

# Council meeting

By Zoom

Thursday, 09 July 2020

10.00-12.00

## Public business

- |    |   |                                   |
|----|---|-----------------------------------|
| 1. | Attendance and introductory remarks                           | Nigel Clarke                      |
| 2. | Declarations of interest – public items                       | Nigel Clarke                      |
| 3. | Minutes of last meeting<br><i>Public session</i>              | Nigel Clarke                      |
| 4. | Workshop summaries – 11 and 30 June 2020<br><i>For noting</i> | Nigel Clarke                      |
| 5. | Actions and matters arising                                   | Nigel Clarke                      |
| 6. | Fitness to Practise Strategy<br><i>For approval</i>           | 20.07.C.01<br>Carole Auchterlonie |

## Confidential business

- |     |   |              |
|-----|---|--------------|
| 7.  | Declarations of interest – confidential items                         | Nigel Clarke |
| 8.  | Minutes of the meeting on 11 June 2020<br><i>Confidential session</i> | Nigel Clarke |
| 10. | Any other confidential business                                       | Nigel Clarke |

## Date of next meeting

Thursday, 23 July 2020 at 2pm

Minutes of the Council meeting held on Thursday 11 June 2020 at 14.00, by Zoom

**TO BE CONFIRMED 09 July 2020**

*Minutes of the public session*

**Present**

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

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

**Apologies**

There were no apologies for this meeting.

**In attendance**

Duncan Rudkin (Chief Executive and Registrar)  
Carole Auchterlonie (Director of Fitness to Practise)  
Jonathan Bennetts (Director of Finance)  
Claire Bryce-Smith (Director of Insight, Intelligence and Inspection)  
Laura McClintock (Chief of Staff)  
Francesca Okosi (Director of People)  
Mark Voce (Director of Education and Standards)  
Rachael Oliver (Head of Communications)  
Suzannah Nobbs (Corporate Communications Manager)  
Saleem Akuji (Financial Controller)  
Liliana Corrieri (Equality, diversity and inclusion co-ordinator)

## **1. Attendance and introductory remarks**

- 1.1 The Chair welcomed those present to the meeting, which was being held by Zoom due to the Covid-19 pandemic. There were no apologies.

## **2. Declarations of interest**

- 2.1 The Chair reminded members to make any declarations of interest before each item in the usual way. It was noted that the formal declarations of interest for new members have now been published on the website following a short period of time when the website only included biographies for those members.

## **3. Minutes of the last meeting**

- 3.1 **The minutes of the public session held on 21 May 2020 were confirmed as a fair and accurate record of the meeting.**

## **4. Actions and matters arising**

- 4.1 There were no actions due by this meeting or matters arising.
- 4.2 The Chair confirmed that the Council will not be asked to make a formal decision in relation to the earlier consultation on registration fees for pharmacy premises until July 2020.

## **5. Workshop summaries – 7 May, 21 May and 1 June 2020**

### **5.1 Council noted the summaries of the additional Council discussions held in May and June** **a. Concerns received during Covid-19**

- 5.2 Carole Auchterlonie (CA) highlighted one correction in the notes from the workshop on 7 May 2020: the reference to “over 3,000 concerns” received in April 2020 should be changed to “over 300 concerns”.
- 5.3 CA provided a short update on the increased volume of concerns received during the pandemic to date: March (381), April (318) and May (212). March and April were higher than average, as we normally receive around 240 concerns each month. Approximately 180 of the increased concerns have been Covid-19 related.

5.4 Of the Covid-19 related concerns, issues and themes have included personal protective equipment, social distancing, testing kits, as well as profiteering and other anti-competitive behaviour. We are continuing to develop our approach to managing concerns during the pandemic, including how we will address the backlog at triage and support the wider team. Although there is likely to be some impact on our key performance indicators, we are aiming to have addressed the backlog by July 2020.

**b. Update on the development of our equality, diversity and inclusion (EDI) strategy**

5.5 Francesca Okosi (Director of People) presented an update on our equality, diversity and inclusion (EDI) strategy, which included a slide presentation on key issues such as the work completed to date, the EDI implications of Covid-19, wider race equality discussions, and our planned next steps and proposed actions.

5.6 Our EDI strategy sets out our vision and direction for enhancing trust and confidence in the GPhC as a fair regulator, linked to our wider strategic and planning framework. It's designed to support our 2030 vision - safe and effective pharmacy care at the heart of healthier communities - looking at specific areas of our work through an EDI lens.

5.7 FO provided the Council with an update on the work completed to date, including internal staff focus groups and surveys to identify effective EDI work to date and any gaps, as well as early engagement with a number of key external stakeholders.

5.8 The Council noted that we are also considering the emerging issues in the specific context of Covid-19, which includes carrying out an equality impact assessment on all of the key changes we have implemented during the pandemic. We are also carrying out risk assessments of our key regulatory activities, thinking specifically about the potential impact on those who may be disproportionately affected by Covid-19.

5.9 We have also been identifying and discussing key race equality issues for the GPhC, including with external stakeholders such as the UK Black Pharmacists Association (UKBPA), the Black Pharmacists Collective and the British Association of Physicians of Indian Origin (BAPIO). Internally, we have held a discussion with all staff about Black Lives Matter and are continuing to engage with our BAME staff network going forward.

5.10 Council members highlighted and discussed a number of issues related to this work, including:

- the demographic profile of the GPhC register and those entering pre-registration training;
- how GPhC inspections might play a role in supporting pharmacy to think about the risks associated with Covid-19;
- how best to engage with our stakeholders going forward, to ensure we are reaching a diverse audience;

- the legal obligations and responsibilities of the GPhC in meeting the public sector equality duty; and,
- how we can share good practice and learning with other health and social care regulators, including the Professional Standards Authority.

