected for over 54 months/234 weeks increased from 43 in Q2 to 55 in Q3. However, the number remains low compared to historical figures as our inspectors continue to focus on pharmacies in their area which have not been inspected for the longest period. The age profile will continue to fluctuate month by month due to previous historical spikes in geographical areas. To help manage this variation, we continue to deploy our inspectors in a flexible way, using inspectors within regions to assist colleagues in different areas, as well as across regions. To provide further context, the overall figure within Table 3.3 shows a reduction in the number of pharmacies not inspected for over 48 months/208 weeks from 663 in Q2 to 599 in Q3.

3.4 Top 5 standards ranked as not met

Standard no.	Description	Inspections	Q2 Rank
4.3	Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	58	Joint 1 st
1.1	The risks associated with providing pharmacy services are identified and managed	53	Joint 1 st
1.6	All necessary records for the safe provision of pharmacy services are kept and maintained	44	Joint 5 th
1.2	The safety and quality of pharmacy services are regularly reviewed and monitored	43	4
4.2	Pharmacy services are managed and delivered safely and effectively	40	3

The above rankings relate to inspections carried out between 1 October 2018 and 31 December 2018, where reports are complete as at 24 January 2019.

The top 5 standards ranked as 'not met' have changed slightly with Standard 1.6 moving up to 3rd place ranking and Standard 4.2 dropping two places to fifth. Standard 2.1, which we continue to monitor closely, and relates to the adequacy of staffing, has dropped one place this quarter and is now ranked 6th out of the 'not met' standards, with 26 occurrences. This is the first time in the last four quarters that Standard 2.1 has been out of the top 5 standards 'not met'.

Standard 1.6 has been elevated two places this quarter, and relates to record keeping. Typically, the sorts of issues found by the inspectors included poor management of controlled drugs registers; incomplete private prescription records and poorly maintained responsible pharmacist records.

Standard 4.3 remains the highest ranked standard not met. This relates to medicine and medical devices. We provided Council with further details on which aspects of this broad standard were typically the main reasons for failure during the previous quarter. These remain the same with the top 3 issues all related to the 'safe and fit for purpose' sub- category and the 4th and 5th most frequently cited issues related to 'stored securely', and 'safeguard from unauthorised access' sub-categories respectively. The top 5 issues identified specifically relate to:

- Monitoring of fridge temperatures
- Adequacy of date checking processes
- Inadequately labelled medicines
- Controlled drugs not stored securely
- Controlled drugs not safeguarded from unauthorised access

We are scheduling an article in Regulate, to highlight and raise awareness of these issues and what is required to meet our standards.

3.5 Top 5 standards ranked as good

Standard no.	Description	Inspections	Q2 Rank
2.2	Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	265	1
2.4	There is a culture of openness, honesty and learning	225	2
1.2	The safety and quality of pharmacy services are regularly reviewed and monitored	217	3
4.2	Pharmacy services are managed and delivered safely and effectively	157	7
1.1	The risks associated with providing pharmacy services are identified and managed	155	4

The above rankings relate to inspections carried out between 1 October 2018 and 31 December 2018, where reports are complete as at 24 January 2019.

The top five 'good' standards have remained relatively stable apart from Standard 4.2 (which was previously ranked 7th) re-entering the top five 'good' standards, and standard 2.5 dropping out.

4. Complaints

4.1 Formal complaints and negative feedback by category



Figures correct as at 14th January 2019

4.1 Formal complaints and negative feedback by category (cont.)

As has been the case for the last three years, there were less complaints in the third quarter of 2018/19 than in the second. In addition, the number of complaints received by the GPhC about its activities continues to fall. 20 complaints were received this year in Q3, compared to 27 during the same period in 2017/18.

GPhC processes continue to represent the largest category of complaints, with nine received. Three complaints related to myGPhC and two each to Standards and Assessment and Information and Data. It was noted in the last PMR that complaints had been received about fees for the first time since late 2015. No trend appears to be emerging as the one complaint about fees made in Q3 this year related to bank records changes rather than the fee level. No complaints were received during this reporting period on either equality and diversity or staff conduct.

Decisions have been reached for all complaints received in Q3. None were upheld, three partially upheld and 17 not upheld. There is no clear pattern to the partially-upheld complaints, as they were associated with distinct activities in different directorates. While two of the three were classed as stemming from GPhC processes, the issues were not related. The third partially-upheld complaint was in the Information and Data category, and resulted from a wrongly-addressed letter.

5. Education

5.1 Accreditation and recognition activity

Course	Type	Academic year								
		2016-17				2017-18				2018/19
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Master of Pharmacy (MPharm) degree 4-year	Accreditation	1	4	4	-	1	1	2	-	-
	Reaccreditation	-	-	-	-	-	1	6	1	-
	Interim visit	-	5	-	-	1	5	-	-	-
Master of Pharmacy (MPharm) degree 5-year integrated	Accreditation	-	-	-	-	-	2	1	-	-
	Reaccreditation	-	-	-	-	-	-	-	-	-
	Interim visit	-	-	-	-	-	-	-	-	-
Master of Pharmacy (MPharm) degree 2+2 Overseas	Accreditation	-	-	-	-	-	-	1	-	-
	Reaccreditation	-	-	-	-	-	-	1	-	-
Overseas pharmacist assessment programme (OSPAP)	Reaccreditation	-	-	-	-	-	1	1	1	-
Independent prescribing	Accreditation	1	1	1	-	1	-	2	-	2
	Reaccreditation	2	3	8	4	5	3	5	1	1
	Monitoring visit	2	-	1	3	0	-	1	1	1
Level 3 Pharmacy technician knowledge/competence	Approval/Accreditation	-	-	-	-	-	-	-	-	-
	Reaccreditation	-	-	-	-	-	-	-	-	-
Level 2 medicines counter assistant and dispensing assistant	Accreditation	-	-	-	-	-	-	-	-	-
	Reaccreditation	-	-	-	-	-	-	-	2	3

5.1 Accreditation and recognition activity (cont.)

All events went ahead as scheduled.

A high volume of events scheduled and have taken place for the 2017-18 academic year, particularly for MPharm degrees and independent prescribing programmes. The MPharm and OSPAP events would have taken place between January – July 2018, and prescribing events throughout the calendar year. The large number of events this academic year is due partly to natural peaks in the accreditation cycles but also to an increased interest from providers in provision of 5-year integrated MPharm degrees, and in the increase in the need for pharmacist prescribers which has led to increased funding for pharmacist prescribing programme places, resulting in interest from new course providers. 50 independent prescribing programmes are currently accredited.

Level 2 courses were granted an extension from January 2018 – July 2018 due to the consultation on safe and effective staff. Following the Council meeting in May 2018 it was agreed that the Level 2 courses continue business as usual after the consultation activity was put on hold. The Level 2 courses went through their reaccreditation between July – November 2018.

6. Human Resources

6.1 Headcount Overview

GPhC	31 st December 2018
Headcount	247
Permanent	223
Fixed Term Contract	24
Total Leavers	14
Permanent leavers	10
Voluntary Turnover – Permanent (Oct - Dec)	4.5%
Voluntary Turnover – Permanent (Year to Date) April – Dec	13.9%
Stability – Permanent staff	83%

The data above summarises the headcount position during the period of 01/10/18 – 31/12/18. The total number of leavers for this period was 10 permanent employees. The turnover rate for permanent staff excludes those employees who were on a fixed term contracts.

The total number of voluntary permanent leavers for this specific period equates to a turnover rate of 4.5%. A higher turnover rate of 6.3% was reported in Q2 of 2018. Exit interview analysis suggests career progression is the main reason for voluntary turnover. The average turnover rate for the 12-month period from 01/01/2018 to 31/12/18 is 21.1%. The actual number of permanent leavers between 1st January 2018 and 31st December 2018, was 31 and the total number of all leavers in that period was 50.

The stability rate has been calculated based upon the number of permanent employees with more than 12 months employment at GPhC. On the 31st December 2018, there were 185 permanent employees who had more than a 12-month employment at GPhC. The stability percentage has increased from the previous reporting figure of 79%.

6.2 Organisational Absence – Absence Percentages (October 2018 – December 2018)

Directorate	<u>Absence %</u>
Organisation	2.8%
Corporate Resources	4.5%
Education & Standards	1.7%
Fitness to Practise	3.6%
Insight, Intelligence & Inspection	1.2%
People	4.3%

The table above details the absence percentages for the organisation and the individual Directorates at GPhC. In total 443 working days were lost due to absence in this period (Q3, 2018) compared to a loss of 276.6 working days (lost) due to absence in Q2 of 2018. The overall absence percentage has increased from 1.8% to 2.8%. The Corporate Resources and People Directorate have the highest absence percentage. Sickness absence reported is mostly short-term illness, which reflects the current winter illness season. HR Business Partners (HRBP's) are supporting managers to reduce absence which includes seeking occupational health expertise, where appropriate, for long term sickness absence. Training in attendance management is being developed for delivery in 2019.

Data cleansing of absence records has occurred and is ongoing. Positive return procedures are set out by HRBP's in regular meetings with managers. Benchmarking data suggests reported absence rates are average overall but lower than the public-sector average.

6.3 Employee Relations

The table below is a summary of the employee relation cases by case type which are live during the specified period. All cases were subject to HR support and are being actively managed:

Case Type	<u>No. of cases</u>
Total Cases	6
Absence	3
Grievance	1
Disciplinary	1
Performance	0
Other	1

6.4 Learning & Development

L&D's focus this quarter was on the following: completing our Learning Needs Analysis (LNA), developing a new behaviour competency framework, enhancing our induction programme, supporting colleagues with the mid-year Personal Development Review (PDR) review and delivering the final workshop for 'Effective Communication Skills – Demonstrating Dignity & Respect'.

The purpose of the LNA is to identify current and future skills that will help us plan and implement learning interventions for 2019. This will help us achieve directorate objectives and work towards the long-term GPhC's 2029 vision. Both functional skills and behavioural skills were equally important to deliver our statutory functions.

Nineteen one-to-one meetings were conducted with Directors, Heads and Managers to identify current and future skills required. A Learning Needs Analysis Report with findings, recommendations, risks and proposed 2019-2020 learning plan was completed. In summary the findings indicated a need to develop middle and senior managers in the following areas: foundations of leadership, effective delegation skills, coaching skills and managing under

performance. Across GPhC there a need was identified to develop writing skills, enhance project management, improve time management, understand and manage stress at work and presentation delivery skills. Q4 will be dedicated to implementing the 2019-20 Learning Plan based on the findings.

The new behaviour competency framework is associated with our new Culture Statement and Values. By aligning behaviours with our culture statement and values, we aim to enhance overall performance. The new framework comprises of six competences: Working Together, Delivering a Good Service, Taking Responsibility, Building Effective Customer Relationships, Being Strategic and Optimising Resources, and Developing Self and Others. Q4 will be focussed on raising awareness of the new framework and Q1 2019 will be dedicated to implementing the framework into the 2019-2020 PDR process.

As part of a major induction project managed by L&D, we developed a comprehensive 'Welcome Plan' for new joiners. The GPhC Welcome Plan is a self-directed learning tool, designed to guide the new joiners through their first days/weeks at the GPhC. The welcome plan has been very well received from new starters and the hiring managers.

October saw delivery of the mid-year PDR Review. In total 80% of employees completed the Mid-year Review. Most mid-year PDRs were completed ahead of the deadline. Support was given to support the organisation by developing helpful resources and providing drop-in sessions for employees and line managers on how to have an effective performance review.

Annual plan progress report 2018/19

Quarter 3: October – December 2018

Introduction

This report provides an update on the key strategic priorities in our Annual plan 2018/19.

The reporting period covers quarter 3, October to December 2018.

Overview

Strategic Priorities	Status	Direction of travel
Building our data, information, intelligence and insight capability		
Developing our approach to fitness to practise		
Securing assurance and promoting improvement in registered pharmacies		
Improving standards of care through regulation of education and training		
Transforming our organisation, our services and processes		

Key

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

Building on our data, information, intelligence and insight capability

RAG	Direction of travel
	

Strategic aim:

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

In 2018/19 we will:

- Develop a phased insights and intelligence strategy to improve our capacity and capability to report, learn from and act on our work more efficiently
- Improve the quality and consistency of the data that we hold for key statutory and governance performance reports and the supporting data infrastructure
- Share the insights from what we have learned from inspections of registered pharmacies to date
- Conduct a registrant workforce survey to inform our work and that of stakeholders
- Continue to update our data approach and procedures to ensure compliance with the General Data Protection Regulation (GDPR)
- Create the development framework for a pilot organisation wide enquiry hub to receive, co-ordinate and analyse all incoming information and concerns to inform more proactive and tailored regulatory responses at an earlier stage

What does success look like?

- A clear insights and intelligence strategy in place guiding our priority areas for action
- Standardised and automated reporting of statutory and governance performance reports
- Published insights from inspections of registered pharmacies are being used to inform and drive improvements in pharmacy practice
- Up to date baseline established of what pharmacy professionals are doing and where
- No personal data breaches reportable to the Information Commissioner’s Office
- Information rights requests responded to appropriately and within time limits
- Overall development framework in place with phase one of the enhanced triage oversight in fitness to practise up and running (reported under ‘Developing our approach to fitness to practise’)

Key links and assumptions

- Resources for all business teams are available to do this work and teams will work collaboratively with support from senior leaders and managers
- The volume of data and information requests remains stable so that there is capacity to do this work
- Partner organisations must be engaged and have resources

Main risks

- If resources (capacity and capability) are not available, work will take longer to complete. Capacity is reduced in this quarter while we recruit to find suitable candidates to fill two vacancies.

Outline timetable:

April-June 2018	July-September 2018	October-December 2018	January-March 2019
<ul style="list-style-type: none"> • Complete baseline mapping of existing data sources across the organisation to inform the Insights and Intelligence strategy • Commence end to end review and design for the automation of the production of key statutory and governance reports • Commission research on what we have learned from our current approach to inspecting registered pharmacies • GDPR e-learning training sourced and implemented • Internal data protection policies and procedures updated • Website and myGPhC privacy policies updated • Consultation on publication and disclosure policy begins • New data protection contract clauses and schedules sent to suppliers of priority contracts 	<ul style="list-style-type: none"> • Complete standardisation and automation of Professional Standards Authority (PSA) data sets • Commence development of automated Council Performance Monitoring Reports • Begin research on learning from our inspections of registered pharmacies to date • Scope requirements for a registrant survey • Supplier contract GDPR variations completed • Further tailored GDPR training for key functional areas developed and dates planned 	<ul style="list-style-type: none"> • Insights and intelligence strategy presented to Council including priority areas of focus with plan • Operational data warehouse developed to include addition of datasets • Research on learning from inspections finalised • Identify options to conduct and analyse registrant survey • Publication and disclosure policy finalised • Personal data processing records reviewed and updated • Further GDPR tailored training launched • Development framework for a pilot organisation wide enquiry hub completed 	<ul style="list-style-type: none"> • Continued standardisation and consolidation activities for data • Conduct registrant survey • GDPR compliant information sharing agreements in place for key Memorandum of Understanding (MoU) partners • Tailored GDPR training continues

Commentary for Q3:

Data, Insights and Intelligence

There has been further good progress made in adding in additional data sets that are part of other systems to the new operational data warehouse this quarter. These include data from the contact centre, revalidation, complaints, governance, FtP (hearings and appeals) and HR. Processes have been agreed to provide this data on a regular basis for monthly reporting. The automated reports have been enhanced to support easy access for managers to view the

underlying detailed data for day to day performance monitoring purposes. Key governance and performance reporting data sources collected across the organisation are now available via automated reports. This progress is a further step towards achieving sustainable data quality sources and efficient and effective reporting, a key priority of our Insights and Intelligence Strategy framework.

The final report on the research on learning from our inspections of registered pharmacies has been received and is being reviewed. This work will help to inform the development of the key workstreams related to registered pharmacies.

Options have been identified for conducting and analysing a registrant survey. A lot of progress has been made to update the questionnaire internally and preparation for commissioning the survey is currently underway and on track for tendering early in quarter 4.

The development framework for a pilot organisation wide enquiry hub has been re-prioritised into the 2019/20 annual plan. This will use the learning from the enhanced triage oversight that is running in fitness to practise to inform our thinking and approach to receiving, co-ordinating and analysing all incoming information and concerns to enable a more proactive and tailored regulatory response at an earlier stage.

GDPR Compliance

The consultation report on the publication and disclosure policy has been completed and we are currently reviewing any necessary amendments required for implementation. The trend of an increase in volume and complexity in the nature of information requests received under data protection and freedom of information legislation in this quarter is sustained. The need to meet statutory deadlines coupled with some capacity issues within the team as a result of a period of long term sickness has meant that timelines for the remainder of the year for other improvement work are now at risk of overrunning. In particular, tailored training for higher risk functions is being developed and will now begin in quarter 4, with further rollout early in 2019/20. Progress has been made on records of personal data processing, but completion is dependent on resources available in quarter 4.

The overall RAG status is amber due to delays to completing scheduled GDPR activities this quarter because of limited capacity and the volume and nature of information requests received and being managed. There has been good delivery against other activities outlined in the timetable.

Developing our approach to fitness to practise

RAG	Direction of travel
	

Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours

In 2018/19 we will:

- Develop a strategy for the future of fitness to practise (FtP) that is focused on protecting the public whilst being more restorative and less adversarial in our approach. We will draft a consultation document to support this
- Undertake and evaluate pilots to inform the development of the strategy including an enquiry stage (enhanced triage) and the use of pre-Investigating Committee undertakings
- Improve how we categorise the concerns we receive to better understand our caseload and draw out any insights for the strategy development
- Ensure that the future FtP strategy reflects the learning from the health professions sector and recent inquiries and reports
- Undertake the planning for an external review which will look at the links between our fitness to practise processes and the mental health implications for those involved, including registrants, complainants and witnesses. The review will be carried out in 2019/20

What does success look like?

- The draft future FtP strategy is drafted and ready for consultation
- The draft strategy clearly sets out our ambition; always taking prompt action on serious concerns and being proportionate, fair and timely in the use of regulatory powers.
- Our developing draft fitness to practise (FtP) strategy is informed by wider sector learning, including from the Williams review, Gosport inquiry, other regulatory reviews and other regulators as well as from our own internal pilots and developments
- We will have a clear plan for the delivery of the external review. The plan will include how pharmacy sector stakeholders are to be involved and some of the activities

Key links and assumptions

- We will have a public consultation on the future fitness to practise strategy which will incorporate aspects of the work on assessing the impact on mental health
- The new director of FtP will take an overview of the development of the strategy during Q4 2018/19

Main risks

- Limited resources in terms of capacity to complete the ongoing work as well as challenges in delivering the regulatory function due to the volume of concerns received and turnover of some senior staff

Outline timetable:

April-June 2018	July-September 2018	October-December 2018	January-February 2019
<ul style="list-style-type: none"> • Develop draft strategy and key associated initiatives • Background work on mental health and FtP including reviewing work undertaken by other regulators • Research and planning on planned pilots and improvements to categorisation 	<ul style="list-style-type: none"> • Consultation approach agreed with Senior Leadership Group • Enquiry and Pre-Investigating Committee undertakings pilot launched • Agree terms of reference and glossary for mental health and FtP • Appoint review panel for mental health and FtP 	<ul style="list-style-type: none"> • Review process and identify key changes that can be made in-house • Launch revised categories • Evaluation of pilots and strategy development • Plan stakeholder event for mental health and FtP 	<ul style="list-style-type: none"> • Implement any internal recommendations • Plan consultation for launch in early 2019/20

Commentary for Q3:

The new Director for FtP takes up post in January 2019 and work has continued in the directorate to research and consider new developments in policy that will contribute to the director's overview and development of the revised strategy.

A workshop was undertaken with the Council that summarised the key developments in FtP across the health professions sector. As part of the session Council members took part in a scenario based exercise that focussed on the different types of concern received by the GPhC and what they felt the appropriate level of sanction would be in that particular scenario. The outcomes of the exercise will aid the development of a more proportionate and less adversarial approach to resolving concerns about professionals' practice. It is planned to use the exercise with other stakeholders, including the public, to aid the calibration of the new approach.