## **6. Communications and engagement report**

- 6.1 Rachael Oliver (RO) presented **20.06.C.01**, which outlined our key communications and engagement activities since February 2020 and highlighted upcoming events and activities.
- 6.2 RO updated members on how we have been engaging and communicating in different ways during the pandemic, including holding our first public focus group via Zoom. Focus groups are convened through an external market research agency, to ensure that they are diverse across the range of protected characteristics and we offer adjustments, to enable those with different needs and circumstances (including any language needs) to take part.
- 6.3 Members asked how we measure the impact of our communications. RO advised that we review all media and social media coverage, to assess how the themes and messages are landing and we have regular discussions with stakeholders across the three countries that we regulate. There are a number of different evaluation methods used by the industry and we will continue to reflect on how we do this going forward. Members also heard how we engage with other regulators carrying out similar activities, to ensure that we are up to date with developing approaches.
- 6.4 The Council noted the engagement and communications report.**

## **7. Review of annual reports and accounts 2019/20**

- 7.1 Duncan Rudkin (DR) introduced **20.06.C.02** which set out the annual accounts, annual report and fitness to practise report for 2019/20 and the report of the external auditors.
- 7.2 DR highlighted that the annual report is made up of three statutory reports in one and can therefore feel repetitive. However, most readers will not access the information in this way and will instead do so through a microsite, which is more user friendly.
- 7.3 Members had already reviewed an earlier draft and provided helpful feedback and comments, which had been incorporated. The draft report had also been scrutinised by the Audit and Risk Committee.
- 7.4 The Council:

- i. **Approved the combined annual accounts, annual report and fitness to practise report for 2019/20**
- ii. **Noted the report of the external auditors; and**
- iii. **Authorised the Chair of Council to sign the letter of representation as required by the external auditors.**

## **8. Audit & Risk Committee – annual report to Council**

- 8.1 Neil Buckley (NB), Committee chair, presented **20.06.C.03**, which provided Council with a report on the committee's work from 1 April 2019 to 31 March 2020. NB thanked the outgoing Chair, Digby Emson (who completed his term of office on Council in March 2019) as well as the current and former committee members for their support.
- 8.2 NB highlighted a number of areas in the report, including the area of limited assurance identified during the year (procurement) and noted how considerable progress had been made to date. NB also highlighted a number of areas of focus for the Committee in 2020/21 as set out in paragraph 5.3 of the report.
- 8.3 **The Council noted the Audit & Risk Committee's annual report 2019/20.**

## **9. Finance & Planning Committee – annual report to Council**

- 9.1 Mark Hammond (MH), Committee chair, presented **20.06.C.04**, which provided Council with a report on the committee's work from 1 April 2019 to 31 March 2020.
- 9.2 MH highlighted the changes in committee membership as specified in paragraphs 2.1, as well as the Committee's areas of focus for 2019/20 as set out in paragraph 5.3 of the report.
- 9.3 **The Council noted the Finance & Planning Committee's annual report 2019/20.**

## **10. Remuneration Committee minutes**

- 10.1 Elizabeth Mailey (EM), Committee chair, presented **20.06.C.05**, the minutes of the Remuneration Committee meeting held on 30 April 2020.
- 10.2 **The Council noted the minutes of the Remuneration Committee meeting held on 30 April 2019.**

## **11. Remuneration Committee – annual report to Council**

- 11.1 Elizabeth Mailey (EM), Committee chair, presented **20.06.C.06**, which provided Council with a report on the committee's work from 1 April 2019 to 31 March 2020. EM thanked current and former committee members, particularly the external members (Rob Goward and Janet Rubin) for their input and support over the year.
- 11.2 EM highlighted a number of key areas in the report, including the Committee's focus for 2020/21 as set out in paragraph 3.2.
- 11.2 There were a number of questions from members about the overall response rate to the staff survey, whether this would lead to the development of a workforce strategy, and the proportion of not met/met/exceeded ratings within the PDR process.
- 11.3 FO advised that the results of the staff survey will feed into the development of our People Plan and Council will receive further updates in due course. Overall, we felt the staff survey response rate was good, particularly as this took place in the context of the implementation of a redundancy policy and the Covid-19 pandemic. We are working with teams across the organisation to review the findings and develop a new corporate and directorate level action plan. We are also satisfied that the PDR process – and by extension the outcomes – stands up to robust challenge and scrutiny and includes moderation and challenge at senior team level.
- 11.4 One member asked about our previous commitment to explore levels of staff awareness of our internal raising concerns policy through the staff survey. LM confirmed that we asked this question in the survey and the results indicated that 64% of respondents understood how to raise concerns internally. We are updating our policy in 2020 and will consider how best to raise awareness of this in light of the findings from the survey.

### **11.3 The Council:**

**a. noted the Remuneration Committee's annual report 2019/20**

**b. agreed the Remuneration Committee's terms of reference for a further year\***

*[\*please note the terms of reference for the Finance & Planning and Audit & Risk Committees were agreed at an earlier in March 2020]*

## **12. Any other business**

- 12.1 There was no other public business.

### **Date of the next meeting:**

Thursday 9 July 2020 at 10.00am

# Council workshop summaries

## Meeting paper for Council on 09 July 2020

Public

### Purpose

To provide a summary of the Council workshops held on 11 June and 30 June 2020.

### Recommendations

The Council is asked to note the summaries of the workshops held by teleconference on 11 June and 30 June 2020.

#### 1. Introduction

- 1.2 During the Covid-19 pandemic, the Council has held regular discussions and workshops in addition to its scheduled meetings. The purpose of the discussions has been to keep members updated on developments and to seek early feedback on the direction of travel of various workstreams, including those arising from the pandemic.
- 1.3 The Council does not make decisions in these sessions. They are informal discussions to assist the development of the Council's views. However, a summary of the discussions is presented at subsequent meetings, making the development of work streams more visible to stakeholders. Some confidential items may not be reported on in full.

#### 2. 11 June 2020

##### Initial education and training of pharmacists

- 2.1 Council received an informal report on the work that was under way to follow up on the 2019 consultation on the standards for the initial education and training of pharmacists. The report also included feedback from the meeting of the Education Governance Oversight Board on 4 June.
- 2.2 In the discussion it was recognised that the work on initial education and training standards for pharmacists had implications for the education and training of pharmacy technicians, and other pharmacy team members. As roles continued to evolve it would be important to ensure that education and training for pharmacists and pharmacy technicians complemented and informed each other.

- 2.3 Council recognised that the revision of the education and training standards for pharmacists, informed by the 2019 consultation, was not a technical policy exercise, but the key vehicle for the Council to lead a transformation of the regulation of pharmacy education and training, in order to support and underpin change in the role and work of the profession.
- 2.4 Recent events had shone a light on longstanding systemic issues in the structure and governance of education and training for pharmacists. Council had previously highlighted its concerns about recurring trends in candidate performance in the registration assessment, including: overall pass rates; particularly low pass rates involving candidates who had graduated from certain universities; the lower pass rate (compared to other sectors) amongst candidates who had experienced pre-registration training in community pharmacy; the differential attainment of Black, Asian and minority ethnic candidates.
- 2.5 There was an acknowledgment of previous and ongoing work to understand and address those issues. And the Council's discussion highlighted how the 2019 consultation had taken account of the positive case for change, informed by an up to date understanding of the needs of the public, reflected in changes in health and care services, as well as the ambitions of the profession to meet those needs. Council members reflected how the positive case for change (which had shaped the 2019 consultation, in relation to issues like interprofessional learning and experiential learning) was now even more visible and urgent than it has been before.
- 2.6 A collaborative approach was being used to take forward discussions about a number of key issues from the 2019 consultation requiring further detailed work with stakeholders. This approach was proving to be effective. The Council recognised the important role that employers, universities, training organisations and professional bodies needed to play, while emphasising the Council's unique statutory authority and responsibility for standards.
- 2.7 Council members discussed the update and gave direction to the executive on the next steps and timetable.

#### **Pharmacy premises registration fees**

- 2.8 Council received an interim update on the responses to the pharmacy premises registration fees consultation as well as information about the expected timescales for decisions to be made. It is anticipated that the Council will be asked to make a formal decision in July 2020.
- 2.9 Council also received updates on the different options that will be presented to Council for decision in due course along with the associated implications, risks and opportunities. This included consideration of the external context and the potential financial impact of Covid-19 more widely.

### **3. 30 June 30**

#### **Equality, diversity and inclusion strategy: interim update**

- 3.1 Council members discussed a further interim update on the development of our equality, diversity and inclusion (EDI) strategy following on from the Council meeting on 11 June. Members were joined by external guest, Roger Kline, who spoke about Covid-19 and the wider healthcare context in the UK.
- 3.2 The strategy sets out our vision and direction for enhancing trust and confidence in the GPhC as a fair regulator, linked to our wider strategic and planning framework. It's designed to

support our 2030 vision - safe and effective pharmacy care at the heart of healthier communities - looking at specific areas of our work through an EDI lens.

- 3.3 The workshop discussion was framed with a recap of the legal framework and our obligations under the Equality Act 2010, as well as our wider commitment to go beyond this in the development of our strategy.
- 3.4 Members discussed the potential EDI outcomes that we would like to see in place across our regulatory functions and the organisation more widely, as well as the key objectives and approach to engagement. Members highlighted and discussed a number of key considerations including:
- the use of data and analytics, to underpin the strategy and help identify tangible EDI outcomes
  - the need to understand different experiences and perspectives, including student and pre-registration trainee experiences through the lens of equality, diversity and inclusion
  - the importance of pace and appetite for change alongside the need to identify and take forward the right actions
  - how we might take forward issues around disproportionate referrals of BAME registrants by members of the public
  - understanding the issues around disability in the pharmacy context, including access to the professions
  - linking our EDI work to our other initiatives such as our work on understanding and enhancing the patient and public voice
  - how we might use our regulatory levers and influence, to encourage our partners and stakeholders to help us to achieve our aims
  - the next steps and expected timescales for this work

#### **Provisional registration scheme and the registration assessment**

- 3.5 The Council received an update on the implementation of the provisional registration scheme and plans for an online registration assessment. This included a brief overview on what we have heard through our ongoing discussions with stakeholders, to identify any clarifications needed to the provisional registration policy (our ongoing equality impact assessment has also informed this thinking) as well as progress on the development of further supporting guidance for pre-registration trainees, tutors, and employers.
- 3.6 The Council also heard updates on the procurement tender for the online assessment, as well as the oversight and governance arrangements for this work.
- 3.7 A detailed implementation report will be presented to the Council meeting on 23 July 2020.

#### **Inspector visits**

- 3.8 We are continuing to focus on supporting pharmacy during the pandemic. We have been undertaking our assurance and improvement role in different ways, including remote and physical support visits to pharmacies.
- 3.9 We have been looking at how pharmacies are managing risk, answering queries from the sector, and gathering intelligence to inform our key messages and communications. We have also been identifying and publishing examples of notable practice (there are currently 98 notable practice examples relating to Covid-19 on our website).

3.10 We are continuing to undertake intelligence led inspections and carry out our enforcement activities where there is a patient safety risk. We have also extended our engagement with local networks, and we are holding stakeholder discussions, to discuss the risks, opportunities and challenges, to help our approach to regulation.

#### **Fitness to practise**

3.11 The numbers of new concerns received in June have been slightly below average, compared to increased numbers during the pandemic to date.

3.12 On 29 June, we published our joint letter with the Competition and Markets Authority (CMA) to pharmacy owners and superintendent pharmacists in Great Britain. The letter highlights that both regulators have received reports alleging that a small minority of pharmacies are seeking to benefit from the coronavirus pandemic by charging unjustifiably high prices for essential products. The letter also sets out our respective roles and expectations as regulators in relation to this issue.

## **4. Recommendations**

The Council is asked to note the summaries of the workshops held by teleconference on 11 June and 30 June 2020.

**Laura McClintock, Chief of Staff**  
General Pharmaceutical Council

30 June 2020

# **Fitness to practise strategy: protecting patients, ensuring learning and improvement**

**Meeting paper for Council on 09 July 2020**

Public business

## **Purpose**

To provide the Council with our draft fitness to practise strategy, the approach to engagement and key consultation questions.

## **Recommendations**

The Council is asked to approve the draft fitness to practise strategy and note the approach to engagement and the key consultation questions.

### **1. Introduction**

- 1.1 We have a responsibility to make sure that our fitness to practise function remains relevant and that we continue to deliver our overarching objective to protect the public. We want to move away from a process which can be adversarial, slow and have an unintended adverse impact on those involved. Instead, we want to take swift action to protect patients where necessary and at the same time promote and encourage a learning culture which enables pharmacy professionals to address concerns and return to practise in appropriate circumstances.
- 1.2 We are therefore consulting on a strategy that will clearly set out what we will do in the coming years in fitness to practise to protect patients and ensure learning and improvement.

### **2. About the strategy**

- 2.1 The strategy has been influenced by what we heard through our engagement with stakeholders, and changes in the regulatory environment. The strategy will build on improvements we've already made to the way we manage concerns, which we believe will help us to protect the public in a more effective, fair and proportionate way.
- 2.2 The strategy helps us deliver on our commitments in the annual plan including developing and engaging on a strategy for a proportionate and restorative approach to fitness to practise and improving the way we communicate with everyone involved throughout the

fitness to practise process. It also contributes to the 2030 vision and recently published strategic plan.

- 2.3 Delivering the strategy will be across three phases. Phase one is now complete and involved developing the strategy and speaking to a number of stakeholders who influenced the content of the document. We are now about to enter phase two, consulting on the strategy. Once the consultation exercise is complete, and we report to Council, we will then move to implementation.