Council members were also provided with a detailed briefing of the FtP legislative framework for Social Work England, the newest of the health professions regulators and the differences between the two systems compared.

An enhancement to the current operational processes was implemented in December. A group of senior directorate staff now oversees the outputs of the triage team as a further quality control process to ensure that the triage decisions we are making reflect our current practice. This will be important in establishing a baseline of our current approach to understand how much change may be required to meet the revised strategy, once implemented.

In terms of other streams of work, the categorisation project is now at the stage of being quality assured by colleagues in data and insight. With significant demands on their resources we are not expecting any further progress until early next financial year. The planning for the mental health project has been amended to reflect the resource that is available to deliver the project. The current plan is for work on the improvements required to be identified internally and proposals to be reviewed and assured by an external panel.

The overall RAG status is red and reflects the current position of the strategy development for the reasons set out above and in the risk section. The ongoing operational challenges can be seen in the performance monitoring report, including the highest ever received number of concerns in one month in November 2018. We are looking at whether there are any opportunities to enhance short-term resourcing to deal with operational challenges and allow time to be freed up for strategy development.

Securing assurance and promoting improvement in registered pharmacies		RAG	Direction of travel
Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours			
<p>In 2018/19 we will:</p> <ul style="list-style-type: none"> • Agree with government a timetable for commencing new powers to publish inspection reports, and share learning to promote improvement • Consult on and implement our approach to publication of inspection reports and our updated proposals on pharmacy inspection • Implement new enforcement powers to ensure our standards are met in registered pharmacies • Build understanding among our stakeholders of our powers and tools for regulating both individual members of professions and pharmacy owners • Issue guidance to pharmacy owners to support safe and effective care by all staff within the pharmacy team 	<p>What does success look like?</p> <ul style="list-style-type: none"> • Outcomes of inspections of registered pharmacies are easily accessible and transparent to members of the public, the pharmacy sector and other stakeholders, providing assurance and driving continuous improvements in the quality of pharmacy practice • Stakeholders are clear on how their views informed the approved approach to regulating registered pharmacies • The sharing of insights from inspections of registered pharmacies are used to inform improvements in the sector • Pharmacy owners are clear on how our enforcement powers will be applied when standards are not met • Pharmacy owners are clear what the regulator’s expectations are for a safe and effective pharmacy team • Key stakeholders have a basic understanding of our role, powers and tools for regulating professionals and owners 		
<p>Key links and assumptions</p> <ul style="list-style-type: none"> • Publication of inspection reports by the end of March 2019 is dependent upon approval of the refined inspection approach in December 2018 and the build of the reporting web site with supporting infrastructure 	<p>Main risks</p> <ul style="list-style-type: none"> • The development of the IT infrastructure is the key building block for the publication and implementation of the refined inspection approach within the current timelines • Limited external interest in, or engagement with, our work among key stakeholders at a time of significant challenge within pharmacy, health and government • Publication of inspection reports exposes us to greater scrutiny relating to consistency of our decisions on inspection, factual accuracy of reports and potential legal challenge 		

Outline timetable:

April-June 2018	July-September 2018	October-December 2018	January-March 2019
<ul style="list-style-type: none"> • Worked closely with the Government to agree the timetable for commencing the Pharmacy (Premises Standards, Information Obligations etc) Order 2016 • Guidance for pharmacy owners to ensure a safe and effective pharmacy team published and promoted to all owners and pharmacy professionals, to raise awareness of what is expected of pharmacy owners • Consultation on developing our approach to regulating registered pharmacies published • The consultation included a summary of our new enforcement powers and the principles of our approach to enforcement which will help increase stakeholder understanding of our powers and tools • Commissioned research to inform our approach to registered pharmacies and drive improvement in the sector • Developed new public affairs strategy and taken forward a series of meetings with parliamentarians and other stakeholders to build understanding and awareness of our role 	<ul style="list-style-type: none"> • Consultation on developing our approach to regulating registered pharmacies closes • Research begins on what we have learned from our current approach to inspecting registered pharmacies • Develop new enforcement policy, engaging with key stakeholders to help inform the policy and increase their awareness of our powers and tools • Publish discussion paper on new proposals to protect people trying to obtain medicines online, setting out our powers and tools to regulate online pharmacies • Hold meetings with ministers and other key parliamentarians in three countries of GB, and with leading patient organisations, to explain our role, powers and tools for regulation 	<ul style="list-style-type: none"> • Analysis of data and publication of research on what we have learned from our current approach to inspecting registered pharmacies. Research promoted to all key stakeholders. • Analysis report of our approach to regulating registered pharmacies shared with Council and published. Communications activity to highlight what we have heard through consultation activity' • Approach to publication and the way we inspect registered pharmacies agreed with Council; promotion of new approach to all key stakeholders to build understanding and awareness • Publish our new enforcement policy and communicate this to all key stakeholders • Publish updated guidance on supplying medicines at a distance and use publication as an opportunity to explain our role and how we work with other regulators in this area 	<ul style="list-style-type: none"> • Design approved and build of reporting site for publication of inspection reports and notable practice and supporting IT infrastructure completed for testing • Start implementation activities for the publication of inspection reports and agreed refinements to our approach to inspection • Promote publication of inspection reports to all key stakeholders to help increase awareness of our role in inspecting pharmacies and new publication powers

Commentary for Q3:

Agree with government a timetable for commencing new powers to publish inspection reports, and share learning to promote improvement

Our work to share what we have learned from inspection has progressed well in this quarter. Our external research consultants conducted quantitative analysis of 14,650 reports and qualitative analysis of a representative sample of inspection reports to inform our understanding of what we have learned. The analysis was completed and draft reports received in December 2018 as forecast. Our internal review of the reports is in its final stage and we will be publishing the research and promoting it to all key stakeholders in the next quarter.

Consult on and implement our approach to publication of inspection reports and our updated proposals on pharmacy inspection

Work has progressed well this quarter to implement refinements to our approach to inspecting registered pharmacies. We shared the analysis report on the consultation responses with Council in November which was followed at the next meeting with Council's decision to agree the proposed principles that will govern our future approach to the way we regulate and inspect registered pharmacies. We have also established an operational reference group to help us test and refine some of the practical operational changes that we will need to make to implement the proposals. In December, we held the first meeting of this group which brings together various stakeholders including responsible pharmacists, superintendent pharmacists and representatives from pharmacy bodies from across the pharmacy sector in England, Scotland and Wales.

Implement new enforcement powers to ensure our standards are met in registered pharmacies

The development of an enforcement policy has progressed well in this quarter to encompass the new powers that were given to us in May 2018. This work has included development of draft operational guidance which supports the overarching policy and will ensure that the inspectors and regional managers are making proportionate and consistent decisions about when we should use our powers. The draft version of the enforcement policy was shared with Council in December. We now plan to publish it and share with key stakeholders in the next quarter. We have also begun to actively consider whether to use enforcement powers in current investigations, where it may be appropriate and proportionate to do so.

Discussion paper on making sure patients can obtain medicines and other pharmacy services safely online

We have completed the analysis of the feedback we received about the discussion paper and prepared a report summarising the feedback. We are making a number of changes to the guidance based on what we heard and expect to publish the updated guidance in the next quarter.

Build understanding among our stakeholders of our powers and tools for regulating both individual members of professions and pharmacy owners

We promoted the Council's decision at the December Council meeting on the principles that will govern our future approach to regulating and inspecting registered pharmacies, and the operational implications, through social media and a press release which was reported across the pharmacy media.

We have also continued to engage with key parliamentarians, including Shadow Ministers in the UK and Scotland, and the Chair of the APPG for Pharmacy, to increase their understanding of our regulatory powers and tools and how we will use them going forward.

At the December Council meeting, the Council was given an update on responses from organisations setting out how they have acted on guidance to ensure a safe and effective pharmacy team and our learning from inspections in respect of sufficient staffing in pharmacies. In that paper we committed to holding a meeting in the New Year with trade and professional bodies to discuss the roles of all organisations involved in relation to staffing levels.

The overall RAG status and direction of travel for the key pieces of work associated with the delivery of this priority area is the same as the previous quarter (green). There are three areas highlighted in amber (in the outline timetable above) where most of the work has been completed but final delivery will take place in the next quarter.

Improving standards of care through regulation of education and training		RAG	Direction of travel
Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours			
<p>In 2018/19 we will:</p> <ul style="list-style-type: none"> • Implement our new revalidation framework to provide assurance that pharmacy professionals continue to meet the required standards of professionalism throughout their careers • Implement new standards for the initial education and training for pharmacy technicians working with course developers and providers • Consult on, review and agree new standards for pharmacist independent prescribers followed by implementation activities with course developers and providers • Initiate our work to review and consult on initial education and training for pharmacists so that initial education provided will meet the future needs of the public in relation to pharmacy services 	<p>What does success look like?</p> <ul style="list-style-type: none"> • Registrants will be able to renew and submit their revalidation records to demonstrate more effectively they are keeping up-to-date and reflecting on the benefit of their learning and practice on the people who use their services • Revised standards for education and training for pharmacy technicians, pharmacist independent prescribers and pharmacists provide assurance that pharmacy professionals are fully equipped to play a leading role in the future of multi-professional healthcare • Course providers for pharmacy technicians, pharmacist independent prescribers and pharmacists meet our new standards effectively through our accreditation or recognition processes 		
<p>Key links and assumptions</p> <ul style="list-style-type: none"> • Stakeholders will support direction of travel for new pharmacist initial education training standards • Courses based on new initial education and training standards for pharmacy technicians will be ready for accreditation at the end of 2018/start of 2019 so they are ready for delivery in September 2019 • Courses based on new education and training standards for pharmacist independent prescribers are ready for accreditation in early 2019 	<p>Main risks</p> <ul style="list-style-type: none"> • Late sign up for the new version of MyGPhC • Our proposals for pharmacist IET standards cannot be delivered due to opposition from stakeholders 		

Outline timetable:

April-June 2018	July-September 2018	October-December 2018	January-March 2019
<ul style="list-style-type: none"> ● Revalidation: Further revalidation guidance and examples published ● Education: Analyse responses to pharmacist independent prescribing standards consultation ● Education: Engagement with pharmacy technician course developers and providers ● Education: Engagement with three new working groups for the development of the pharmacist IET standards 	<ul style="list-style-type: none"> ● Revalidation: The next phase of revalidation development to go live ● Education: Workshops on elements of pharmacist IET standards ● Education: Prepare papers for Council on pharmacist independent prescribing ● Education: Continued engagement with pharmacy technician course developers and providers 	<ul style="list-style-type: none"> ● Revalidation: Recruitment and selection of revalidation reviewers ● Education: Launch pharmacist IET standards consultation ● Education: Agree policy for the education and training of unregistered staff ● Education: Accredit new courses based on pharmacy technician IET standards ● Education: Agree revised IET standards for pharmacist independent prescribers following consultation 	<ul style="list-style-type: none"> ● Revalidation: Preparation for first revalidation reviews ● Revalidation: The next phase of revalidation goes live. ● Revalidation: Council review of evaluation approach for revalidation ● Education: Begin analysis of pharmacist IET standards consultation ● Education: Begin accreditation of courses based on new Education and Training (ET) standards for pharmacist independent prescribers

Commentary for Q3:

Revalidation: A sufficient pool of revalidation reviewers has been recruited to undertake reviews following a round of recruitment. Training is planned for Q4 to ensure readiness for reviews which will commence in Q1 of 2019-20.

In Q3 a decision was taken as part of business planning to defer work to evaluate the revalidation model so that resources could be focused on other evaluation activities. Deferral of evaluation planning activities reduces the period of time set aside to prepare the logic model but will not affect the overall time-scale for delivery of an evaluation report.

Pharmacy technician IET standards:

The standards are available for use and we are waiting for course providers to put forward courses for accreditation. We anticipate that some courses will be ready later in 2019. We are in close contact with the English Pharmacy Technician Trailblazer Development Group who have submitted a proposal to the Institute for Apprenticeships and received feedback on the proposal. They will be revising their submission in line with this feedback.

Pharmacist Independent prescriber ET standards:

Pharmacist independent prescriber ET standards have been signed off by Council and publication is scheduled for January 2019. This work was slightly delayed as it was decided to prioritise work on the consultation for IET standards for pharmacists.

Work to produce an evidence framework is underway and the Royal Pharmaceutical Society has agreed to produce guidance on the competencies of Designated Prescribing Practitioners (DPPs) during the course of 2019. Provision has been made for course providers who wish to make use of DPPs prior to the publication of this guidance.

Education and training of non-registered pharmacy staff:

As part of the review, engagement activity has been completed alongside desktop research. We intend to provide a summary of activity and an assessment of the current situation to Council in early 2019.

Pharmacist IET standards:

The draft standards, including the learning outcomes, were drafted taking into consideration the feedback from three expert groups, accreditation panel members and the Education Advisory Group. The consultation draft was presented and agreed by Council in November 2018. We piloted the consultation questions at the end of November to ensure the consultation document and the questions are easily understood by respondents. We incorporated Council's feedback and what we heard during the pilot into the consultation document and prepared for a 12-week consultation.

The consultation is scheduled for launch next reporting quarter on 9 January 2019. Stakeholder engagement will take place in February and March. We will report back to Council following completion and analysis of the consultation.

The overall RAG status is green reflecting the fact that whilst the complexity, nature and volume of work remains high, good progress is being made.

Transforming our organisation, our services and processes		RAG	Direction of travel
Strategic aim: Pharmacy regulation is efficient and effective			
<p>In 2018/19 we will:</p> <ul style="list-style-type: none"> • Improve online services to enable registrants to complete and review their revalidation records online • Improve online services for registration, renewal and application functions in phases throughout the year • Embed equality, diversity and inclusion (EDI) in both our role as a regulator and employer • Conduct a survey of our registrant’s views of the GPhC’s services and communications in order to identify areas for further improvement • Invest in updating our culture, ways of working and means of holding ourselves to account so that we have the right staff with the right skills and attitudes to adapt to the evolving world of regulation and pharmacy professionals • Continue to invest in our IT infrastructure and applications by moving to cloud based solutions in order to provide a flexible and robust foundation for future needs • Align our risk management approach to the ISO31000 standard 	<p>What does success look like?</p> <ul style="list-style-type: none"> • Registrants can complete and submit their revalidation records online and we can review their records online • Registrant services are improved with new online services for registration, renewal and application functions • The GPhC will progress commitments to EDI. For one of our key priority areas, disability, we will have started the implementation of the formal disability standard • The registrant survey findings inform the baseline against which we measure any improvement in our communications and services • The culture statement, refreshed values, and behaviours are embedded in every part of the GPhC and used by managers and staff to underpin the Performance Development Review (PDR) process • IT infrastructure and applications are moved to a cloud based solution. • We can demonstrate how risk has been actively managed to support objectives being achieved. 		
<p>Key links and assumptions</p> <ul style="list-style-type: none"> • The refreshed values and behaviours will be incorporated into the new way of recruiting which will have a values based focus • Objectives will be clearly articulated and success defined at all levels in the organisation 	<p>Main risks</p> <ul style="list-style-type: none"> • Capacity and resources to implement change across the different pieces of work that make up this strategic priority • Effectiveness of senior decision making • Interdependencies between multiple pieces of work • Cynicism/frustration at the pace of change 		

Outline timetable:

April-June 2018	July-September 2018	October-December 2018	January-March 2019
<ul style="list-style-type: none"> ● Revalidation: Launch of myGPhC during April. Registrants start recording their revalidation records ● Revalidation: Second phase of revalidation development covering record submission and exceptional circumstances ● Development, testing and release of online registration applications for pharmacists ● Stabilisation of new Azure infrastructure ● Re-setting the culture: Schedule workshop sessions with the heads of function to present the new culture statement and collate their feedback ● Re-setting the culture: Agree the refreshed values with SLG and communicate to all employees ● Re-setting the culture: Monitor and evaluate if there has been an increase / decrease / stabilising of staff turnover during the period of implementing the cultural re-design ● Risk: Strategic risks have been refreshed and mapped against current strategic aims to ensure they represent current objectives ● Risk: Function and project level risks reviewed and analysed to 	<ul style="list-style-type: none"> ● Revalidation: Testing and release of second phase of revalidation services. Registrants start to submit their revalidation records online from September ● Initial scoping for moving SharePoint and infrastructure services to the cloud ● Registrant survey: Analyse results of survey and prepare draft report ● Re-setting the culture: Carry out research to establish how the cultural element of the GPhC benchmarks against similar sized organisations or an inter-regulatory group within the sector ● Risk: Complete internal context which describes how the organisation works ● Risk: Develop guidance document to assist coaching of risk owners ● Risk: Fully develop register of new strategic risks ● Risk: Provide update on ISO work to Council ● EDI: Produce a transgender policy to ensure that the GPhC is able to provide access, adjustments and raise awareness of people who are transgender 	<ul style="list-style-type: none"> ● Revalidation: Further development of revalidation and registrant online services ● Finalisation on approach, to move SharePoint and infrastructure services to the cloud ● Phased migration of SharePoint and infrastructure services to the cloud ● Registrant survey: Share and discuss key findings internally and identify learnings and actions ● Registrant survey: Approve and publish report ● Re-setting the culture: Work with the Learning and Development Manager to integrate the mapped culture, values and behaviour framework into the new PDR process ● Re-setting the culture: Work with heads of function to support the integration of the mapped culture, values and behaviour information into a value based recruitment process ● Risk: Further develop risks that sit below strategic level ● Risk: draft strategy and other documents for ISO alignment ● EDI: Produce a draft health and wellbeing strategy ● EDI: Support the collection and analysis of GPhC EDI data 	<ul style="list-style-type: none"> ● Testing and release of new online services for registrants ● Phased migration of SharePoint and infrastructure services to the cloud ● Re-setting the culture: March 2019, carry out the third of 4 pulse surveys ● Re-setting the culture: Work with the Learning and Development Manager to support the integration and rollout of the new behaviour framework into the new PDR process ● Risk: Develop risk appetite statement(s) ● Risk: Launch updated framework ● EDI: Develop further guidance supporting EIAs to ensure that the 'circle' of impact assessment is completed

<p>enhance understanding of the GPhC risk profile</p> <ul style="list-style-type: none"> • EDI: Strengthen the GPhC's capability to provide access, adjustments and raise awareness of people with disabilities. 			
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Commentary for Q3:

Improve online services to enable registrants to complete and review their revalidation records online

In Quarter 3, five cohorts of registrants have successfully used the new version of myGPhC to renew and revalidate (numbers are reported in the Performance Monitoring Report). Over the course of the quarter a small number of technical issues were identified and resolved but none proved a barrier to our registrants being able to engage effectively with our systems or regulatory processes. Work has continued in this quarter to develop the ability to select and review revalidation records in time for reviews to commence in Quarter 1 of 2019/20.

IT infrastructure

During October to December our approach to moving SharePoint services to the cloud has been tested and the first phase, moving the visitor management system online to the Cloud has been completed. The second phase, moving the purchase order system online to the Cloud is being tested. Planning is now underway for future phases.

The approach to moving infrastructure services to the cloud is still to be finalised. This is dependent on proof of concept work. Overall, work is 2-3 months behind the initial schedule as additional time was taken to review the business case and approve the project.

Survey of registrants

The analysis of the results from the survey of registrants' views of our services and communications has now been completed and the first draft of the survey report has now been produced. The report is currently going through internal sign-off and is expected to be published in February 2019.

Culture

We have met with four regulatory bodies to assess how the cultural elements of the GPhC benchmarks against similar sized organisations within the sector. Although incomplete, the information gleaned highlighted evidence that of the four regulators who agreed to discuss their progress in establishing cultural reform, none were as advanced as the GPhC in changing the culture of their organisation. This activity is amber because it has not been possible to meet with all the regulators and conclude the report in this quarter.

Work with the Learning and Development Manager to integrate the mapped culture, values and behaviour framework into the new Performance and development (PDR) process has been completed. A basic version of the behaviour framework is in use and work is underway to roll out the new iteration of the PDR process incorporating the behaviour framework to begin April 2019.

Work with heads of function to support the integration of the mapped culture, values and behaviour information into a value based recruitment process was started in August but was then put on hold due to staff availability. It has not been possible to progress this activity.

Embed equality, diversity and inclusion (EDI) in both our role as a regulator and employer

The team have supported the collection and analysis of GPhC EDI data, this piece of work has been delayed due to staff availability

We are in the process of establishing a women's network and have produced a draft gender diversity policy with a tailored adjustments agreement. We have also, together with the other health regulators started the process of creating a joint regulators BAME/Cultural network.

Risk Management

Work to describe the GPhC's internal context has been completed and shared with Senior Leadership Group (SLG) and Audit and Risk Committee (ARC). Function-level risks have both been developed further and mapped against the strategic risk register to provide a more completed picture of how risks are being managed. Research to develop additional risk management documentation revealed that additional work is required to comprehensively describe how the organisation intends to operate. These documents will now be produced in Q4 2018/19.

Business planning

Work continues on our financial strategy, reviewing our wider regulatory strategy and approach, including making sure this is more grounded in operational reality. There are a number of workstreams involved in taking a more holistic approach to our strategy and business planning work. These include:

- Developing a 10-year vision for the type of regulator we want to be
- The 2018/19 budget reforecast and implications for budget deficit
- Laying the first year of our Strategic Plan 2017-20
- Fees consultation for 2019-20
- Developing the Annual Plan for 2019/20
- Budget for 2019/20

Work is underway and continuing on all of these workstreams working within a clear strategic framework of themes and priorities. The 2018/19 reforecast has been completed; the third year of our Strategic Plan 2017-20 has been published, and work has been ongoing on the 2019/20 Annual Plan and budget which will be presented to our Council in February 2019. Following this, further work will continue on developing a 10-year vision for the type of regulator we

want to be, supported by relevant engagement activities. In November 2018, we launched a consultation on proposals to increase the entry and yearly renewal fees for pharmacists, pharmacy technicians and registered pharmacies. The consultation will be open until 24 January 2019.

With a view to efficiency and effectiveness, in most cases we are using existing mechanisms where possible to proceed with our work e.g. the planning and budgeting process, as well as bring relevant decisions to Council. The views of the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) have also been sought.

The overall RAG status is amber and reflects that the scope and objectives covering this area of work were initially ill defined. In the immediate future, these issues are being addressed by the current planning process. In addition, senior management have begun the process of introducing new oversight arrangements to agree IT and business systems priorities which will feed into planning in 2019/20.

Management Accounts 31 December 2018

- As at 31 December 2018 the organisation is **£207K (24.1%)** under forecast. This is mainly due to expenditure being below forecast expectation.



The actual year-to-date deficit is **£653K** versus **£860K** forecast deficit



Actual income year-to-date is **£17.2M**, **(£45K)** under forecast

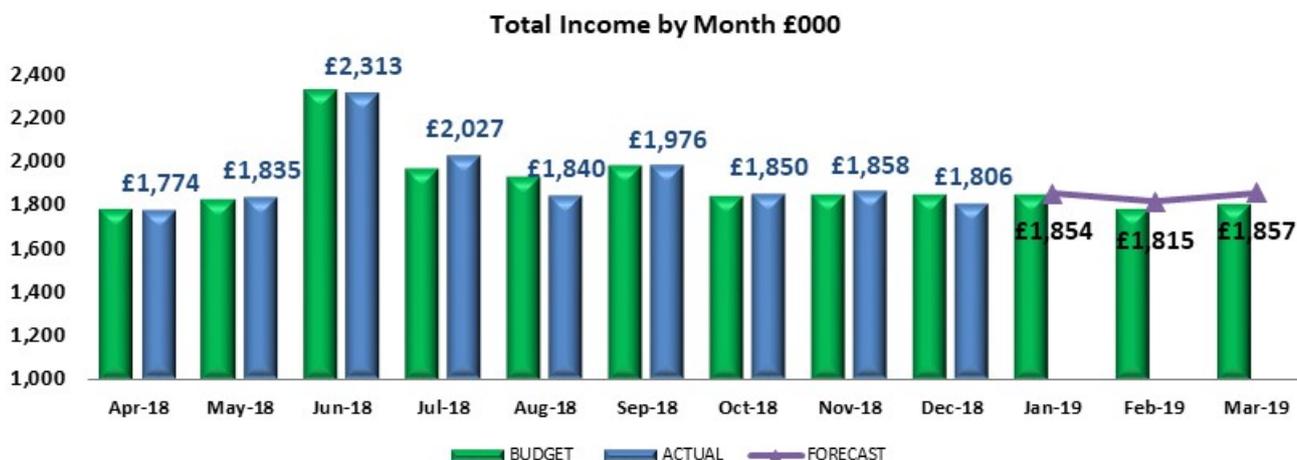


Actual overhead expenditure is **£18M**, **(£228K)** below forecast

Income *(Please see Appendix 1 for Summary Management Accounts)*

- The overall income for the year-to-date shows a minimal adverse variance of **£45K (0.3%)** compared to forecast.
- Pharmacists income** year-to-date is **£11.0M**, **£61K (0.6%)** behind forecast. This is due to restoration fees being lower than expected which is most likely due to timing variances, and a slight reduction in the number pharmacists anticipated to be on the register now. **Premises income** year-to-date is marginally **£14K (0.5%)** above forecast expectations.

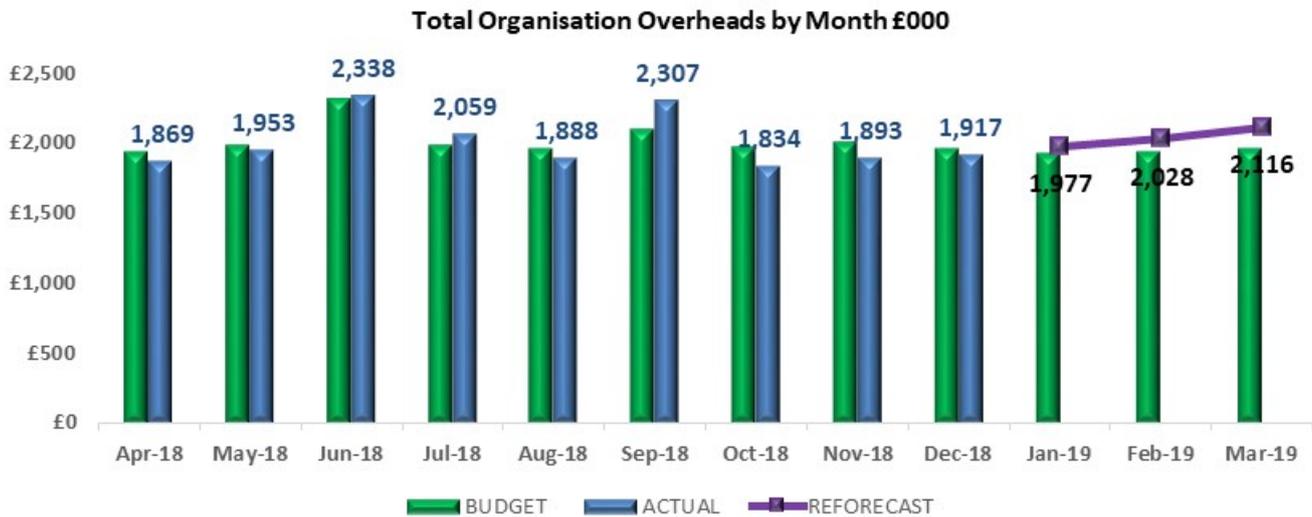
Graph A



Overheads (See appendix 1 Summary Management Accounts)

4. Overhead expenditure year-to-date is **£229K (1.2%)** behind forecast.

Graph B



5. **Employee costs: Payroll and Other** year-to-date is £10.5M, which show a small favourable variance of **£91K (0.9%)** against forecast. **Basic salaries** are marginally below forecast by **£47K (0.6%)**. The variance relates to permanent and fixed term roles which have not been recruited. **Contractor costs** show an adverse variance of **£23K (8.3%)**, which primarily relates to these roles being filled with temporary agency staff. **Staff training** shows an under spend of **£30K (20.6%)**. This is mainly due to training events now taking place in the coming months.
6. **Council and Associates Costs** are marginally above forecast **£17K (1.2%)**. **Travel and Accommodation costs** overall have marginal variances. **Cancelled hearings** year-to-date have costed **£60K** an average expenditure of **£5K** per month. This is 38% lower than at the same period last year.
7. **Professional Costs** overall are **£10K (0.6%)** behind forecast. The main areas expenditure contributing to this under spend are consultancy, legal, high court legal and transcription costs. **Consultancy costs** are **£31K (10.8%)** behind the forecast which relates to commissioned consultancy work which will now take place in the next quarter. **Legal costs** are overspent by **£30K (5.9%)** due to a higher number of cases being referred to panel firms than expected. **High Court Legal costs** are **£19K** below forecast which relates to FtP hearing appeals. However, we are expecting a cost of £20K in relation to a pending appeal shortly. **Transcription costs** are **£12K (9.8%)** over spent when compared against forecast. This is due to PSA requests and increased number of part heard hearings which require transcripts when they reconvene.
8. **Property and Office costs** both show insignificant variances for the period.
9. **Finance costs** are over spent by **£24K (3.1%)** which is due to a higher number of credit/debit card transactions over the peak registration renewal period, coupled with increased fees from the card companies.

10. **Research costs** year-to-date are **£54K (98.8%)** below forecast. This relates to the commissioned research on what we have learned from our current approach to registered pharmacies which is being finalised.
11. **IT costs** are below reforecast by **£72K (6.7%)**, due to third party software application support costing less than expected and IT development projects being delayed.
12. **Occupancy costs** year-to-date is in line with forecast.

The Statement of Financial Position as at 31 December 18

Data table 1

	<u>31-Dec-18</u> <u>£000</u>	<u>31 Mar 18</u> <u>£000</u>
Fixed assets		
Tangible assets	3,302	3,804
Intangible Assets	574	483
Investments	<u>12,500</u>	<u>12,500</u>
	<u>16,376</u>	<u>16,787</u>
Current Assets		
Debtors	1,748	1,737
Bank and Cash	<u>17,107</u>	<u>13,814</u>
	18,855	15,551
Creditors		
Amounts failing due within one year	(19,852)	(15,964)
Net current assets	<u>(996)</u>	<u>(413)</u>
Total assets less current liabilities	15,380	16,373
Creditors		
Amounts failing due after more than one year	(2,546)	(2,886)
Provision for liabilities	(1,412)	(1,412)
Total Net assets	<u>11,422</u>	<u>12,075</u>
Funds employed		
Fixed Asset Reserve	3,876	4,287
General	7,545	7,788
Total funds employed	<u>11,422</u>	<u>12,075</u>

Number of months expenditure represented by
General reserve is:

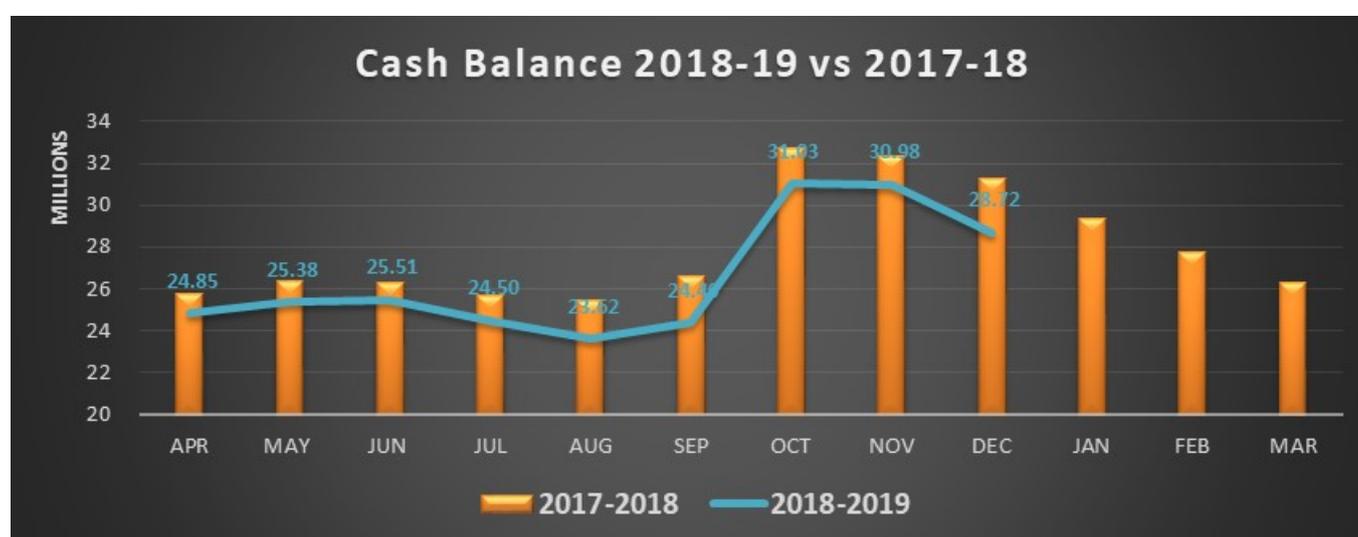
3.0

4.0

13. **Fixed Assets** total **£16.3M**, of which **£3.3M (21.1%)** relates to Tangible Assets for works carried out to the Canada Square office and upgrading laptops for office based workers. Intangible Assets such as Information Technology Development projects (Cloud Strategy, Revalidation, Case Tracker & Registrant Online) equates to **£574K**. Intangible assets are increasing due to expenditure on current projects which are not yet live.
14. **Investments** equate to approximately six months of expenditure **£12.5M (76.3%)** and relates to funds **that** have been invested in long term deposits with various banks.
15. **Current Assets of £18.8M** includes cash held in bank accounts, most of which relates primarily to registrants' income. The debtors' figures include the cost of recovery for high court appeals as well as prepayments. The high court debtor's balance will be adjusted at the end of each financial year to include a bad debt provision. The prepayment figure includes amounts paid in advance for rent, annual licences and subscriptions.
16. **Current Liabilities** include deferred income in relation to fees paid in advance for all registrant groups and grant income for the building which will be released over the remaining term of the lease.
17. **Provision for liabilities** include the landlord's contribution to the office fit-out which has been offset by the provision for future rent increases. A dilapidation provision has been added this year due to a review of the lease.

Cash Balance

Graph C



18. Over the course of the current financial year the cash balances have reduced month each month when compared to the same period last year. This is in line with the organisation's intention to increase expenditure to deliver strategic objectives. The cash balance has reached its highest point for the financial year over the last quarter as we have passed the registration peak renewal.

Summary Management Accounts 31st December 2018

Appendix 1

	Current Month					Year to Date				
	Actual £	Forecast £	Forecast Variance £	Forecast Variance %	Revised Budget £	Actual £	Forecast £	Forecast Variance £	Forecast Variance %	Revised Budget £
Total Revenue	1,806,493	1,835,723	(29,230)	(1.6)	1,847,915	17,279,650	17,325,000	(45,350)	(0.3)	17,330,332
Employee Costs	1,152,809	1,182,660	29,851	2.5	1,225,579	10,530,927	10,621,491	90,563	0.9	10,767,878
Council & Associate Costs	135,298	145,306	10,008	6.9	146,510	1,383,849	1,367,309	(16,540)	(1.2)	1,487,780
Property Cost	20,790	21,963	1,173	5.3	21,816	200,915	200,306	(608)	(0.3)	195,094
Office Costs	22,307	26,134	3,827	14.6	28,909	342,046	345,829	3,782	1.1	343,543
Professional Costs	191,970	171,715	(20,254)	(11.8)	139,231	1,616,124	1,626,004	9,880	0.6	1,681,993
Event Costs	4,449	16,050	11,601	72.3	14,901	409,143	453,209	44,067	9.7	483,184
Marketing Costs	2,286	4,865	2,579	53.0	17,509	57,405	64,372	6,967	10.8	101,003
Financial Cost	79,594	76,539	(3,055)	(4.0)	76,539	796,231	772,587	(23,644)	(3.1)	756,318
Research						650	54,650	54,000	98.8	95,000
IT Cost	113,315	150,672	37,357	24.8	124,574	993,798	1,065,648	71,850	6.7	1,227,166
Other Costs	18,798	15,536	(3,262)	(21.0)	17,519	176,272	167,710	(8,562)	(5.1)	158,397
Service Level & Occupancy	175,709	172,184	(3,525)	(2.0)	171,748	1,551,582	1,548,334	(3,247)	(0.2)	1,542,996
Total Overheads	1,917,325	1,983,625	66,300	3.3	1,984,834	18,058,942	18,287,449	228,507	1.2	18,840,351
Interest Receivable	21,679	12,000	9,679	80.7	12,000	152,669	126,020	26,649	21.1	108,000
Corporation Tax	2,003	2,400	397	16.5	2,400	26,891	24,304	(2,588)	(10.6)	21,600
Net Operating Surplus/(deficit) After Interest and Tax	-91,157	-138,302	47,145	(34.1)	-127,319	-653,514	-860,733	207,219	(24.1)	-1,423,619

Meeting paper

Council meeting on Thursday, 07 February 2019

Public business

Engagement and communications report

Purpose

To keep the Council abreast of engagement and communications with stakeholders via a quarterly report.

Recommendations

The Council is asked to note this paper.

1. Introduction

1.1. This report outlines key communications and engagement activities since October 2018 and highlights upcoming events and activities.

2. Fees consultation

- 2.1. We held a 12 week consultation on our proposals to increase the entry and yearly renewal fees for July 2019 to July 2020. The consultation opened on 1 November 2018 and closed on 24 January 2019.
- 2.2. We encouraged pharmacy professionals, pharmacy owners and other stakeholders to respond to the consultation through targeted emails, an article in Regulate, regular posts across our social media accounts and coverage in the pharmacy media.
- 2.3. We received the highest-ever number of responses to a GPhC consultation, with over 5500 individuals and organisations completing the online survey.

3. Consultation on initial education and training standards for pharmacists

3.1 We launched a consultation on the initial education and training standards for pharmacists on 9 January. The consultation is due to run for 12 weeks until 3 April.

- 3.2 We have promoted the consultation through targeted emails to stakeholders (including pharmacy students, pharmacists, pharmacy technicians and education and training providers) and in a Regulate article and blog. We are also highlighting the consultation through meetings with key stakeholders, including ministers and other parliamentarians.
- 3.3 We are organising stakeholder events, patient focus groups and other events across Great Britain for the consultation period; details of events organised to date are included in section 10 of this paper and Council members are encouraged to attend events where possible to hear the feedback we receive.

4. Future approach to regulating registered pharmacies

- 4.1. Following the December Council meeting, we issued a press release highlighting the principles agreed by the Council that will underpin how the GPhC will regulate registered pharmacies in future, and the operational implications, including the introduction of unannounced inspections and the publication of inspection reports. This received coverage across the pharmacy media and we continue to promote the Council's decisions via social media and targeted meetings with stakeholders.
- 4.2. On 19 December we coordinated the first meeting of an operational reference group of responsible pharmacists, superintendent pharmacists and representatives from pharmacy bodies from across the pharmacy sector in England, Scotland and Wales to test and refine some of the operational measures in further detail, using feedback from the consultation.
- 4.3. We are working closely with colleagues across the organisation and the external supplier to develop the new website for the publication of inspection reports. We are also drafting a communications plan for the implementation of the operational changes to inspections of registered pharmacies.