### **3. Approach to engagement and key consultation questions**

- 3.1 Once the strategy has been agreed a consultation document will be developed. The consultation document will follow the draft strategy with questions at appropriate points. We intend to seek views on the following key issues:
- guiding principles
  - strategic outcomes
  - proposed approach to making enquiries when we receive a concern (at triage)
  - use of different approaches to how we conclude some concerns, such as a reflective piece and mediation
  - service ‘promises’ about what people can expect from us
  - value of personal impact statements as part of an investigation
  - guidance for employers
- 3.2 A programme of engagement will be planned and delivered in collaboration with communications colleagues. We will undertake a series of individual and collective meetings to supplement the online responses we receive. The method and means through which we will engage will vary. We will take an innovative approach using online tools and learning from recent engagement activities undertaken during the pandemic. We will be efficient in delivering presentations through webinars and hosting collective discussions to minimise the impact on stakeholder’s time while maximising the responses and opportunity for discussion.
- 3.3 Patients and public views will be sought through focus groups and the public and patient panel. Pharmacy professionals’ views will be sought through webinars and twitter discussions in addition to via representative bodies.

### **4. Equality and diversity implications**

- 4.1 Part of the strategy’s purpose is to better understand some issues that have equality and diversity implications and explore how we can tackle these. The responses to the strategy will leave us better placed to develop policy and initiatives around how we can address some of the EDI issues in fitness to practise. An Equality Impact Assessment will be carried out for all policy initiatives that stem from the strategy.

### **5. Communications**

- 5.1 The strategy will have implications for everyone directly involved, or with an interest, in fitness to practise. It is important that we communicate our proposals in a transparent and open way, seeking views from all who may be affected by the proposals.

- 5.2 The consultation will be published on the GPhC's website. It will also be sent to a wide range of stakeholders and communicated to the pharmacy media. The consultation will run for 12 weeks and respondents will be able to respond online, by email or by post.
- 5.3 The strategy reflects the range of issues that affect patients, the public and registrants in relation to fitness to practise and shows the depth of consideration we've given to these issues in light of what stakeholders have told us. As part of our communications plan, we propose to lift out some key messages from the strategy to support our engagement activities.

## **6. Resource implications**

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

## **7. Risk implications**

- 7.1 The strategy is closely aligned with our strategic plan and 2030 vision which have already been subject to consultation. Any risks around opportunities to engage and respond will be managed through the communications and engagement plan.
- 7.2 The pandemic has had an impact on the publication of both this consultation and the pace at which the reform work has progressed. Therefore our consultation, report to Council and the proposals we want to take forward will be complete in advance of the legislative reform consultation.

## **8. Monitoring and review**

- 8.1 The consultation responses will be analysed and a draft consultation report prepared for Council's meeting in December 2020.

## **9. Recommendations**

The Council is asked to approve the draft fitness to practise strategy and note the approach to engagement and the key consultation questions.

Carole Auchterlonie, Director of Fitness to Practise  
General Pharmaceutical Council

02 July 2020

## Fitness to practise: Ensuring patient safety, driving learning and improvement



# Our strategy for the future of fitness to practise

## Foreword

**This strategy will help ensure patient safety and improve pharmacy practice by putting people, learning and improvement at the heart of everything we do in fitness to practise.**

It is an important time for healthcare regulation in general, and more specifically health regulators' approaches for managing fitness to practise matters as we embed learning from recently published reports and look forward to legislative reform. This provides the opportunity for us to review our current practice and change things for the better.

A pharmacy professional may not be fit to practise for a number of reasons, for example if their behaviour is putting patients at risk, they are practising in an unsafe way, or their health may be affecting their ability to make safe judgements about their patients. Our current approach to dealing with concerns about pharmacy professionals is too often cumbersome, lengthy and inefficient. This means it can be frustrating to patients, professionals and employers alike.

The recent pandemic has reinforced the importance of considering the wider context when understanding the nature of a concern and identifying the appropriate outcome or action. Often an individual professional's behaviour may be indicative of a wider system failing. The pandemic has also highlighted the extent to which patients and the public are reliant on the professionalism of those providing care in the face of novel challenges and different ways of working. As pharmacy and healthcare continue to evolve and demands on pharmacy increase, we have a responsibility to enable professionals to continue to practise safely wherever appropriate.

We need to make more progress on the time it takes to conclude cases. We accept that in the interests of fairness, some cases require thorough investigation and will inevitably take time. But we need to find a balance and make efficiencies where possible, taking no longer than necessary to achieve the right outcome.

Our approach needs to be simpler to protect patients better, to contribute to maintaining public confidence and to meet future challenges. This can, in part, be achieved through regulatory reform and reinforced through our new strategic approach to fitness to practise. But legislative change can be slow, so below we have identified steps we can take now that do not require legislative intervention.

We have a responsibility to make sure that our fitness to practise function remains relevant and that we continue to deliver our overarching objective to protect the public. We want to move away from a process which is often adversarial and can negatively impact on those involved. Instead, we want to promote and encourage a culture of learning which enables pharmacy professionals to address concerns and return to practice sooner in appropriate circumstances.

To achieve this, we need to challenge ourselves by asking fundamental questions about the purpose of fitness to practise and what it means to professionals on our register and the public we seek to protect. We are therefore developing a strategy that will clearly set out what we will do in the coming years.

We want our strategy to put people at the heart of everything we do. We want to drive positive change to improve patient safety and give patients a voice in the process. We want pharmacy professionals to engage with the fitness to practise process in a positive way and see it as an opportunity to learn and reflect on their practice, thereby improving patient safety.

We want fitness to practise to deliver improvements to the safe practice and professionalism of those who enter the process and not to restrict practice unnecessarily. We recognise that there will be situations where restrictions on or removal from practice are inevitable but we don't think that these cases are the norm.

We will only use formal fitness to practise processes when it is absolutely necessary and seek early solutions and remediation where appropriate. Most registrants who have difficulties in their practice are willing and able to improve and resolve the problem. We want to break down the barriers that stop them from doing so as early as possible and we will work with employers, other regulators and those that set our standards to achieve this goal.

This is part of our programme for change as we work towards legislative reform and delivery of **our Vision 2030**, which sets out an ambitious ten-year vision for safe and effective pharmacy care at the heart of healthier communities. We have also published our **strategic plan 2020-25**, which sets out the work we plan to do in the coming five years to help us achieve our ten-year vision.