5. Promoting the safe supply of valproate to women and girls

- 5.1. We were invited to participate in a discussion on promoting the safe supply of sodium valproate to women and girls by the MHRA in autumn 2018 and are now part of their wider stakeholder network for sodium valproate.
- 5.2. We have supported efforts by the MHRA and the pharmacy sector to raise awareness of the Pregnancy Prevention Programme (PPP) among pharmacy professionals and pharmacy owners, including through a statement on our website, an email to all pharmacy professionals (including superintendent pharmacists) on our register and an article in our e-bulletin Regulate.
- 5.3. Duncan Rudkin took part in an oral hearing with the Independent Medicines and Medical Devices Safety Review on 10 January. The review was commissioned in February 2018 by the Secretary of State for Health and Social Care, the Rt Hon Jeremy Hunt MP, to look at how the health system

responds to reports from patients about harmful side effects from medicines and medical devices. The review is specifically looking at sodium valproate and other valproate medications for women of child-bearing age, along with Hormone Pregnancy Tests and synthetic mesh for use in abdominal and vaginal pelvic mesh procedures. Ahead of the hearing we sent a short briefing to the review team to explain our role.

- 5.4. Duncan was joined on the panel by two representatives from the General Medical Council. The review panel asked a number of questions surrounding the regulation of pharmacy professionals and doctors, and the settings in which they worked. The panel also asked questions about how pharmacy professionals and doctors report adverse events or issues and the responsibilities of health professionals in managing conflicts of interest and obtaining informed consent from patients.

6. Publication of revised education and training standards for pharmacist independent prescribers

- 6.1. The revised education and training standards for pharmacist independent prescribers were published on our website and highlighted in our e-bulletin Regulate in January 2019.
- 6.2. In the Regulate article, and in direct emails to respondents to the consultation, we highlighted the changes we had made to the standards in response to the feedback we received. We also explained the next steps, which include developing and publishing an evidence framework for the revised standards and beginning to accredit courses against the standards from later on this year.

7. Focus groups on reviewing our requirements for unregistered staff

- 7.1. In October 2018 we held focus groups with patients and members of the public, and with unregistered members of the pharmacy team, in London, Glasgow and Cardiff. These pre-consultation events helped us develop our understanding of the experiences of unregistered staff in relation to their education, training and roles and the expectations of patients and the public.
- 7.2. We have published a report summarising what we heard through the focus groups on our website and have sent copies to attendees.

8. Communications and engagement activity relating to Brexit

- 8.1 In December, we promoted the opportunity to apply for immigration status through a pilot of the EEA Settlement Scheme to registrants who had come through the EU route for initial registration.
- 8.2 We also highlighted in a statement on our website a Statutory Instrument laid in Parliament on 20 December which sets out what would happen in relation to the recognition of professional qualifications for pharmacy professionals qualifying in the EU in the event of a no-deal Brexit.

8.3 We continue to closely monitor developments in relation to Brexit and to communicate key developments that have implications for pharmacy regulation.

9. Publication of strategic plan

9.1. In December, we published our updated strategic plan 2017-20, which sets out the progress we have made in the second year of our plan under our three strategic aims and outlines our priorities for the final year of this plan.

9.2. The updated strategic plan was laid before the UK and Scottish Parliaments and was sent via email to a range of key stakeholders, including parliamentarians. A version in Welsh was published on our website and sent to stakeholders in Wales.

10. Recent events and meetings

10.1. Please see appendix 1 for a list of key events and meetings that have taken place since October 2018.

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

11. Upcoming events and activities

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

Community Pharmacy Wales contractor meeting, 06/02/19, Narberth

Helen Boniface, Inspector, presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

UCL School of Pharmacy, 11/02/19, London

Mark Voce (Director for Education and Standards) and Susan Melvin (Inspector) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

University of Central Lancashire, 11/02/19, Preston

Craig Whitelock-Wainwright (Inspector) and Damian Day (Head of Education), presentation on initial

education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Community Pharmacy Wales contractor meeting, 11/01/19, Cardiff

Damian Day, Head of Education, presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Community Pharmacy Wales contractor meeting, 12/01/19, Swansea

Darren Hughes, Director for Wales, presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

South Staffordshire Local Pharmaceutical Committee, 13/02/19

Stephanie Jackson (Inspector) and Juliette Becuwe, (Policy Manager Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Preston College, 14/02/19, Preston

Craig Whitelock-Wainwright (Inspector) and Damian Day (Head of Education) presentation to 2nd year pharmacy technician trainees

GPhC roundtable on staffing levels, 14/02/19

University of Manchester, 25/02/19

Craig Whitelock-Wainwright (Inspector) and Damian Day (Head of Education) presentation to 2nd year pharmacy technician trainees

GPhC focus group with patients and the public on the consultation on the initial education and training standards for pharmacists, 05/03/18 Cardiff

GPhC stakeholder event on the consultation on the initial education and training standards for pharmacists, 05/03/18 Cardiff

Community Pharmacy Humber, 06/03/19

Helen Jackson (Inspector) and Simon Roer (Policy Manager Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Sefton Local Pharmaceutical Committee, 06/03/19

Damian Day (Head of Education) and Lisa McCreesh (Deputy Regional Manager) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

GPhC focus group with patients and the public on consultation on initial education and training

standards for pharmacists, 12/03/18 London

GPhC stakeholder event for consultation on initial education and training standards for pharmacists, 13/03/18 London

Dorset Local Pharmaceutical Committee, 14/03/19

Damian Day (Head of Education) and Liam Mason, Inspector, presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Liverpool John Moores University, 18/03/19

Craig Whitelock-Wainwright (Inspector) and Damian Day (Head of Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Robert Gordon University, 19/03/19, Aberdeen

Lynsey Cleland, Director for Scotland, presentation to students

GPhC stakeholder event on consultation on initial education and training standards for pharmacists, 20/03/19 Edinburgh

GPhC focus group with patients and the public on consultation on initial education and training standards for pharmacists, 21/03/19 Glasgow

RPS Wales, 27/03/19, TBC

Os Ammar (Head of Revalidation) presentation on revalidation, and on initial education and training standards for pharmacists consultation

Pharmacy Law & Ethics Association seminar, 09/04/19, London

Claire Bryce-Smith, Director for Insight, Intelligence and Inspection, speaking on 'investigation, inspection and regulation of premises in the context of the GPhC's new approach to regulating pharmacies'

NHS Greater Glasgow and Clyde, 17/04/19

Lynsey Cleland, Director for Scotland, presentation on revalidation

12. Consultations

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

13. Equality and diversity implications

13.1. We have now completed testing and procurement on ReciteMe, a Cloud based web accessibility solution which will allow visitors to customise our main corporate website and the new inspection report website to the way they need it to work for them. The award-winning software includes text to speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. ReciteMe will also make all of the content on our webpages available in the Welsh language, helping us to meet commitments in our Welsh Language Scheme.

13.2. We have also updated our template documents to make sure that the Word documents we produce can be easily made into fully accessible PDFs. We are currently testing the documents with colleagues prior to final sign off and will be scheduling training for all staff so that the new features within the templates are used appropriately so that we can ensure any documents we produce are accessible to all.

Recommendations

The Council is asked to note this paper.

Rachael Oliver, Head of Communications

General Pharmaceutical Council

rachael.oliver@pharmacyregulation.org

Tel 020 3713 7961

24 January 2019

Appendix 1

Events from 11 October 2018- 6 February 2019

CQC Medicines Team National meeting, 11/10/18 Birmingham, Os Ammar (Head of Revalidation) presentation on revalidation

NHS Education for Scotland, 12/10/18 Aberdeen, Deborah Zuckert (Inspector) presentation to pre-reg trainees

GPhC focus group with patients and the public on reviewing requirements for unregistered staff, 15/10/18 Cardiff

GPhC focus group with unregistered staff members on reviewing requirements for unregistered staff, 15/10/18 Cardiff

NHS Education for Scotland, 25/10/18 Edinburgh, Deborah Zuckert (Inspector) presentation to pre-reg trainees

Association of Independent Multiple Pharmacies AGM, 30/10/18 London, Duncan Rudkin (Chief Executive) presentation on guidance to ensure a safe and effective pharmacy team

Scottish government annual regulation conference, 05/11/18 Edinburgh, Duncan Rudkin (Chief Executive) and Mark Voce (Director of Education and Standards) participated in panel discussions, plus stand at conference

Keele University, 07/11/18 Stephanie Jackson (Inspector) presentation to 4th year students

Pre-registration pharmacy event, 14/11/18 Liverpool John Moores University, stand at conference

University of Reading, 20/11/18 Sharon Monks (Inspector) presentation to students

RPS Wales Medicines Safety Conference, 22/11/18, stand at conference

Greater Glasgow and Clyde Pharmacy Champions Local Implementation Group, 30/11/18 Lynsey Cleland (Director for Scotland) presentation on revalidation

RPS medicines safety debate “Lessons from Gosport”, 12/12/18 Duncan Rudkin participated in panel discussion

Buckinghamshire Local Pharmaceutical Committee, 09/01/19 High Wycombe, Damian Day (Head of Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Derbyshire Local Pharmaceutical Committee, 15/01/19 Morley, Damian Day (Head of Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Norfolk Local Pharmaceutical Committee, 17/01/19 Norwich, Damian Day (Head of Education) presentation on initial education and training standards for pharmacists consultation, and Peter Gibbs, Inspector, update on regulating registered pharmacies

National Pharmacy Association practice and policy committee, 21/01/19 St Albans, Damian Day (Head of Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Camden & Islington Local Pharmaceutical Committee, 22/01/19 Damian Day (Head of Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Pharmacy Schools Council, 23/01/19, Cardiff, Mark Voce (Director of Education and Standards) presentation on initial education and training standards for pharmacists consultation

Pharmacy London (London-wide LPC), 24/01/19 Damian Day (Head of Education) presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Community Pharmacy Wales contractor meeting, 04/02/19 Deganwy Quay, North Wales Craig Whitelock-Wainwright (Inspector) presentation; update on regulating registered pharmacies and initial education and training standards for pharmacists consultation

Community Pharmacy Wales contractor meeting, 05/02/19 Aberystwyth, Darren Hughes, Director for Wales, presentation on initial education and training standards for pharmacists consultation, and update on regulating registered pharmacies

Meetings

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

Initials are as follows: Nigel Clarke (NC), Duncan Rudkin (DR), Claire Bryce-Smith (CBS), Mark Voce (MV), Matthew Hayday (MH), Lynsey Cleland (LC), Darren Hughes (DH), Osama Ammar (OA), Damian Day (DD)

Chair (Nigel Clarke):

- MHRA Annual Lecture
- Rebalancing Programme Board (with DR)
- Independent Pharmacy Awards
- Association of Independent Multiple Pharmacies Annual Dinner
- Visit to a GP, Care Home and King's College Hospital
- Meeting with Past President and Registrar, Alberta College of Pharmacy (with DR)
- Pharmacy and Public Health Forum
- Meeting with Chair, All Party Pharmacy Group
- Meeting with Chair, Professional Standards Authority
- Huxley Summit (with DR)
- King's Fund Annual Reception
- Meeting with Chief Pharmaceutical Officers (Wales, Scotland, Northern Ireland, England) and Chief Executive, Pharmaceutical Society of Northern Ireland (with DR)
- Meeting with Chair, General Chiropractic Council
- RPS Education Governance Oversight Board meeting (with DR)
- Meeting with President and Chief Executive, Royal Pharmaceutical Society (with DR)
- Meeting with Executive Editor, Asian Media Group
- Meeting with Chair and Chief Executive, National Pharmacy Association (with DR)
- Meeting with Chair, Royal Pharmaceutical Society Task & Finish Group on Pharmacy Careers and Continuing Professional Development and Director of Education, Royal Pharmaceutical Society (with DR)
- Royal Pharmaceutical Society/UCL School of Pharmacy New Year Lecture - The Prevention and Treatment of Diabetes

Staff:

- Rebalancing Programme Board (DR, MV with NC)
- NHS England's Primary Care Digital Transformation (PCDT) Clinical Advisory Group (CBS)
- Pharmacy Schools Council (MV)

- Pre-reg Engagement Event Cardiff (DH)
- Meeting with CPhO for Scotland (LC)
- Pharmacy Additional Cost of Teaching Working Group (LC)
- Meeting with Director of RPS Wales (DH)
- Meeting with Chief Executive, Patients Association (DR)
- Association of Independent Multiple Pharmacies Annual General Meeting - speaking (DR)
- Visit to a GP, Care Home and King's College Hospital (MV with NC)
- Meeting with Past President and Registrar, Alberta College of Pharmacy (DR with NC)
- Quarterly meeting with Care Inspectorate (LC & Jim Duggan)
- Quarterly meeting with HIS (LC)
- Attending First Minister's Diwali Reception at Senedd (DH)
- Annual Regulation Conference (DR, MV, LC)
- Emerging Concerns Protocol workshop (DR)
- Meeting with Shadow Health Secretary (DR)
- NES Annual Review (LC)
- Attending launch of British Liver Trust Campaign – Senedd (DH)
- CESG meeting in Edinburgh (DR & LC)
- DHSC Online Primary Care Board (CBS)
- Huxley Summit (DR with NC)
- Welsh Pharmaceutical Committee Ministerial Advisory Committee (DH)
- Meeting with Chief Pharmaceutical Officers (Wales, Scotland, Northern Ireland, England) and Chief Executive, Pharmaceutical Society of Northern Ireland (DR with NC)
- Year Integrated training programme for pharmacists in Scotland Recruitment and Admissions Advisory Group (LC)
- Presentation to Strathclyde University 1st years on the role of the GPhC (LC)
- Greater Glasgow & Clyde Pharmacy Champions- presentation on revalidation (LC)
- RPS Education Governance Oversight Board meeting (DR with NC)
- Meeting with Chief Executive, Professional Standards Authority (DR)
- RPS Medicines Safety Event (DR)
- Meeting with CPhO for Scotland (LC)
- RPS Wales Medicines Safety Conference (DH)
- Meeting with NPA Scotland Representation Manager (LC)
- Meeting with Davis Stewart MSP- Labour Minister for Public Health (LC)
- Meeting with Director of Scrutiny and Quality, Professional Standards Authority (CBS, MH)
- Meeting with Director of Defence Services, Pharmacists Defence Association (CBS, MH)
- Meeting with CPhO for Wales (DH)
- Meeting with RPS Wales Director (DH)

- Meeting with Chief Executive, Pharmaceutical Society of Northern Ireland (MV)
- Meeting with President and Chief Executive, Royal Pharmaceutical Society (DR, MV with NC)
- Wales Pharmaceutical Committee Meeting to develop Vision document (DH)
- Meeting with Scottish Public Services Ombudsman (LC)
- Meeting with RPS Director for Scotland (LC)
- Meeting with Chair and Chief Executive, National Pharmacy Association (DR with NC)
- Meeting with Chair, Royal Pharmaceutical Society Task & Finish Group on Pharmacy Careers and Continuing Professional Development and Director of Education, Royal Pharmaceutical Society (DR with NC)
- Pharmacy Additional Cost of Teaching Working Group (LC)
- RPS Professional standards for community pharmacy services event (DR)
- Meeting of Scottish Controlled Drug Accountable Officer Network Executive (LC)
- Final Meeting of Modernising Pharmacy Careers Programme Board (DH)
- Scottish Government Declarations of interests Steering Group (LC)
- Pharmacy Schools Council AGM (MV and DH)
- CQC Online Cross Regulatory Forum (CBS)
- Meeting with Director of Scrutiny and Quality, Professional Standards Authority (CA)
- Meeting with GMC Wales Head of Welsh Affairs (DH)
- Chief Executives Steering Group (DR)
- UK Directors of Fitness to Practise meeting (CA)
- Rebalancing Board Partners Forum (DR, MV)
- Directors of Pharmacy (Scotland) meeting to discuss IET Consultation (LC)
- Quarterly meeting with Healthcare Improvement Scotland (LC & CBS)
- CPW Contractor Meeting – Aberystwyth (DH)

Appendix 2

Active and new consultations

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Type of response	Lead	Reasons and further information	Link to consultation response
Implementing 'safety features' under the Falsified Medicines Directive	MHRA	The EU Falsified Medicines Directive (2011/62/EU) (FMD) was adopted in 2011 and introduced new harmonised measures to ensure that medicines in the EU are safe and that trade in medicines is properly controlled. Member States have until 9 February 2019 to implement the final part of the Directive, the 'safety features' Delegated Regulation. This consultation invites views on the proposed steps that the Government intends to take to make sure the UK meets its obligations to transpose the provisions of the FMD requiring 'safety features' to appear on the packaging of certain medicinal products.	23/09/2018	Responded to	Formal written response	AP, JG (Insight, Intelligence and Inspections)		https://www.pharmacyregulation.org/sites/default/files/document/gphc_response_to_the_mhra_consultation_on_implementing_safety_features_under_the_fmd_0.pdf

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Type of response	Lead	Reasons and further information	Link to consultation response
MHRA consultation on EU exit no-deal legislative proposals	MHRA	This consultation seeks views on how the Medicines and Healthcare products Regulatory Agency's (MHRA) legislation and regulatory processes would have to be modified in the event of the UK not securing a deal with the EU after the UK's exit, with no Implementation Period. This consultation covers no-deal proposals on medicines, clinical trials and medical devices	01/11/2018	Responded to	Online response form	MP (Registration and International Policy)		https://www.pharmacyregulation.org/sites/default/files/document/20181101_gphc_response_to_mhra_consultation_on_eu_exit_no-deal_contingency_legislation.pdf
Professional Standards for Community Pharmacy Services	Royal Pharmaceutical Society (RPS)	The RPS has launched its engagement on the first ever Professional Standards for Community Pharmacy Services for all community pharmacy services across GB. The standards will set the bar for best practice across the sector and encourage consistent, high quality patient care. This will be marked by 3 public consultation events in each of the three countries taking place in January and February 2019.	16/01/2019	Responded to	Informal response (letter, email, other engagement)	DR (Chief Executive)	Duncan has represented the GPhC at the first of these public consultation events.	-
Consultation on the draft NHS Education for Scotland Strategy 2019-2024	NHS Education for Scotland (NES)	NES are consulting on their new Strategy for 2019-2024, which is the key reference document that sets out their future direction for the next five years.	18/01/2019	Responded to	Online response form	LC (Director, Scotland)	-	https://www.pharmacyregulation.org/sites/default/files/document/2019-01-18_gphc_response_to_nes_strategy_2019-2024.pdf

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Type of response	Lead	Reasons and further information	Link to consultation response
Developing a patient safety strategy for the NHS	NHS Improvement	NHS Improvement is consulting on proposals for a new national patient safety strategy to support the NHS to be the safest healthcare system in the world. The strategy is being developed alongside the NHS Long Term Plan and will be relevant to all parts of the NHS, be that physical or mental health care, in or out of hospital and primary care.	15/02/2019	Reviewed and being responded to		AA (Policy and Standards)		-
Consultation on Independent Healthcare Regulation Complaints Procedure: January 2019	Healthcare Improvement Scotland (HIS)	HIS are consulting on a proposed draft complaints procedure which sets out three proposals: - reducing the timescale in which they consider complaints from 12 months to 6 months from the date of the event - introducing a post-investigation review stage in certain circumstances where a provider or complainant disagrees with an outcome decision, and - publishing complaint outcome decisions on the Healthcare Improvement Scotland website	15/02/2018	Reviewed and being responded to		LC (Director, Scotland), JM (Fitness to Practise)		-
Appropriate clinical negligence cover	DHSC	This consultation is about indemnity cover for healthcare professionals who purchase their own indemnity cover because they are not covered by existing or proposed state-backed schemes. It seeks views on 2 options: 1) leave arrangements as they are 2) change legislation to require healthcare professionals who are not covered by any state-backed scheme to hold cover that is regulated	28/02/2019	Being reviewed		OA (Revalidation)		-

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Type of response	Lead	Reasons and further information	Link to consultation response
Enforcement of the Equality Act	Women and Equalities Committee	The Women and Equalities Committee has launched an inquiry into the enforcement of the Equality Act 2010 – legislation which is designed to “provide a legal framework to protect the rights of individuals and advance equality of opportunity for all”.	05/10/2018	Reviewed but not responding	No response	Policy and Standards team, VT (Equality and Diversity)	We have considered the terms of this inquiry and will monitor the outcome. We have however felt that we cannot provide any specific feedback.	-
Impact of a no deal Brexit on health and social care inquiry	Health and Social Care Committee	Ahead of an evidence session scheduled for October 2018, the Health and Social Care Committee is inviting written submissions from all interested parties, setting out: the impact of a no-deal Brexit on their sector of the health and social care system; the risks to patients and the health and social care system; existing planning for the possibility of a no-deal Brexit, etc.	15/10/2018	Reviewed but not responding	No response	DR (Chief Executive)	We are already considering the impact of Brexit in our own work and are following developments in Parliament and beyond as part of our ongoing horizon-scanning. Having carefully considered the scope of this inquiry, we have refrained from submitting written evidence. However, we are keeping a close eye on the outcome of the inquiry, as well as on other Brexit-	-

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Type of response	Lead	Reasons and further information	Link to consultation response
‘Leaping into the Future’ - organisational structure proposals	APTUK	APTUK have been acting on outcomes from their APTUK next 3 years strategy ‘Horizon Scanning’ event held in January 2018 and succession planning for the next President. To fulfil the leadership requirements of the Association the Board of Directors, they are proposing a two-staged organisational strategy and invite feedback from their members and the Advisory Group.	17/10/2018	Reviewed but not responding	No response	Communications	We have noted this call for feedback and touched base with our counterparts from APTUK at the Pharmacy Show in October. However, we have felt that it is not up to the GPhC to provide written feedback on the proposals.	-
Statutory scheme to control costs of branded health service medicines	DHSC	This consultation seeks views on proposed changes to the statutory scheme to control the costs of branded health medicines.	19/10/2018	Reviewed but not responding	No response	Policy and Standards team	We have considered this consultation, but it is not for the GPhC to comment on the cost of medicines.	-
Regulatory fees for 2019/20 – consultation	CQC	The CQC is seeking views on their proposed regulatory fees for 2019/20. These follow plans to recover their chargeable costs and to make sure these costs are broadly aligned between sectors. They are making specific proposals for the following sectors: community social care (including	25/10/2018	Reviewed but not responding	No response	Policy and Standards team	We have reviewed this consultation. However, it is not appropriate for the GPhC to comment on	-

		domiciliary care); dental; residential social care.					another regulator's fees.	
Pharmacy information flows project: new medicine service, medication reviews and appliance use reviews	Professional Record Standards Body (PRSB)	As part of the Pharmacy Information Flows project, the PRSB is inviting health and care professionals, patients and clinical system suppliers to complete a survey on: New medicine services, Medication reviews and Appliance use reviews. The project is being run in collaboration with the Royal College of Physicians, Health Informatics Unit and NHS Digital. Clinical leadership for the project is being provided by the Royal Pharmaceutical Society and the Royal College of General Practitioners and aims to support national policy to enable people to remain healthy in the community, with the help of professionals.	05/11/2018	Reviewed but not responding	No response	Policy and Standards team	We have noted this survey, but it is not for us to respond.	-
Cannabis-based products for medicinal use	NICE	NICE is currently consulting on the draft scope for this NICE guideline. The scope defines what the guideline will (and will not) cover.	04/12/2018	Reviewed but not responding	No response	Policy and Standards team	It is not appropriate for us as an organisation to comment on this draft scope. However, we will look out for the final guidance when it gets published.	-

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Type of response	Lead	Reasons and further information	Link to consultation response
Consultation on proposals to refresh NICE QS14 (Service user experience) and QS15 (Patient user experience)	NICE	<p>These quality standards were published in 2012 and will be fully updated once the NICE guideline on shared decision making is published in 2021. NICE is currently consulting on an interim refresh of the quality standards, which proposes:</p> <ul style="list-style-type: none"> - merging quality statements that focus on similar or overlapping actions - amending language to align with current editorial style - aligning with the current template 	07/12/2018	Reviewed but not responding	No response	Policy and Standards team	We have reviewed the consultation proposals and are looking forward to the updated guideline on shared decision making. However, we are unable to provide any substantive feedback on the specific proposals.	-
Brexit, Science and Innovation: Preparations for 'No-Deal' inquiry	Commons Science and Technology Committee	<p>Ahead of an oral evidence session in late January 2019, the Committee is welcoming short written contributions from the science and innovation community and others on:</p> <ul style="list-style-type: none"> - what a No Deal Brexit would mean for the science and innovation community; and - the adequacy of what the Government and its non-departmental public bodies are doing to prepare for such an outcome 	23/01/2019	Reviewed but not responding	No response	MP (Registration and International Policy)	We have noted this inquiry, but it is not for us to provide evidence on the matter. We are, however, following all developments relating to Brexit and will also monitor the progress of this inquiry.	-

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Type of response	Lead	Reasons and further information	Link to consultation response
Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs	NHS England, NHS Clinical Commissioners	Set out in the consultation document are proposals for a review and update of <i>Items which should not routinely be prescribed in primary care: Guidance for CCGs, published in Nov 2017</i> . The commissioning guidance that is being consulted on is intended to support CCGs to fulfil their duties around appropriate use of prescribing resources. This will need to be taken into account by CCGs in adopting or amending their own local guidance to their clinicians in primary care. The aim of the consultation is to provide information about the proposed national guidance and to seek views on the proposals.	28/02/2019	Reviewed but not responding	No response	Policy and Standards team	it is not appropriate for the GPhC as an organisation to comment on which items should or should not be prescribed in primary care.	-
Evaluation of the provisions in the Directive 2006/54/EC implementing the Treaty principle on 'equal pay'	EU Commission	The EU Commission is launching a consultation aimed at collecting information, views and experiences on the functioning and implementation of the 'equal pay' principle, enshrined in the EU Treaty and further embedded in Gender Equality Recast Directive (Directive 2006/54/EC) and reinforced by the 2014 Pay Transparency Recommendation (C(2014) 1405 final). It will focus on the enforcement of this principle, in particular on problems arising both at national and EU level resulting among others from: <ul style="list-style-type: none"> • a lack of pay transparency measures, • divergences in the use of gender- 	05/04/2019	Reviewed but not responding	No response	Policy and Standards team	The GPhC is committed to the principles of transparency and equality, and to the fair treatment and reward of all its employees. This has been reflected in our report on our gender pay gap data, which we published voluntarily in May 2018. It is not,	-

		<p>neutral job evaluation and classification systems across the EU,</p> <ul style="list-style-type: none">• the functioning of the existing standards to protect victims of pay discrimination based on gender, especially the right to compensation for victims and dissuasive effects of penalties.					<p>however, for us to provide feedback on this consultation.</p>	
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Consultations from other regulators

These are reviewed, shared and considered, but usually it is not appropriate or necessary for the GPhC to respond to a consultation from another independent statutory health professional regulator

Consultation title	Organisation	Brief description	Deadline	Consultation response status	Shared with	Other considerations
Consultation on Standards for prescribing	HPCPC	HPCPC is consulting on proposed changes to their Standards for prescribing, in order to bring them up to date and to ensure they remain effective.	04/01/2019	Reviewed but not responding	Policy and Standards team	
Decision making and consent: Supporting patient choices about health and care	GMC	The GMC is consulting on their revised Consent guidance, which outlines what doctors should consider when discussing treatment and care with patients. The updated guidance focuses on the importance of communication, personalised conversations, and doctors and patients making decisions about treatment and care together. It reflects the law, policy and healthcare settings in all four countries of the UK.	23/01/2019	Reviewed but not responding	Policy and Standards team	We have reviewed the GMC proposals and considered any possible implications for our own work, and, in particular, for our own consent guidance. In early January Annette attended a stakeholder meeting at the GMC, where changes to the guidance were discussed.
Credentialing	GMC	The GMC are planning to introduce a process of credentialing in 2019 which will recognise expertise and provide training opportunities in areas of practice where: - there may be significant patient safety issues, or - training opportunities are insufficient or do not provide adequate flexibility to support effective service delivery They are consulting on a draft framework that sets out their proposals for credentialing,	25/01/2019	Reviewed but not responding	DD (Education)	

		including how credentials would be identified and implemented.				
Draft Education Standards and Learning Outcomes consultation	GOC	The GOC have launched a consultation on new draft Education Standards and Learning Outcomes, which forms part of their Education Strategic Review and follows on from the analysis of key findings from the Concepts and Principles Consultation published earlier in 2018.	02/02/2019	Reviewed but not responding	Policy and Standards team	

Meeting paper

Council meeting on Thursday, 07 February 2019

Public business

GPhC annual plan 2019/20

Purpose

To agree the Annual Plan for 2019/20, which sets out our key priorities for year 3 of our Strategic Plan 2017-20

Recommendations

The council is asked to agree the Annual Plan for 2019/20, to support year three of our Strategic Plan 2017-20

1. Introduction

- 1.1. Since 2017 we have been working to deliver the aims set out in our three-year strategic plan. This plan describes our ambition to support and improve the delivery of safe, effective care in pharmacy and also describes our strategic approach and operating principles for achieving that ambition.
- 1.2. In December 2018, we published our updated Strategic Plan 2017-20: year three which set out the progress we had made in the second year towards achieving our three strategic aims. The updated foreword pointed to the significant challenges facing society in general and pharmacy in particular and the need for us to keep our strategy under review and be willing to make urgent changes to adapt quickly.
- 1.3. In light of the increasing pace of change in pharmacy, we signalled our work to develop a 10-year vision. This will enable us to take a longer-term view to make sure we are fit to deliver efficient and effective regulation which is responsive to the changing healthcare environment and to changes in how pharmacy services are delivered, including through using new technologies. The draft Vision will be coming to Council in March for approval, after which, if approved a programme of engagement to commence.
- 1.4. Council is asked to note that as a result, in the third year of this Strategic Plan, the Annual Plan 2019/20 represents a transitional period as we continue to set our longer-term goals and develop our plans to achieve these. Appendix 3 sets out an overview of our approach to business planning for information.

2. Annual Plan 2019/20

- 2.1. The annual plan 2019/20 (Appendix 1) sets out the key areas of work under the five strategic priority themes of:
 - Building our data and insight capability
 - Developing a proportionate and restorative approach to fitness to practise
 - Implementing our approach to regulating registered pharmacies
 - Setting and upholding standards
 - Operating as a professional, lean organisation
- 2.2. In the coming year we will also continue to deliver our regulatory responsibilities, including setting the standards for pharmacy professionals and pharmacies to enter and remain on the register, maintaining a register of those who meet these standards and investigating concerns about the people or pharmacies we register. We are continually seeking opportunities to improve how we deliver these core responsibilities.
- 2.3. Council is asked to note the following five changes in our approach to, and the content of, the annual plan this year.
- 2.4. The plan is presented in a different format to make it more accessible and easier to engage with, both from an internal and external perspective.
- 2.5. How we will measure our success is now included as an integral part of the plan upfront. This supports a wider change in our culture towards all being clearer what success will look like, in line with our culture statement.
- 2.6. Accompanying the annual plan is a draft 2019/20 annual reporting template (Appendix 2), This sets out the detail of what activities underpin the delivery of the key areas of work, mapped out across the four reporting quarters of the year. Setting this out in this detail at an earlier stage has increased cross working between teams and a better understanding of organisational wide capacity, linkages and sequencing of work.
- 2.7. The content of the plan is underpinned by a more detailed understanding of the wider costs for each activity which has informed the 2019/20 budget, also before Council today.
- 2.8. Lastly, as part of our planning process we are being open and transparent about what we have decided either not to do this year as a result of the prioritisation process of our resources, or that we have asked for further work to be done to look at how these pieces of work could be scoped or approached in a different way before a decision can be made. This could mean for example using existing internal resource and the skills we have within the organisation rather than commission work externally. Alternatively, with some these items (e.g. the public perception work and the evaluation of discrimination in the fitness to practise process), we are looking to identify smarter ways of continuing to address the issues

without necessarily increasing costs

Examples are:

- Public perceptions survey
- ERP system (integration of our finance and HR systems)
- Associate management system
- New organisation website
- Evaluation of discrimination in the fitness to practise process
- Equality, Diversity and Inclusion research
- Education research – older registrants
- Leadership development programme.

2.8 Council is asked to note that the proposed content of the annual plan and associated budget received initial feedback from the joint meeting of the Efficiency and Effectiveness Assurance and Advisory Group (EEAAG) and the Audit and Risk Committee (ARC) at its meeting in January 2019. Comments received have been incorporated into the draft plan as appropriate.

3 Equality and diversity implications

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

4 Communications

- 4.1 The development and publication of the annual plan is reflective of our commitment to openness and transparency concerning our development and performance.
- 4.2 The draft annual plan as presented will represent the public facing document later in the year. Subject to agreement, it will then be formatted, sent to WordCentre and published on our website.
- 4.3 We will continue to develop specific communications on each of the areas outlined in the annual plan. This includes information on our website, wider communications through the media and directly through our own publications and communications materials. These activities are designed to reach all our key interest groups including patients and their

representatives, pharmacy professionals and their employees, pharmacy owners, education providers and others.

- 4.4 Internal communications on our annual plan including the detail that sits underneath will be important as we go through a period of substantial change. There will need to be transparent and specific communications around key stages of the annual plan, in order to inform and engage with staff.

5 Resource implications

- 5.1 As referenced previously in this paper, we have attempted to align discussions on business planning, budget and risk even more closely than before.
- 5.2 The allocation of resources required to progress with the annual plan as well as normal operational delivery was a key consideration in developing the proposals for the 2019/20 budget and fee setting.

6 Risk implications

- 6.1 The strategic risk register will continue to be reviewed as part of our management framework and risks will be recorded and reviewed in relation to each stream of work planned.
- 6.2 Main risks associated with the delivery of these pieces of work will be included as part of the quarterly annual plan progress report.

7 Monitoring and review

- 7.1 The annual plan will continue to be monitored through the following ways:
 - Annual plan progress report to Council (as part of the wider business report which covers performance against the business plan alongside key measures of performance in our regulatory functions)
 - Updates to EEAAG
 - Performance and Delivery Board

Recommendations

The Council is asked to agree the Annual Plan for 2019/20, to support year 3 of our Strategic Plan 2017-20

Duncan Rudkin, Chief Executive and Registrar
General Pharmaceutical Council

Draft Annual Plan 2019/20

This annual plan 2019/20 sets out our key priorities for year 3 of our Strategic Plan for 2017-20.

Our key priorities are based on five strategic themes, which are:

- Building our data and insight capability
- Developing a proportionate and restorative approach to fitness to practise
- Implementing our approach to regulating registered pharmacies
- Setting and upholding standards
- Operating as a professional, lean organisation

This annual plan outlines the activities to be carried out under these themes as well as setting out how we will measure our success. It will be supported by more detailed regular reporting on progress to our Council. In the coming year we will also continue to deliver our regulatory responsibilities, including setting the standards for pharmacy professionals and pharmacies to enter and remain on the register, maintaining a register of those who meet these standards and investigating concerns about the people or pharmacies we register. We are continually seeking opportunities to improve how we deliver these core responsibilities.

As part of our planning process it has been important to be open and transparent about what we have decided not to do this year as a result of prioritisation of our resources. The last section of the annual plan sets out some of these decisions.

The activities in the annual plan support the delivery of our Strategic Plan which sets out our ambition as the pharmacy regulator to support and improve the delivery of safe, effective care in pharmacy which patients and the public have the right to expect.

To enable us to do that effectively we will need to keep our strategy and plans under review as there are significant challenges facing society in general and pharmacy in particular. This annual plan has been developed at a time of significant change, uncertainty and challenge in pharmacy, in health and social care, in regulation, and in the wider political background in the three countries in which we regulate.

We will continue to respond flexibly, appropriately and promptly to events as they unfold. In all our work, we will continue to focus on our key operating principles as set out in our Strategic plan, which are:

- Promote professionalism
- Be person-centred
- Focus on outcomes
- Promote learning and development
- Collaborate
- Recognise the contribution of the whole pharmacy team

The pace of change in pharmacy is increasing, and it has prompted us to develop a 10-year vision and strategy. This will enable us to make sure we are fit to deliver efficient regulation which is responsive to the changing healthcare environment and to changes in how pharmacy services are delivered, including through using new technologies. We will focus more of our efforts on proactively anticipating and responding to issues, and tailoring our regulatory responses to achieve the desired results in the best and quickest way.

In the third year of our Strategic Plan, this Annual Plan represents a transitional period as we continue to set our longer-term goals and develop our plans to achieve these.

Annual Plan 2019/20 in headlines

5 Strategic Priority Themes

1. Building our data and insight capability
2. Developing a proportionate and restorative approach to fitness to practise
3. Implementing our approach to regulating registered pharmacies
4. Setting and upholding standards
5. Operating as a professional, lean organisation

Structure as follows

1. Foreword
2. Section for each priority area
 - Planned key actions
 - Success measures

Supported by

Outline quarterly annual plan progress report

Key links and assumptions

Main risks

Outline timetable by quarter

Strategic Priority Themes

Building our data and insight capability

In 2019/20 we will:

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

What success looks like:

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

Developing a proportionate and restorative approach to fitness to practise

In 2019/20 we will:

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

What success looks like:

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

Implementing our approach to regulating registered pharmacies

In 2019/20 we will:

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

What success looks like:

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

Strategic Priority Themes (continued)

Setting and upholding standards

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

Operating as a professional, lean organisation

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

What success looks like:

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

What success looks like:

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

DRAFT annual plan progress report 2019/20

Introduction

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

Overview

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

Key

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

Building our data and insight capability

RAG	Direction of travel

Strategic aim:

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

In 2019/20 we will:

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

What does success look like?