The strategic plan 2020-25 sets out a number of key priorities that this strategy will help to achieve, including delivering effective, consistent and fair regulation and shifting the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy. We are developing our equality, diversity and inclusion strategy in parallel with this fitness to practise strategy and are committed to demonstrating how our approach to fitness to practise will support our EDI work.

We recognise that, even though there has been some progress towards wide-ranging regulatory reform in fitness to practise, we have a responsibility to make sure that this important part of our regulatory function remains fit for purpose. Our new strategic direction focuses on achieving more proportionate and restorative outcomes by enabling professionals to return to practice as soon as possible, and on being more person-centred throughout. All of this is balanced against our over-arching objective of public protection.

## The purpose of this strategy

1. This document sets out our strategic direction for fitness to practise in the context of our key objective to protect the public and uphold public confidence. It sets out how we will **ensure patient safety** by taking regulatory action where it is right to do so. And it explains how we will **drive learning and improvement**, using a range of approaches and tools to enable pharmacy professionals to address concerns about their conduct, health or practice so that they can continue or return to practice when appropriate.
2. We will also use information about the concerns we manage to help understanding, learning and prevention. And we will improve the way we operate so as to embed continuous improvement in our culture.
3. The strategy will help us build on improvements we've already made to the way we manage concerns, which we believe will help us to protect the public in a more effective, fair and proportionate way.
4. We want this strategy to inform what pharmacy professionals, patients, members of the public, employers and others can expect when they are involved with a fitness to practise concern. It includes the principles that will help us guide our work to deliver our ambitions. It looks at our current approach to fitness to practise and the steps we will take to transform our approach in line with our principles so we can achieve these desired outcomes.
5. The strategy will be delivered across three phases. Phase one has involved developing the strategy and providing an opportunity for stakeholders to influence the future of fitness to practise. The second phase will be to consult on the strategy with the final phase implementing the outcomes of the consultation.

## Developing the strategy

6. Our strategy development work has been influenced by the following:
  - stakeholder engagement that took place in the summer of 2019. For example, we spoke to professional bodies, patient organisations, defence organisations, representative bodies, employers and other health regulators
  - an internal review of how a number of regulators from within and outside of healthcare regulation have changed their approaches to how they manage concerns. This includes the future of regulation as set out by Social Work England (SWE)
  - the Professional Standards Authority's Lessons Learned report into the NMC's handling of the cases relating to the Morecambe Bay maternity deaths, published in May 2018
  - the findings of the report into patient deaths at Gosport Memorial Hospital, published in June 2018
  - the Williams review into gross negligence manslaughter, published in June 2018

- the PSA’s report on *How is public confidence maintained when fitness to practise decisions are made?*
  - findings of the PSA’s GPhC performance review 18/19
  - reports on feedback we have received about our fitness to practise process and outcomes
  - our reflection about how we ensure our role as a regulator meets our aspiration for embedding equality, diversity and inclusion in our work
  - the learning from our response to the impact of the COVID-19 pandemic, including the use of remote hearings.
7. We have also taken account of the PSA’s published guidance on Right Touch Regulation. In its report *Right-touch reform: A new framework for assurance of professions*, the PSA proposed a number of guiding principles for fitness to practise reform. It proposed only using fitness to practise measures when necessary and seeking early resolution and remediation where appropriate.
8. Some of the key common issues that arose during the stakeholder engagement include:
- the impact the current process has on those with health concerns, in particular mental health
  - the frequency, nature and tone of our communications. For example feedback indicates the letters sent out during an investigation are too legalistic and don’t clearly explain the purpose of the communication to the recipient and what it means for them
  - the widely held perception that fitness to practise is punitive
  - decisions often take a long time and the reasons for the decision aren’t always clear
  - efficiencies can be gained through different approaches to decision making and concluding concerns
  - changing the perception through positive stories and interactive case studies on how the process has worked for positive outcomes.
9. We have separately been engaging stakeholders in relation to managing concerns about pharmacy students. Professionalism is an important cornerstone not only for current but also future registrants. Understanding what it means to be a professional early will help students prepare for the future and enable them to manage any potential concerns better.

## Our current approach to fitness to practise

10. Our current approach is outdated and in need of change. It is set out in the following guidance documents:
- **Good decision making: Investigations and threshold criteria guidance**
  - **Good decision making: Investigating committee meetings and outcomes guidance**
  - **Good decision making: Fitness to practise hearings and sanctions guidance.**

11. It is still perceived as being overly legalistic, adversarial and time-consuming. It is largely rigid and reactive when it needs to be flexible and proactive. To the patients, families, witnesses and professionals involved, the current approach can be confusing, inconsistent and slow. For employers, it's not always clear what amounts to a concern that should be referred to the regulator.
12. Investigations into concerns about professionals are lengthy, can be frustrating for everyone involved and can result in unintended consequences such as impacting on the mental health of those we are investigating. Looking solely at the conduct of a professional doesn't always address the source of the concern. We need to co-ordinate our response to some concerns by using our other regulatory functions including inspections and continuing fitness to practise.
13. The number of concerns raised with us are increasing year on year and puts pressure on resources. Our latest **annual report** provides an overview of concerns received, from whom and how they are concluded. At the same time, we need to work smarter within our legislative parameters to make operational efficiencies so that we can conclude concerns more quickly. Looking forward, efficiencies will be achieved through legislative reform, however, there is much we can do in advance of legislative change.
14. We need to understand more about why BAME professionals are disproportionately represented in the concerns we receive and those that progress through the process. We need to understand more about the impact of a professional not having legal representation, or not attending a hearing, as our analysis indicates these factors can result in a more serious outcome. We need to explore what we can do to help both pharmacists and pharmacy technicians understand and access the support available during the process.
15. We have already made improvements to the way we manage incoming concerns, to protect the public in a more effective, fair and proportionate way by making sure we focus our resources on the right concerns. We have achieved this by introducing:
  - more senior oversight into the triage process. This has provided additional assurance that we are taking concerns forward, or closing them, through the most appropriate route
  - revised threshold criteria to help us make decisions about which concerns should be referred to our Investigating Committee.
16. We have taken some initial steps to be more person-centred to help people understand our processes and the potential outcomes from fitness to practise. This includes improving our communications with those involved in the process and improving the reasons for our decisions. We also now meet medical testing expenses for a pharmacy professional undergoing testing as part of undertakings they have agreed to or where their practice is subject to conditions put in place by our Fitness to Practise Committee.
17. However, we need to do more to make the whole fitness to practise experience more 'human'.