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

Key links and assumptions

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

Main risks

- If resources (capacity and capability) are not available in business teams or partner organisations, work will take longer to complete

Outline timetable:

April-June 2019	July-September 2019	October-December 2019	January-March 2020
<ul style="list-style-type: none"> • Annual refresher data protection training for all staff and associates • Focused data protection training programme for specific functions commences • Personal data processing records reviewed and updated • Develop records management strategy • Conduct a registrant workforce survey • Produce a logic model for the whole organisation’s work which will help design a consistent approach to evaluation • Continued standardisation and consolidation activities for data to improve data quality • Begin development of a balanced scorecard and KPIs to report on our performance • Develop logic model for whole-organisation approach to managing potential concerns 	<ul style="list-style-type: none"> • Scoping for records management development work • Review of document storage • Registrant workforce survey finalised and reported on • Develop and agree an evaluation approach and programme of work • Continue development of a balanced scorecard and themed insight reports • Scope engagement and research strategy and medium-term programme • Develop intelligence model and criteria for managing and acting on incoming information • Develop plan and identify datasets to collect and why, and develop a plan to collect it • Prepare draft proposal for managing potential concerns using a new approach with clear evaluation measures 	<ul style="list-style-type: none"> • Review of document storage • Consider results of registrant workforce survey and develop action plan • Develop budget and resource proposals for future evaluation work • Continued development and phased implementation of the balanced scored/MI reports • Review risk based routine inspection scheduling model • Draft engagement and research strategy and medium-term programme • Begin to scope requirements for additional data collection • Test the intelligence model for managing and acting on incoming information • Develop phased plan, budget and resource proposals for new approach to managing potential concerns 	<ul style="list-style-type: none"> • Evaluate progress on records management • Scoping for next phase of records management development work and review document management options • Continued development and phased implementation of the balanced scored/MI reports • Agree plan and requirements for additional data collection • Engagement and research strategy and programme in place and operational • Prepare for implementation of the evaluation programme • Programme for additional data to be collected commences • Refine and fully operationalise intelligence model • Prepare for first stage of trialling and phased implementation of a new whole organisation approach to managing potential concerns

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Commentary:

Developing a proportionate and restorative approach to fitness to practise		RAG	Direction of travel
Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours			
<p>In 2019/20 we will:</p> <ul style="list-style-type: none"> • Develop and engage on a strategy for a proportionate and restorative approach to fitness to practise • Design an approach to managing health issues that supports registrants back into practice where appropriate • Improve the way we communicate with everyone involved throughout the fitness to practise process • Improve our understanding of the unintended impact of the fitness to practise process on everyone involved in the process 	<p>What does success look like?</p> <ul style="list-style-type: none"> • We achieve a high level of engagement during the development of our future FtP strategy • The future FtP strategy is drafted, reflects the learning from recent reports and inquiries into health regulation and is ready for consultation • A revised process for managing health issues that supports registrants and only uses our fitness to practise process where there is a risk to the ongoing health of the registrant’s or public safety • We will have identified the key changes we would like to make to our communications and have a plan to embed these throughout our fitness to practise process • We have a clear plan in place to minimise the unintended impact of fitness to practise processes identified 		
<p>Key links and assumptions</p> <ul style="list-style-type: none"> • We have the policy resource to be able to deliver the strategy development • We have the resources and capability to engage meaningfully with stakeholders during the development phase • We continue to learn from other regulators in our sector and adopt good practice, particularly from those who have reviewed their approach to FtP • We will need to be responsive to any changes in the regulatory landscape 	<p>Main risks</p> <ul style="list-style-type: none"> • The volume of concerns continues to rise meaning that resources are diverted away from strategy development to operations • We are unable to recruit to key senior posts and cannot retain our existing staff • Mismatch between different stakeholders’ appetites for change, the developing direction of the strategy and our objective to protect patients and the public 		

Outline timetable:

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

Commentary:

Implementing our approach to regulating registered pharmacies		RAG	Direction of travel
Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours			
<p>In 2019/20 we will:</p> <ul style="list-style-type: none"> • Implement the updated principles and approach to how we regulate registered pharmacies • Publish our inspection reports and examples of notable practice in the knowledge hub • Enhance our capability to assess the increasing range of clinical and technology supported pharmacy services • Implement a pro-active programme of awareness raising and communication to the sector and the public on key issues affecting patient safety • Make full use of our enforcement options in line with our enforcement policy 	<p>What does success look like?</p> <ul style="list-style-type: none"> • Risks to patient safety are being effectively minimised and the quality of pharmacy practice is continually improving • Inspection reports are easily accessible and useful to the public and examples of notable practice are being used by the sector to improve quality in pharmacy practice • We can effectively assess the quality of the full range of clinical pharmacy practice and types of models operating • We are proactively providing the public with clear information to help inform their health and well-being choices when using pharmacy services • Different types of enforcement action are taken when appropriate 		
<p>Key links and assumptions</p> <ul style="list-style-type: none"> • Publication of inspection reports by the end of Q1 2019/2020 is dependent upon the build of the reporting web site with supporting infrastructure • Publication of inspection reports and implementation of the refined approach is dependent upon the availability of sufficient resources to develop, project manage and operationalise the key workstreams 	<p>Main risks</p> <ul style="list-style-type: none"> • The operational preparedness of the inspectorate and the development of the IT infrastructure to support the publication of inspection reports is the key building block to the refined inspection approach within the current timescales • Publication of inspection reports exposes us to greater external scrutiny and potential legal challenge of judgements made 		

Outline timetable:

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

Commentary:

Setting and upholding standards

RAG	Direction of travel

Strategic aim: The pharmacy team have the necessary knowledge, attitudes and behaviours

In 2019/20 we will:

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

What does success look like?

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

Key links and assumptions

- Key stakeholders will engage with our proposals for changes to pharmacist initial education and training
- Stakeholders agree with our proposals for changes to pharmacist initial education and training because they fit well with changes in the profession

Main risks

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

Outline timetable

April-June 2019	July-September 2019	October-December 2019	January-March 2020
<ul style="list-style-type: none"> • Analysis of consultation responses • Conclude consultation on initial education and training standards for pharmacists • Consult and engage on our policy on the education and training of support staff • Consult and engage on prescribing guidance • Promote supporting resources for peer discussion and reflective accounts to pharmacy professionals <p>Confirm policy for the education and training of support staff</p>	<ul style="list-style-type: none"> • Discuss findings and next steps with Council • Promote supporting resources for peer discussion and reflective accounts to pharmacy professionals • Publish final guidance on prescribing • Scope our review of accreditation of education and training providers • Review of revalidation functionality 	<ul style="list-style-type: none"> • Agree standards and next steps • Finalise, publish and promote updated standards for the initial education and training of pharmacists • Develop proposals for revised accreditation methodology for education and training providers 	<ul style="list-style-type: none"> • Implement proposals for revised accreditation methodology for education and training providers • Implement updated standards for the initial education and training of pharmacists

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

Commentary:

Operating as a professional, lean organisation		RAG	Direction of travel
Strategic aim: Pharmacy regulation is efficient and effective			
<p>In 2019/20 we will:</p> <ul style="list-style-type: none"> • Launch our 10-year vision and develop a supporting strategic plan • Develop a medium to long-term financial strategy • Move applications for pharmacist pre-registration training, the registration assessment and pharmacy technician initial registration on-line • Continue the migration of our IT infrastructure and services to the cloud • Develop a medium to long-term strategy for the development of our key business systems aligned to organisational priorities • Develop an Equality, Diversity and Inclusion strategy with a focus on our regulatory functions • Draft, plan and begin implementation of a 3-5-year organisational development strategy • Initiate a review of our current and future accommodation requirements 	<p>What does success look like?</p> <ul style="list-style-type: none"> • We are clear where we are aiming to be in 10 years' time and it is guiding our business planning • We have a longer-term strategy which enables us to plan for and deliver a sustainable financial position that supports the delivery of our vision • Pre-registration pharmacists and pharmacy technicians can complete their pre-registration and registration assessment applications, and initial pharmacy technician registration on-line simply and efficiently • Reduced cost of ownership for IT services • We have a clearly defined plan for our business systems in line with our priorities • Our policies and practices reflect and support the diverse registrant and organisational population, enhancing their experience • We are clear how our organisation needs to work in order to deliver our priorities • Our accommodation strategy enables us to demonstrate value for money alongside a commitment to reducing our carbon footprint 		
<p>Key links and assumptions</p> <ul style="list-style-type: none"> • This annual plan represents a transition period as we continue to set our longer-term goals and develop our plans to achieve these • We continue to keep our plans under review to respond to significant challenges facing society in general and pharmacy in particular 	<p>Main risks</p> <ul style="list-style-type: none"> • We are seen as a regulator which is accessible to our stakeholders across the three nation states 		

<ul style="list-style-type: none"> • Relevant strategies are developed aligned to our future organisational priorities • Progress of migration to cloud work dependent upon successful renewal process for IT infrastructure managed services contract 	<ul style="list-style-type: none"> • Lack of commitment and engagement to a longer-term vision, strategic plan and supporting planning framework means our strategic, operational and financial planning are unaligned • Capacity and resources to implement change across the different pieces of work that make up this strategic priority • Interdependencies between multiple pieces of work • There is a reduction in performance during the implementation of the new organisation design • The EDI strategy is not embedded in our regulatory and policy priorities
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Outline timetable:

April-June 2019	July-September 2019	October-December 2019	January-March 2020
<ul style="list-style-type: none"> • Complete engagement on draft Vision and commence development of supporting 10-year plans • Complete implementation of online pre-registration pharmacist applications • 'One drive' and 'Intune' go live (replacing H drive and Maas 360)) • Skype upgrade • Implement governance arrangements for the development of our key business systems • Develop a medium to long-term strategy for the development of 	<ul style="list-style-type: none"> • Approval and launch of Vision • Continued development of supporting 10-year plans • Development and initial testing of online pharmacy technician initial registration • Skype on line for video and messaging go live • Assess the effectiveness of governance arrangements for the development of our key business systems • Develop a medium to long-term strategy for the development of our key business systems aligned to organisational priorities • Cost base established using model 	<ul style="list-style-type: none"> • 5-year Strategic plan (informed by 10-year plans) to Council for approval • 'SharePoint' online for Info point go live • Implement, monitor and review the medium to long-term strategy for the development of our key business systems aligned to our organisational priorities • Final testing and go-live of online pharmacy technician initial registration • Initial development for online applications for the registration assessment 	<ul style="list-style-type: none"> • Annual plan and budget for 2020/21 to Council for approval • Continue development and testing for online applications for the registration assessment • Implement, monitor and review the medium to long-term strategy for the development of our key business systems aligned to our organisational priorities • Final budget and financial strategy proposal for approval • Phased implementation of the new operating model and organisation design commences

<p>our key business systems aligned to organisational priorities</p> <ul style="list-style-type: none"> • Develop models to understand our cost base • Implementation of cloud based finance system • Review and update allocation model for assessing costs for the different registrant groups • Conduct stakeholder engagement on key themes for the EDI strategy • Identify potential options for reducing costs in current accommodation arrangements include the exploration of income generation opportunities 	<ul style="list-style-type: none"> • Go-live of cloud based finance system • Development of medium to long term financial strategy to support the 10-year Vision (including Investment, fees and reserves strategy) • Publish EDI strategy • Develop proposals for medium to long-term accommodation requirements 	<ul style="list-style-type: none"> • Draft budget and financial strategy proposal delivered to council • Produce EDI action plan and key metrics • Establish the new operating model and organisation design 	
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Commentary:

Overview of our approach to planning



The Planning Flow

- The diagram to the left illustrates our approach to planning, showing how our various plans fit together
- As noted in the covering paper to the 2019/20 draft annual plan, in the third year of this Strategic Plan, the Annual Plan 2019/20 represents a transitional period as we continue to set our longer-term goals and develop our plans to achieve these.
 - We need a longer-term planning horizon so that we can plan for and deliver a sustainable financial position; ensure we remain relevant and impactful; that we are able to continue with the next steps of our regulatory journey and to ensure that we – the GPhC – are fit to deliver
- Since May last year we have been working on an outline longer term **10-year vision** for the GPhC for where we want to get to by 2029
 - As part of this high-level ambitions have been agreed, with as many tangible measures of success as possible at this stage
 - The draft vision will be coming to Council in March for approval, after which, if approved a programme of engagement will commence
- In parallel with these engagement activities, work will begin on developing the supporting **key 10-year plans** to provide an outline ‘roadmap’ for achieving our vision
 - These will have milestones and key decision points mapped along the way as appropriate; and
 - They will also be informed by our engagement activity as we go along
- These longer term 10-year plans will inform a **5-year strategic plan** for 2020/25 which signifies our intention to plan and resource in more detail for the medium term, with that longer term outcome in site.
 - This strategic plan will need to be laid before Parliament by December 2019
- Once these longer-term plans are in place we will use these, year on year, to inform our **annual plan and budgeting process**
 - This should make this process more efficient, informed and pro-active
- Underpinning all of this approach is a **cyclical review** of our planning
 - This ensures that we keep our strategy and plans under review in order to be able to respond to

Meeting paper

Council meeting on Thursday, 07 February 2019

Public Business

Budget 2019/20

Purpose

To approve the budget for 2019/20

Recommendations

The Council is asked to agree the budget for 2019/20

1.Introduction

- 1.1 The proposed budget for 2019/20 is attached as Appendix 1.
- 1.2 We have developed the proposals for the 2019/20 budget with the following key considerations and significant contextual factors in mind:
 - i. Council has a responsibility to ensure that adequate resources are allocated to enable the organisation to deliver on its statutory duties and its corporate plan;
 - ii. The plan and budget proposed for 2019/20 relate to Year 3 of our current three-year strategic plan;
 - iii. Work is progressing on the development of our “10-year vision” through to 2029, which will then set the agenda for the new strategic plan and subsequent corporate plans for future years;
 - iv. Linked with that, work continues on the development of our medium to long term financial strategy, including ongoing consideration of the option of seeking charitable status and further steps to optimise our income;

- v. For present purposes, prudently conservative assumptions about these matters have been made, including assuming no change to the Council’s legal or tax status;
- vi. Council has recently consulted on proposed changes to fee levels and the outcomes of that exercise are still to be determined; we have had to make a number of assumptions about fees for budgeting purposes, as always, which are outlined below;
- vii. Council continues, rightly, to seek assurance around the potential for change in the size of the registered pharmacy sector and the profession itself to affect income volumes over time as well as the size and shape of our regulatory task; good progress is being made to strengthen the quality of our volume projections;
- viii. The challenging budget context presents focuses our minds helpfully on further progress in line with our commitment to improve our efficiency and effectiveness across all areas of the GPhC.

2. Proposed Budget

- 2.1 The budget approved by Council for 2018/19 authorised a deficit of £1.6M and the re-forecast carried out in November indicates an outturn close to budget or with a smaller deficit. We are proposing a budget for 2019/20 with a deficit of £850K.
- 2.2 Work on the budget for 2019/20 has, from the outset, been shaped by Council’s clearly stated policy objectives of (a) moving progressively away from deficit budgeting within a limited timeframe and (b) maintaining a prudent but not excessive level of free reserves in the range of 2-3 months of expenditure.
- 2.3 We are also mindful of the fact that whilst the level of free reserves provide assurance around financial sustainability, we always need to ensure that cash balances are maintained at a level which is sufficient to meet ongoing responsibilities.
- 2.4 The proposed budget meets these criteria.

3. Equality and diversity implications

- 3.1 There are not considered to be any substantive equality and diversity implications arising from the implementation of the recommendations of this paper.
- 3.2 Council has previously set out a requirement for us to review the equality and diversity issues relating to the allocation of costs by registrant type and the linked issue of fee levels by registrant type on the next occasion that fee levels are considered. As no further fee

changes are proposed in the context of the 2019/20 budget this requirement remains on the action list.

4. Communications

- 4.1 The decision on the budget for 2019/20 will be clearly communicated to registrants through Regulate, the GPhC website and the pharmacy media.
- 4.2 All communications will emphasise the GPhC's commitment to using registrants' fees efficiently and effectively to deliver our core regulatory services in a way which focuses on quality and improvement, at the same time as reducing operating costs.
- 4.3 We also need to be mindful of internal communications around cost reduction and further efficiency improvements; an internal communications plan will be developed to support management implementation of decisions made by Council.

5. Resource implications

- 5.1 The resource implications for 2019/20 and the following two years – subject to a number of caveats around assumptions and sensitivity - are fully laid out in the attached paper. Detailed cash flow projections indicate that the level of cash at no point falls below the level required to support operating expenditure.

6. Risk implications

- 6.1 Failure to budget appropriately for the immediate year ahead could compromise the GPhC's ability to deal with the immediate pressures on its resources and its ability to continue to regulate effectively for the benefit of patients, the public and registrants.
- 6.2 We believe there is sufficient rigour in the assumptions underlying this budget and in particular the projected level of reserves that the Council can be reassured that the necessary resources will be available for it to be able to discharge its regulatory responsibilities.

Recommendations

The Council is asked to agree the budget for 2019/20.

Duncan Rudkin
Chief Executive & Registrar

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29 January 2018

Budget 2019/20

1. Vision and strategy context

1.1 The work done to date on the overall 10-year vision for pharmacy regulation has already provided useful framing for our discussions so far about the financial strategy that will, in due course, need to underpin the new strategic plan. Our preliminary discussion with the Efficiency & Effectiveness Assurance and Advisory Group about this in November 2018 took as its starting point a draft strategic ambition for ***the GPhC to be a financially stable and sustainable organisation, funded fairly by those we regulate and making best use of our resources.***

1.2 EEAAG also gave positive feedback to an early draft of suggested “success measures” as follows:

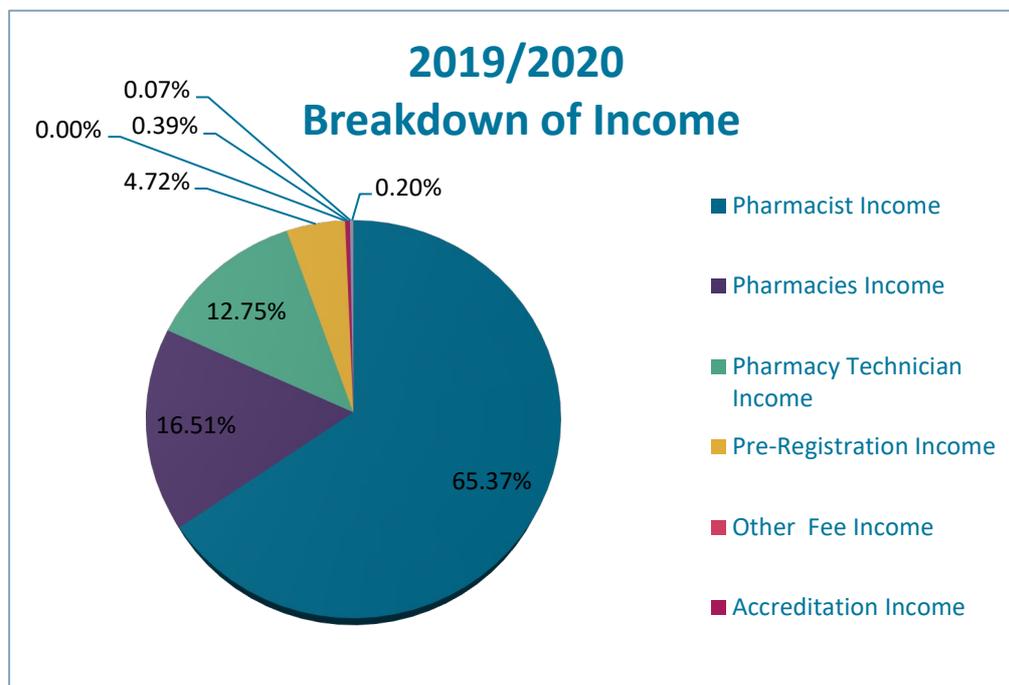
- i. We have sound financial controls and invariably operate as a going concern*
- ii. Routinely our income exceeds our expenditure on an annual basis, except when the Council chooses to agree a deficit budget from time to time for strategic reasons, provided that expenditure and income balance within an acceptable timeframe*
- iii. We understand our costs and the value they enable us to provide to the public*
- iv. We measure and continuously improve our productive efficiency*
- v. We manage cash and other assets prudently and efficiently in line with our agreed investment strategy*
- vi. Our strategic and business planning is intelligently informed by key financial information, so that we make good business decisions*
- vii. The costs of regulation are transparent and are borne fairly by the regulated.*

1.3 As part of the work to finalise the 10-year vision and, subsequently, the new strategic plan, we will need to re-visit both the headlines of the finance strategy and the success measures. In the meantime, though, these early drafts are helping to set the work programme for our finance and procurement team (key elements of which are ongoing, including work on the charitable status option and our investment approach), as mentioned briefly in the cover paper. Meanwhile, the early drafting referred to in

paragraphs 1.1 and 1.2 above are, in the short term, already helping to shape our approach to budgeting for 2019/20.

2. Income

2.1 We propose an overall income budget for 2019/20 budget of £23.7M, compared to £22.8M forecast for the current year. Registrant fees are paid in advance so we are able to reasonably predict income for the coming year.



- Please see Appendix 2 for a detailed income breakdown.

The 2019/20 budget assumes that the fee increases proposed as per the 2018/19 fee consultation are accepted, this equates to approximately £400K of increased income. If the proposed fee increases are not agreed in March, there is an adequate level of reserves to compensate for the lower level of income in the short term. Having said that, the analysis that has gone into the preparation of these proposals has not identified any new factors

undermining the case for the fee increase proposed in the recent consultation, in the interests of maintaining the financial stability of pharmacy regulation over time).

- **Proposed Fee Increases by Group**

Registrant Groups	Current Fee	Proposed Fee	Increase
Pharmacists	£ 250	£ 257	£ 7
Pharmacy Technicians	£ 118	£ 121	£ 3
Premises	£ 241	£ 262	£ 21

- The annual growth in registrant numbers usually yields increased income in the region of £600K. For 2019/20 this amount is reduced to £500K to account for a conservative reduction in registrant numbers due to Revalidation and other external influences.

Volumes

2.2 Our income assumptions reflect our best estimates for numbers of registered pharmacists, pharmacy technicians and pharmacies as informed by the current numbers on the register, a conservative assumption on the numbers of registrants retiring or removing themselves from the register (including as a result of revalidation) and our understanding of future numbers of students graduating from the schools of pharmacy.