## Guiding principles and strategic objectives

18. We have developed our strategy with the legislative reform proposals in mind to ensure it aligns with these in both structural and policy terms. This strategy focuses on achieving more proportionate and restorative outcomes, particularly in the earlier stages of the process, and on

being more person-centred throughout. To do this we have developed some guiding principles and strategic outcomes.

## Guiding principles

19. We used the learning and insights from our engagement and reviews to develop five key objectives and ten guiding principles to shape and underpin this strategy. These principles reflect our ambition to be a progressive, professional regulator with a leading role in driving improvement, by having a just, learning culture for the benefit of everyone in the pharmacy sector.

**Table 1:** Guiding principles

Key objective	Principle
<b>Be person centred</b>	<ul style="list-style-type: none"> <li>Putting people at the heart of what we do to help us understand the concern and the impact on everyone involved.</li> <li>Ensuring all stakeholders receive a high level of service through an approach that is fair, inclusive and transparent.</li> <li>Being accessible, clear and transparent about our role and approach to fitness to practise, the range of outcomes people can expect and the reasons for our decisions.</li> </ul>
<b>Focus on outcome</b>	<ul style="list-style-type: none"> <li>Taking proportionate action swiftly, robustly and fairly, reflecting the risk to the public and upholding confidence in the professions.</li> <li>Looking at the risk to patient safety, the wider context and our data and intelligence to help us decide the best way to address concerns about individual professionals as well as pharmacies.</li> <li>Enabling professionals, where appropriate, to return to practice when effective action has been taken to address concerns about their health or performance.</li> </ul>
<b>Collaborate</b>	<ul style="list-style-type: none"> <li>Working with others when they are better placed to manage concerns and enabling concerns to be resolved quickly at local level where there is no immediate risk to patients or the public.</li> <li>Sharing and learning from regulatory good practice and aligning our approach with other regulators, where possible, to achieve consistency.</li> </ul>
<b>Promote professionalism</b>	<ul style="list-style-type: none"> <li>Enhancing patient safety through promoting professionalism with current and future pharmacy professionals.</li> </ul>
<b>Promote learning &amp; development</b>	<ul style="list-style-type: none"> <li>Promoting a culture of learning, reflection and improvement when something has gone wrong.</li> </ul>

## Strategic outcomes

20. We have identified the following strategic outcomes which we aim to achieve by taking action as a result of this strategy:

- pharmacy professionals are safe to practise and can get support to help them meet our standards when appropriate

- professionals understand the importance of being open and honest and that by acknowledging any mistakes quickly this will minimise the need for a fitness to practise investigation
- it is easy to raise a concern, understand the process and what it means to everyone involved
- professionals, patients, the public and any witnesses feel confident and supported to engage in the process
- more concerns are resolved safely at an earlier stage through support, reflection and learning, without the need for a hearing
- our decisions are clear, timely, proportionate and address the cause of the regulatory concern
- our stakeholders are confident we are taking appropriate action to address concerns, even if we do not pursue a formal fitness to practise investigation.

## What we are proposing

21. We have set out each objective and the relevant guiding principles below, explaining how we will put them into practice.

### How we will be person-centred

#### ***Putting people at the heart of what we do to help us understand the concern and the impact on everyone involved***

22. Taking a person-centred approach will help us recognise that everyone is an individual with differing needs. It means we will be able to better understand the concern and the impact of our approach on those immediately affected such as pharmacy professionals, patients, their families and carers, as well as the wider public.

23. We will:

- treat everyone involved with dignity, respect, empathy and compassion
- listen to people to understand what's happened, why and the impact it's had on them
- be flexible in our approach and how we communicate so that we meet individual needs and address the circumstances of each case
- improve the support received by pharmacy professionals, people who raise concerns and witnesses involved in a case.

#### ***Ensuring all stakeholders receive a high level of service through an approach that is fair, inclusive and transparent***

24. We have a responsibility to make sure that everyone understands our processes so they have a clear expectation of what the process can, and should, do for them and what it cannot. This openness and clarity, combined with listening to understand those involved, will help restore and maintain public confidence in pharmacy and the regulatory process.

25. We will:

- clearly explain our role, and what we can and can't do, to anyone that raises a concern with us
- be clear, honest and fair in all our communications
- improve signposting, guidance and information about support available for everyone involved in the fitness to practise process
- keep people informed about what's happening and explain the reasons for any delays
- we will improve our understanding of the implications of our approach for equality, diversity and inclusion and identify actions to ensure fairness throughout the process.

***Being accessible, clear and transparent about our role and approach to fitness to practise, the range of outcomes people can expect and the reasons for our decisions***

26. Everyone involved in a case, including their families and carers, members of the public, and pharmacy professionals need to understand clearly and as quickly as possible what we have done about the concern, and the reasons for our decisions.

27. We will:

- be clear and transparent about our process at the point a concern is raised and throughout any investigation
- provide a clear explanation about the action we have taken and why a particular outcome has been reached
- work with the public, patient organisations and organisations representing pharmacy professionals to support better understanding of our role.

**How we will achieve this**

28. To help us provide a high level of service for those that we come into contact throughout the process we have developed some service *promises*.

*Our service promises*

We are committed to putting you at the centre of what we do. This means we will take a person-centred approach to fitness to practise. To do this we will:

Promise	What it means
<p><b>Communicate with you clearly and tailor our communications to address your needs</b></p>	<p>We recognise that communication is a two-way process and we want to make it as easy as possible for you to understand all aspects of the fitness to practise process. We will actively listen and adapt our communication methods based on your needs and preference. We will try to contact you at a time and place that suits you. If you have a concern raised about you or you have raised concerns about another, you will have a dedicated member of staff assigned to the matter, who will be your main point of contact to answer any queries you may have. We will inform you of the likely timescales at the outset of the investigation and keep you updated throughout the process.</p>

Promise	What it means
<b>Explain what you can expect from us</b>	We want to help you resolve your concerns appropriately and effectively. However, on some occasions there may be concerns that the GPhC can't address directly. When this happens, we will explain clearly why this is the case and will help point you in the direction of an organisation who can.
<b>Handle your information with care</b>	We will keep all personal and sensitive information confidential in line with data protection legislation. We will take extra care when handling information relating to health. We may share health related information with other organisations who can offer further support, but we will discuss this with you before we do that.
<b>Act with professionalism, kindness and respect at all times</b>	Our staff are trained to act with courtesy, empathy and professionalism to help ensure concerns are managed appropriately and effectively.
<b>Provide an accessible service to everyone involved</b>	We want our stakeholders to experience a high-quality, transparent and accessible service that provides assurance to everyone that our fitness to practise processes are efficient and effective. In line with our Equality, Diversity and Inclusion commitment, we will ensure that our services are accessible and appropriate for everyone involved.
<b>Listen and respond to feedback and use this to learn and improve our services</b>	We are committed to providing a high-quality service, but if something goes wrong or we fall short of expected standards we want you to tell us about it. This will help us learn from our mistakes and improve our standards — we see this not as a nuisance, but rather as valuable feedback on the quality of our services. Equally if you have experienced great service from our organisation, or you feel someone deserves praise — we encourage you to let us know.

29. We will develop a new approach to managing health and performance concerns so that we assess the nature of the concerns when we receive them and manage them outside a formal investigation where appropriate (there is more detail on this in the section on making enquiries at triage and voluntary agreements below). This will include an *assessment of needs* to make sure the person is at the centre of the concern.

Assessment of needs

This is a short assessment that records the needs of any person involved in the process, for example, if the person that raised the concern is a family member of someone that has been harmed or the professional has a mental illness or specific communication needs. It will also provide an initial indication of whether there are any potentially vulnerable witnesses.

30. We will use revalidation as a tool to promote reflection and learning where there are health and performance issues.

#### Reflective piece

Once we conclude our enquiries we may, depending on the circumstances of the concern, ask the professional to complete a reflective piece specifically related to the nature of the concern. For example, we may ask them to tell us how they intend to address some performance deficiencies or how they have learnt from a particular matter. We would seek to involve the employer so there is broader practice-related learning not necessarily for one professional but for all in the working environment. This can either be submitted as part of their revalidation or separately depending on timing.

31. Being fair and inclusive at all times is important not simply because this is a statutory and regulatory requirement, but because we as a regulator can and should play our part in ensuring all aspects of pharmacy training, employment and service provision are fair, appropriate and inclusive. We want to eliminate barriers to engaging with us once a concern has been raised but also when someone has a concern they want to self-report, for example a health issue. To do this we will improve our understanding about the potential barriers that may prevent groups and individuals with protected characteristics being able to engage effectively with us, and identify effective measures to address these.

32. Equally, we want to understand if there is more we can do for professionals who aren't legally represented, for example by providing access to, or awareness of, support through guidance or partnerships.

33. We have successfully held some remote hearings during the pandemic with the consent of everyone involved and the response has been positive whilst public protection has been maintained. We are keen to take the positive learning from this period and to hear stakeholders' views on the potential benefits of continuing with some remote hearings in future, including the types of circumstances when this might be appropriate.

34. We will also:

- provide better information on the type of concerns we deal with and the process as well as an improved section on our website for submitting all concerns. We have already started work on revising our online content and online facility for submitting concerns
- revise all of our template communications in line with our tone of voice and style guide
- introduce an information pack for professionals experiencing health issues that don't pose a risk to patient safety. This will include learning from similar cases and detailed sign posting information for sources of support
- raise awareness about **Voluntary Agreements**, which we can use to support registrants to address issues with their practice on a voluntary basis to ensure that any potential risk doesn't develop into a future patient safety issue.

### **How we will focus on outcomes**

***Taking proportionate action swiftly, robustly and fairly, reflecting the risk to the public and upholding confidence in the professions***

35. Fitness to practise is about patient safety and public protection but that doesn't mean we need to take every concern we receive through the entire fitness to practise process (ending in a hearing). There may be some concerns which don't present an ongoing risk or where the risk to the public has already been removed and so they may not need to be investigated. It may be in the public interest to take a restorative approach, enabling the pharmacy professional to continue working or return to work, whenever such an approach can be managed safely.

36. We will:

- quickly identify the key regulatory issue(s) on which we should take action
- take swift action when there is an immediate risk to patient and public safety
- recognise that it is not always appropriate or necessary to take formal action in response to a concern or incident, particularly with pharmacy professionals who make honest mistakes and are open about them and show how they have learned from them
- use other ways to resolve concerns swiftly when there's no need for a full investigation following initial enquiries (see below)
- move cases forward quickly where there's no disagreement about what has happened.

***Looking at the risk to patient safety, the wider context and our data and intelligence to help us decide the best way to address concerns about individual professionals as well as pharmacies***

37. Regulatory action against an individual professional may not be enough, or necessary, to ensure that a wider systemic problem and future public protection issue has been addressed. We will consider all the relevant factors and risks around what went wrong, including assessing whether there are underlying system failures.

38. We will:

- consider the context within which the professional is working when we assess concerns and decide on the most appropriate way of managing them
- use all available sources of information to inform our assessment of the risk to patient and public safety
- make sure that public protection risks are managed proactively and effectively by the right people, including our team of inspectors
- not take regulatory action if there is no longer a risk to patient safety and the pharmacy professional has shown insight and taken all necessary steps to ensure the issue will not happen again, after considering the potential impact on public confidence in pharmacy.

***Enabling professionals, where appropriate, to return to practice when effective action has been taken to address concerns about their health or performance***

39. Managing certain types of health and performance concerns differently will allow a pharmacy professional, who has remediated, learned and reflected, to return to safe practice as soon as it is right for them to do so. To help with this, pharmacy professionals will be encouraged to be open about what has happened and to talk to us as early as possible about what they have done to put things right.

40. We will:

- invite the pharmacy professional to demonstrate whether and how they have reflected on the concerns, taken opportunities to put things right and shown insight into what happened
- work with employers to ensure there is local resolution and management of ongoing issues when appropriate
- use a range of alternative regulatory tools to address concerns. These will include revalidation to promote reflective practice, and voluntary agreements with pharmacy professionals to provide a support structure in appropriate cases.

### How we will achieve this

41. Assessing the impact on people is an important part of the process. It is not always straightforward to identify or understand the impact the action taken by a pharmacy professional has had on a patient or family member.

#### Personal experience statements

We will always look at the physical and emotional harm that might have been suffered by anyone involved. This will help us understand the seriousness of any concern and help us arrive at the appropriate outcome. As a patient or family member, this is something we may explore with you during our initial enquiries or through a full investigation.