- Please see Annex 1 for detailed analysis of volume projections.

2.3 Due to factors in the pharmacy sector and pharmacy education context, it does feel like the scope for our income volume projections to be impacted by events is somewhat higher than we have previously been used to. We have therefore provided, below, a form of 'sensitivity analysis' illustrating the potential impact on our income of various levels of change in registrant volumes, for reference.

2.4 Registrant numbers and sensitivities

The table below illustrates the financial impact that a 1%, 5% and 10% reduction in registrant numbers would have 2019/20.

(Due to the large proportion of the register with a December expiry date, the change would impact Q4 for the same financial year and Q1-3 of the next financial year).

	1%		5%		10%	
	No. of Registrants	Income £000s	No. of Registrants	Income £000s	No. of Registrants	Income £000s
Pharmacists	569	(146)	2,845	(731)	5,690	(1,462)
Pharmacy Technicians	236	(29)	1,178	(143)	2,356	(285)
Premises	143	(38)	716	(188)	1,432	(375)
Total	948	(212)	4,739	(1,061)	9,478	(2,123)

If we project these reductions over the next 3 financial years from 19/20 to 20/22 the total income reduction would look as follows.

	1%	5%	10%
	Income £000s	Income £000s	Income £000s
Pharmacists	(338)	(1,644)	(3,172)
Pharmacy Technicians	(66)	(320)	(618)
Premises	(87)	(422)	(814)
Total	(491)	(2,387)	(4,605)

Fee levels

For 2019/20 we have assumed fee levels in line with the recent consultation proposals. For the purpose of looking forward to 2020/21 and 2021/22 we have assumed fee levels remain at 2019/20 proposed level.

Medium to long term income issues

- 2.5 We will continue to monitor the available intelligence about the education and training 'pipeline' as well as market information to monitor more closely factors which might over time impact on our income volumes. (Please see Annex 1).
- 2.6 We have maintained our current approach to allocating the costs of regulation between the regulated groups. That remains a regular piece of work we will continue to undertake from time to time, in line with draft success measure 7 (paragraph 1.2 above).
- 2.7 It will be particularly relevant to re-visit the allocation logic during the course of the coming year as our new pharmacy inspection and report publication model kicks in, with a likely significant impact on our resource allocation as between regulation of individuals and pharmacies.

- 2.8 We have also commissioned a piece of work to be undertaken reviewing our approach to the funding of education and training accreditation/recognition and re-accreditation activity. In terms of *ensuring that the costs of regulation are borne fairly by the regulated*, we will be examining the contribution of higher education institutions and other training providers to funding our work to accredit their offerings to students and potential students.

3. Expenditure

- 3.1 Budgeted expenditure amount to £24.6M which is broadly in line with the 2018/19 forecast.
- 3.2 Our approach to developing the expenditure budget has continued to evolve and has felt very different from previous approaches in at least two important respects. Firstly, we have striven to ensure that both the timetable and the discussions around operational and business planning on the one hand, and budgeting on the other, are more integrated than they have been in the past. Secondly, management awareness of the challenging context has enabled more realistic 'bottom up' input than we have perhaps seen in the past, coupled with a greater understanding of the need for a 'top down' steer in relation to overall sizing and cost control.

Please see Appendix 3 for a breakdown of expenditure by department and Appendix 4 for a split of expenditure by cost type.

- 3.3 In order to help contextualise the proposals which have emerged from this process, it might be helpful briefly to outline that the initial 'bottom up' phase (in which budget holders were invited to submit 'bids') would have produced a deficit in the order of £2.1M.
- 3.4 Several rounds of senior leadership group and CEO challenge reduced this significantly, to just over £1.5M. The proposed budget incorporates those elements plus a requirement for a further £720K productivity and efficiency savings (approx.3%); these to be agreed in detail with the CEO and senior leadership group, under the ongoing scrutiny of EEAAG. Further information is provided below on key issues.

Staff costs

- 3.5 Staff costs assume all permanent establishment roles are filled for the whole year. A centralised adjustment has also been included based on a historical vacancy factor of 4%. The sum of 2.5% has been set aside as provision for potential pay increases. This does not

commit the council to using the provision for this purpose and does form a basis for any decisions of the Remuneration Committee. Increases in the pension costs from April 2019 have been taken into consideration.

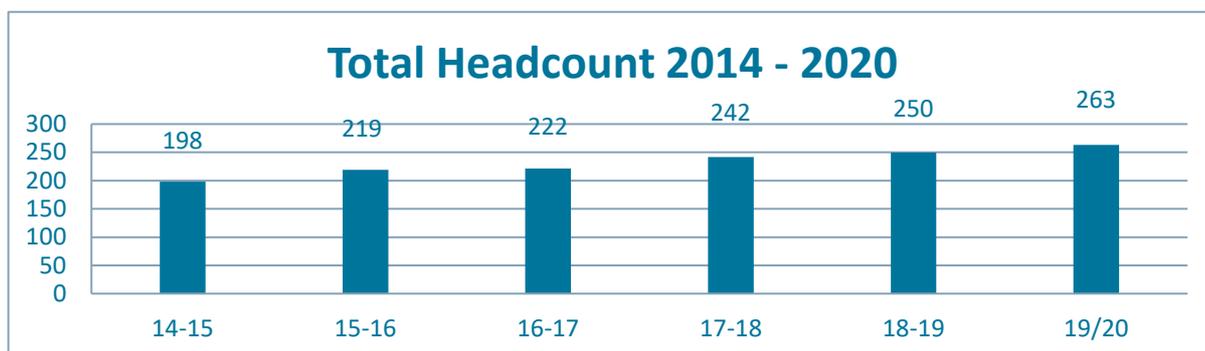
3.6 Employee costs account for more than 50% of total expenditure.

The table below illustrates the change in Total Employee costs as a % of total expenditure.

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Avg Headcount/Year	198	219	222	242	250	263
Income	£20.5m	£21.4m	£22.6m	£22.5m	£22.9m	£23.7m
Expenditure	£22.3m	£22.1m	£22.5m	£22.8m	£24.6m	£24.6m
Surplus/(Deficit)	(£1.7m)	(£0.5m)	£0.3m	(£0.1m)	(£1.6m)	(£0.8m)
Employee costs	£11.6m	£11.6m	£11.6m	£13.0m	£14.3m	£14.9m
Emp. Cost as % of annual Exp	52%	53%	52%	57%	58%	60%

3.7 We have a past record of under-spending against staffing budgets and this has, historically, been mainly due to delays or other issues with recruiting to the budgeted establishment. Over the past two years this pattern has largely changed, with a rising number of new posts being both established and filled. The actual versus budget expenditure variance has reduced significantly.

3.8 The table below illustrates headcount growth since 2014/15:



3.9 One of the key drivers of our staff-related cost changes in 2019/20 is the full-year impact of new posts which were agreed (in line with budget) in 2018, albeit not fully filled in this year. The most significant of these changes (in terms of numbers) have been in the workforce dealing with Fitness to Practise cases and in our Insight, Intelligence & Inspection teams. In all cases, including these two directorates, senior management have been satisfied that the case has been made for these additional resources. This is not surprising, given the operational and strategic imperatives around these areas of work.

Table below illustrates the change in headcount by directorate.

Headcount by Directorate

	16/17	17/18	18/19	19/20	Change	%
Chief Executive	5	4	4	4	0	0%
Corporate Resources	40	44	45	45	0	1%
Education & Standards	56	58	57	56	-1	-2%
Fitness to Practise	47	61	58	65	7	12%
Insight, Intelligence & Inspections	44	48	53	59	6	10%
People	30	28	32	34	2	5%
Total	222	242	250	263	13	

3.10 Notwithstanding good cases have been made for the proposed establishment numbers in terms of particular departmental requirements, there is an opportunity now to review our staffing ‘horizontally’, with a view both to identifying further efficiencies and meeting the ambitions of our staff themselves to move away from what they have described as ‘silo working’.

3.11 Accordingly, the proposed budget includes an [additional] efficiency saving line of £720K (which will need to be net of any relevant costs of change). We plan to develop the detail of this saving is to be achieved throughout the remainder of 2018/19 and report on the plan in some detail to the EEAAG.

Non-staff costs

3.12 Total non-staff costs amount to approximately £11.0M. Of this amount around £720K can be attributed to incremental expenses, predominantly on external resources to deliver on strategic priorities as detailed in the annual plan.

- 3.13 The non-staff costs proposed in the budget include a mixture of relatively fixed costs, related to things like building occupancy and the ‘costs of ownership’ of maintaining and upgrading IT equipment, plus elective costs which are driven by the ambitions of the organisation as set out in the proposed corporate plan, the details of which are not repeated here.
- 3.14 Original budget bids resulted in a £1.5M increase in expenditure when compared to the 2018/19 reforecast expenditure. Much of this expenditure was focussed around IT development projects. The review process with SLG challenged some of these pieces of work and the timings: Some of the key pieces of work to be assessed include portal development, ERP systems, IT maintenance costs and the use of external panel firms. The cost savings are derived mainly by opting to conduct more of the work within existing resources, assessing alternative ways of undertaking the work and planning the work over more practical time frames.

	Forecast 18/19 £M	Original Budget bids 19/20 £M	Variance £M	Amount After Challenge 19/20 £M	Variance £M
Employee, Council & Associates	16.2	16.5	0.3	16.7	0.2
Property, Office & Occupancy	2.8	2.8	0	2.9	0.1
Professional, Events & Marketing	2.8	2.9	0.1	2.7	-0.2
Financial, Research, IT & Other	2.8	3.9	1.1	2.3	-1.6
Total Overheads	24.6	26.1	1.5	24.6	-1.5

4. Balance sheet, cash and reserves

- 4.1 The GPhC’s total reserves are forecast to reach £10.4M by March 2019 and £9.6M by March 2020.
- 4.2 The target range for reserves is 2-3 months operating expenditure, which equates in 2019/20 to £4.1M to £6.2M.

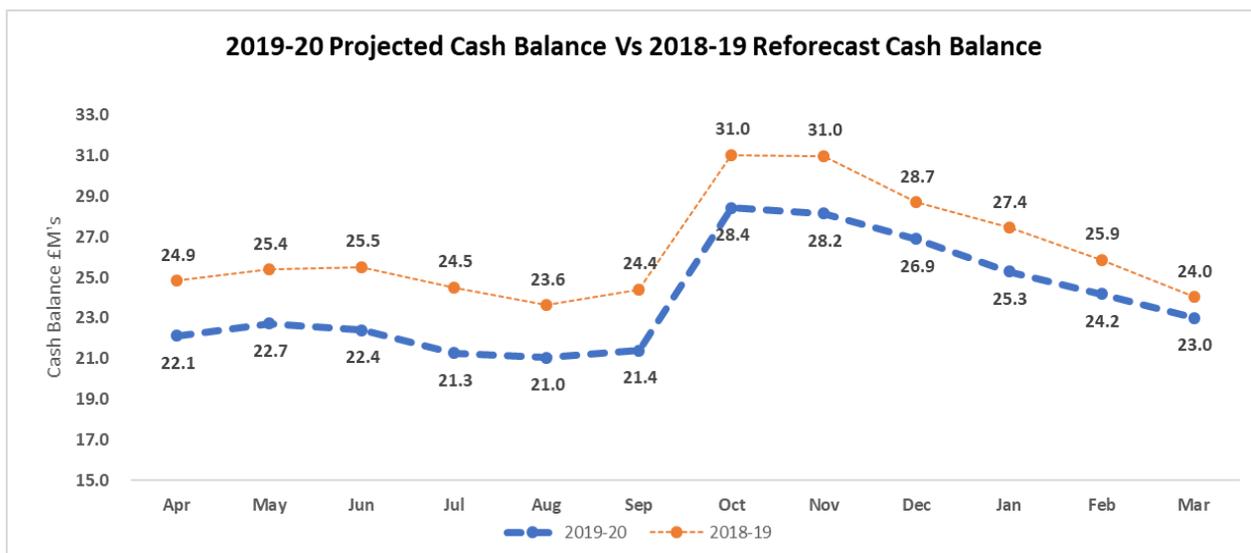
Projected Reserves Position	2018/2019 BUDGET £000's	2018/2019 REFORECAST £000's	2019/2020 BUDGET £000's	2020/2021 PROJECTION £000's	2021/2022 PROJECTION £000's
General Free Reserves	6,509	6,396	6,674	7,643	8,584
Fixed Asset Reserves	3,833	4,041	2,915	1,983	1,168
Total Reserves	10,342	10,437	9,589	9,627	9,752
Number of month's operating expenditure based on free reserves	3.2	3.1	3.1	3.7	4.8

When looking at the level of free reserves after adjusting for the amount of reserves allocated to fixed assets, the amount remains above £6M throughout the proposed and projected budget periods.

4.3 Based on current projections free reserves after adjusting for the amount of reserves allocated to fixed assets are expected to stay above the minimum target level. Council will want to continue monitoring the adequacy both of the reserves policy and of the level of reserves in hand in the context of:

- a high level of continuing uncertainty about long-term structural change potentially affecting the sector, continuing growth in the volumes of incoming concerns and government policy on regulation reform; and
- the need for further investment (over the ten-year vision timeframe) in service improvement.

4.4 The projected cash balance at the end of 2018/19 is £24M and this balance will decrease each month until August 2019, reaching a peak in October 2019. The cash projection for 2019/20 is on the comparison graph below. The phasing of receipts and payments largely follow a similar pattern year on year. The balance will reduce over the year due to the budgeted deficit, but at no point do we expect the balance to fall below £20M.



4.5 The GPhC receives fees in advance and therefore maintains a healthy cash balance throughout the year, at no point falling below 10 months' worth of operating expenditure. Consequently, any significant changes to income received can be detected months in advance.

4.6 The budget projections see the GPhC moving away from deficit budgets and working towards a balance between income and expenditure whilst maintaining reserves within target range. Revised projections to 2021/22 to be provided to the EEAAG alongside the 10 year vision. This will include consideration of:

- Long term fee strategy
- Options relating to potential levels of savings in expenditure.
- Key areas of investment for the future.
- Required level of target reserves.

All this factors will need to be managed in order to maintain a balanced income/expenditure position over the longer term.

Annex 1

Introduction

This report provides the detailed analysis used to forecast registrant numbers for the 2019/20 budget.

1. Assumptions for pharmacists forecasting

The primary reason for growth in pharmacists' numbers can be linked to the number of graduating students coming on to the register.

Using data submitted directly from UK schools on the number of students studying for GPhC accredited Master of Pharmacy (Mpharm) degree we can form a basis by which to estimate growth. The most recent report is complete to the 2016/17 academic year. The 2017/2018 report will be ready in March 2019.

Table 1. University numbers

Entry year	2010	2011	2012	2013	2014	2015	2016	2017
No of Students	3631	3833	3656	3841	3819	3577	3590	3587
YoY Growth/(Decline)		5.6%	-4.6%	5.1%	-0.6%	-6.3%	0.4%	-0.1%
Average (2011 - 2016)	-0.1%							
Graduating Year	2014	2015	2016	2017	2018	2019	2020	2021
	3,144	3,365	3,205	3,277	3,316	3,106	3,118	3,115
% of total in entry year	86.6%	87.8%	87.7%	85.3%				
Average (2014 - 2017)	86.8%							
Join GPhC Register (Pre-reg)	2015	2016	2017	2018	2019	2020	2021	2022
Total No. of Pre Reg Trainees	2,996	3,066	2,970	3,049	3,085	2,890	2,900	2,898
% of total graduates	95%	91%	93%	93%				
Average (2015- 2017)	93%							
Pass rate	71%	85%	74%	76%				
Total Passed		2,606	2,198	2,424	2,453	2,297	2,306	2,304
Average 2016 - 2017)	80%							

1. When looking at the number of entry students, 87% of students will go on to complete the course in the corresponding graduating year. (Assumption based on a 4 year MPharm degree)
2. An approximation of the number of graduating students for the academic year flowing through to the Pre- Reg students for the corresponding financial year is approximately 93%.
3. Finally, the number of students passing the registration assessment as % of Pre- Reg students is 80% on average (This figure fluctuates with the exam pass rate).
4. The student data also highlights that there was a significant reduction of 6.3% in entry year students for 2015. This is most likely in line with a general decline in the number of university students.

Table 2. Pharmacist number projections

	16/17	17/18	18/19	19/20	20/21	21/22
Opening Pharmacist no.	51,906	53,967	55,258	56,468	58,112	59,501
New registrants	2,606	2,198	2,424	2,453	2,297	2,306
New reg. as % of total Joiners	74%	76%				
Average New reg.	75%					
Other Joiners (Restorations etc)	895	693	798	807	756	759
Total GPhC Joiners	3,501	2,891	3,221	3,260	3,054	3,065
Leavers	(1,440)	(1,557)	(2,012)	(1,621)	(1,667)	(1,710)
leavers as % of Opening Regs.	-3%	-3%	-4%	-3%	-3%	-3%
Average leavers (2016 -2018)	-3%					
Closing Pharmacist no.	53,967	55,258	56,468	58,112	59,501	60,862
Growth %		2.4%	2.2%	2.9%	2.4%	2.3%

- We use the student data in line with actual registration data to date to build some assumptions going forward.
- 75% of joiners can be tied back to the student entry route the remaining 25% can be attributed to factors such as graduate timing variances (i.e Gap year), restorations etc.
- The average 3% of leavers are largely due to voluntary removals, non-renewal or non-compliance.
- We have forecast to close out 2018/19 with a further decline of 0.2 percentage points YoY. This is most likely due to the impact of the move to online registration and introduction of annual revalidation, which may have resulted in higher than average number of voluntary removals.
- A 1% decline in pharmacists' equates to the average number of restorations per year (550) and 20% of new registrants.
- Future year's growth has been kept in line with expectations in number of Pre- Reg candidates and historical pass rates assumptions.

2. Assumptions for pharmacy technicians and premises forecasting

- Our income assumptions reflect our best estimates for numbers of registrants as informed by the current numbers on the register and our predictions for growth, as adjusted for risk.

Table 3. Projected registrant numbers

	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Pharmacists	51,906	53,967	55,258	56,468	58,112	59,501	60,862
Pharmacy Technicians	23,074	23,318	23,325	23,556	23,760	23,965	24,173
Premises	14,397	14,403	14,311	14,324	14,317	14,310	14,303
Total	89,377	91,688	92,894	94,348	96,189	97,776	99,338

Table 4. Year on Year (YoY) % growth

	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Pharmacists		4.0%	2.4%	2.2%	2.9%	2.4%	2.3%
Pharmacy Technicians		1.1%	0.0%	1.0%	0.9%	0.9%	0.9%
Premises		0.0%	-0.6%	0.1%	0.0%	0.0%	0.0%
Total		2.6%	1.3%	1.6%	2.0%	1.7%	1.6%

11. For pharmacy technicians' growth in numbers on the register increased to around 1%; we have kept growth prediction consistent at this level. In 2018/19 we predicted a small decline in registrant numbers; however that has not been the case. We do not have information in relation to prospective pharmacy technician registrants.
12. We did not assume any growth in the number of pharmacy premises for 2018/19 due to uncertainty around possible closures. In practice the number of premises has shown minimal increases. We have assumed no further growth in 2019/20 and beyond.
13. For all registrant groups we are pulling together the risk and uncertainties that may impact on registrant numbers and ascertaining the information we need to be able to predict and measure the impacts.
14. Below is a list of some of the factors that could impact the number of registrants on the GPhC in the short, medium and long term, which we need to keep under review to inform ongoing volume projections.
 - The number of university students
 - Government initiatives
 - Staffing levels
 - Technology
 - Funding cuts
 - EU Exit
 - Education providers
 - Economic and Social factors
15. During 2018/19 we recognised the need to change our approach to forecasting registrant numbers. As although the changes in numbers to date have been low and tend to be gradual, there are a growing number of factors that create uncertainty. We need to understand and how this will impact the GPhC going forward.
 - Establishing a group from different area of the business to share knowledge and insight.
 - Regular reporting, monitoring and review of registrant numbers and trends.
 - Single source of information which is quality assured.
 - Testing intelligence and theories.
 - Develop existing models, so they are more intuitive and current.
 - Regular formal approach to gathering information from universities and education providers.
 - Benchmarking and shared working with other regulators and professional bodies.