#### Making more enquiries at triage

42. We will also develop proposals for making more enquiries in the early stages of our process after receiving a concern (triage). Making initial enquiries within a set framework will help us ensure the right concerns are investigated and those that can be resolved through alternative means are dealt with quicker.
43. The enquiries we make will be framed around the following:
- the impact of the concern on patient/public safety
  - the likelihood of repetition
  - the availability of sufficient evidence to support an allegation of impaired fitness to practise
  - whether the concern suggests a pharmacy professional has failed to meet any relevant published professional standards or guidance
  - the outcome of any investigation by another body such as an employer, or the police
  - whether the pharmacy professional has any fitness to practise history
  - whether the matter appears to be part of a wider pattern of concern
  - whether there are any wider systems issues or considerations.
44. Once our enquiries conclude we will use the following test to determine if the concern should be referred for investigation or an alternative is appropriate in the circumstances:

*Does the information suggest potential grounds for investigating whether a pharmacy professional's fitness to practise may be impaired?*

45. We will also:

- broaden the options for concluding concerns to provide support and facilitate reflection and learning as an outcome for certain concerns (as set out above)
- consider wider use of voluntary removal from the register in appropriate cases
- look at the wider context and system risks associated with any patient /public safety issues and where appropriate combine individual outcomes with action focused on bringing an end to any risk caused by the way in which a pharmacy is operating
- share information with our inspection colleagues to inform risk so they can better target inspection resources
- explore mediation as an alternative outcome.

### **How we will collaborate**

#### ***Working with others when they are better placed to manage concerns and enabling concerns to be resolved quickly at local level where there is no immediate risk to patients or the public***

46. Local investigations which are focused on learning and reflection not blame can lead to improvements to patient safety and manage risks better. Employers may often be best placed to recognise and manage some concerns. So we will actively work with employers to help identify the types of concerns that can be managed locally for faster, focused and fairer resolution.

47. We will:

- explain our role to employers and develop support materials to help them understand when and how to refer a concern to us and what information we require. This will include explaining what types of issues are better suited to be managed locally
- resolve concerns efficiently when an investigation isn't required and where it could be better resolved, for example, using our team of inspectors.

#### ***Learning from, and sharing, regulatory good practice and aligning our approach with other regulators, where possible, to achieve consistency***

48. We will improve our understanding of the impact of our approach and learn more about the approaches taken by other regulated professions to help us improve and be consistent where possible.

49. We will:

- expect our staff to demonstrate the same professional values and behaviours as we expect of pharmacy professionals
- use assurance processes like equality, diversity and inclusion training, unconscious bias training, auditing and monitoring to make sure that decision making is fair and consistent
- improve how we disseminate good practice with employers and regulators and also education and training establishments, prospective registrants, and registered pharmacy professionals
- work with other regulators on developing best practice.

## How we will achieve this

50. It is important that it is clear to all employers when a concern needs to be referred to the regulator and which concerns can be resolved locally. This will mean that as many issues as possible can be resolved quickly and effectively at a local level.
51. We will develop and publish guidance, templates and case studies for employers. This will help them understand what to refer to us and when they are better placed to manage concerns and resolve concerns quickly at local level where there is no immediate risk to patient or public safety. We will develop a web-based tool to share insights from concerns we see and how these are successfully resolved.
52. Our approach in this strategy has taken learning from other regulators to achieve consistency where possible. We will continue to share regulatory good practice and align our approach with other regulators, where possible, as we work through the proposals for regulatory reform.

## How we will promote professionalism

### ***Enhancing patient safety through promoting professionalism with current and future pharmacy professionals***

53. The professional knowledge, attitudes and behaviours of the people working, and aspiring to work, as pharmacy professionals are central to maintaining trust and confidence in pharmacy. We want to help prevent things going wrong in the first place by promoting a better understanding of professionalism. Promoting professionalism with current and future pharmacy professionals will enhance patient and public safety.
54. We will:
  - use our regulatory tools, data insight and intelligence to identify themes and understand why issues occur in the first place. Learning from this will help prevent harm and avoid the need for employers or us to react after something has gone wrong
  - share these principles with pharmacy educators so they are equipped to manage any concerns about students
  - undertake a three-country programme of engagement with schools, educators and representative bodies to promote professionalism to pharmacy professionals and aspiring pharmacy professionals
  - encourage those we regulate to act based on professional judgement and have the confidence and employer/regulator support to do the right thing when something goes wrong.

## How we will achieve this

55. We will engage with educators and students through our student fitness to practise work to demonstrate the importance of professionalism and the purpose of fitness to practise. Supporting professionalism could ultimately lead to more effective and safer healthcare practice, and as a consequence, a reduction in concerns raised about pharmacy professionals.
56. We will explore how we can most effectively liaise and engage with employers and educators to do the following:
  - provide advice on issues related to regulation

- deliver seminars and workshops
- provide regular learning and feedback on fitness to practise issues including case studies on current and emerging issues.

## How we will *promote learning and development*

### ***Promoting a culture of learning, reflection and improvement when something has gone wrong***

57. We want pharmacy professionals to understand that learning and reflective practice is fundamental to professionalism. We know that when professionals have been open and honest, and demonstrated they have learned from mistakes, it helps promote a professional, just culture that will contribute to enhancing patient safety.

58. We will:

- work with employers and stakeholders to help promote a culture of learning in pharmacy including sharing feedback and learning, reflecting on action taken and how to prevent issues reoccurring
- use revalidation as one of the ways certain types of concerns can be addressed to encourage learning and reflection
- ensure the learning resources we develop reflect current issues and challenges within pharmacy and are based on the intelligence we hold
- involve people who have experienced the fitness to practise process in helping us to improve.

### **How we will achieve this**

59. We currently undertake engagement activities across Great Britain including inspectors and Directors for Wales/Scotland engaging with schools, educators and key stakeholders. We want to work with communications colleagues to ensure shared learning from, and consistency of message across, all engagement.

60. We will work with others to understand how we can:

- promote a culture of learning, reflection and improvement when something has gone wrong. For example we will publish anonymised cases where we haven't taken any regulatory action because effective local action or remediation measures were taken or because they are examples of good learning when something has gone wrong
- better engage throughout our process to get feedback from everyone involved
- offer more opportunities for patients and family members to share their perspectives as part of our investigations and to help us to understand the impact on their lives.

## How we will deliver the strategy outcomes

61. Our person-centred work has already started and we are also making improvements to take forward the learning from the PSA's review of our performance in 2018/19. We are working with other regulators to progress the legislative reform agenda which will introduce further changes in 2021 and beyond.

62. Once this strategy consultation concludes, we will report on the findings and what we intend to do in response to what we have heard. We will establish work streams to ensure we deliver on our commitments. Delivery will be in partnership with stakeholders where appropriate.