Revalidation for pharmacy professionals update

Meeting paper for Council on 07 February 2019

Public

Purpose

To:

- provide the Council with information on the progress of implementation of revalidation for pharmacy professionals.

Recommendations

The Council is asked to note:

- Information provided as an update on implementation of revalidation for pharmacy professionals

1. Introduction

- 1.1 Revalidation for pharmacy professionals was introduced in April 2018. Implementation has been phased to provide the whole pharmacy sector with time to adapt to new requirements for continued registration.
- 1.2 Pharmacy professionals with renewal deadlines from 31st October 2018 to 14 October 2019 are required to submit four continuing professional development (CPD) records alongside taking action to renew their annual registration.
- 1.3 Data has been provided as part of the performance monitoring report presented to Council for this meeting on registrant performance against the new requirements. This paper provides more information to Council as further assurance on the organisation's implementation arrangements and engagement from pharmacy professionals.

2. Outcomes from revalidation for pharmacy professionals for the first affected cohort

- 2.1 The data presented below is a summary of the progress of one cohort of registrants with a renewal deadline date of 31st October 2018. Data was collected on 28 January 2019. The data therefore presents an almost complete picture of how well the cohort were able to engage with the new requirements for revalidation.

Registrant status	Number of registrants	Percentage of cohort
Registrants expected to renew and revalidate by 31st of October 2018	42,162	N/A
Completed all requirements Renewed and submitted complete revalidation records.	39,910	94.7%
Lapsed Took no action to renew registration or inform us of a decision to voluntarily remove themselves from the register.	493	1.2%
Voluntarily removed Informed us of the intent to end their registration because they do not intend to practice in GB the next 12 months.	1430	3.4%
Remedial measures Given 6 weeks to submit records after either having submitted incomplete or no revalidation records.	2368	5.9%
Notice of an intent to remove registration Informed of an intent to remove registration following a period of remediation in which requirements were not met. At this time, representations can be provided to us.	1600	3%
Notice of removal Informed that registration is about to be administratively removed and able to submit an appeal.	145	0.3%

- 2.2 The numbers presented in this table are not easily disentangled from one another and this needs to be taken into account in analysis (and is why the figures do not add up to 100%). For example, registrants may only decide to notify us of voluntary removal from the register following being placed in remedial measures. Similarly, it is only after being placed in remediation that we might be notified of exceptional circumstances affecting submission of records. Therefore, the number of registrants who were initially entered into remediation will not equate with the number of registrants required to take further action to submit records to us. We will continue to promote to our registrants that they can inform us of voluntary removals and exceptional circumstances in advance of their renewal deadlines.
- 2.3 As was previously the case with our CPD scheme, each reminder and formal notice we send act as a driver to support people to meet our requirements. Most registrants appear to engage with the process of revalidation in advance of their deadlines. However, there remains a small percentage of registrants who require “final notices” in the form of a notice of intent to remove registration before they respond to communications to submit records to us.
- 2.4 Only a very small percentage of registrants have not responded to the requirements following notice of intent to remove with only 0.3% of registrants in the cohort being notified of removal from the register.

2.5 We are now preparing to select registrants for the review process for the first cycle of revalidation. Reviewers have been recruited to supplement the existing pool. Training will commence in February and reviews will commence in 2019-20.

3. Performance of systems and teams supporting revalidation

3.1 Overall performance of systems and people has been of a high standard. As an indicator of customer experience for registrants in this cohort, we can look to social media coverage in which we have been tagged. In a small number of cases there were reports of people encountering technical issues, but the majority reported ease and satisfaction with the new process.

3.2 Similarly, we received only a small number of complaints related to revalidation (7 out of 65 complaints received from Q1-3 of 2018-19). These complaints were almost all linked to system bugs outlined below or to registrants who had not updated their contact information with us and were therefore not aware of the new revalidation requirements.

3.3 We have resolved a handful of very limited system bugs affecting small groups of registrants. These bugs were related to payment, browser compatibility and incorrect entry into remediation. In these instances, our technical and customer services team responded quickly and registrants were provided with additional time and support to meet our requirements.

3.4 We received close to double the usual traffic of calls and emails into the contact centre over the course of the launch of revalidation (see table below).

	April – October 2017	April – October 2018
Number of emails received	12,912	28,007
Numbers of calls received	36,794	64,000

3.5 Advance measures were taken to reduce this additional call and email traffic through information made available on our website, direct communications with registrants and indirectly through other pharmacy organisations. Additional resources were also made available to support the contact centre in processing emails. The separate Performance Monitoring Report provides more detail about our contact centre performance during this period and our plans for the future were set out in a paper for EEAG in January.

3.6 Now that more than half of our registrants have renewed, revalidated and we have provided support for registrants who struggled to adapt to the new requirements call levels have returned to normal levels.

3.7 We are now preparing more materials for registrants for the second cycle of revalidation to support them with producing records for peer discussions and reflective accounts. We will continue to monitor call and email traffic and provide proactive support for registrants.

4. Equality and diversity implications

4.1 Equality impact analysis was conducted throughout the development and consultation upon revalidation for pharmacy professionals. Further analysis will be conducted through evaluation of the model.

5. Communications

5.1 Ongoing communications surrounding revalidation and its implementation are planned in the coming financial year to support implementation of the next phase.

6. Resource implications

6.1 The resources required for further implementation of revalidation have been accounted for in 2019/20 resource plans and budgets.

7. Risk implications

7.1 There are no additional risks presented by the content of this paper. Routine risk management for revalidation occurs through team and organisational risk management processes.

8. Monitoring and review

8.1 Routine monitoring of revalidation will be conducted through the Performance Monitoring Report.

8.2 Evaluation of revalidation will commence in full in 2020-21 with preparatory work taking place in 2019-20.

9. Recommendations

The Council is asked to note:

- Information provided as an update on implementation of revalidation for pharmacy professionals

Osama Ammar, Head of Revalidation
General Pharmaceutical Council

30 January 2019

Meeting paper

Council meeting on Thursday, 07 February 2019

Public business

International registrants

Purpose

Recommendations

The Council is asked to note this paper.

1. Introduction

1.1 In December, the Professional Standards Authority (PSA) wrote to us following the recent discovery that an individual had been admitted to the General Medical Council's (GMC) register in 1995 on the basis of forged documentation. The PSA have asked us to consider whether this was an issue that might be relevant to us and whether we intend to take any action in light of the GMC's experience. The PSA did publish a report in 2013 following a rapid review of regulators' current practice which suggested procedures were appropriate and that regulators had confidence in them. They have asked specifically whether there is any reason to believe the situation has changed since 2013 and whether there are any historic processes which may be more vulnerable to fraud.

2. Our current processes for international registrants

- 2.1 Our current procedures for processing applications from international applicants remain broadly as outlined in the PSA report from October 2013.
- 2.2 The procedures for internationally qualified pharmacists were introduced by the previous regulator the Royal Pharmaceutical Society of Great Britain (RPSGB) in Autumn 2003 and require international applicants to provide a range of documents for eligibility to start a one year 120 credit Masters-level Overseas Pharmacists Assessment Programme (OSPAP). On successful

completion of the OSPAP, applicants are required to successfully complete 12 months pre-registration training under the same terms and conditions as UK MPharm graduates. They are then required to pass the national registration assessment before being eligible to make an application for registration with the GPhC.

- 2.3 We believe the procedures in place to check language ability, identity and overseas qualifications before beginning the OSPAP, together with the continuing requirement to pass a national registration assessment, provide a rigorous and appropriate way to guard against potential fraud.
- 2.4 Registration for pharmacy technicians became a statutory requirement in July 2009. After 1 July 2011, when the 2-year grandparenting period ended, to be eligible to register as a pharmacy technician, the GPhC required new applicants with international pharmacy qualifications to complete the same pharmacy technician qualifications as UK applicants, that is a GPhC approved Level 3 competency qualification and a GPhC approved Level 3 knowledge qualification. Applicants must have completed these qualifications while working in the UK under the supervision of a registered pharmacy professional for not less than 14 hours a week.

3. Historic registration procedures for international applicants

- 3.1 We have considered whether, in the light of the recent GMC experience, there is a need for us to review all the international applicants admitted to the register prior to the current processes being introduced in 2003 for pharmacists and 2011 for pharmacy technicians.

General

- 3.2 Before this date, international pharmacist applicants were required by the RPSGB to either take a number of overseas pharmacist examinations in GB as external candidates or attend a one year Overseas Pharmacists course in GB before taking the exams. They were also required to successfully complete a period of employment here under supervision of a registered pharmacist. In 1993 the RPSGB introduced a national registration examination. Both UK and international applicants were required to pass this registration examination before being eligible to apply for registration. As part of the eligibility requirements, documents such as academic transcripts and letters of good standing were sent directly to the RPSGB from the relevant institutions rather than by the applicant. We think the combination of these examinations, courses and documentation sent directly by the institutions provides sufficient assurance against fraud that these applications do not need to be reviewed.
- 3.3 Internationally qualified pharmacy technicians who had been working as pharmacy technicians in GB prior to registration becoming mandatory on 1 July 2011 were eligible to apply for registration provided they had worked in the role of a pharmacy technician for at least 14 hours a week for a minimum of 2 years prior to their application for registration. As for pharmacists above, as part of the eligibility requirements, documents such as academic transcripts and letters of good standing

from their original country of qualification were sent directly to the RPSGB/GPhC from the relevant institutions rather than by the applicant. Applicants were also required to provide an assessment of their competence in the work place provided by their supervising pharmacist employer.

3.4 The applicant's qualification and work experience were then independently assessed against the UK qualifications acceptable for registration by experienced assessors with a background in pharmacy technician education and training. We think the combination of these assessments and documentation sent directly by the institutions provides sufficient assurance against fraud that these applications do not need to be reviewed.

Reciprocal arrangements for internationally qualified pharmacists

3.5 Separate procedures did exist through reciprocal registration agreement with Australia and New Zealand which ended on 30 June 2006. To benefit from this agreement an applicant had to have successfully completed a pharmacy degree, registered with the relevant regulator, completed a period of one years' employment in pharmacy as a registered pharmacist and be of good character.

Certificates in the form of Letters of Good Standing from the relevant Boards of Pharmacy in Australia or the Pharmaceutical Society of New Zealand had to include the following details:

- the applicant's full name;
- date of birth;
- details of qualification held, date awarded, together with details of the awarding institution;
- confirmation of registration with the regulator and of good standing; and
- confirmation of having completed a period of one years' employment in pharmacy as a registered pharmacist

3.6 As with the international route, these certificates were only accepted if sent directly to the RPSGB by the relevant regulator. In addition, applicants were required to attend the RPSGB in person with their original identity documents to complete their registration application. Therefore, we think the combination of these requirements provides appropriate assurance against fraud and it is not therefore necessary to conduct reviews of individuals who may have registered under these agreements. There were no reciprocal arrangements for pharmacy technicians.

4. Equality and diversity implications

4.1 The enquiry from the PSA relates to international registrants and the historic registration processes include reciprocal arrangements with specific countries – Australia and New Zealand.

5. Communications

5.1 We have written to the PSA to set out our view that the current and historic processes provide assurance against fraud. There are no other communications that we plan to carry out relating to this.

6. Resource implications

6.1 None.

7. Risk implications

7.1 As set out above, we believe both our current registration processes and the historic arrangements provide robust assurance against the risk of fraud from international registrants.

8. Monitoring and review

8.1 We are committed to reviewing our international routes to registration following Brexit and potential changes to European registration routes.

Recommendations

The Council is asked to note this paper.

Mark Voce, Director of Education and Standards

General Pharmaceutical Council

Meeting paper

Council on Thursday 07 February 2019

Public business

Deputising arrangements for Chair of Council 2019/20

Purpose

To note the deputising arrangements for the Chair of Council.

Recommendations

The council is asked to note the arrangements for the deputy Chair.

1. Introduction

- 1.1. In February 2010 the Council agreed to establish a rota of Council members to deputise for the Chair if required. It was agreed that a rota of volunteers, chosen at random, was more appropriate than a formal election process, given that the need for a deputy would arise only if the Chair was absent or unable to perform his or her duties. This system would also avoid the impression that there was a 'Deputy Chair' with a different role and status from other Council members.
- 1.2. It was also agreed that a rotation every six months, agreed in advance, would allow arrangements to be made quickly should the Chair be unexpectedly absent.

2. Deputising rota for 2019-20

- 2.1. The current rota expires at the end of March 2019. The new rota to cover the next twelve months is as follows (the rota for the last five years is included for completeness):

New Rota:

Name	Deputising start date	Deputising end date
Mark Hammond	01 Apr 2019	30 Sep 2019
Jayne Salt	01 Oct 2019	31 Mar 2020

Current and previous rota:

Name	Deputising start date	Deputising end date
Samantha Quaye	01 Oct 2018	31 Mar 2019
Joanne Kember	01 Apr 2018	30 Sep 2018
Mohammed Hussain	01 Oct 2017	31 Mar 2018
Arun Midha	01 Apr 2017	30 Sep 2017
Mary Elford	01 Oct 2016	31 Mar 2017
David Prince	01 Apr 2016	30 Sep 2016
Evleyn McPhail	01 Oct 2015	31 Mar 2016
Digby Emson	01 Apr 2015	30 Sep 2015
Berwyn Owen	01 Oct 2014	31 Mar 2015
Tina Funnell	01 Apr 2014	30 Sep 2014

3. Equality and diversity implications

3.1. There are no specific equality and diversity implications.

4. Communications

4.1. Council members and staff need a clear understanding of the arrangements for deputising for the Chair, if required. These will be communicated to staff via the intranet.

5. Resource implications

5.1. These arrangements are to provide cover for single events of short periods of time and as such have no specific resource implications. Should the position of Chair become vacant for a longer period of time, other arrangements would need to be put in place.

6. Risk implications

6.1. If the Council does not have a process in place for identifying a deputy in advance should the need arise, it runs the risk of having no leadership for a period of time should the Chair be absent without warning or the position of Chair become temporarily vacant for any reason.

7. Monitoring and review

7.1. The rota is considered annually.

Recommendations

Council is asked to note the arrangements for deputising for the Chair.

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30 January 2019

Minutes of the **Audit and Risk Committee** meeting held on **Wednesday 23 January 2019** at 25 Canada Square, London at 10:30

TO BE CONFIRMED 22 MAY 2019

Minutes of the public session

Present

Digby Emson (Chair)
Helen Dearden
Mark Hammond
Mohammed Hussain
Jayne Salt

Apologies

None

In attendance

Duncan Rudkin (Chief Executive and Registrar)
Laura McClintock (Chief of Staff)
Pascal Barras (Risk and Assurance Manager)
Vanessa Clarke (Finance Manager)
Bill Mitchell (Moore Stephens)
Michelle Debique (Moore Stephens)
Tim Redwood (Crowe Clark Whitehill)
Janet Collins (Governance Manager)
Francesca Okosi (Director of People)
David Hajduk (Head of IT)

1. Attendance and introductory remarks

1.1 The Chair welcomed those present to the meeting. There were no apologies.

2. Declarations of interest

2.1 Members were asked to declare any interests at the start of each item.

3. Minutes of the last meeting

3.1 Paragraph 5.7 was corrected to make clear that the figure for proposed reserves was 2-3 months, not 2.3.

The minutes of the public session of the meeting held on 23 October 2018 were then agreed as a true and accurate record.

4. Actions and matters arising

4.1 There were no actions or matters arising.

5. Internal audit performance report 2018/19 Q3

5.1 Pascal Barras (PB) presented **19.01.ARC.03**. He noted that the audit report on the integrity of the register which was listed under the next item had not been received. It was largely complete but the final version was still the subject of discussion with the auditors.

5.2 The assurance review which had been circulated to the committee in December 2018 was a different, internal review and directors were taking forward the actions identified in it. PB asked the committee for feedback on the format, style and length of the assurance review to inform the next one which would be on procurement. The committee was happy with the approach to the review, the only suggestion being that there is a process to follow up on recommendations, to ensure these are actioned.

ACTION: PB

5.3 Duncan Rudkin (DR) noted that the concerns raised over the integrity of the register related more to the Hearings function than to the registration process and invited FO to comment. FO explained that a fundamental review of Hearings was underway, including systemic issues, which should address the concerns raised. Staff would be having training in the correct use of CRM and there would be further training for Hearings Co-ordinators. Existing guidance and manuals were also being updated and refreshed.

5.4 The committee noted that 28 out of 40 actions had been completed, while nine were still in progress. There were three changes requested to actions, all of which were agreed.

5.5 **The committee:**

- i) **Noted the Q3 2018/19 internal audit plan progress;**
- ii) **Noted the Integrity of the Register assurance review;**
- iii) **Noted the GPhC's performance in implementing the agreed recommendations; and**
- iv) **Agreed the audit action change requests.**

6. Internal audit reports

- 6.1 Bill Mitchell (BM) presented **19.01.ARC.04** which consisted of three internal audit reports, namely Health and safety; Key financial controls and IT security.
- 6.2 FO answered questions on the Health and safety report. She informed the committee that she had commissioned an external consultant to work with the GPhC on health and safety and to help with the implementation of a plan. A permanent role for Facilities would be advertised which would include being the person formally responsible for health and safety.
- 6.3 In response to a question, FO confirmed that there had been no injuries or accidents. The committee was concerned that this was an amber risk and had four Priority 1 actions. It was noted that some of the management responses were not as clear as they could be.
- 6.4 The Chair questioned whether the Facilities team had sufficient resources available. FO confirmed that, once recruitment was complete, that would be the case.
- 6.5 The committee asked to be informed when the Fire Risk Assessment had been carried out.
- ACTION: FO**
- 6.6 The Key Financial Control audit was being completed in two parts. Additional work would be done in February evaluating and assessing of the business's compliance with set policies and procedures for the approval and processing of associate and partner expenses. Three areas for improvement were identified in the work done to date: monthly manual processing and adjustments of data transferred between CRM and Navision; following up on overdue payments; and the approach to challenging variances as part of the monthly management account process.
- 6.7 In relation to the segregation of duties, Vanessa Clarke (VC) confirmed that the new system would remove the risk which had been identified but also confirmed that it had been agreed to tolerate the risk until then.
- 6.8 David Hajduk (DJ – Head of IT) joined the meeting for the report on IT Security. BM explained that when the report was written it was more an assessment of what the GPhC was planning to do, although much of it was now in place and the recommendations had been followed.

- 6.9 The committee was substantially reassured by the measures which had been put in place but noted that the report was written in highly technical language and asked for future reports to be more clear for those who were not IT experts.

7. Internal audit plan

- 7.1 PB presented **19.01.ARC.05** setting out the internal audit plan for 2019-20. The timings were indicative due to the potential change in audit providers but feedback was sought on the principles. The proposals were based on the current risks and on discussions with management in a number of areas.
- 7.2 Members asked for the Health and safety follow-up to be prioritised.
- 7.3 There was a question as to how well the re-structured pre-registration examination was working and whether it had been audited. DR noted that it had not and that, as there were due to be changes in 2019-20, there will be further work on education governance.
- 7.4 It was noted that the context of the audit relating to governance of non-statutory committees may change, to reflect discussions about the role and remit of EEAAG.
- 7.5 **The committee approved the draft internal audit plan with the above revisions.**

8. Draft external audit plan for year ending 31 March 2019

- 8.1 Tim Redwood of Crowe Clark Whitehill presented the draft external audit plan for 2019-20.
- 8.2 **The committee approved the draft plan as it was presented.**

9. Any other public business

- 9.1 BM informed the committee that Moore Stephens would merge with BDO at midnight on 1 February 2019.
- 9.2 There being no further public business to discuss, the meeting closed at 12.40.

Date of the next meeting:

Wednesday 22 May 2019